

**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 <b>Ajay</b>		Last name <b>Kakumanu</b>		Your social security number <b>777-91-1218</b>	
If joint return, spouse's first name and middle initial <b>Anusha Aparna</b>		Last name <b>Ghanta</b>		Spouse's social security number <b>966-95-9959</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>2403 spring dale road</b>				Apt. no. <b>8A</b>	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Waukesha</b>			State <b>WI</b>	ZIP code <b>53186</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

(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
Veda Anish	Kakumanu	966-95-9978	Son	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>		<b>86,523.</b>
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>7</b>	
<b>8</b> Other income from Schedule 1, line 9 . . . . .			<b>8</b>	<b>-8,384.</b>
<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .			<b>9</b>	<b>78,139.</b>
<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>221.</b>	
<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .		<b>10c</b>	<b>221.</b>	
<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .		<b>11</b>	<b>77,918.</b>	
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b>	<b>24,800.</b>	
<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>	<b>24,800.</b>	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	<b>53,118.</b>	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	5,980.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	5,980.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	500.
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	500.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	5,480.
<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>	5,480.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	13,961.
<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>	13,961.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<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>	1,200.
<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>	1,200.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	15,161.

**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>	9,681.
<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>	9,681.
<b>b</b>	Routing number 2 1 1 3 9 1 8 2 5	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 4 2 0 2 7 6 1 5		
<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 Software	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 Home Maker	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 B. Suresh	Preparer's signature	Date	PTIN P02090416	Check if: <input type="checkbox"/> Self-employed
Firm's name Values Tax	Firm's address 126 SOUTH 2ND ST BETHPAGE NY 11714			Phone no. 45-3482203

**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  
Ajay Kakumanu & Anusha Aparna Ghanta

Your social security number  
777-91-1218

**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>	-8,384.
<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>	-8,384.

**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>	

**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

Ajay Kakumanu & Anusha Aparna Ghanta

777-91-1218

**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>	VR Green view Apartment fl Kukatpally Hyderabad IN 500072				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:	A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>	986.		
<b>4</b>	Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>					
<b>5</b>	Advertising . . . . .	<b>5</b>	86.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	245.		
<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>	985.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions) . . . . .	<b>12</b>	3,569.		
<b>13</b>	Other interest. . . . .	<b>13</b>			
<b>14</b>	Repairs. . . . .	<b>14</b>	1,861.		
<b>15</b>	Supplies . . . . .	<b>15</b>			
<b>16</b>	Taxes . . . . .	<b>16</b>	121.		
<b>17</b>	Utilities. . . . .	<b>17</b>	526.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>	1,292.		
<b>19</b>	Other (list) ▶ Miscellaneous Expenses . . . . .	<b>19</b>	685.		
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	9,370.		
<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>	-8,384.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( -8,384. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	986.		
<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>	3,569.		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>	1,292.		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	9,370.		
<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>	( 8,384. )		
<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>			-8,384.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2020**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**Ajay Kakumanu**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **777-91-1218**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . .	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b>		0.
<b>3</b>	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>		7,100.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>		0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>		7,100.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter . . . . .	<b>6</b>		7,100.
<b>7</b>	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions . . . . .	<b>7</b>		
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>		7,100.
<b>9</b>	Employer contributions made to your HSAs for 2020 . . . . .	<b>9</b>		572.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>		
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>		572.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		6,528.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions. . . . .	<b>13</b>		0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2020 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status*

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
▶ **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment Sequence No. **70**

Taxpayer name(s) shown on return <b>Ajay Kakumanu &amp; Anusha Aparna Ghanta</b>	Taxpayer identification number <b>777-91-1218</b>
Enter preparer's name and PTIN <b>B. Suresh</b> <span style="float:right;"><b>P02090416</b></span>	

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

Table with 3 columns: Question, Yes, No, N/A. Rows 9a, b, c regarding EIC eligibility.

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

Table with 3 columns: Question, Yes, No, N/A. Rows 10, 11, 12 regarding CTC/ACTC/ODC eligibility.

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

Table with 3 columns: Question, Yes, No. Row 13 regarding AOTC substantiation.

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

Table with 3 columns: Question, Yes, No. Row 14 regarding HOH filing status.

**Part VI Eligibility Certification**

- You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
C. Submit Form 8867 in the manner required; and
D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

Table with 3 columns: Question, Yes, No. Row 15 regarding certification of answers.

