

**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>Krishna Mohan</b>	Last name <b>Achanta</b>	Your social security number <b>713-43-4281</b>
If joint return, spouse's first name and middle initial <b>Aswani Satya Kumari</b>	Last name <b>Nimmakayala</b>	Spouse's social security number <b>977-95-5020</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>8612 Beacon Tree Ln</b>		Apt. no. <b>2</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Henrico</b>	State <b>VA</b>	ZIP code <b>23294</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
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			<b>1</b>	<b>72,977.</b>
Attach Sch. B if required.	<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>2.</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	<b>2.</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 . . . . .		<input type="checkbox"/>	<b>7</b>	<b>1,005.</b>
	<b>8</b> Other income from Schedule 1, line 9 . . . . .			<b>8</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>73,984.</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>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>	<b>73,984.</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>49,184.</b>

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	5,506.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,506.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,506.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	5,506.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,048.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,048.
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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	10,048.

• 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 <b>overpaid</b>	34	4,542.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,542.
b	Routing number 051000017		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 435047195116		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation Software Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation Homemaker	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 Harish Kumar Reddy Baddam	Preparer's signature	Date	PTIN P01962054	Check if: <input type="checkbox"/> Self-employed
Firm's name BTFPRO LLC	Firm's address 1001 S MAIN ST APT D210 MILPITAS CA 95035			Phone no. 81-4910581

**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

K Achanta & A Nimmakayala

Your social security number

713-43-4281

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)
<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 . . . . .	12,675.	12,300.	439.	814.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	4,782.	4,582.		200.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	10.	19.		-9.
<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 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> 1,005.

**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)
<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 . . . . .				
<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 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>

**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>	1,005.
<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>		



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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

K Achanta & A Nimmakayala

Social security number or taxpayer identification number

713-43-4281

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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	Various	12/03/20	4,782.	4,582.			200.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				4,782.	4,582.			200.

**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.

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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

K Achanta & A Nimmakayala

Social security number or taxpayer identification number

713-43-4281

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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	05/14/20	09/03/20	10.	19.			-9.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				10.	19.			-9.

**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.

**VERMONT**  
Individual Income Tax Declaration for Electronic Filing  
(SEE INSTRUCTIONS IN THE VT FED/STATE E-FILE HANDBOOK)

For office use only
Date received

<b>Part I</b>  Remember to write in your Social Security Number	Last Name <b>ACHANTA</b>	First Name and Initial <b>KRISHNA MOHAN</b>	Enter Social Security Number (SSN) <b>713 - 43 - 4281</b>		
	Spouse's Last Name (if different and joint return) <b>NIMMAKAYALA</b>	First Name and Initial <b>ASWANI SATYA KUMARI</b>	Enter Spouse's SSN, if joint return <b>977 - 95 - 5020</b>		
	Current Mailing Address <b>8612 BEACON TREE LN 2</b>		E-mail Address		
	City or Town <b>HENRICO</b>	State <b>VA</b>	Zip Code <b>23294</b>	Telephone Number	

**Part II Tax Return Information (whole dollars only)**

1.	Federal Taxable Income .....	<b>1.</b>	73984
2.	Vermont Taxable Income .....	<b>2.</b>	52784
3.	Adjusted VT Income Tax .....	<b>3.</b>	135
4.	Vermont Income Tax Withheld .....	<b>4.</b>	248
5.	Vermont Earned Income Tax Credit .....	<b>5.</b>	0
6.	Refund credited to next years estimated tax .....	<b>6.</b>	0
7.	Refund credited to property tax bill .....	<b>7.</b>	0
8.	<input checked="" type="checkbox"/> Refund Amount (check applicable box)	<b>8.</b>	113
	<input type="checkbox"/> Amount Due .....		113

**→ DO NOT MAIL THIS FORM -- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS ←**

**Part III Form HS-122 For Vermont Residents Only (check box)**

Check here if Property Tax Adjustment Claim filed

**Part IV**    **Direct Deposit of Refund**    **ACH Debit Payment**   Amount \$ 113   Payment Date \_\_\_\_\_

Routing transit number (RTN) 051000017   The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Depositor account number (DAN) 435047195116   Type of account:    Savings    Checking

