

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name MOWNIKA NERUSU	Social security number 726-85-6987
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	80,323.
2	Total tax . . . . .	2	10,734.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	13,372.
4	Amount you want refunded to you . . . . .	4	3,906.
5	Amount you owe . . . . .	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 the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	6	9	8	7
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ 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 your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial MOWNIKA	Last name NERUSU	Your social security number 726-85-6987
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. 20808 NORTH 27TH AVENUE		Apt. no.	<b>Presidential Election Campaign</b> 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. If you have a foreign address, also complete spaces below. PHOENIX	State AZ	ZIP code 85027	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		1	86,463.
Attach Sch. B if required.	2a Tax-exempt interest . . . . .	2a	2b	
	3a Qualified dividends . . . . .	3a	3b	
	4a IRA distributions . . . . .	4a	4b	
	5a Pensions and annuities . . . . .	5a	5b	
	6a Social security benefits . . . . .	6a	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		7	
	8 Other income from Schedule 1, line 9 . . . . .		8	-6,140.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		9	80,323.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22 . . . . .	10a		
	b Charitable contributions if you take the standard deduction. See instructions . . . . .	10b		
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶		10c	
	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		11	80,323.
	12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		13	
	14 Add lines 12 and 13 . . . . .		14	12,400.
	15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		15	67,923.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	10,734.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,734.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,734.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	10,734.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,372.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,372.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,268.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,268.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	14,640.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,906.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,906.
b	Routing number 021200339	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 381038960103		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/09/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MOWNIKA NERUSU

Your social security number  
726-85-6987

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-6,140.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-6,140.

**Part II Adjustments to Income**

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

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

BAA

REV 02/01/21 PRO

Schedule 1 (Form 1040) 2020

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Name(s) shown on return

Your social security number

MOWNIKA NERUSU

726-85-6987

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	YEDOUMAILARAM MEDAK TELANGANA IN 502205					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>	
<b>A</b>	3		<b>A</b>	365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>			<input type="checkbox"/>
<b>C</b>			<b>C</b>			<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		450.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		115.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		250.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		175.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,800.		
<b>14</b>	Repairs. . . . .	<b>14</b>		250.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities . . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,590.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-6,140.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -6,140. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		450.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,590.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 6,140. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-6,140.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

# Tax History Report

▶ Keep for your records

**2020**

Name(s) Shown on Return

MOWNIKA NERUSU

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status . . . . .					Single
Total income . . . . .					80,323.
Adjustments to income					
Adjusted gross income					80,323.
Tax expense . . . . .					3,306.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,400.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . .					67,923.
Tax . . . . .					10,734.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					14,640.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					3,906.
Effective tax rate % . .					13.36
**Tax bracket % . . . .					22.0

\*\*Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (MOWNIKA NERUSU) and Social Security Number (726-85-6987)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkbox column

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 587278 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 56987 Spouse's PIN (5 numbers) . . . . . Date . . . . . 02/01/2021

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

**Part I – Personal Information**

**Taxpayer:**  
 Last name . . . . . NERUSU  
 First name . . . . . MOWNIKA  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 726-85-6987  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 06/07/1993 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 27  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . MOWNIKA.NERUSU@GMAIL.COM  
 Work phone . . . . . (201) 737-9536 Ext \_\_\_\_\_  
 Cell phone . . . . . (201) 737-9536  
 Home phone . . . . . (201) 737-9536  
 Fax number . . . . . \_\_\_\_\_

**Spouse:**  
 Last name (if different) . . . . . \_\_\_\_\_  
 First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . \_\_\_\_\_  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . \_\_\_\_\_  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . \_\_\_\_\_  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer work phone (201) 737-9536  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work  
 Print Form 1040-SR instead of Form 1040 . . . . .  Yes  No

**US Address:**  
 Address . . . . . 20808 NORTH 27TH AVENUE Apt no. . . . . \_\_\_\_\_  
 City . . . . . PHOENIX State . . . . . AZ ZIP code . . . . . 85027  
**Foreign Address:** Check this box to use foreign address . . .   
 Address . . . . . \_\_\_\_\_ Apt no. . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_  
 Foreign code . . . . . \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_  
 Foreign province/country . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_  
 Foreign phone . . . . . \_\_\_\_\_  
 APO/FPO/DPO address . .  APO  FPO  DPO

**Part II – Federal Filing Status**

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately  
 Taxpayer did **not** live with spouse at any time during year  
 Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4** Head of household  
 If qualifying person is child but not dependent:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_
- 5** Qualifying widow(er)  
 Year spouse died  2018  2019  
 Enter the qualifying person's name:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2020  Code	Not qual credit other dep  Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* The health care shared responsibility payment calculation does not include individuals after date of death  
 \*\*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box



► Keep for your records

Name(s) Shown on Return MOWNIKA NERUSU	Social Security Number 726-85-6987
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INCOME		Federal Amount	CO Amount
1	Wages, salaries, tips, etc. . . . . T	86,463.	55,965.
	S		
2	Taxable interest . . . . . T		
	S		
3	Dividends . . . . . T		
	S		
4	State/local tax refunds . . . . . T		
	S		
5	Alimony received . . . . . T		
	S		
6	Business income or loss . . . . . T		
	S		
7	Capital gain or loss . . . . . T		
	S		
8	Other gains and losses . . . . . T		
	S		
9	Taxable IRA distribution . . . . . T		
	S		
10	Taxable pension and annuities . . . . . T		
	S		
11	Rentals, royalties, partnerships, S corporations, trusts . . . . . T	-6,140.	
	S		
12	Farm income or loss . . . . . T		
	S		
13	Unemployment compensation . . . . . T		
	S		
14 a	Taxable social security benefits . . . . . T		
	S		
b	Taxable railroad retirement benefits . . . . . T		
	S		
15	Other income . . . . . T		
	S		
16	<b>Total income</b> . . . . . T	80,323.	55,965.
	S		

## Nonresident State Allocation Worksheet

MOWNIKA NERUSU

726-85-6987

	<b>ADJUSTMENTS</b>		Federal Amount	CO Amount
17	Educator expenses . . . . .	T		
		S		
18	Certain business expenses . . . . .	T		
		S		
19	Health savings account deduction . . . . .	T		
		S		
20	Moving expenses . . . . .	T		
		S		
21	Self-employment tax deduction . . . . .	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans . . . . .	T		
		S		
23	Self-employed health insurance deduction . . . . .	T		
		S		
24	Penalty on early withdrawal of savings . . . . .	T		
		S		
25	Alimony paid . . . . .	T		
		S		
26	IRA deduction . . . . .	T		
		S		
27	Student loan interest deduction . . . . .	T		
		S		
28	Tuition/fees deduction . . . . .	T		
		S		
29	Reserved . . . . .	T		
		S		
30	Total other adjustments . . . . .	T		
		S		
31	Charitable contributions . . . . .	T		
		S		
32	<b>Total adjustments</b> . . . . .	T		
		S		
33	<b>Adjusted gross income</b> . . . . .	T	80,323.	55,965.
		S		

# Identity Verification Worksheet

2020

▶ See tax help for more information on identity verification

Name(s) Shown on Return MOWNIKA NERUSU	Social Security Number 726-85-6987
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### Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

**Note:** Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

**All identity verification information should be entered here and will automatically flow to the state return.**

### Taxpayer/Spouse does not have a driver's license or state id

Taxpayer  
 Spouse

**Note:** Alabama does not allow this option

### Taxpayer/Spouse did not provide driver's license or state id information

Taxpayer  
 Spouse

**Note:** Alabama, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . .

**Note:** Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

### Driver's License Detail

#### Taxpayer:

Issuing state . . . . . \_\_\_\_\_  
License number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

#### Spouse:

Issuing state . . . . . \_\_\_\_\_  
License number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

### State Identification Card Detail

#### Taxpayer:

Issuing state . . . . . \_\_\_\_\_  
Identification number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

#### Spouse:

Issuing state . . . . . \_\_\_\_\_  
Identification number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

### Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
  - State issued identification card (complete detail above)
- 
-

Electronic Filing Information Worksheet

2020

Keep for your records

Name(s) Shown on Return
MOWNIKA NERUSU

Social Security Number
726-85-6987

Payment by Check (Form 1040-V) - Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required.
587278

ERO Name: GLOBAL TAXES LLC
ERO Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
ERO Electronic Filers Identification Number (EFIN): 587278
ERO Employer Identification Number: 30-1017196
ERO Social Security Number or PTIN:

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC
Name: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
Social Security Number or PTIN: P02082703
Employer Identification Number: 30-1017196
Phone Number: (678) 965-9522
E-mail Address: SYAM@GTAXFILE.COM

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed
IRS-prepared
Prepared by taxpayer or other non-paid preparer

Amended Returns

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City selection and list of states: Georgia, Michigan, New York, Vermont, Wisconsin.

**Miscellaneous Electronic Filing Items**

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .

Name of personal representative for deceased returns . . .

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . .  Yes  No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. . . . .

Other combat zone deployment date . . . . .

**Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.**

**Note:** To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report . . . . .	▶ N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . .	▶ N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . .	▶ N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return MOWNIKA NERUSU	Social Security Number 726-85-6987
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
PRORSUM TECHNOLOGIES INC		86,463.	13,372.	86,463.	3,306.
<b>Totals</b>		86,463.	13,372.	86,463.	3,306.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	86,463.		86,463.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages . . . . .			
	Unreported tips . . . . .	0.		0.
2	Total federal tax withheld . . . . .	13,372.		13,372.
3 & 7	Total social security wages/tips . . . . .	86,463.		86,463.
4	Total social security tax withheld . . . . .	5,361.		5,361.
5	Total Medicare wages and tips . . . . .	86,463.		86,463.
6	Total Medicare tax withheld . . . . .	1,254.		1,254.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .			
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans . .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . .			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .			
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . .			
c	Total state deductible employee expenses . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips . . . . .			
j	Total other items from box 14 . . . . .			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips . . . . .	86,463.		86,463.
17	Total state tax withheld . . . . .	3,306.		3,306.
19	Total local tax withheld . . . . .			

► Keep for your records

Name as shown on return MOWNIKA NERUSU	Social Security Number 726-85-6987
---	---------------------------------------

**Employer EIN** . . . . . 81-2489394  
**Employer Name** . . . . . PRORSUM TECHNOLOGIES INC  
 Name (continued) . . . . .  
**Street Address or P. O. Box** 650 E DEVON EVE SUITE 175  
**City** . ITASCA **State** IL **ZIP** .60143  
**Foreign Province/County** . . . . .  
**Foreign Postal Code** . . . . .  
**Foreign Country** . . . . .

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.  
**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	86,463.	<b>2</b> Federal income tax withheld . . . . .	13,372.
<b>3</b> Social security wages . . . . .	86,463.	<b>4</b> Social sec tax withheld . . . . .	5,361.
<b>5</b> Medicare wages and tips . . . . .	86,463.	<b>6</b> Medicare tax withheld . . . . .	1,254.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
—	—	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
—	—	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
—	—	P: Double-click to link to Form 3903, line 4 . . . . .
—	—	R: Enter MSA contribution for Taxpayer . . . . .
—	—	Spouse . . . . .
—	—	W: Enter HSA contribution for Taxpayer . . . . .
—	—	Spouse . . . . .
—	—	G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

State	Box 15 Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
AZ	81-2489394	30,498.	823.
CO	94329680	55,965.	2,483.
—	—	—	—
—	—	—	—

I confirm that the state withholding identification number(s) are accurate . . . . .

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
—	—	—	—
—	—	—	—
—	—	—	—

<b>9</b>	<b>9</b>
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>	<b>10</b>
Dependent care benefits — Amount forfeited from flexible spending account . . . . .	
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) . . . . .	<b>11</b>

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
—	—	—
—	—	—
—	—	—



Keep for your records

MOWNIKA NERUSU	726-85-6987 Page 2
<b>Employer Name . . . . .</b> PRORSUM TECHNOLOGIES INC	

**Part I – Statutory employees**

<b>A</b> <input type="checkbox"/> Box 13a. Statutory employee		
<b>B</b> <input type="checkbox"/> Deducting expenses in connection with this income		
<b>C</b> <input type="checkbox"/> If deducting expenses, double-click to link to Schedule C . . . . .		
		<b>C</b>

**Part II – Clergy, church employees, members of recognized religious sects**

<b>Clergy only:</b>			
<b>D</b> Enter your designated housing or parsonage allowance . . . . .	<b>D</b>		
<b>E</b> Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .	<b>E</b>		
<b>F</b> If no FICA was withheld, check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only			
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only			
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance			
4 <input type="checkbox"/> Exempt from SE tax and have an approved exemption Form 4361			
<b>Non-Clergy:</b>			
<b>G</b> If no FICA was withheld, check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income			
2 <input type="checkbox"/> Exempt from self-employment tax and have an approved Form 4029			

**Part III – Unreported Tip Income**

<b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .	<b>H1</b>	
<b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .	<b>H2</b>	
<b>3</b> Value of non-cash tips, such as tickets or passes, not reported to employer . . . . .	<b>H3</b>	
<b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .	<b>H4</b>	
<b>5</b> Tips paid out through a tip-sharing arrangement . . . . .	<b>H5</b>	
<b>6</b> <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax		

**Part IV – Substitute Form W-2**

**I a** If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

**b** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

**c** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

**d** QuickZoom to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

**Part V – Inmate in a Penal Institution**

**J a** Pay from work performed while an inmate in a penal institution . . . . .

**Part VI – Additional Information for Electronic Filing and Certain States (See Help)**

**13 c**  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

**Employee information:** Correct to match employee information on W-2

Employee's SSN. . . . . 726-85-6987

First name \_\_\_\_\_ M.I. Last name \_\_\_\_\_ Suff. \_\_\_\_\_

MOWNIKA \_\_\_\_\_ NERUSU \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP code \_\_\_\_\_

20808 NORTH 27TH AVENUE \_\_\_\_\_ PHOENIX \_\_\_\_\_ AZ 85027

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

# Tax Payments Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return MOWNIKA NERUSU	Social Security Number 726-85-6987
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**Estimated Tax Payments for 2020** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2020 . . . . .					
7 Credited by estates and trusts . . . . .					
8 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2020 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	13,372.	3,306.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .			
20 <b>Total Tax Payments for 2020</b> . . . . .	13,372.	3,306.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2019 extensions . . . . .				
22 2019 estimated tax paid after 12/31/2019 . . . . .				
23 Balance due paid with 2019 return . . . . .				
24 Other (amended returns, installment payments, etc) . . . . .				

# Earned Income Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return MOWNIKA NERUSU	Social Security Number 726-85-6987
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## Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C as a statutory employee,</b> enter the amount from line 1 of that Schedule C . . . . .			
<b>4</b> Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .			

## Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	86,463.		86,463.
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 18 and 19 . . . . .	86,463.		86,463.
<b>9 a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	86,463.		86,463.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	86,463.		86,463.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	86,463.		86,463.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received . . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	86,463.		86,463.

## Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	86,463.		86,463.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. . . . .	86,463.		86,463.

Keep for your records

Name(s) shown on return
MOWNIKA NERUSU

Social Security No.
726-85-6987

General Information:

Property description . . . . . PLOT NO 225
Property type . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) . . . . . YEDOUMAILARAM
City . . . . . MEDAK State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . . . TELANGANA
Foreign postal code . . . . . 502205 Foreign country . . . . . India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes [ ] No [X]
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes [ ] No [ ]

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 365 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse [ ] B Owned jointly [ ]
C Active participation [X] D Material participation [ ]
E Qualified joint venture [ ] F Some investment is not at risk [ ]
G Other passive exceptions [ ] H Complete taxable disposition - See Help [ ]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX [ ]

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage [ ]
O Enter ownership percentage . . . . . %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A [ ]
Q Percentage of rental use . . . . . %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method [ ]
S Number of days property owned if less than the entire year . . . . .

Income		% if Different	Total
<b>3 Enter</b> rental income (not reported elsewhere) . . . .	450.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . .			
Total rents received . . . . .	450.	100.000000	450.
<b>4 Enter</b> royalties received (not reported elsewhere) . .			
Royalty income from Form 1099-MISC . . . . .			
Royalty income from Form 1099-K . . . . .			
Royalty Income from Cancellation of Debt Wks . . . .			
Royalty Income from Schedule K-1 . . . . .			
Total royalties received . . . . .			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .	115.		115.		
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .	250.		250.		
<b>7</b> Cleaning and maint . .	175.		175.		
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
<b>b</b> Other Insurance . . . .					
<b>10</b> Legal & other prof fees					
<b>11</b> Management fees . . .					
<b>12 a</b> Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
<b>b</b> Mort int other . . . . .					
From Form 1098 import					
Total mort int other . .					
<b>13</b> Other interest. . . . .	5,800.		5,800.		
<b>14</b> Repairs . . . . .	250.		250.		
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover					
<b>19</b> Other expenses . . . .					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b> Indirect operating exp .					
<b>f</b> Operating exp carryover					
<b>g</b> Vehicle rental. . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19	6,590.		6,590.		
<b>21</b> Income or (loss) . . . . .			-6,140.		
<b>22</b> Deductible rental real estate loss . . . . .			-6,140.		

# Federal Carryover Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return MOWNIKA NERUSU	Social Security Number 726-85-6987
---	---------------------------------------

**2019 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

**2019 State Extension Information**

(a) State	(b) Paid With Extension

**2019 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2019 State Estimates Information**

(a) State	(c) Estimates Paid After 12/31

**2019 Locality Estimates Information**

(a) Locality	(c) Estimates Paid After 12/31

**2019 State Taxes Due Information**

(a) State	(e) Paid With Return

**2019 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2019 State Refund Applied Information**

(a) State	(g) Applied Amount

**2019 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2019 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

**2019 Locality Tax Refund Information**

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2019	2020
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		3,306.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		80,323.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		10,734.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions		2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2019	2020
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2020 . . . . .
		b	2019 . . . . .
		c	2018 . . . . .
		d	2017 . . . . .
		e	2016 . . . . .
		f	2015 . . . . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2020 . . . . .
		b	2019 . . . . .
		c	2018 . . . . .
		d	2017 . . . . .
		e	2016 . . . . .
		f	2015 . . . . .

# Tax Summary Report

**2020**

Name(s) Shown on Return

MOWNIKA NERUSU

Filing status . . . . . Single

Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	86,463.
Interest and dividend income . . . . .	
Business income (loss) . . . . .	
Capital gains (losses) . . . . .	
Pensions and annuities . . . . .	
Rents, royalties, partnerships, etc . . . . .	-6,140.
Farm income (loss) . . . . .	
Social security benefits . . . . .	
Other income . . . . .	
<b>Total Gross Income</b> . . . . .	<b>80,323.</b>

**Adjustments to Income** . . . . .

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 80,323.

