

**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<br>SAIKUMAR GOUD   | Last name<br>VAGGU | <b>Your social security number</b><br>036-65-5108 |
| If joint return, spouse's first name and middle initial   | Last name          | <b>Spouse's social security number</b>            |
| Home address (number and street). If you have a P.O. box, see instructions.<br>8000 JOHNA DAVIS DR  |                    | Apt. no.<br>2208                                  |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>FRANKFORT |                    | State<br>KY                                       |
| Foreign country name  |                    | ZIP code<br>40601                                 |
| Foreign province/state/county   |                    | Foreign postal code                               |

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  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

**Dependents** (see instructions):

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

|                            |  |              |            |         |
|----------------------------|--|--------------|------------|---------|
| Attach Sch. B if required. | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |              | <b>1</b>   | 72,086. |
|                            | <b>2a</b> Tax-exempt interest . . . . .  | <b>2a</b>    | <b>2b</b>  |         |
|                            | <b>3a</b> Qualified dividends . . . . .  | <b>3a</b> 3. | <b>3b</b>  | 5.      |
|                            | <b>4a</b> IRA distributions . . . . .  | <b>4a</b>    | <b>4b</b>  |         |
|                            | <b>5a</b> Pensions and annuities . . . . .   | <b>5a</b>    | <b>5b</b>  |         |
|                            | <b>6a</b> Social security benefits . . . . .   | <b>6a</b>    | <b>6b</b>  |         |
|                            | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |              | <b>7</b>   | 823.    |
|                            | <b>8</b> Other income from Schedule 1, line 9 . . . . .  |              | <b>8</b>   | -5,770. |
|                            | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |              | <b>9</b>   | 67,144. |
|                            | <b>10</b> Adjustments to income:   |              |            |         |
|                            | <b>a</b> From Schedule 1, line 22 . . . . .  | <b>10a</b>   |            |         |
|                            | <b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | <b>10b</b>   |            |         |
|                            | <b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    |              | <b>10c</b> |         |
|                            | <b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                   |              | <b>11</b>  | 67,144. |
|                            | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .   |              | <b>12</b>  | 12,400. |
|                            | <b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .   |              | <b>13</b>  |         |
|                            | <b>14</b> Add lines 12 and 13 . . . . .  |              | <b>14</b>  | 12,400. |
|                            | <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                             |              | <b>15</b>  | 54,744. |

|           |   |            |         |
|-----------|---|------------|---------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b>  | 7,830.  |
| <b>17</b> | Amount from Schedule 2, line 3  | <b>17</b>  |         |
| <b>18</b> | Add lines 16 and 17   | <b>18</b>  | 7,830.  |
| <b>19</b> | Child tax credit or credit for other dependents   | <b>19</b>  |         |
| <b>20</b> | Amount from Schedule 3, line 7  | <b>20</b>  |         |
| <b>21</b> | Add lines 19 and 20   | <b>21</b>  |         |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b>  | 7,830.  |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10  | <b>23</b>  | 0.      |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>  | <b>24</b>  | 7,830.  |
| <b>25</b> | Federal income tax withheld from:   |            |         |
| <b>a</b>  | Form(s) W-2   | <b>25a</b> | 10,813. |
| <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
| <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
| <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 10,813. |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return   | <b>26</b>  |         |
| <b>27</b> | Earned income credit (EIC) <b>NO</b>  | <b>27</b>  |         |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812   | <b>28</b>  |         |
| <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
| <b>30</b> | Recovery rebate credit. See instructions  | <b>30</b>  |         |
| <b>31</b> | Amount from Schedule 3, line 13   | <b>31</b>  |         |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | <b>32</b>  |         |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | <b>33</b>  | 10,813. |

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

**Refund**

|            |  |            |        |
|------------|--|------------|--------|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                       | <b>34</b>  | 2,983. |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>            | <b>35a</b> | 2,983. |
| <b>b</b>   | Routing number <u>011900254</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
| <b>d</b>   | Account number <u>385017294605</u>   |            |        |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>   | <b>36</b>  |        |

**Amount You Owe**

For details on how to pay, see instructions.

|           |  |           |  |
|-----------|--|-----------|--|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | <b>37</b> |  |
| <b>38</b> | Estimated tax penalty (see instructions)                             | <b>38</b> |  |

**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      | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>         |
| <input type="text"/>  | <input type="text"/> | SOFTWARE DEVELOPER   |  |
| 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.) <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |  |
| Phone no.   | Email address        |                      |  |
| <input type="text"/>  | <input type="text"/> |                      |  |