**Part V Declaration of Taxpayer    By signing below, you agree that:**

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my Vermont Personal Income tax return noted above, and is, to the best of my knowledge and belief, true, accurate and complete.
- If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign Here

Your Signature	Date	Spouse's Signature (if joint return, BOTH must sign)	Date
----------------	------	--	------

**Part VI Declaration of Electronic Return Originator (ERO) Only**

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

<b>Electronic Return Originator's Use Only</b>	ERO's signature	Date	Check if:   paid preparer <input checked="" type="checkbox"/> self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN	
	E-mail address:	Phone Number <b>8107407666</b>	

**Part VII Declaration of Paid Preparer**

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

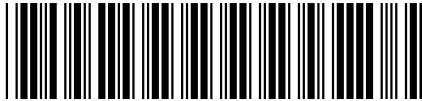
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN <b>814910581</b>	
	E-mail address:	Phone Number	



2020 Form IN-111

Vermont Income Tax Return

DEPT  
USE  
ONLY



\* 2 0 1 1 1 1 1 7 3 \*

FILE YOUR RETURN  
ELECTRONICALLY FOR A  
FASTER REFUND. GO TO  
TAX.VERMONT.GOV FOR  
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name <b>ACHANTA</b>		First Name <b>KRISHNA MOHAN</b>		MI	Social Security Number <b>713434281</b>	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name <b>NIMMAKAYALA</b>		First Name <b>ASWANI SATYA KUMA</b>		MI	Social Security Number <b>977955020</b>	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) <b>8612 BEACON TREE LN 2</b>				911/Physical Street Address on 12/31/2020 <b>8612 BEACON TREE LN</b>		
City <b>HENRICO</b>		State <b>VA</b>	ZIP Code or Foreign Postal Code <b>23294</b>		Foreign Country	
Vermont School District Code <b>999</b>	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return <input type="checkbox"/> RECOMPUTED Return <input type="checkbox"/> EXTENDED Return	
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$6,250) <input checked="" type="checkbox"/> Married/CU Filing Jointly (\$12,500)		<input type="checkbox"/> Married/CU Filing Separately (\$6,250)		<input type="checkbox"/> Head of Household (\$9,400) <input type="checkbox"/> Qualifying Widow(er) (\$12,500)

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) .....  ← Check to indicate loss 1. 73984 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15) .....  ← Check to indicate loss 2. 0 .00

3. Federal AGI with Modifications (Add Lines 1 and 2) .....  ← Check to indicate loss 3. 73984 .00

4. 2020 Vermont Standard Deduction from filing status section above. .... 4. 12500 .00  
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent ..... 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) ..... 5b. 1

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. .... 5c. 0

5d. Add Lines 5a through 5c. .... 5d. 2

5e. Multiply Line 5d by \$4,350 (2020 Personal Exemption) ..... 5e. 8700 .00

6. Add Lines 4 and 5e ..... 6. 21200 .00

7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-). .... 7. 52784 .00

8. Vermont Income Tax from tax table or tax rate schedule ..... 8. 1767 .00  
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16). ....  ← Check to indicate loss 9. 0 .00

10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-). .... 10. 1767 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>0</u> .00	12. Multiply Line 11 by 5% (0.05) <u>0</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) ..... 13. <u>0</u> .00
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14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-) ..... 14. 1767 .00

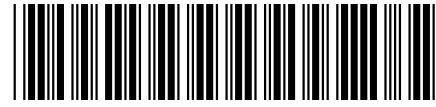
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) ..... 15. 7.6611 %

16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) ..... 16. 135 .00

Amount Due (from Line 31) **0 .00**

Taxpayer's Last Name  
ACHANTA

Social Security Number  
713434281



\* 2 0 1 1 1 1 2 7 3 \*

**Other State Credit** (Schedule IN-117, Line 21)      **Vermont Tax Credits** (Schedule IN-119, Part II)      **Total Vermont Credits** (Add Lines 17 and 18)