**Itemized/Standard Deductions**

Medical and dental . . . . .	
Taxes . . . . .	3,306.
Interest . . . . .	
Contributions . . . . .	
Casualty or theft loss(es) . . . . .	
Miscellaneous . . . . .	
<b>Total Itemized Deductions</b> . . . . .	<b>3,306.</b>
Standard deduction . . . . .	12,400.

**Taxable Income** . . . . . 67,923.

Income tax . . . . .	10,734.
Alternative minimum tax . . . . .	
<b>Total Taxes before Credits</b> . . . . .	<b>10,734.</b>
Nonbusiness credits . . . . .	
Business credits . . . . .	
<b>Total Credits</b> . . . . .	
Self-employment tax . . . . .	
Other taxes . . . . .	

**Total Tax** . . . . . 10,734.

Withholding . . . . .	13,372.
Estimated tax payments . . . . .	
Other payments . . . . .	
<b>Total Payments</b> . . . . .	<b>14,640.</b>
Estimated tax penalty . . . . .	
Refund applied to next year's estimated tax . . . . .	

**Amount Overpaid** . . . . . 3,906.

**Refund** . . . . . 3,906.

**Amount Applied to Estimate** . . . . .

**Amount Due** . . . . . 0.

Tax bracket . . . . .	22.0 %
Effective tax rate . . . . .	13.36 %



# Recovery Rebate Credit Worksheet

**2020**

Name(s) Shown on Return  
MOWNIKA NERUSU

Social Security No.  
726-85-6987

**This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.**

<p><b>1</b> Can you be claimed as a dependent on another person's 2020 return?  <input checked="" type="checkbox"/> <b>No.</b> Go to line 2  <input type="checkbox"/> <b>Yes. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p>		
<p><b>2</b> Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse?  <input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 3 and 4 and go to line 5.  <input type="checkbox"/> <b>No.</b> If you are filing a joint return, go to line 3. If you aren't filing a joint return, <b>Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p>		
<p><b>3</b> Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number?  <input type="checkbox"/> <b>Yes.</b> Your credit is not limited. Go to line 5.  <input type="checkbox"/> <b>No.</b> Go to line 4.</p>		
<p><b>4</b> Does one of you have a valid social security number?  <input type="checkbox"/> <b>Yes.</b> Your credit is limited. Go to line 5.  <input type="checkbox"/> <b>No. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p>		
<p><b>5</b> Enter: ● \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or          ● \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p>	<b>5</b>	1,200.
<p><b>6</b> Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p>	<b>6</b>	
<p><b>7</b> Add lines 5 and 6 . . . . .</p>	<b>7</b>	1,200.
<p><b>8</b> Enter: ● \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or          ● \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p>	<b>8</b>	600.
<p><b>9</b> Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p>	<b>9</b>	
<p><b>10</b> Add lines 8 and 9 . . . . .</p>	<b>10</b>	600.
<p><b>11</b> Enter the amount from line 11 of Form 1040 or 1040-SR . . . . .</p>	<b>11</b>	80,323.
<p><b>12</b> Enter the amount shown below for your filing status :          ● \$150,000 if married filing jointly or qualifying widow(er)          ● \$112,500 if head of household          ● \$75,000 if single or married filing separately</p>	<b>12</b>	75,000.
<p><b>13</b> Is the amount on line 11 more than the amount on line 12?  <input type="checkbox"/> <b>No.</b> Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 12 from line 11. . . . .</p>	<b>13</b>	5,323.
<p><b>14</b> Multiply line 13 by 5% (0.05) . . . . .</p>	<b>14</b>	266.
<p><b>15</b> Subtract line 14 from line 7. If zero or less, enter -0- . . . . .</p>	<b>15</b>	934.
<p><b>16</b> Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p>	<b>16</b>	0.
<p><b>17</b> Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference . . . . .</p>	<b>17</b>	934.
<p><b>18</b> Subtract line 14 from line 10. If zero or less, enter -0- . . . . .</p>	<b>18</b>	334.
<p><b>19</b> Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p>	<b>19</b>	0.
<p><b>20</b> Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference . . . . .</p>	<b>20</b>	334.
<p><b>21</b> <b>Recovery rebate credit.</b> Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR. . . . .</p>	<b>21</b>	1,268.

### Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 2 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 3 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 4 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 5 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 6 . . . . .

SMART WORKSHEET FOR: Nonresident State Allocation Wks (CO)

Schedule E Income Allocation Smart Worksheet		
<b>A</b> Rentals and royalties . . . . .	<b>T</b>	-6,140.
	<b>S</b>	
<b>B</b> K-1 Partnerships . . . . .	<b>T</b>	
	<b>S</b>	
<b>C</b> K-1 S Corporations . . . . .	<b>T</b>	
	<b>S</b>	
<b>D</b> K-1 Estates and trusts . . . . .	<b>T</b>	
	<b>S</b>	
<b>E</b> Farm rentals . . . . .	<b>T</b>	
	<b>S</b>	
<b>F</b> Income or loss from REMICs . . . . .	<b>T</b>	
	<b>S</b>	

SMART WORKSHEET FOR: Form W-2 Worksheet (PRORSUM TECHNOLOGIES INC)

Qualified Business Income Deduction Smart Worksheet		
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i>		
A	Is this activity a qualified trade or business under Section 199A? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report . . . . .	<input type="checkbox"/>
C	Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

SMART WORKSHEET FOR: Schedule E Worksheet (YEDOUMAILARAM)  
This copy of the Worksheet will be on . [Schedule E, Page 1, Copy 1, Property A](#)

SMART WORKSHEET FOR: Schedule E Worksheet (YEDOUMAILARAM)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet past line A is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).

- A 1 Is this activity a qualified trade or business? [ ] Yes [X] No
a This rental qualifies as a business under the safe harbor requirements of Notice 2019-07 [ ]
b This rental is part of a Rental Real Estate Enterprise described in Rev Proc 2019-38 [ ]
If part of a Rev Proc 2019-38 enterprise, select group # (see help) \_\_\_\_\_
2 QBI worksheet to report if qualified business (double click to link) . . . . ▶ \_\_\_\_\_

- B Trade or Business Name . . . . . \_\_\_\_\_
C Trade or Business ID Number . . . . . \_\_\_\_\_

- D 1 Is this a Specified Service Trade or Business (SSTB)? [ ] Yes [ ] No
2 If No, is income attributable to a SSTB? (see help) . . . . [ ] Yes [ ] No
3 QBI worksheet for SSTB income (this will auto-populate if Yes) . . . . . \_\_\_\_\_
4 Percentage of qualified income attributable to SSTB \_\_\_\_\_ %

- E 1 Tentative Schedule E profit (loss) from this business . . . . . \_\_\_\_\_
2 Adjustments to qualified business income . . . . . \_\_\_\_\_
3 Schedule E qualified business income . . . . . \_\_\_\_\_
4 a Calculated QBI allowed after passive/at-risk limits . . . . . \_\_\_\_\_
b Adjustments to allowed QBI . . . . . \_\_\_\_\_
c Allowable QBI after loss limits . . . . . \_\_\_\_\_
5 Additional deductions related to this business reported on separate schedules . . . . . \_\_\_\_\_
6 Net profit (loss) after adjustments, limitations, and deductions . . . . . \_\_\_\_\_
7 Allowable Schedule E profit (loss) allocated to SSTB . . . . . \_\_\_\_\_
8 Allowable Schedule E profit (loss) from this business . . . . . \_\_\_\_\_

- F 1 Ordinary gain (loss) from business assets . . . . . \_\_\_\_\_
2 Ordinary gain (loss) adjustments . . . . . \_\_\_\_\_
3 Qualified ordinary gain (loss) . . . . . \_\_\_\_\_
4 a Calculated QBI allowed after passive/at-risk limits . . . . . \_\_\_\_\_
b Adjustments to allowed QBI . . . . . \_\_\_\_\_
c Allowable short term qualified gain (loss) after passive/at-risk limits . . . . . \_\_\_\_\_
5 Allowable ordinary gain (loss) allocated to SSTB . . . . . \_\_\_\_\_
6 Allowable ordinary gain (loss)/recapture from this business . . . . . \_\_\_\_\_

- G 1 Section 1231 gain (loss) from business assets . . . . . \_\_\_\_\_
2 Section 1231 gain (loss) adjustments . . . . . \_\_\_\_\_
3 Section 1231 gain (loss) from qualified business . . . . . \_\_\_\_\_
4 a Calculated QBI allowed after passive/at-risk limits . . . . . \_\_\_\_\_
b Adjustments to allowed QBI . . . . . \_\_\_\_\_
c Allowable ordinary 1231 qualified gain (loss) . . . . . \_\_\_\_\_
5 Allowable ordinary 1231 gain (loss) allocated to SSTB . . . . . \_\_\_\_\_
6 Allowable ordinary 1231 gain (loss) from this business . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Schedule E Worksheet (YEDOUMAILARAM)

<b>Activity Summary Smart Worksheet</b> Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer		
<b>B</b> At risk status . . . . .	All		
<b>C</b> Passive status . . . . .	Active RE		
<b>Schedule E</b>			
<b>D</b> Tentative profit (loss) . . . . .	-6,140.		-6,140.
<b>E</b> Other adjustments . . . . .			
<b>F</b> At risk disallowed loss . . . . .			
<b>G</b> Passive carryover loss . . . . .			
<b>H</b> Passive disallowed loss . . . . .			
<b>I</b> Net profit (loss) allowed . . . . .	-6,140.		-6,140.
<b>Related Dispositions</b>			
<b>J</b> Tentative profit (loss) . . . . .			
<b>K</b> At risk disallowed loss . . . . .			
<b>L</b> Passive carryover loss . . . . .			
<b>M</b> Passive disallowed loss . . . . .			
<b>N</b> Net profit (loss) allowed . . . . .			