**Paid Preparer Use Only**

|                                   |                                       |            |                |  |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name                   | Preparer's signature                  | Date       | PTIN           | Check if:                              |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM     | 03/11/2021 | P02082703      | <input type="checkbox"/> Self-employed |
| Firm's name                       | Firm's address                        |            | Phone no.      |  |
| GLOBAL TAXES LLC                  | 2530 Pebble Creek Ln Cumming GA 30041 |            | (678) 965-9522 |  |
|                                   |                                       |            | Firm's EIN     |  |
|                                   |                                       |            | 30-1017196     |  |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SAIKUMAR GOUD VAGGU

Your social security number  
036-65-5108

**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>  | -5,770. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .   | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .  | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____<br>_____  | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,<br>line 8 . . . . . | <b>9</b>  | -5,770. |

**Part II Adjustments to Income**

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return: SAIKUMAR GOUD VAGGU Your social security number: 036-65-5108

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 39,557.                          | 40,541.                         | 1,818.  | 834.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  | 19.                              | 26.                             |   | -7.   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 827.   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 1.                               | 5.                              |  | -4.   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> -4.   |

**Part III Summary**

|   |               |      |
|---|---------------|------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> | <b>16</b>     | 823. |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>   |               |      |
| <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>   | <b>18</b>     |      |
| <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>   | <b>19</b>     |      |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>  |               |      |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>   | <b>21</b> ( ) |      |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>   |               |      |









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

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

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

SAIKUMAR GOUD VAGGU

Your social security number

036-65-5108

**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**

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** H-.NO: 4-139/8/A MADHURANAGAR COLONY ACHAMPET, TELANGANA IN 509375  
**B**  
**C**

| <b>1b</b> | Type of Property (from list below) | <b>2</b>  | Fair Rental Days | Personal Use Days | QJV                      |
|-----------|------------------------------------|---|------------------|-------------------|--------------------------|
| <b>A</b>  | 3                                  | 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>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>           | 580.        |          |          |
| <b>4</b> Royalties received . . . . .   | <b>4</b>           |             |          |          |
| <b>Expenses:</b>  |                    |             |          |          |
| <b>5</b> Advertising . . . . .  | <b>5</b>           |             |          |          |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>           |             |          |          |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b>           | 1,650.      |          |          |
| <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>          | 1,250.      |          |          |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>          |             |          |          |
| <b>13</b> Other interest . . . . .  | <b>13</b>          |             |          |          |
| <b>14</b> Repairs . . . . .   | <b>14</b>          | 1,240.      |          |          |
| <b>15</b> Supplies . . . . .  | <b>15</b>          | 1,110.      |          |          |
| <b>16</b> Taxes . . . . .   | <b>16</b>          |             |          |          |
| <b>17</b> Utilities . . . . .   | <b>17</b>          | 1,100.      |          |          |
| <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>          | 6,350.      |          |          |
| <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>          | -5,770.     |          |          |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>          | ( -5,770. ) | ( )      | ( )      |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b>         |             | 580.     |          |
| <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>         |             | 6,350.   |          |
| <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>          | ( 5,770. )  |          |          |
| <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>          | -5,770.     |          |          |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



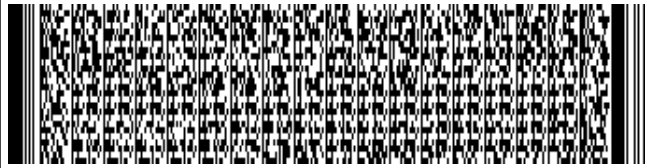
2 0 0 0 0 1 1 5 5 5

KENTUCKY INDIVIDUAL INCOME TAX RETURN Residents Only

2020

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

A. Spouse's Social Security Number B. Your Social Security Number 036-65-5108 Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.) VAGGU SAIKUMAR GOUD Mailing Address (Number and Street including Apartment Number or P.O. Box) 8000 JOHNA DAVIS DR 2208 City, Town or Post Office State ZIP Code FRANKFORT KY 40601



FILING STATUS (see instructions) 1 [X] Single 2 [ ] Married, filing separately on this combined return. (If both had income.) 3 [ ] Married, filing joint return. 4 [ ] Married, filing separate returns. Enter spouse's Social Security number above and full name here.

Check if applicable: [ ] Amended (Enclose copy of 1040X, if applicable.)