For the year Jan. 1-Dec. 31, 2020, or other tax year

beginning \_\_\_\_\_, 2020 ending \_\_\_\_\_, 20\_\_.

**Note**

Check here if an amended return

DO NOT STAPLE

See page 5 before assembling return

Your legal last name <b>KAKUMANU</b>	Legal first name <b>AJAY</b>	M.I.	Your social security number <b>777911218</b>
If a joint return, spouse's legal last name <b>GHANTA</b>	Spouse's legal first name <b>ANUSHA APARNA</b>	M.I.	Spouse's social security number <b>966959959</b>
Home address (number and street). If you have a PO Box, see page 11. <b>2403 SPRING DALE ROAD</b>		Apt. no. <b>8A</b>	<b>Tax district</b> Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2020.  <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town  City, village, or town <b>WAUKESHA</b>  <b>County of WAUKESHA</b>  <b>School district number</b> See page 43 <b>6174</b>
City or post office <b>WAUKESHA</b>	State <b>WI</b>	Zip code <b>53186</b>	
<b>Filing status</b> Check <input checked="" type="checkbox"/> below  <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12).			<b>Special conditions</b> <input type="checkbox"/>  <input type="checkbox"/> Form 804 filed with return (see page 9)
If married, fill in spouse's SSN above and full name here <input type="checkbox"/> Legal last name _____ Legal first name _____ M.I. _____			

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → 0147 ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income (see page 12) .....	1	77918.00
Form W-2 wages included in line 1 .....		86523.00
2 Total additions to income from Schedule AD, line 33 (see page 13) .....	2	.00
3 Add lines 1 and 2 .....	3	77918.00
4 Total subtractions from income from Schedule SB, line 47. Enter as a positive number .....	4	.00
5 Subtract line 4 from line 3. This is your Wisconsin income .....	5	77918.00
6 Standard deduction. See table on page 34, <b>OR</b> ▼ If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/>	6	9642.00
7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0 .....	7	68276.00
8 Exemptions ( <b>Caution: See page 14</b> )		
<b>a</b> Fill in exemptions allowed ..... 3 x \$700 ... <b>8a</b> 2100.00		
<b>b</b> Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ... <b>8b</b> .00		
<b>c</b> Add lines 8a and 8b .....	<b>8c</b>	2100.00
9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income .....	9	66176.00
10 Tax (see table on page 36) .....	10	3454.00

PAPER CLIP payment here





**NO COMMAS; NO CENTS**

<b>11</b>	Itemized deduction credit. Enclose Schedule 1, page 4	<b>11</b>	0	.00
<b>12</b>	Armed forces member credit (must be stationed outside U.S. See page 16)	<b>12</b>		.00
<b>13</b>	School property tax credit			
	<b>a</b> Rent paid in 2020 – heat included		.00	} Find credit from table page 18 . <b>13a</b>
	Rent paid in 2020 – heat not included		13200	
	<b>b</b> Property taxes paid on home in 2020		.00	Find credit from table page 19 . <b>13b</b>
				.00
<b>14</b>	Working families tax credit (see page 19)	<b>14</b>	0	.00
<b>15</b>	Married couple credit. Enclose Schedule 2, page 4	<b>15</b>		.00
<b>16</b>	Nonrefundable credits from line 34 of Schedule CR	<b>16</b>		.00
<b>17</b>	Net income tax paid to another state. Enclose Schedule OS	<b>17</b>		.00
<b>18</b>	Add lines 11 through 17	<b>18</b>		300 .00
<b>19</b>	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is your net tax	<b>19</b>		3154 .00
<b>20</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22)	<b>20</b>		.00
	If you certify that no sales or use tax is due, check here		<input checked="" type="checkbox"/>	
<b>21</b>	Donations (decreases refund or increases amount owed)			
	<b>a</b> Endangered resources		.00	} Find credit from table page 19 . <b>21i</b>
	<b>b</b> Cancer research		.00	
	<b>c</b> Veterans trust fund		.00	} Find credit from table page 19 . <b>21j</b>
	<b>d</b> Multiple sclerosis		.00	
	<b>e</b> Military family relief		.00	} Find credit from table page 19 . <b>21k</b>
	<b>f</b> Second Harvest/Feeding Amer.		.00	
	<b>g</b> Red Cross WI Disaster Relief		.00	} Find credit from table page 19 . <b>21l</b>
	<b>h</b> Special Olympics Wisconsin		.00	
	Total (add lines a through h)	<b>21i</b>		.00
<b>22</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24)	<b>22</b>	.00	x .33 = .00
<b>23</b>	Other penalties (see page 24)	<b>23</b>		.00
<b>24</b>	Add lines 19, 20, 21i, 22 and 23	<b>24</b>		3154 .00
<b>25</b>	Wisconsin tax withheld. Enclose withholding statements	<b>25</b>	5122	.00
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>		.00
<b>27</b>	Earned income credit. Number of qualifying children			
	Federal credit		.00	x % = .00
<b>28</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17	<b>28a</b>		.00
	<b>b</b> Schedule FC-A, line 13	<b>28b</b>		.00
<b>29</b>	Repayment credit (see page 26)	<b>29</b>		.00