208453 11555

State of Colorado Individual Income Tax Declaration for Electronic Filing
Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Form with fields: Taxpayer SSN or ITIN (726-85-6987), Spouse SSN or ITIN, Submission ID, Taxpayer Last Name (NERUSU), Taxpayer First Name (MOWNIKA), Middle Initial, Spouse Last Name, Spouse First Name, Street Address (20808 NORTH 27TH AVENUE), Phone Number ((201) 737-9536), City (PHOENIX), State (AZ), Zip (85027).

Part I — Tax Return Information

Table with 6 rows: 1. Total Income, line 9 from your federal Form 1040 (\$ 80323); 2. Taxable Income, line 15 on federal Form 1040 (\$ 67923); 3. Colorado Tax, line 19 on Colorado Form 104 (\$ 2153); 4. Colorado Tax Withheld, line 20 on Colorado Form 104 (\$ 2483); 5. Refund, line 32 Colorado Form 104 (\$ 330); 6. Amount You Owe, line 37 on Colorado Form 104 (\$).

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2020 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief.

Signature and Date fields for Taxpayer and Spouse's Signature (If Joint Return, Both Must Sign).

Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here [ ]

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2020 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2020 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief.

ERO's Signature (SYAM PRIYA RAM SAGAR GUPTA TALLAM) and Preparer Identification Number or Your SSN (P02082703).

Check if also Preparer [X]

Date (MM/DD/YY) 02/09/21



200104 11555



DR 0104 (10/19/20)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4  
**(0013)**

## 2020 Colorado Individual Income Tax Return

Full-Year     Part-Year or Nonresident (or resident, part-year, non-resident combination)     Mark if Abroad on due date – see instructions  
\*Must include DR 0104PN

Your Last Name		Your First Name		Middle Initial
NERUSU		MOWNIKA		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased		
06/07/1993	726-85-6987	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased		
		<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
20808 NORTH 27TH AVENUE			(201) 737-9536	
City	State	Zip Code	Foreign Country (if applicable)	
PHOENIX	AZ	85027		
<b>Round To The Nearest Dollar</b>				
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15			• 1	67923 00
Include W-2s and 1099s with CO withholding.				
<b>Additions to Federal Taxable Income</b>				
2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions)			• 2	00
3. Business Interest Expense Deduction Addback (see instructions)			• 3	00



200104 21555

Name		SSN or ITIN
MOWNIKA NERUSU		726-85-6987
4. Excess Business Loss Addback (see instructions)	• 4	00
5. Net Operating Loss Addback (see instructions)	• 5	00
6. Other Additions, explain (see instructions)	• 6	00
Explain:		
7. Subtotal, sum of lines 1 through 6	7	67923 00
<b>Colorado Subtractions</b>		
8. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 8	00
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	67923 00
<b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>		
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 10	2153 00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 11	00
12. Recapture of prior year credits	• 12	00
13. Subtotal, sum of lines 10 through 12	13	2153 00
14. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14	00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.	• 15	00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.	• 16	00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	2153 00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18	00
19. Net Colorado Tax, sum of lines 17 and 18	19	2153 00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 20	2483 00
21. Prior-year Estimated Tax Carryforward	• 21	00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 22	00
23. Extension Payment remitted with the DR 0158-I	• 23	00
24. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 24		00



200104 31555

Table with 2 columns: Name (MOWNIKA NERUSU) and SSN or ITIN (726-85-6987)

Table with 3 columns: Description, Amount, and Balance. Rows 25-31 detailing tax credits and overpayment.

If you have an overpayment on line 32 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

Table with 3 columns: Description, Amount, and Balance. Row 32: Refund, subtract line 31 from line 30 (see instructions) 330 00

Direct Deposit

Routing Number: 021200339 Type: [X] Checking [ ] Savings [ ] CollegenInvest 529
Account Number: 381038960103

For questions regarding CollegenInvest direct deposit or to open an account, visit CollegenInvest.org or call 800-448-2424.

Table with 3 columns: Description, Amount, and Balance. Rows 33-37 detailing net tax due and delinquent payments.

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.





200104 41555

Name		SSN or ITIN	
MOWNIKA NERUSU		726-85-6987	
<b>Third Party Designee</b>			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
<input checked="" type="radio"/> No <input type="radio"/> Yes. Complete the following:			
Designee's Name		Phone Number	
●		●	
<b>Sign Below</b> Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
GLOBAL TAXES LLC		(678) 965-9522	
Paid Preparer's Address		City	State    Zip
2530 PEBBLE CREEK LN		CUMMING	GA    30041

**File and pay at: [Colorado.gov/RevenueOnline](http://Colorado.gov/RevenueOnline)**

<p>If you are filing this return <b>with</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return <b>without</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	



200104PN11555



DR 0104PN (01/11/21)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 3

# Form 104PN

## Part-Year Resident/Nonresident Tax Calculation Schedule 2020

Taxpayer's Name	SSN or ITIN
MOWNIKA NERUSU	726-85-6987

Use this form if you and/or your spouse were a resident of another state for all or part of 2020. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.

1. Taxpayer is (mark one):  Full-Year Nonresident  Part-Year Resident from 

Beginning (MM/YY)	Ending (MM/YY)

Full-Year Resident  Nonresident 305-day rule Military

2. Spouse is (mark one):  Full-Year Nonresident  Part-Year Resident from 

Beginning (MM/YY)	Ending (MM/YY)

Full-Year Resident  Nonresident 305-day rule Military

3. Mark the federal form you filed:  1040  1040 NR  1040 SR  Other

	Federal Information	Colorado Information
4. Enter all income from form 1040 line 1 or 1040 SR line 1. ● 4	86463 00	
5. Enter income from line 4 that was earned while working in Colorado and/or earned while you were a Colorado resident. Part-year residents should include moving expense reimbursements only if paid for moving into Colorado. ● 5		55965 00
6. Enter the sum of all interest/dividend income from form 1040 lines 2b and 3b or form 1040 SR lines 2b and 3b. ● 6		
7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. ● 7		
8. Enter all income from form 1040, Schedule 1, line 7 or 1040 SR, Schedule 1, line 7. ● 8		
9. Enter income from line 8 that is from State of Colorado unemployment benefits; and/or is from another state's benefits that were received while you were a Colorado resident. ● 9		
10. Enter all income from line 7 of form 1040 or 1040 SR and line 4 of Schedule 1 of form 1040 or 1040 SR. ● 10		
11. Enter income from line 10 that was earned during that part of the year you were a Colorado resident and/or was earned on property located in Colorado. ● 11		



200104PN21555

Form with sections for Name (MOWNIKA NERUSU), SSN or ITIN (726-85-6987), Federal Information, and Colorado Information. Includes lines 12-23 for income reporting and adjustments, with a total income of 80323 and total Colorado income of 55965.



200104PN31555



Name		SSN or ITIN	
MOWNIKA NERUSU		726-85-6987	
		Federal Information	Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040 line 11 or 1040 SR line 11. <b>24</b>	80323	00	
25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN. <b>25</b>			55965 00
26. Additions to Adjusted Gross Income. Enter the sum of lines 3, 4, 5, and 6 of Colorado Form 104 excluding any charitable contribution adjustments. • <b>26</b>		00	
27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident.* • <b>27</b>			00
28. Total of lines 24 and 26 <b>28</b>	80323	00	
29. Total of lines 25 and 27 <b>29</b>			55965 00
30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions. • <b>30</b>		00	
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: • <b>31</b>			00
<ul style="list-style-type: none"> <li>• The state income tax refund subtraction to the extent included on line 19 above</li> <li>• The federal interest subtraction to the extent included on line 7 above</li> <li>• The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above</li> <li>• The Colorado capital gain subtraction to the extent included on line 20 above</li> </ul> <p><b>For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents &amp; Nonresidents.</b></p>			
32. Modified Adjusted Gross Income. Subtract line 30 from line 28. <b>32</b>	80323	00	
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. <b>33</b>			55965 00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx <b>34</b>	69.6749	%	
35. Tax from the tax table based on income reported on the DR 0104 line 9 <b>35</b>			3090 00
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10. <b>36</b>	2153	00	

\* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.