17. 0.00 + 18. 0.00 = 19. 0.00

20. Vermont Income Tax after credits (Subtract Line 19 from Line 16.  
If Line 19 is greater than Line 16, enter -0-). . . . . 20. 135.00

21. Use Tax for taxable items on which no sales tax was charged,  
including online purchases. (See instructions, worksheet, and chart). . .  Check to certify  
no Use Tax is due. **OR** 21. 0.00

22. Total Vermont Taxes (Add Lines 20 and 21). . . . . 22. 135.00

Children's Trust Fund      Vermont Veterans Fund      Green Up Vermont      Nongame Wildlife Fund      **Total Contributions**

23a. 0.00 + 23b. 0.00 + 23c. 0.00 + 23d. 0.00 = 23e. 0.00

24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) . . . . . 24. 135.00

25a. 2020 Vermont Tax Withheld from W-2, 1099 . . . . . 25a. 248.00

25b. 2020 Estimated Tax payments, amount carried forward from 2019,  
and payment made with 2020 extension. . . . . 25b. 0.00

25c. Refundable Credits (Schedule IN-112, Part II). . . . . 25c. 0.00

25d. 2020 Vermont Real Estate Withholding from Form RW-171 . . . . . 25d. 0.00

25e. 2020 Nonresident Estimated Tax payments  
(nonresident withholding) allocated on Schedule K-1VT, Line 5 . . . . 25e. 0.00

25f. Total Payments and Credits (Add Lines 25a through 25e). . . . . 25f. 248.00

26. Overpayment. If Line 24 is less than Line 25f, subtract Line 24 from Line 25f . . . . . 26. 113.00

27a. Refund to be credited to 2021 Estimated Tax Payment . . . . . 27a. 0.00

27b. Refund to be credited to 2021 Property Tax Bill . . . . . 27b. 0.00

28. **REFUND AMOUNT** (Subtract Lines 27a and 27b from Line 26) . . . . . 28. 113.00

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24.  
See instructions on tax due . . . . . 29. 0.00

30. **Interest and Penalty on Underpayment of Estimated Tax.** . 30. 0.00

31. **AMOUNT DUE** (Add Lines 29 and 30) . 31. 0.00

(Worksheet IN-152 or IN-152A)

<b>For Amended Returns Only:</b>	Original refund received <u>0.00</u>	Refund due now <u>0.00</u>	Original payment <u>0.00</u>	Amount due now <u>0.00</u>
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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. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		06 / 10 / 1988	
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		05 / 12 / 1991	
Paid Preparer's Signature		Date	Preparer's Telephone Number
		/ /	
Firm's Name (or yours if self-employed) and address BTFFPRO LLC 1001 S MAIN ST APT D210 M		Preparer's SSN or PTIN P01962054	FEIN 814910581

Check if the Department of Taxes may discuss this return with the preparer shown.  
1555

**Keep a copy for your records.**

**2020 Schedule IN-113**



**Vermont Income Adjustment Calculations**

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

**Nonresidents and Part-Year Residents Must Complete Parts I and II  
Full-Year Residents with Adjustments Complete only Part II**

Taxpayer's Last Name <b>ACHANTA</b>	First Name <b>KRISHNA MOHAN</b>	MI	Taxpayer's Social Security Number <b>713434281</b>
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**PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.**

Dates of Vermont residency in 2020		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation) <b>VA</b>
From (MMDDYYYY): / /	To (MMDDYYYY): / /	

