

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 NAGARJUN REDDY	Last name MANDADI	Your social security number 478-69-7175
If joint return, spouse's first name and middle initial ARCHANA	Last name GONDI	Spouse's social security number 072-31-0214
Home address (number and street). If you have a P.O. box, see instructions. 2818 WESTCHESTER CT		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. SAINT CHARLES	State MO	
Foreign country name	Foreign province/state/county	

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	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
					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.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	198,223
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	30
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	(3,000)
	8 Other income from Schedule 1, line 9	8	137
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	195,571
Standard Deduction for- • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:		
	a From Schedule 1, line 22	10a	
	b Charitable contributions if you take the standard deduction. See instructions	10b	300
	c Add lines 10a and 10b. These are your total adjustments to income ▶	10c	300
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	195,271
	12 Standard deduction or itemized deductions (from Schedule A).	12	24,800
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	24,800
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	170,471

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	29,082
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	29,082
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	29,082
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax .	24	29,082
25	Federal income tax withheld from:		
	a Form(s) W-2	25a	25,734
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	25,734
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits .	32	0
33	Add lines 25d, 26, and 32. These are your total payments .	33	25,734

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

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .		34 0
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>		35a 0
Direct deposit? See instructions.	▶ b Routing number _____ ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number _____		
	36 Amount of line 34 you want applied to your 2021 estimated tax .	36	

Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now . Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		37 3,356
For details on how to pay, see instructions.	38 Estimated tax penalty (see instructions)	38	8

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) ▶
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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.

Joint return? See instructions. Keep a copy for your records.	Your signature 75428	Date 05-12-2021	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ _____
	Spouse's signature. If a joint return, both must sign. 17523	Date 05-12-2021	Spouse's occupation SOFTWARE ENGINEER	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 signature	Date 05-12-2021	PTIN P02383302	Check if: <input type="checkbox"/> Self-employed
Preparer's name SAIKIRAN REDDY SAMA	Phone no.		
Firm's name ▶ TaxtoRelax LLC			
Firm's address ▶ 16192 COASTAL HIGHWAY Lewes, DE 19958		Firm's EIN ▶	

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 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

NAGARJUN REDDY MANDADI & ARCHANA GONDI

Your social security number

478-69-7175

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) . . . ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount . ▶ <u>1099MISC</u>	8	137
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	137

Part II Adjustments to Income			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	0
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) . . . ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	0

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

Schedule 1 (Form 1040) 2020

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

▶ Go to 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.

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Name(s) shown on return

NAGARJUN REDDY MANDADI & ARCHANA GONDI

Your social security number

478-69-7175

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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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 . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	401,348	419,817	20,145	1,676
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	60,084	62,675	1,251	(1,340)
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	(3,541)
7 Net short-term capital gain or (loss) . 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 page 2			7	(3,205)

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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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 . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	21,344	25,710		(4,366)
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 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			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	3
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2			15	(4,363)

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

Schedule D (Form 1040) 2020

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	<p>16</p>	<p>(7,568)</p>
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
<p>17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	<p>18</p>	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } </p>	<p>21</p>	<p>(3,000)</p>
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

NAGARJUN REDDY MANDADI & ARCHANA GONDI

478-69-7175

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING	VARIOUS	VARIOUS	20,712	19,400	W	62	1,374
	FIDELITY BROKERAGE SERVICES LLC	VARIOUS	VARIOUS	376,923	395,483	W	20,083	1,523
	ROBINHOOD SECURITIES LLC	VARIOUS	VARIOUS	3,713	4,934			(1,221)

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if **Box A** above is checked), line 2 (if **Box B** above is checked), or line 3 (if **Box C** above is checked) ▶

401,348 419,817 20,145 1,676

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

NAGARJUN REDDY MANDADI & ARCHANA GONDI

478-69-7175

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FIDELITY BROKERAGE SERVICES LLC							
	VARIOUS		VARIOUS	21,344	25,710			(4,366)
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			21,344	25,710			(4,366)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