# Part-Year Resident/Nonresident Allocation Worksheet

**2020**

▶ Keep for your records

Name(s) as Shown on Return MOWNIKA NERUSU	Your Social Security No. 726-85-6987
--	---

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from CO sources
<b>T - Taxpayer; S - Spouse</b> ➔				
Wages, salaries, tips, etc. . . . . T	86,463.		86,463.	55,965.
S				
Federally taxable interest income . . . T				
S				
Dividends . . . . . T				
S				
State/local tax refunds . . . . . T				
S				
Alimony received . . . . . T				
S				
Business income or loss . . . . . T				
S				
Capital gain or loss . . . . . T				
S				
Other gains and losses . . . . . T				
S				
Taxable IRA distribution . . . . . T				
S				
Taxable pension and annuities . . . . T				
S				
Rentals/royalties/partnerships, etc. . T	-6,140.		-6,140.	0.
S				
Farm income or loss . . . . . T				
S				
Unemployment compensation . . . . T				
S				
Taxable social security benefits . . . T				
S				
Taxable railroad retirements . . . . T				
S				
Other income . . . . . T				
S				
<b>Total income</b> . . . . . T	<b>80,323.</b>		<b>80,323.</b>	<b>55,965.</b>
S				

		Federal Amount	Resident Period	Nonresident Period	
		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from CO sources
T - Taxpayer; S - Spouse	↘				
Educator expenses . . . . .	T				
	S				
Certain business expenses . . . . .	T				
	S				
Health savings account . . . . .	T				
	S				
Moving expenses . . . . .	T				
	S				
Self-employment tax deduction . . .	T				
	S				
Self-employed SEP, SIMPLE . . . . .	T				
	S				
Self-employed health insurance . . .	T				
	S				
Early withdrawal penalty . . . . .	T				
	S				
Alimony paid . . . . .	T				
	S				
IRA deduction . . . . .	T				
	S				
Student loan interest deduction . . .	T				
	S				
Tuition and fees deduction	T				
	S				
Reserved	T				
	S				
Total other adjustments . . . . .	T				
	S				
<b>Total adjustments</b> . . . . .	T				
	S				
Charitable Contribution Deduction . .	T				
	S				
<b>Adjusted gross income</b> . . . . .	T	80,323.		80,323.	55,965.
	S				

# Colorado Information Worksheet

2020

► Keep for your records

## Part I – Personal Information

### Taxpayer:

Last Name . . . . . NERUSU  
First Name . . . . . MOWNIKA  
Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
Social Security No. . . . . 726-85-6987  
  
Date of Birth . . . . . 06/07/1993  
Date of Death . . . . . \_\_\_\_\_  
  
Work Phone . . . . . (201) 737-9536 \*   
Home Phone . . . . . (201) 737-9536 \*

### Spouse:

Last Name . . . . . \_\_\_\_\_  
First Name . . . . . \_\_\_\_\_  
Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
Social Security No. . . . . \_\_\_\_\_  
  
Date of Birth . . . . . \_\_\_\_\_  
Date of Death . . . . . \_\_\_\_\_  
  
Work Phone . . . . . \_\_\_\_\_ \*

\*Check one of these boxes to print daytime phone number on government forms.

Address . . . . . 20808 NORTH 27TH AVENUE Apt No. . . . . \_\_\_\_\_  
City . . . . . PHOENIX State . . . . . AZ ZIP Code . . . . . 85027  
Foreign Province/County . . . . . \_\_\_\_\_ Foreign Postal Code . . . . . \_\_\_\_\_  
Foreign Country . . . . . \_\_\_\_\_  
Check to confirm address information is correct

## Part II – Main Form

- Form 104: Resident Filing . . . . . ► \_\_\_\_\_  
 Form 104: Part-Year Resident Filing . . . . . ► \_\_\_\_\_  
 Form 104: Nonresident Filing . . . . . ► \_\_\_\_\_  
Complete Form 104PN, Part-Year Resident/Nonresident Tax Calculation Schedule . . . . . ► \_\_\_\_\_

Resident military service persons who served **more than 305 days** outside the U.S. may now **file as a nonresident** on their Colorado income tax return. See Tax Help.

## Part III – Filing Status

- Single  
 Married filing jointly  
 Married filing separately  
 Head of household  
 Qualifying widow(er)

## Part IV – Other Information

2020 Federal Adjusted gross income . . . . . 80,323.  
2019 Colorado tax liability . . . . . \_\_\_\_\_

### Underpayment Penalty Calculation:

2019 Federal adjusted gross income (for Form 204) . . . . . \_\_\_\_\_  
2019 Colorado filing status (for Form 204) . . . . . \_\_\_\_\_

- Check this box if you do not want to file Form 204 and want the Colorado Department of Revenue to figure the underpayment penalty (see Tax Help for additional information)

### Third Party Designee:

**Yes No**  
  Do you want to allow another person to discuss your return with the CO Department of Revenue?  
If yes, enter the following:  
Designee's Name . . . . . \_\_\_\_\_  
Designee's Phone Number . . . . . \_\_\_\_\_

**Farmer / Fisherman Calculation:**

Yes No

- Check **Yes** to calculate estimated taxes for the farmer/fisherman option.
- Will the **farmer/fisherman** filer file and pay the full amount of tax on or before March 1?

**Supporting Document Information:**

If supporting documentation is required, How will it be submitted to the Revenue Department?

- Submitting via mail with Form DR 1778
- Uploading documents via the Colorado Revenue website
- ProSeries pdf attachment option

**Part V – Electronic Filing Information**

**New! State e-file disclosure consent:**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Colorado Department of Revenue, as applicable by law.

The state return will be filed electronically.

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

**EF Status Dates:**

- Date return was EFiled . . . . . \_\_\_\_\_
- Date return was accepted by the state . . . . . \_\_\_\_\_
- Enter the date Form DR 0900 was given to client . . . . . \_\_\_\_\_

QuickZoom to DR 8453: Additional Information SmartWorksheet . . . . . ► \_\_\_\_\_

**Part VI – Direct Deposit and Electronic Funds Withdrawal Information**

**CAUTION:** See tax help for refund expectation

Yes No

- Do you want to elect **direct deposit** of state tax refund?
- Do you want to elect **Electronic Funds Withdrawal** (Electronic Filing Only)?

If your client requests direct deposit or electronic funds withdrawal, fill out the information below.

- Name of Financial Institution . . . . . Bank of America
- Account type . . . . . Checking  Savings  CollegenInvest 529
- Routing number . . . . . 021200339
- Account number . . . . . 381038960103
- Enter the payment date to withdraw the account above . . . . . \_\_\_\_\_
- Enter the amount to withdraw from the account above . . . . . \_\_\_\_\_

**International ACH Transactions**

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VII – Paid Preparer Information**

Enter the preparer's assigned initials from Preparer's Information Worksheet . . . . . 01

**Part VIII – Extension Status**

If the Colorado tax return can't be filed by April 15, a 6-month automatic extension of time to file is allowed.



Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the tax return be filed after April 15?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Federal Form 4868 "Out of the Country" checkbox checked?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the tax return due date been extended by filing a Colorado extension using Form DR 158-I?

Extended due date . . . . . \_\_\_\_\_

**Note:** An extension of time to file is **not** an extension of time to pay.

**Filing and acceptance information (Electronic Filing Only)**

File extension electronically?  
 Extension accepted?  
 Extension filing date . . . . . \_\_\_\_\_  
 Extension acceptance date . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

**Yes**  **No**  Use electronic funds withdrawal of extension tax payment?  
 Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_  
 Balance-due amount paid with this extension . . . . . \_\_\_\_\_

**QuickZoom** to the DR 158-I, Extension Payment Voucher Worksheet . . . . . ► \_\_\_\_\_

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MOWNIKA NERUSU \_\_\_\_\_ 726-85-6987 Page 3

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**QuickZoom** to the Form 104: Individual Income Tax Return . . . . . ► \_\_\_\_\_

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# Tax Payments Worksheet

**2020**

▶ Keep for your records

Name MOWNIKA NERUSU	Social Security Number 726-85-6987
------------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
<b>1</b>	First Payment . . . . .		
<b>2</b>	Second Payment . . . . .		
<b>3</b>	Third Payment . . . . .		
<b>4</b>	Fourth Payment . . . . .		
<b>Additional Payments</b>			
<b>5</b>	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
<b>6</b>	Overpayment from previous year applied to current year . . . . .	<b>6</b>	
<b>7</b>	Amount paid with current year extension . . . . .	<b>7</b>	
<b>8</b>	<b>Total tax payments</b> . . . . .	<b>8</b>	

## Income Taxes Withheld for the Current Year

<b>9</b>	State withholding on Forms W-2 . . . . .	<b>9</b>	2,483.
<b>10</b>	State withholding on Forms W-2G . . . . .	<b>10</b>	
<b>11</b>	State withholding on Forms 1099-R . . . . .	<b>11</b>	
<b>12 a</b>	State withholding on Forms 1099-MISC . . . . .	<b>12 a</b>	
<b>b</b>	State withholding on Forms 1099-NEC . . . . .	<b>b</b>	
<b>c</b>	State withholding on Forms 1099-G . . . . .	<b>c</b>	
<b>d</b>	State withholding on Forms 1099-K . . . . .	<b>d</b>	
<b>13</b>	Other state tax withholding . . . . .	<b>13</b>	
<b>14</b>	<b>Total income tax withheld</b> . . . . .	<b>14</b>	2,483.
<b>15</b>	Date return will be filed and balance paid . . . . .	<b>15</b>	



## Smart Worksheets from your 2020 Colorado Tax Return

SMART WORKSHEET FOR: Form 104: Individual Income Tax Return

<b>Voluntary Contribution Smart Worksheet</b>	
<b>Note:</b> Voluntary Contributions cannot exceed amount of refund.	
<b>A</b> Voluntary contributions from DR 104CH . . . . .	<b>A</b> _____
<b>B</b> Actual refund expected . . . . .	<b>B</b> _____ 330.