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. . . . . 1A.	72977.00	1B. 5668.00
2. Taxable interest. . . . . 2A.	0.00	2B. 0.00
3. Ordinary dividends . . . . . 3A.	2.00	3B. 0.00
4. Taxable IRAs, pensions, and annuities. . . . . 4A.	0.00	4B. 0.00
5. Taxable Social Security . . . . . 5A.	0.00	5B. 0.00
6. Taxable refunds of state and local income taxes 6A.	0.00	6B. 0.00
7. Alimony received . . . . . 7A.	0.00	7B. 0.00
8. Business income or loss . . . . . <input type="checkbox"/> ← Check to indicate loss 8A.	0.00	<input type="checkbox"/> ← Check to indicate loss 8B. 0.00
9. Capital gain or loss . . . . . <input type="checkbox"/> ← Check to indicate loss 9A.	1005.00	<input type="checkbox"/> ← Check to indicate loss 9B. 0.00
10. Rents, royalties, partnerships, S corporations, trusts, etc . . . . . <input type="checkbox"/> ← Check to indicate loss 10A.	0.00	<input type="checkbox"/> ← Check to indicate loss 10B. 0.00
11. Farm income or loss . . . . . <input type="checkbox"/> ← Check to indicate loss 11A.	0.00	<input type="checkbox"/> ← Check to indicate loss 11B. 0.00
12. Unemployment compensation . . . . . 12A.	0.00	12B. 0.00
13. Other: Specify . . . . . <input type="checkbox"/> ← Check to indicate loss 13A.	0.00	<input type="checkbox"/> ← Check to indicate loss 13B. 0.00
14. <b>TOTAL INCOME</b> (Add Lines 1-13). . . . . <input type="checkbox"/> ← Check to indicate loss 14A.	<b>73984.00</b>	<input type="checkbox"/> ← Check to indicate loss 14B. <b>5668.00</b>

Taxpayer's Last Name ACHANTA	Social Security Number 713434281
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	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) . . . . .	15A. <u>0.00</u>	15B. <u>0.00</u>
Self <u>0</u> Spouse <u>0</u>		
16. Student Loan Interest (Reported on Form 1040) . . . . .	16A. <u>0.00</u>	16B. <u>0.00</u>
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) . . . . .	17A. <u>0.00</u>	17B. <u>0.00</u>
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) . .	18A. <u>0.00</u>	18B. <u>0.00</u>
19. Health Savings Account (Reported on Form 1040) . . . . .	19A. <u>0.00</u>	19B. <u>0.00</u>
20. Moving Expenses (Reported on Form 1040) .	20A. <u>0.00</u>	20B. <u>0.00</u>
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040) . . . . .	21A. <u>0.00</u>	21B. <u>0.00</u>
22. Alimony Paid (Reported on Form 1040) . . . .	22A. <u>0.00</u>	22B. <u>0.00</u>
23. Domestic Production Activities (Reported on Form 1040) . . . . .	23A. <u>0.00</u>	23B. <u>0.00</u>
24. Educator Expenses and Tuition & Fees (Reported on Form 1040) . . . . .	24A. <u>0.00</u>	24B. <u>0.00</u>
25. Deductions not listed above but reported on Form 1040 . . . . .	25A. <u>0.00</u>	25B. <u>0.00</u>
26. <b>TOTAL ADJUSTMENTS</b> (Add Lines 15-25) . . . . .	26A. <u>0.00</u>	26B. <u>0.00</u>
27. Adjusted Gross Income (Subtract Line 26A from Line 14A) . . . . .	<input type="checkbox"/> ← Check to indicate loss	27. <u>73984.00</u>
28. Vermont Portion of AGI (Subtract Line 26B from Line 14B) . . . . .	<input type="checkbox"/> ← Check to indicate loss	28. <u>5668.00</u>
29. Non-Vermont Income (Subtract Line 28 from Line 27) Also enter on Part II, Line 31 below. . . . .	<input type="checkbox"/> ← Check to indicate loss	29. <u>68316.00</u>

**PART II. Adjustment for Vermont Exempt Income and Military Exempt Income**

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1 . . . . .	<input type="checkbox"/> ← Check to indicate loss	30. <u>73984.00</u>
31. Non-Vermont Income (Line 29 above) . . . . .	<input type="checkbox"/> ← Check to indicate loss	31. <u>68316.00</u>
32. Military pay. Number of months on active duty <u>0</u> (See instructions) . . . . .		32. <u>0.00</u>
33. Total (Add Lines 31 and 32) . . . . .	<input type="checkbox"/> ← Check to indicate loss	33. <u>68316.00</u>
34. Vermont Income (Subtract Line 33 from Line 30) . . . . .	<input type="checkbox"/> ← Check to indicate loss	34. <u>5668.00</u>
35. <b>INCOME ADJUSTMENT %</b> (Divide Line 34 by Line 30 out to the fourth decimal place) Also enter on Form IN-111, Line 15 (See instructions) . . . . .		35. <u>7.6611 %</u>