NAGARJUN REDDY MANDADI & ARCHANA GONDI

478-69-7175

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FIDELITY BROKERAGE SERVICES LLC	VARIOUS	VARIOUS	59,227	61,872	W	1,251	(1,394)
	ROBINHOOD CRYPTO LLC	VARIOUS	VARIOUS	857	803			54
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			60,084	62,675		1,251	(1,340)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Health Savings Accounts (HSAs)

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

▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **478-69-7175**

NAGARJUN REDDY MANDADI & ARCHANA G

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.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family
2	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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2			
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter.	3			3,550
4	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	4			
5	Subtract line 4 from line 3. If zero or less, enter -0-	5			3,550
6	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	6			3,550
7	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	7			
8	Add lines 6 and 7	8			3,550
9	Employer contributions made to your HSAs for 2020	9			7,100
10	Qualified HSA funding distributions	10			
11	Add lines 9 and 10	11			7,100
12	Subtract line 11 from line 8. If zero or less, enter -0-	12			
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12.	13			

Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

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.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
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	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. 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	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	17a	
b	Additional 20% tax (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	17b	

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.

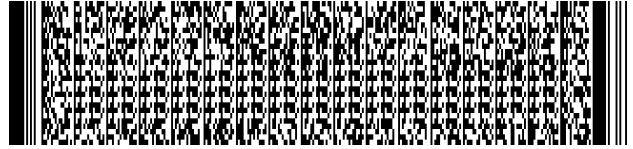
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total 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	21	

Form PMT**ACH Payment****2020**

(Keep for your records)

Name(s) shown on return NAGARJUN REDDY MANDADI & ARCHANA GONDI	Taxpayer's SSN 478-69-7175
	Spouse's SSN 072-31-0214
Routing Transit Number 111000025	
Bank Account Number 586027890144	
Type of Account 1 Checking	
Amount of Tax Payment 3,356	
Requested Payment Date	
Taxpayer's Daytime Phone Number	
Type of Form being filed 1040	
Taxpayer's Signature	Date
Spouse's Signature	Date

MISSOURI DEPARTMENT OF
REVENUE
2020 Individual Income
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.

- Amended Return** **Composite Return**
(For use by S corporations or Partnerships)
- Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868)

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

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Vendor Code

1024

Department Use Only

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- Filing Status**
- Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

- Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse
- Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number Deceased in 2020 Spouse's Social Security Number Deceased in 2020

478	-	69	-	7175		072	-	31	-	0214	
-----	---	----	---	------	--	-----	---	----	---	------	--

First Name M.I. Last Name Suffix

NAGARJUN REDDY		MANDADI	
----------------	--	---------	--

Spouse's First Name M.I. Spouse's Last Name Suffix

ARCHANA		GONDI	
---------	--	-------	--

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

--

Address

Present Address (Include Apartment Number or Rural Route)

2818 WESTCHESTER CT		
---------------------	--	--

City, Town, or Post Office State ZIP Code

SAINT CHARLES	MO	63303	
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County of Residence

STCH

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund
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20322011024

Income

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	92,921	.00	1S	102,350	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2	3Y	92,921	.00	3S	102,350	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		.00	4S		.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	92,921	.00	5S	102,350	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	195,271	.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	48	%	7S	52	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO- A, Part 3, Section E)	8		.00
9. Tax from federal return	9	29,082	.00
10. Other tax from federal return	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld	11	29,082	.00
12. Federal tax percentage - Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	0	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction - Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers	13	0	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate - \$12,400 • Head of Household - \$18,650 • Married Filing Combined or Qualifying Widow(er) - \$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6	14	24,800	.00
15. Long-term care insurance deduction	15		.00
16. Health care sharing ministry deduction	16		.00
17. Active Duty Military income deduction	17		.00
18. Inactive Duty Military income deduction	18		.00
19. Bring jobs home deduction	19		.00
20. Transportation facilities deduction	20		.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