**NOTE:** You must use your 2020 earned income (see page 26).



Name(s) shown on Form 1 <b>AJAY KAKUMANU &amp; ANUSHA APARNA GHANTA</b>	Your social security number <b>777911218</b>
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**NO COMMAS; NO CENTS**

<b>30</b>	Homestead credit. Enclose Schedule H or H-EZ. . . . .	<b>30</b>	_____	.00
<b>31</b>	Eligible veterans and surviving spouses property tax credit . . .	<b>31</b>	_____	.00
<b>32</b>	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	<b>32</b>	_____	.00
<b>33</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	<b>33</b>	_____	.00
<b>34</b>	Add lines 25 through 33 . . . . .	<b>34</b>	_____	5122.00
<b>35</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	<b>35</b>	_____	.00
<b>36</b>	Subtract line 35 from line 34 . . . . .	<b>36</b>	_____	5122.00
<b>37</b>	If line 36 is larger than line 24, subtract line 24 from line 36. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>37</b>	_____	1968.00
<b>38</b>	Amount of line 37 you want <b>REFUNDED TO YOU</b> . . . . .	<b>38</b>	_____	1968.00
<b>39</b>	Amount of line 37 you want <b>APPLIED TO YOUR 2021 ESTIMATED TAX</b> . . . . .	<b>39</b>	_____	0.00
<b>40</b>	If line 36 is smaller than line 24, subtract line 36 from line 24. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . .	<b>40</b>	_____	.00
<b>41</b>	Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 40 (see page 31)	<b>41</b>	_____	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 32)?  Yes Complete the following.  No

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_

Personal identification number (PIN) ▶

**Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

**Sign here**  
 ▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
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I-010ai

Mail your return to: Wisconsin Department of Revenue  
 If tax due.....PO Box 268, Madison WI 53790-0001  
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001  
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

**Do Not Submit Photocopies**



**Schedule 1 – Itemized Deduction Credit (see page 15)**

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions. . . . .	<b>1</b>	.00
<b>2</b>	Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction . . . . .	<b>2</b>	.00
<b>3</b>	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	<b>3</b>	0 .00
<b>4</b>	Casualty losses from federal Schedule A (Form 1040 or 1040-SR) . . . . .	<b>4</b>	.00
<b>5</b>	Add lines 1 through 4 . . . . .	<b>5</b>	0 .00
<b>6</b>	Fill in your standard deduction from line 6 on page 1 of Form 1 . . . . .	<b>6</b>	9642 .00
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<b>7</b>	0 .00
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	<b>x .05</b>
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1 . . . . .	<b>9</b>	0 .00

▶ You must submit this page with Form 1 if you claim either of these credits ◀

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)**

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
<b>1</b>		
– Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	<b>1</b> .00	.00
<b>2</b>		
– Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income . . . . .	<b>2</b> .00	.00
<b>3</b>		
Combine lines 1 and 2. This is earned income . . . . .	<b>3</b> .00	.00
<b>4</b>		
– Add the amounts from federal Form 1040 or 1040-SR, <b>Schedule 1</b> , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income . . . . .	<b>4</b> .00	.00
<b>5</b>		
– Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . .	<b>5</b> .00	.00
<b>6</b>		
– Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . .	<b>6</b> .00	.00
<b>7</b>		
Rate of credit is .03 (3%) . . . . .	<b>7</b> <b>x .03</b>	
<b>8</b>		
Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1 . . . . .	<b>8</b> .00	.00

Do not fill in more than \$480.

