

Review your print out for checklist items.

Filing Status [X] 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: banu
Last name: kommuri
Your social security number: 035-23-9453
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
11620 Cheyenne Trl
Apt. no.: A
Presidential Election Campaign: [] You [] Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.
Parma Heights
State: OH
ZIP code: 441301986
Foreign country name:
Foreign province/state/county:
Foreign postal code:

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main income table with 15 rows. Columns include: Description, 2a, 3a, 4a, 5a, 6a, b, 10a, 10b, 10c, 11, 12, 13, 14, 15. Total income: 67,195. Adjusted gross income: 67,195. Standard deduction: 12,400. Taxable income: 54,795.

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	7,841.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,841.
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	7,841.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	7,841.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,081.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,081.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	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 total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	8,081.

• 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	240.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	240.
b	Routing number 2 1 1 3 9 1 8 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 5 2 2 7 3 8 6		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
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.			
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, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (301) 500-7698	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address			Phone no.
Firm's address				Firm's EIN

Tax History Report

2020

▶ Keep for your records

Name(s) Shown on Return

banu kommuri

Five Year Tax History:					
	2016	2017	2018	2019	2020
Filing status			Single	Single	Single
Total income			15,274.	56,202.	67,195.
Adjustments to income					
Adjusted gross income			15,274.	56,202.	67,195.
Tax expense			646.	2,641.	2,631.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			12,000.	12,200.	12,400.
Exemption amount . .			0.	0.	0.
QBI deduction					
Taxable income			3,274.	44,002.	54,795.
Tax			328.	5,544.	7,841.
Alternative min tax . .					
Total credits					
Other taxes					
Payments			1,529.	5,710.	8,081.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund			1,201.	166.	240.
Effective tax rate % . .			2.15	9.86	11.67
**Tax bracket %			10.0	22.0	22.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$40.00 ³

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
 Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

- QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income ▶ _____
QuickZoom to Schedule 2 — Additional Taxes ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2020, or other tax year
 beginning _____, 2020, ending _____, 20 ____.

Your First Name	MI	Last Name	Your Social Security No.
<u>banu</u>		<u>kommuri</u>	<u>035-23-9453</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>11620 Cheyenne Trl</u>			<u>A</u>
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Parma Heights</u> OH			<u>44130-1986</u>
Foreign country name		Foreign province/state/county	Foreign postal code

QuickZoom to explanation statement for overseas extension ▶

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
 Checking a box 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

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- Single
 Married filing jointly (even if only one had income)
 Married filing separately. Enter spouse's SSN above and full name here.
 Head of household (with qualifying person). (See instr.) If the qualifying person is a child but
 not your dependent, enter the child's name here. ▶ _____
 Qualifying widow(er) (See instructions)

Dependents If more than four dependents, see instructions and check here ▶

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4)	
				✓ if qualifies for: under age 17 qualifying for 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"/>

- QuickZoom** to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

Someone can claim you as a dependent
 Someone can claim your spouse as a dependent

a Check if: You were born before January 2, 1956, Blind.
 Spouse was born before January 2, 1956, Blind.
Total boxes checked ▶ a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ b

Form 1040 or Form 1040-SR, Lines 1 - 7

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	67,195.
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends 3a		
b	Ordinary dividends	3b	
4 a	IRA distributions 4a		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a		
b	Taxable amount	5b	
6 a	Social security benefits 6a		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	7	

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶ _____

Form 1040 or Form 1040-SR, Lines 8 - 11

8	Other income from Schedule 1, line 9	8	0.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	67,195.
10	Adjustments to income:		
a	From Schedule 1, line 22 10 a		
	Enter the smaller of these cash contributions made or \$300 (\$150 if married filing separately) on line 10b below if you take the standard deduction		
b	Charitable contributions if you take the standard deduction. 10 b		
c	Add lines 10a and 10b. These are your total adjustments to income ▶	10 c	
11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	67,195.
	AGI including excludable Puerto Rico Income.		67,195.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12 **Standard deduction or itemized deductions** (from Schedule A)
Standard Deduction for —

- People who checked blind or over 65 or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately: \$12,400
 - Married filing jointly or Qualifying widow(er): \$24,800
 - Head of household: \$18,650

QuickZoom to the Standard Deduction Worksheet _____

Itemized deductions (from Schedule A) or your standard deduction , see above	12	<u>12,400.</u>
Subtract itemized or standard deduction from adjusted gross income amount		<u>54,795.</u>

Form 1040 or Form 1040-SR, Lines 13 - 18		
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	<u>12,400.</u>
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	<u>54,795.</u>

16 Tax. Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
		<u>7,841.</u>
17 Amount from Schedule 2, line 3.	17	
18 Add lines 16 and 17	18	<u>7,841.</u>
QuickZoom to Schedule 2 - Additional Tax section		▶

Form 1040 or Form 1040-SR, Line 19 - 24		
19 Child tax credit/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	<u>7,841.</u>
23 Other taxes, including self-employment tax, from Schedule 2, line 10.	23	<u>0.</u>
24 Add lines 22 and 23. This is your total tax	24	<u>7,841.</u>
QuickZoom to Schedule 3 — Additional Credits and Payments		▶