KRISHNA MOHA ACHANTA  
 ASWANI SATYA NIMMAKAYALA  
 8612 BEACON TREE LN APT 2

HENRICO VA 23294

SSN - You ACHA 713434281

Vendor ID 1555 XXXXX

SSN - Spouse NIMM 977955020

Fed Adj Gross Income (FAGI) 1. 73984.

Withholding (VA) - You 19A. 3428.

Additions 2.

Withholding (VA) - Spouse 19B.

Subtotal 3. 73984.

Estimated Payments 20.

Age Deduction - You 4A.

2019 Overpayment 21.

Age Deduction - Spouse 4B.

Extension Payments 22.

Soc Sec & Tier 1 Railroad 5.

Credit - Low-Income or EIC 23.

State Income Tax Overpayment 6.

Credit - Schedule OSC 24. 135.

Subtractions 7.

Credits - Schedule CR 25.

Subtotal Subtractions 8.

Total Payments / Credits 26. 3563.

Total VA Adj Gross Income (VAGI) 9. 73984.

Tax You Owe 27.

Itemized Deductions - VA Sch A 10.

Tax Overpayment 28. 191.

Standard Deduction 11. 9000.

Overpayment Credited to Next Year 29.

Exemptions 12. 1860.

VAC - Virginia 529 / ABLEnow 30.

Deductions 13.

VAC - Other Contributions 31.

Subtotal (Deductions & Exemptions) 14. 10860.

Addition to Tax, Penalty & Interest 32.

VA Taxable Income 15. 63124.

Sales and Use Tax 33.

Amount of Tax 16. 3372.

**Amount You Owe**  
 Will Pay by Credit/Debit Card N  
**Your Refund** 191.

Spouse Tax Adjustment (STA) 17.

VAGI - Spouse 17A.

Bank Routing # C 051000017

Net Amount of Tax 18. 3372.

Bank Account # 435047195116





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Federal Head of Household

DOB - You 06101988

VA Driver's License ID - You

VA Driver's License - Iss. Date - You

Spouse Name (Filing Status 3 Only)

DOB - Spouse 05121991

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality 087

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Spouse 1 65 & Over - Spouse

Dependents Blind - You

Total (A) 2 Blind - Spouse

Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date

Signature - Spouse \_\_\_\_\_ Date

Signature - Preparer \_\_\_\_\_ Date

Phone - You

Phone - Spouse

Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P01962054

File by May 1, 2021

Include Page 1, Page 2 and all supporting 760CG documents.

BTFPRO LLC

1001 S MAIN ST APT D210 MILPITAS CA 95035

**2020 Schedule INC/CG** 713434281

Report all W-2s, 1099s & VK-1s with VA Withholding



KRISHNA MOHA      ACHANTA  
ASWANI SATYA      NIMMAKAYALA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
713434281	W	3428.	222575929	30222575929F001	72977.

Total VA Withholding	SSN	VA Withholding
You	713434281	3428.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**



**2020 Schedule OSC/CG**

Enclose other state tax returns when filing



713434281

**Credit Computation State 1**

**If Claiming border state**

1. Filing Status - other state's return	2	6. Other State Abbreviation	VT
2. Person Claiming the Credit	3	7. Virginia Income Tax	3372.
3. Qualifying Taxable Income - other state	4044.	8. Income percentage	6.4
4. Virginia Taxable Income	63124.	9. Virginia Ratio of Income Tax	216.
5. Qualifying Tax Liability - other state	135.	10. Credit Allowed	135.

**Credit Computation State 2**

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

**Credit Computation State 3**

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	135.

Enclose other state tax returns when filing your Virginia tax return.