SMART WORKSHEET FOR: Allocation Worksheet for PY/NR

<b>Rent/Royalties Smart Worksheet</b>				
<b>A</b> Rents and royalties . . . . .	<b>T</b>	-6,140.		-6,140.
	<b>S</b>			0.
<b>B</b> K-1 Partnership . . . . .	<b>T</b>			
	<b>S</b>			
<b>C</b> K-1 S Corporation . . . . .	<b>T</b>			
	<b>S</b>			
<b>D</b> K-1 Estate or Trust . . . . .	<b>T</b>			
	<b>S</b>			
<b>E</b> Farm rentals . . . . .	<b>T</b>			
	<b>S</b>			
<b>F</b> Income or loss from REMICs . . . . .	<b>T</b>			
	<b>S</b>			



DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2020 AND ENDING 66F

Your First Name and Middle Initial MOWNIKA Last Name NERUSU Your Social Security Number 726 85 6987 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route 20808 NORTH 27TH AVENUE Apt. No. Daytime Phone (with area code) 94 (201) 737-9536 City, Town or Post Office PHOENIX State AZ ZIP Code 85027 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line: 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 81 PM 80 RCVD

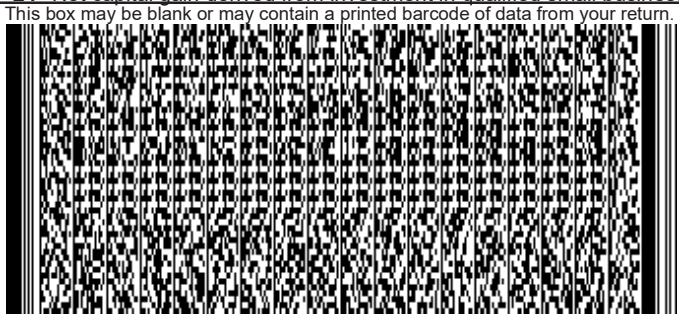
(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS.

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020.

Main tax table with 35 rows: 12 Federal adjusted gross income (from your federal return) 13 Non-Arizona municipal interest 14 Partnership Income adjustment 15 Total federal depreciation 16 Net capital (loss) derived from the exchange of legal tender 17 Other Additions to Income 18 Subtotal 19 Total net capital gain or (loss) 20 Total net short-term capital gain or (loss) 21 Total net long-term capital gain or (loss) 22 Net long-term capital gain from assets acquired after December 31, 2011 23 Multiply line 22 by 25% (.25) and enter the result 24 Net capital gain derived from investment in qualified small business 25 Net capital gain exchange of legal tender 26 Recalculated Arizona depreciation 27 Partnership Income adjustment 28 Interest on U.S. obligations 29a Exclusion for fed., AZ state or local govt. pensions 29b Pensions-Uniformed Services retired/retainer pay 30 U.S. Social Security or Railroad Retirement Act 31 Certain wages of American Indians 32 Pay received for being an active service member 33 Net operating loss adjustment 34 Contributions to 529 College Savings Plans 35 Subtract lines 23 through 34 from line 18



Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

Your Name (as shown on page 1) **MOWNIKA NERUSU** Your Social Security Number **726-85-6987**

Exemptions	36	Other Subtractions from Income. Complete <i>Adjustments to Arizona Gross Income</i> schedule on page 5.....	36		00
	37	Subtract line 36 from line 35 and enter the difference.....	37	80,323	00
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00
	39	Blind: Multiply the number in box 9 by \$1,500.....	39		00
	40	Other Exemptions. See instructions..... <b>40E</b> <input type="checkbox"/> Multiply the number in box <b>40E</b> by \$2,300.....	40		00
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00
	42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	80,323	00
	43	<b>Deductions: Check box and enter amount.</b> See instructions..... <b>43I</b> <input type="checkbox"/> <b>ITEMIZED</b> ... <b>43S</b> <input checked="" type="checkbox"/> <b>STANDARD</b>	43	12,400	00
	44	If you checked box <b>43S</b> and claim charitable deductions, check <b>44C</b> <input type="checkbox"/> <b>Complete page 3.</b> See instructions.....	44		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	67,923	00
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46	2,175	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31.....	47		00
	48	Subtotal of tax: Add lines 46 and 47 and enter the total.....	48	2,175	00
	49	Dependent Tax Credit. See instructions.....	49		00
	50	Family income tax credit (from the worksheet - see instructions).....	50		00
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61.....	51		00
	52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	2,175	00
	53	2020 AZ income tax withheld.....	53	823	00
	54	2020 AZ estimated tax payments.. <b>54a</b> <input type="text" value="00"/> Claim of Right <b>54b</b> <input type="text" value="00"/> Add 54a and 54b..	<b>54c</b>		00
	55	2020 AZ extension payment (Form 204).....	55		00
	56	Increased Excise Tax Credit (from the worksheet - see instructions).....	56		00
	57	Property Tax Credit from Arizona Form 140PTC.....	57		00
	58	Other refundable credits: Check the box(es) and enter the total amount..... <b>581</b> <input type="checkbox"/> 308-l <b>582</b> <input type="checkbox"/> 349	58		00
	59	<b>Total payments and refundable credits:</b> Add lines 53 through 58 and enter the total.....	59	823	00
	Tax Due or Overpayment	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63.....	60	1,352
61		<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment.....	61		00
62		Amount of line 61 to be applied to 2021 estimated tax.....	62		00
63		Balance of overpayment: Subtract line 62 from line 61 and enter the difference.....	63		00
Voluntary Gifts	<b>64 - 74 Voluntary Gifts to:</b>		Solutions Teams Assigned to Schools..... <b>64</b> <input type="text" value="00"/>		
	Child Abuse Prevention..... <b>66</b> <input type="text" value="00"/>	Domestic Violence Services..... <b>67</b> <input type="text" value="00"/>	Arizona Wildlife..... <b>65</b> <input type="text" value="00"/>	Political Gift..... <b>68</b> <input type="text" value="00"/>	
	Neighbors Helping Neighbors.. <b>69</b> <input type="text" value="00"/>	Special Olympics..... <b>70</b> <input type="text" value="00"/>	Veterans' Donations Fund..... <b>71</b> <input type="text" value="00"/>	Spay/Neuter of Animals.. <b>74</b> <input type="text" value="00"/>	
	I Didn't Pay Enough Fund..... <b>72</b> <input type="text" value="00"/>	Sustainable State Parks and Road Fund..... <b>73</b> <input type="text" value="00"/>			
	<b>75 Political Party (if amount is entered on line 68 - check only one):</b> <b>751</b> <input type="checkbox"/> Democratic <b>752</b> <input type="checkbox"/> Libertarian <b>753</b> <input type="checkbox"/> Republican				
	<b>76 Estimated payment penalty</b> ..... <b>76</b> <input type="text" value="00"/>				
	<b>77</b> <input type="checkbox"/> Annualized/Other <b>772</b> <input type="checkbox"/> Farmer or Fisherman <b>773</b> <input type="checkbox"/> Form 221 included				
	<b>78 Add lines 64 through 74 and 76; enter the total</b> ..... <b>78</b> <input type="text" value="00"/>				
Refund or Amount Owed	<b>79 REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80..... <b>79</b> <input type="text" value="00"/>				
	<b>Direct Deposit of Refund: Check box 79A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. <b>79A</b> <input type="checkbox"/>				
<input checked="" type="checkbox"/> <b>C</b> Checking or <input type="checkbox"/> <b>S</b> Savings		ROUTING NUMBER	ACCOUNT NUMBER		
<input type="text" value="00"/>		<input type="text" value=""/>	<input type="text" value=""/>		
<b>80 AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return..... <b>80</b> <input type="text" value="1,352"/> <input type="text" value="00"/>					

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SOFTWARE ENGINEER  
OCCUPATION

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02092021 GLOBAL TAXES LLC  
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196  
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9522  
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).  
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).





Your Name (as shown on page 1)  
MOWNIKA NERUSU

Your Social Security Number  
726-85-6987

### Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise skip this schedule. See pages 2 and 9 of the instructions.

	(a) Amount reported on your 2020 federal return	(b) Amount entered in column (a) reported on your 2020 Form 140	(c) Amount entered in column (a) reported on your 2020 return filed to your statutory state of residence	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
<b>1</b> Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>2</b> Interest.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>3</b> Dividends.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>4</b> Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>5</b> Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>6</b> Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 00
<b>7</b> Other income reported on your federal return .....	\$ 00	\$ 00	\$ 00	\$ 00
<b>8</b> Total Income: Add lines 1 through 7 .	\$ 00	\$ 00	\$ 00	\$ 00
<b>9</b> Other federal adjustments: List on lines 9a through 9c:				
<b>9a</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9b</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9c</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9d</b> Total adjustments: Add lines 9a through 9c for each column .....	\$ 00	\$ 00	\$ 00	\$ 00
<b>10</b> Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00

Your First Name and Middle Initial <b>1</b> MOWNIKA		Last Name NERUSU	Enter your SSN(s).	Your Social Security Number 726   85   6987
Spouse's First Name and Middle Initial <b>1</b>		Last Name		Spouse's Social Security No.
Current Home Address - number and street, rural route <b>2</b> 20808 NORTH 27TH AVENUE			Apt. No.	Daytime Phone (with area code) <b>94</b> (201) 737-9536
City, Town or Post Office <b>3</b> PHOENIX	State AZ	ZIP Code 85027	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <b>88</b>	

**Please indicate the filing status below:**

- Married filing joint return
- Head of household: Enter name of qualifying child or dependent on next line:  
\_\_\_\_\_
- Married filing separate return: Enter spouse's name and Social Security Number above
- Single

**81** PM

**80** RCVD

Enter the amount of payment enclosed..... \$ 

1,352	00
-------	----

If you are mailing this payment

**To ensure proper application of this payment, be sure that you:**

- ✓ Do **not** send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2020 Tax" on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

**You can make this 140V payment by eCheck or credit card!**

American Express ♦ Visa ♦ Discover Card ♦ MasterCard

**www.AZTaxes.gov**

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

**NOTE:** To avoid interest and penalties you must pay the full amount of your tax by April 15, 2021. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2021, or for tax year ending: 20

1 MOWNIKA Your First Name and Middle Initial Last Name NERUSU Your Social Security Number 726 85 6987

1 Spouse's First Name and Middle Initial (if filing joint) Last Name Enter your SSN(s) Spouse's Social Security No.

2 20808 NORTH 27TH AVENUE Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94 (201) 737-9536

3 PHOENIX City, Town or Post Office State AZ ZIP Code 85027 REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

Check if this payment is on behalf of a Nonresident Composite return - 140NR

STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents).