21.	First Time Home Buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	21	<input type="text"/>	.00
22.	Total deductions - Add Lines 8 and 13 through 21					22	24,800	.00
23.	Subtotal - Subtract Line 22 from Line 6					23	170,471	.00
24.	Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	81,826	.00	24S	88,645	.00	
25.	Enterprise zone or rural empowerment zone income modification	25Y	<input type="text"/>	.00	25S	<input type="text"/>	.00	

Tax

26.	Taxable income - Subtract Line 25 from Line 24	26Y	81,826	.00	26S	88,645	.00
27.	Tax (see tax chart on page 22 of the instructions)	27Y	4,234	.00	27S	4,602	.00
28.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y	<input type="text"/>	.00	28S	<input type="text"/>	.00
29.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	100.0000	%	29S	100.0000	%
30.	Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	4,234	.00	30S	4,602	.00
31.	Other taxes - Select box and attach federal form indicated.						
	<input type="checkbox"/> Lump sum distribution (Form 4972)						
	<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	31Y	<input type="text"/>	.00	31S	<input type="text"/>	.00
32.	Subtotal - Add Lines 30 and 31	32Y	4,234	.00	32S	4,602	.00
33.	Total Tax - Add Lines 32Y and 32S	33				8,836	.00

Payments and Credits

34.	MISSOURI tax withheld - Attach Forms W-2 and 1099	34	8,989	.00
35.	2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020	35	<input type="text"/>	.00
36.	Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	36	<input type="text"/>	.00
37.	Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	37	<input type="text"/>	.00
38.	Amount paid with Missouri extension of time to file (Form MO-60)	38	<input type="text"/>	.00
39.	Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	39	<input type="text"/>	.00
40.	Property tax credit - Attach Form MO-PTS	40	<input type="text"/>	.00
41.	Total payments and credits - Add Lines 34 through 40	41	8,989	.00



Skip Lines 42 through 44 if you are not filing an amended return.

Amended Return

42. Amount paid on original return 42 .00

43. Overpayment as shown (or adjusted) on original return 43 .00

Indicate Reason for Amending

A. Federal audit Enter date of IRS report (MM/DD/YY)
 B. Net Operating Loss carryback Enter year of loss (YY)
 C. Investment tax credit carryback Enter year of credit (YY)
 D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43.
 Enter on Line 44 44 .00

Refund

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.
 Amount of OVERPAYMENT 45 .00

46. Amount of Line 45 to be applied to your 2021 estimated tax 46 .00

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47a. Children's Trust Fund .00 47b. Veterans Trust Fund .00 47c. Elderly Home Delivered Meals Trust Fund .00 47d. Missouri National Guard Trust Fund .00

47e. Workers' Memorial Fund .00 47f. Childhood Lead Testing Fund .00 47g. Missouri Military Family Relief Fund .00 47h. General Revenue Fund .00

47i. Organ Donor Program Fund .00 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 47k. Soldiers Memorial Military Museum in St. Louis Fund .00

47l. Additional Fund Code Additional Fund Amount .00 47m. Additional Fund Code Additional Fund Amount .00

Total Donation - Add amounts from Boxes 47a through 47m and enter here 47 .00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632** 48 .00

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here 49 .00

a. Routing Number

c. Checking Savings

b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference. Amount of UNDERPAYMENT 50 .00

51. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 51 .00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. **AMOUNT DUE** - Add Lines 50 and 51.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 52 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/> 05	<input type="text"/> 12	<input type="text"/> 21
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/> 05	<input type="text"/> 12	<input type="text"/> 21
E-mail Address	Daytime Telephone		
<input type="text"/>	<input type="text"/>		
Preparer's Signature	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/> 05	<input type="text"/> 12	<input type="text"/> 21
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
<input type="text"/> P02383302	<input type="text"/>		
Preparer's Address	State	ZIP Code	
<input type="text"/> 16192 COASTAL HIGHWAY	<input type="text"/> DE	<input type="text"/> 19958	

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above . . . Yes No

Department Use Only

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(Revised 12-2020)

Mail To: Balance Due:
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 522-1762
E-mail: income@dor.mo.gov



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