POLITICAL PARTY FUND Designating \$2 will not change your refund or tax due. A. Spouse B. Yourself Democratic (1) [ ] (4) [ ] Republican (2) [ ] (5) [ ] No Designation (3) [ ] (6) [X]

Table with 4 columns: Line number, Description, A. Spouse (Use if Filing Status 2 is checked.), B. Yourself (or Joint). Rows 5-19 showing tax calculations and final tax amount of 3,225.00.



|      |   |     |                                       |                            |                            |                            |
|------|---|-----|---------------------------------------|----------------------------|----------------------------|----------------------------|
| 20   | Check the box that represents your total family size (see instructions before completing lines 20 and 21) .....   | 20  | 1 <input checked="" type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 21   | Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount <u>0.00</u> ( <u>0</u> %) from Schedule ITC.....   | 21  |                                       |                            | 0.                         | 00                         |
| 22   | Subtract line 21 from line 19 .....   | 22  |                                       |                            | 3,225.                     | 00                         |
| 23   | Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K.....   | 23  |                                       |                            |                            | 00                         |
| 24   | Enter <b>Child and Dependent Care Credit</b> from federal Form 2441, line 11 <b>▶</b> _____ <b>x 20%</b> (.20)  | 24  |                                       |                            |                            | 00                         |
| 25   | Enter <b>Income Gap Tax Credit</b> from Schedule ITC .....  | 25  |                                       |                            |                            | 00                         |
| 26   | <b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero .....   | 26  |                                       |                            | 3,225.                     | 00                         |
| 27   | <b>Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions).....</b>  | 27  |                                       |                            |                            | 00                         |
| 28   | Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b> .....  | 28  |                                       |                            | 3,225.                     | 00                         |
| 29   | <b>For amended return;</b> overpayment, if any, shown on original return .....  | 29  |                                       |                            |                            | 00                         |
| 30   | Add lines 28 and 29, enter here .....   | 30  |                                       |                            | 3,225.                     | 00                         |
| 31 a | Enter <b>Kentucky income tax withheld</b> as shown on <b>enclosed</b> Schedule KW-2 .....   | 31a |                                       |                            | 3,472.                     | 00                         |
| b    | Enter 2020 Kentucky estimated tax/extension payments .....  | 31b |                                       |                            |                            | 00                         |
| c    | Enter 2020 refundable certified rehabilitation credit .....   | 31c |                                       |                            |                            | 00                         |
| d    | <b>For amended return;</b> enter amount paid with original return plus additional payment(s) made after it was filed .....  | 31d |                                       |                            |                            | 00                         |
| 32   | Add lines 31(a) through 31(d) .....   | 32  |                                       |                            | 3,472.                     | 00                         |
| 33   | If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b> .....   | 33  |                                       |                            |                            | 00                         |
| 34 a | Estimated tax penalty <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....   | 34a |                                       |                            |                            | 00                         |
| b    | Interest .....  | 34b |                                       |                            |                            | 00                         |
| c    | Late payment penalty .....  | 34c |                                       |                            |                            | 00                         |
| d    | Late filing penalty.....  | 34d |                                       |                            |                            | 00                         |
| 35   | Add lines 34(a) through 34(d). Enter here.....  | 35  |                                       |                            |                            | 00                         |
| 36   | If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the <b>AMOUNT YOU OWE</b> , continue to page 3..... | 36  |                                       |                            |                            | 00                         |
| 37   | If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> , continue to page 3 .....                             | 37  |                                       |                            | 247.                       | 00                         |



38 FUND CONTRIBUTIONS; see instructions.

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

|   |    |        |
|---|----|--------|
| 39 Add lines 38(a) through 38(k) .....  | 39 | 00     |
| 40 Amount of line 37 to be <b>CREDITED TO YOUR 2021 ESTIMATED TAX</b> .....         | 40 | 00     |
| <b>(Credit forwards not available for amended returns)</b>                          |    |        |
| 41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> ..... | 41 | 247.00 |

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

|                          |  |   |  |   |
|--------------------------|--|---|--|---|
| <b>Sign Here</b>         | Signature of Taxpayer  | Driver's License/State Issued ID No.<br>V18-093-030 | Date   | Telephone Number (daytime)<br>(678) 779-1231                      |
|                          | Signature of Spouse  | Driver's License/State Issued ID No.                | Date   |   |
| <b>Paid Preparer Use</b> | Signature of Preparer<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM   |   | Date<br>03/11/2021   |   |
|                          | Name of Preparer or Firm<br>GLOBAL TAXES LLC   |   | ID Number<br>P02082703   |   |
|                          | Email  | Telephone No.                                       | May the DOR discuss this return with this preparer?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Enclose</b>           | Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>                                |   | <b>Refund or No Payment</b>  | <b>Kentucky Department of Revenue</b><br>Frankfort, KY 40618-0006 |
| <b>Payment</b>           | Check Payable: <b>Kentucky State Treasurer</b><br>E-Pay Options: <a href="http://www.revenue.ky.gov">www.revenue.ky.gov</a><br>Include: Your Social Security number and "KY Income Tax—2020" |   | <b>With Payment</b>  | <b>Kentucky Department of Revenue</b><br>Frankfort, KY 40619-0008 |