Enter the amount of payment enclosed \$ 338.00

81 PM 80 RCVD

2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

- 1st Quarter - January to March | Due date is April 15, 2021.
2nd Quarter - April to June | Due date is June 15, 2021.
3rd Quarter - July to September | Due date is September 15, 2021.
4th Quarter - October to December | Due date is January 15, 2022. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this payment.

Payment for fiscal year filers are due as follows:

- 1st Quarter - 15th day of the fourth month of the current fiscal year.
2nd Quarter - 15th day of the sixth month of the current fiscal year.
3rd Quarter - 15th day of the ninth month of the current fiscal year.
4th Quarter - 15th day of the first month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

To ensure proper application of this payment, be sure that you:
- Complete and submit this form in its entirety. Do not cut this page in half.
- Make your check or money order payable to Arizona Department of Revenue.
- Write your SSN and tax year on your payment.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.
Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card!
American Express ♦ Visa ♦ Discover Card ♦ MasterCard
www.AZTaxes.gov
- Click on "Make a Payment" and select "140ES" as the Payment Type.
- Do not mail this form. We will apply this payment to your account.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2021, or for tax year ending: 20

Your First Name and Middle Initial: MOWNIKA; Last Name: NERUSU; Your Social Security Number: 726 85 6987

Spouse's First Name and Middle Initial (if filing joint): [ ]; Last Name: [ ]; Spouse's Social Security No.: [ ]

Current Home Address - number and street, rural route: 20808 NORTH 27TH AVENUE; Apt. No.: [ ]; Daytime Phone (with area code): (201) 737-9536

City, Town or Post Office: PHOENIX; State: AZ; ZIP Code: 85027

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

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1 MOWNIKA Your First Name and Middle Initial Last Name NERUSU Your Social Security Number 726 85 6987

1 Spouse's First Name and Middle Initial (if filing joint) Last Name Enter your SSN(s) Spouse's Social Security No.

2 20808 NORTH 27TH AVENUE Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94 (201) 737-9536

3 PHOENIX City, Town or Post Office State AZ ZIP Code 85027 REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

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1 Your First Name and Middle Initial MOWNIKA Last Name NERUSU Enter your SSN(s) 726 85 6987 Your Social Security Number

1 Spouse's First Name and Middle Initial (if filing joint) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 20808 NORTH 27TH AVENUE 94 (201) 737-9536

3 City, Town or Post Office State ZIP Code PHOENIX AZ 85027 REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

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American Express ♦ Visa ♦ Discover Card ♦ MasterCard
www.AZTaxes.gov
- Click on "Make a Payment" and select "140ES" as the Payment Type.
- Do not mail this form. We will apply this payment to your account.

Arizona Information Worksheet

2020

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . MOWNIKA
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . NERUSU
Social Security No . . . . . 726-85-6987
Date of Birth . . . . . 06/07/1993
Date of Death . . . . .
Daytime Phone . . . . . (201) 737-9536
Extension . . . . .

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No . . . . .
Date of Birth . . . . .
Date of Death . . . . .
Daytime Phone . . . . .
Extension . . . . .

Home Phone . . . . . (201) 737-9536

Print this daytime phone on forms . . . . . [X] Taxpayer daytime [ ] Spouse daytime [ ] Home

Street Address . 20808 NORTH 27TH AVENUE Apt No. .

City . . . . . PHOENIX State . . . . . AZ ZIP Code . . . . . 85027

Last name(s) in prior years if different from name(s) used in current year . . . . .

Part II - Main Form

- [X] Form 140: Resident Tax Return (Long form)
[ ] Form 140A: Resident Tax Return (Short form)
[ ] Form 140NR: Nonresident Tax Return
[ ] Form 140PY: Part-Year Resident Tax Return
[ ] Form 140PTC: Full-Year Resident Property Tax Refund (Credit Claim) Only

Military personnel and composite return filers:

- [ ] You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
[ ] You are filing a composite return on Form 140NR

Part III - Filing Status

- [ ] Married filing joint return
[ ] Head of household
[ ] Married filing separate return
[X] Single

Part IV - Other Information

- Your Arizona gross income for 2019 was in excess of \$75,000 (\$150,000 if MFJ)
- Someone (such as taxpayer's parent) can claim taxpayer as a dependent
- You qualify as a farmer or fisherman for federal tax purposes
- Itemize even if itemized deductions are less than standard deduction
- Take the standard deduction even if less than itemized deductions
- Check this box if you are a first time Arizona income tax filer

Increased Excise Tax Credit

- You were sentenced to 60 days or more in a county, state or federal prison during tax year 2020  
Credit claimed by another member of the household . . . . . \_\_\_\_\_

Voluntary Gifts

- 1 Solutions Teams Assigned to Schools Fund . . . . . 1 \_\_\_\_\_
- 2 Arizona Wildlife Fund . . . . . 2 \_\_\_\_\_
- 3 Child Abuse Prevention Fund . . . . . 3 \_\_\_\_\_
- 4 Domestic Violence Services . . . . . 4 \_\_\_\_\_
- 5 I Didn't Pay Enough Fund . . . . . 5 \_\_\_\_\_
- 6 Neighbors Helping Neighbors Fund . . . . . 6 \_\_\_\_\_
- 7 Special Olympics Fund . . . . . 7 \_\_\_\_\_
- 8 Veterans' Donations Fund . . . . . 8 \_\_\_\_\_
- 9 Sustainable State Parks and Road Fund . . . . . 9 \_\_\_\_\_
- 10 Spay/Neuter of Animals . . . . . 10 \_\_\_\_\_
- 11 Political Gift - select party below . . . . . 11 \_\_\_\_\_
  - Democratic
  - Libertarian
  - Republican

Part V - Electronic Filing Information

New! E-file consent disclosure:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Arizona Department of Revenue, as applicable by law.

- The state return will be filed electronically

Electronic PDF Attachments

PDF's that you have selected to attach to state e-file return are listed below.

Description	Filename

New! E-file consent disclosure:

- Yes No
- Federal PIN(s) will be used (See help)

Date return was EFiled . . . . . \_\_\_\_\_

Date return was accepted by the state . . . . . \_\_\_\_\_

Enter the date Form AZ-140V was given to client . . . . . \_\_\_\_\_

Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information

- Yes No
- Do you want to elect direct deposit of state tax refund?
  - Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . . Bank of America \_\_\_\_\_

Account type . . . . . Checking  Savings

Routing number . . . . . 021200339 \_\_\_\_\_

Account number . . . . . 381038960103 \_\_\_\_\_

Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_



Enter an amount to withdraw from the account above . . . . . \_\_\_\_\_  
If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

**International ACH Transactions**

**Yes No**  
  Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VII - Paid Preparer Information**

Enter preparer Code from Firm/Preparer Info (See Help) . . . . . ▶ 01

**Part VIII – Extension Status**

**Yes No**  
  Has the tax return due date been extended by filing IRS Form 4868?  
  Federal Form 4868 "Out of the Country" checkbox checked?  
  Has the tax return due date been extended by filing a Arizona extension using Form 204?  
Extended due date . . . . . \_\_\_\_\_

**Filing and acceptance information (Electronic Filing Only)**

File extension electronically?  
 Extension accepted?  
Extension filing date . . . . . \_\_\_\_\_  
Extension acceptance date . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

**Yes No**  
  Use electronic funds withdrawal of extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_

Balance-due amount paid with this extension . . . . . \_\_\_\_\_

**QuickZoom** to Form 204: Application for Filing Extension . . . . . ▶ \_\_\_\_\_

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► Keep for your records

Name(s) Shown on Return  
MOWNIKA NERUSU

Your Social Security Number  
726-85-6987

**Part I 2021 Estimated Tax Amount Options** to be paid before January 15, 2022

**1 Select One of Five Ways to Calculate the Required Annual Payment for 2021 Estimates:**

- a 100% of **2020** taxes (default, see Tax Help) . . . . .  2,175.
- b 100% of tax on **2021** estimated taxable income . . . . .  2,175.
- c 90% of tax on **2021** estimated taxable income . . . . .  1,958.
- d Equal to 100% of overpayment (no vouchers) . . . . .  \_\_\_\_\_
- e Enter total amount you want to use for estimates and check box . . . . .  \_\_\_\_\_

**Voluntary Payments:**

**Method 1:** If federal Form 1040ES was filed, Arizona estimated payments can be calculated based on a percentage (10, 15 or 20%) of the federal estimated tax paid. To choose this option, enter the percentage to be used and the total amount of federal estimate tax on lines a and b below. Then check the box on line 1e.

- a Enter percentage to calculate the estimated vouchers . . . . . \_\_\_\_\_ %
- b Enter total federal estimates due . . . . . \_\_\_\_\_

**Method 2:** Installments may be filed on or before the due dates (April 15, June 15, September 15, and January 15). To choose this option, check the box and enter the total amount to be paid with estimates on line 1e. Then, on Part IV, line 2, check the box indicating the number of installments to be used.

**Method 3:** Estimated tax payments can be made as a single, lump-sum payment before January 15. To choose this option, check the box and enter the total to be paid with estimates on line 1e. Then check the box on Part IV, line 2, column 4 indicating the January payment is due next.

**2 Selected estimated tax amount:**

- a 2021 Required Annual Payment based on your choice above . . . . . 2,175.
- b Estimated amount of 2021 state income tax withholding . . . . . 823.
- c **Total of estimated tax payments required for 2021** (line 2a less line 2b) . . . . . 1,352.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if Arizona gross income in 2020 and expected 2021 gross income exceeds \$75,000 (\$150,000 if MFJ) (default) . . . . .
- b Calculate estimates if \_\_\_\_\_ (specify amount) or more . . . . .
- c Calculate estimates regardless of amount . . . . .
- d Do **not** calculate estimates . . . . .

**Part II Overpayment Application Options**

**1** Amount of overpayment available (Arizona Form 140, 140NR, or 140PY) . . . . . 0.

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . .
- b Apply all (increase estimate if required) . . . . .
- c Apply to extent of total estimated tax and refund excess . . . . . 1,352.
- d Apply to extent of first quarter amount and refund excess . . . . . 338.
- e Enter amount you want to apply . . . . .
- f Amount applied to 2021 estimated tax . . . . . 0.
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 0.

**3 Select Overpayment Application Sequence:**

- a  ◀ Consecutively    b  ◀ Evenly

**Part III Rounding and Printing Options**

**1 Select Rounding Option:**

- a  ◀ Round up to next \$1    b  ◀ Round up to next \$10    c  ◀ Round up to next \$100    d  ◀ Round to nearest \$1

**2 Select Voucher Printing Option:**

- a  ◀ Print (per Part I, lines 3a - c)    b  ◀ Print only name, etc.    c  ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 15, 2021	<b>2</b> Jun 15, 2021	<b>3</b> Sep 15, 2021	<b>4</b> Jan 18, 2022	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts . . . . .					
<b>2</b> Indicate which payment is due next. (e.g. if it is now April 25, check col. 2) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required Payment . . . . .	338.	338.	338.	338.	1,352.
<b>4</b> Overpayment applied . . . . .	0.	0.	0.	0.	0.
<b>5</b> Net payment due . . . . .	338.	338.	338.	338.	1,352.
<b>6</b> Voucher amounts . . . . .	338.	338.	338.	338.	1,352.

**Part V Changes to Income, Deductions and Withholding for 2021**

2020 income and deductions are shown in the '2020 Actual' column below.

**\*Caution:** For each line in the '2021 Estimated' column, enter the estimated 2021 amount **if different** from 2020. Otherwise, the '2020 Actual' amount will be used for that line. If zero, you **must** enter zero.

	<b>2020 Actual</b>	<b>*2021 Estimated</b>
<b>1</b> Use the estimated tax worksheet attached to IRS Form 1040ES and <i>enter here the amount shown as income on your federal worksheet</i> . . . . .	80,323.	
<b>Additions</b>		
<b>2</b> Non-Arizona municipal interest . . . . .		
<b>3</b> Partnership Income . . . . .		
<b>4</b> Total federal depreciation . . . . .		
<b>5</b> Other additions to income . . . . .		
<b>Subtractions</b>		
<b>6</b> Amounts received as annuities from certain federal, Arizona state or local government retirement and disability funds (up to \$2,500) that are subject to federal tax. . . . .		
<b>7</b> Interest income on obligations of the United States (e.g. U.S. savings bonds, treasury bills, etc) . . . . .		
<b>8</b> Benefits, annuities, and pensions for retired/retainer pay of the uniformed services (up to \$3,500) that are subject to federal tax . . . . .		
<b>9</b> U.S. Social Security benefits or railroad retirement act benefits included as income on federal return . . . . .		
<b>10</b> Other exempt income . . . . .	0.	
<b>Deductions</b>		
<b>11</b> If you plan to itemize deductions, <i>enter the estimated total of your deductions</i> . If you do not plan to itemize deductions, <i>see the instructions for the allowable 2020 standard deduction</i> . . . . .	12,400.	
<b>12</b> Arizona tax withholding . . . . .	823.	
<b>Credits</b>		
<b>13</b> Credits . . . . .		

**Part VI Filing Status and Exemptions for 2021**

- 1 Choose 2021 filing status:
- Married filing jointly
  - Head of household  
Check the box if head of household and married in 2021 . . . . .
  - Married filing separately  
Check box if married filing separate with one spouse claiming at least one dependent . . . . .
  - Single
- 2 a Number of exemptions for age 65 and over to be claimed in 2021 (taxpayer or spouse only) . . . . . 0
- b Number of blind exemptions to be claimed in 2021 . . . . . 0
- c Number of other exemptions to be claimed in 2021 . . . . . \_\_\_\_\_
- d Number of qualifying parents and ancestors of parents to be claimed in 2021 . . . . . \_\_\_\_\_
- 3 **Part-year and Nonresident Filers only:** Arizona percentage from Form 140NR or Form 140PY . . . . . \_\_\_\_\_ %

**Part VII 2021 Estimated Taxable Income and Tax**

1	Amount shown as income on your federal estimated tax worksheet . . . . .	80,323.
2	Adjustments to income:	
a	Total additions . . . . .	
b	Total subtractions . . . . . <u>0.</u>	
c	Net adjustments . . . . .	0.
3	Deductions . . . . . <u>12,400.</u>	
4	Dependent exemptions . . . . . <u>0.</u>	
5	Total deductions and exemptions . . . . .	12,400.
6	Estimated Arizona taxable income (line 1 plus line 2c minus line 5) . . . . .	67,923.
7	Tax on amount from line 6 . . . . .	2,175.
8	Credits . . . . .	
9	Subtract line 8 from line 7. Enter the difference (no less than 0). <b>This is your 2021 tax based on your estimate of 2021 income</b> . . . . .	2,175.

# Tax Payments Worksheet

**2020**

▶ Keep for your records

Name MOWNIKA NERUSU	Social Security Number 726-85-6987
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## Tax Payments for the Current Year

		State	
		Date	Payment
<b>1</b>	First Payment . . . . .		
<b>2</b>	Second Payment . . . . .		
<b>3</b>	Third Payment . . . . .		
<b>4</b>	Fourth Payment . . . . .		
<b>Additional Payments</b>			
<b>5</b>	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
<b>6</b>	Overpayment from previous year applied to current year . . . . .	<b>6</b>	
<b>7</b>	Amount paid with current year extension . . . . .	<b>7</b>	
<b>8</b>	<b>Total tax payments</b> . . . . .	<b>8</b>	

## Income Taxes Withheld for the Current Year

<b>9</b>	State withholding on Forms W-2 . . . . .	<b>9</b>	823.
<b>10</b>	State withholding on Forms W-2G . . . . .	<b>10</b>	
<b>11</b>	State withholding on Forms 1099-R . . . . .	<b>11</b>	
<b>12 a</b>	State withholding on Forms 1099-MISC . . . . .	<b>12 a</b>	
<b>b</b>	State withholding on Forms 1099-NEC . . . . .	<b>b</b>	
<b>c</b>	State withholding on Forms 1099-G . . . . .	<b>c</b>	
<b>d</b>	State withholding on Forms 1099-K . . . . .	<b>d</b>	
<b>13</b>	Other state tax withholding . . . . .	<b>13</b>	
<b>14</b>	<b>Total income tax withheld</b> . . . . .	<b>14</b>	823.
<b>15</b>	Date return will be filed and balance paid . . . . .	<b>15</b>	



## Smart Worksheets from your 2020 Arizona Tax Return

SMART WORKSHEET FOR: Form 8879

<b>Additional Information Smart Worksheet</b>	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Using the Federal PIN(s) (See help) . . . . . ▶ <input type="checkbox"/> X
<b>D</b>	Document to attach to the BACK of E-File Signature Authorization Form: Form W-2 (Copy 2) _____ _____ _____
<b>E</b>	<b>Retain E-File Signature Authorization Form and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES</b>

SMART WORKSHEET FOR: Form 309 (COLORADO): Credit for Taxes Paid

<b>Other State Income Smart Worksheet</b>				
Carefully review transferred state amounts and verify that the amounts are what Arizona requires to calculate the credit.				
(1) Description of income from the other state listed separately (change when necessary)	(2a) Amount of column 1 income reportable to AZ and the other state	(2b) * Amount if different	(3) Portion of income included on line 2a or 2b included in Arizona AGI	(4) Portion of income included on line 2a or 2b included in other state's AGI
WAGES	55,965.		0.	0.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Use column 2b **only** if you need to modify an amount calculated by the program in column 2a.



SMART WORKSHEET FOR: Form 309 (COLORADO): Credit for Taxes Paid

**Other State Tax Smart Worksheet**

Carefully review transferred state amounts and verify that the amounts are what Arizona requires to calculate the credit.

- A** Income tax paid to Colorado . . . . .
- B** Entire income upon which the other state's or country's income tax is imposed . . . . .

<b>Column A</b> Amount	<b>Column B**</b> Amount if Different
2,153.	
55,965.	

\*\* Use column B only if you need to modify any amount calculated by the program in column A.