2 0 0 3 4 9 1 5 5 5

➤ Enclose with Form 740 or 740-NP

Enter name(s) as shown on tax return.

Your Social Security Number

VAGGU, SAIKUMAR GOUD

036-65-5108

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

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



**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

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

|  |            |  |  |   |  |
|--|------------|--|--|---|--|
| Enter your date of birth (MM/DD/YYYY)  | 02/20/1992 |  | Enter your date of birth (MM/DD/YYYY)  |   |  |
| 1 If you were 65 on or before 12/31/2020, enter 40 .....                               | 1          |  | 5 If you were 65 on or before 12/31/2020, enter 40 ...                                 | 5 |  |
| 2 If you were legally blind on 12/31/2020, enter 40 .....                              | 2          |  | 6 If you were legally blind on 12/31/2020, enter 40...                                 | 6 |  |
| 3 If you were a member of the Kentucky National<br>Guard on 12/31/2020, enter 20 ..... | 3          |  | 7 If you were a member of the Kentucky National<br>Guard on 12/31/2020, enter 20 ..... | 7 |  |
| 4 Allowable Taxpayer Credit—Add lines 1 through 3...                                   | 4          |  | 8 Allowable Spouse Credit—Add lines 5 through 7...                                     | 8 |  |

**Assignment of Personal Tax Credits**

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

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

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

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

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

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

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



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

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

VAGGU, SAIKUMAR GOUD

036-65-5108

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

| A                                 | B                                      | C          | D   | E                                   |         | F   |        |    |
|-----------------------------------|--|------------|---|-------------------------------------|---------|---|--------|----|
| Employee's Social Security Number | Employer's Identification Number (EIN) | State      | Employer's State I.D. Number (Box 15 of Form W-2) | KY State Wages (Box 16 of Form W-2) |         | KY Income Tax Withheld (Box 17 of Form W-2) |        |    |
| 1                                 | 036-65-5108                            | 39-1757371 | KY  | 318090                              | 72,086. | 00  | 3,472. | 00 |
| 2                                 |  |            |   |                                     |         | 00  |        | 00 |
| 3                                 |  |            |   |                                     |         | 00  |        | 00 |
| 4                                 |  |            |   |                                     |         | 00  |        | 00 |
| 5                                 |  |            |   |                                     |         | 00  |        | 00 |
| 6                                 |  |            |   |                                     |         | 00  |        | 00 |
| 7                                 |  |            |   |                                     |         | 00  |        | 00 |
| 8                                 |  |            |   |                                     |         | 00  |        | 00 |
| 9                                 |  |            |   |                                     |         | 00  |        | 00 |
| 10                                |  |            |   |                                     |         | 00  |        | 00 |
| 11                                | <b>TOTAL FROM ALL W-2s</b>             |            |   |                                     | 72,086. | 00  | 3,472. | 00 |

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

| A                                  | B                                     | C     | D                         | E                |  | F                      |    |
|------------------------------------|---------------------------------------|-------|---------------------------|------------------|--|------------------------|----|
| Recipient's Social Security Number | Payer's Identification Number (EIN)   | State | Payer's State I.D. Number | KY Income Amount |  | KY Income Tax Withheld |    |
| 12                                 |                                       |       |                           |                  |  | 00                     | 00 |
| 13                                 |                                       |       |                           |                  |  | 00                     | 00 |
| 14                                 |                                       |       |                           |                  |  | 00                     | 00 |
| 15                                 |                                       |       |                           |                  |  | 00                     | 00 |
| 16                                 |                                       |       |                           |                  |  | 00                     | 00 |
| 17                                 | <b>TOTAL FROM ALL 1099s AND W2-Gs</b> |       |                           |                  |  | 00                     | 00 |

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

|    |   | F                                  |
|----|---|------------------------------------|
|    |   | Total Kentucky Income Tax Withheld |
| 18 | Enter combined totals from Column F, lines 11 and 17. | 3,472.                             |
|    |   | 00                                 |