Form 1040 or Form 1040-SR, Lines 25 - 33		
25 Federal income tax withheld from: a Form(s) W-2 25 a <u>8,081.</u> b Form(s) 1099. 25 b _____ c Other forms. 25 c _____ d Add lines 25a through 25c. 25 d <u>8,081.</u>		
26 2020 estimated tax payments and amount applied from 2019 return	26	
27 Other payments and refundable credits: Earned income credit (EIC) No _____ Nontaxable combat pay election _____		
28 Additional child tax credit. Attach Schedule 8812		
29 American opportunity credit from Form 8863, line 8.		
30 Recovery rebate credit.		
31 Amount from Schedule 3, line 13		
32 Add lines 27 through 31. These are your other payments and refundable credits	32	
33 Add Lines 25d, 26, and 32. These are your total payments	33	<u>8,081.</u>

QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶ _____
QuickZoom to "due diligence checklist" substitute for Form 8867. ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR, Lines 34 - 36		
Refund:		
34 If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	34	240.
35 a Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35	240.
Direct deposit?		
▶ b Routing number <u>211391825</u>		
▶ c Type:		
<input checked="" type="checkbox"/> Checking		
<input type="checkbox"/> Savings		
▶ d Account number <u>45227386</u>		
36 Amount of overpayment on line 34 you want applied to your 2021 estimated tax ▶	36	_____
Form 1040 or Form 1040SR, Lines 37 and 38		
Amount You Owe:		
37 Subtract total payments from total tax ▶	37	_____
Note: Schedule H and Schedule E 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 ▶	38	_____
QuickZoom to Late Penalties and Interest Worksheet ▶ QuickZoom. . . ▶ _____		

Schedule 1 — Additional Income and Adjustments to Income

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes. **1** 0.

Alimony Received Smart Worksheet

	Taxpayer	Spouse	Date of divorce/sep	*
A	_____	_____	_____	<input type="checkbox"/>
B	_____	_____	_____	<input type="checkbox"/>

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

2 a Alimony received. . . . Taxpayer _____ Spouse _____	2 a	_____
b Date of original divorce or separation agreement ▶ _____		_____
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: ▶ _____	8	_____
9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 8	9	0.
Total Income. Combine Form 1040 lines 1- 7 and		_____

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	
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	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A	_____	_____	_____	<input type="checkbox"/>	_____
B	_____	_____	_____	<input type="checkbox"/>	_____

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

18 a	Alimony paid	18 a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement ▶ _____		
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 or 1040-SR, line 10a	22	

Schedule 2 – Additional Taxes

Part I Tax

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7 a	Household employment taxes from Schedule H	7 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	7 b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	

10 Add lines 4 through 8. These are your **total other taxes**
 Enter here and on Form 1040 or 1040-SR, line 23 ▶ 10 0.
Total tax (add line 10 and Schedule 3, line 7b) 7,841.

Schedule 3 – Additional Credits and Payments

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other credits from Form:		
a	<input type="checkbox"/> 3800		
b	<input type="checkbox"/> 8801		
c			
7	Add lines 1 through 6.	6	
	Enter here and on Form 1040 or 1040-SR, line 20	7	
a	Add line 7 plus child tax/other dep. credit on line 19 above		
b	Subtract total credits on line 7a from tax on line 18 above. <u>7,841.</u>		

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom. . . ▶

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12 b	
c	Health coverage tax credit from Form 8885	12 c	
d	Other	12 d	
e	Deferral for certain Schedule H or SE filers	12 e	
f	Add lines 12a through 12e	12 f	
13	Total Payments: Part II, lines 8 through 12f, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30 <u>8,081.</u>	13	
	Other Payments and Refundable Credits (Form 1040, line 32) ▶		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's Name ▶ _____ Personal Identification Number (PIN) . . . ▶ _____

Phone Number ▶ _____

Signature and Paid Preparer

Sign Here
 Joint return? See instructions.
 Keep a copy of this return for your records.

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 accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation <u>Software Engineer</u>	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation	
Daytime Phone No. <u>(301) 500-7698</u>		Email Address	

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature	Date	<input type="checkbox"/> Self-employed
Firm's Adress (or yours if self-employed) <u>Self-Prepared</u>	Firm's EIN.	Phone No.
	State	ZIP Code

Filing Address Information

Send Form 1040 to: Department of the Treasury
 Internal Revenue Service
 Fresno, CA 93888-0002

Name(s) Shown on Return banu kommuri	Your SSN 035-23-9453
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Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2019 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above).	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	_____
2	Investment income.	2	_____
3	Total adjusted gross income	3	_____
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	_____
5	State and local income taxes allocable to investment income	5	_____
6	State and local taxes (Schedule A, line 5e)	6	_____
7	Lesser of line 5 or line 6.	7	_____
8	Foreign income taxes	8	_____
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	_____
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	_____

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the lesser of line 7 or line 4	8	_____

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

Charitable Organization Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>banu kommuri</u>	Social Security Number <u>035-23-9453</u>
--	--

Charity Name . . . _____
 Address _____
 City _____ State _____ ZIP code . . . _____

Combined Amounts Worksheet				
Note: Amounts entered in worksheets below will be summarized in this worksheet.				
Ref. No.	Date	Donation Description	Donation Type	Donation Amount
Total:				
Prior Year Total:				

ItsDeductible Item Donations Worksheet								
Note: Amounts in this worksheet can only be entered using the interview process.								
Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

banu kommuri

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Other Item Donations Worksheet				
Note: Double-click to enter additional information if needed.				
Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet								
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring		2020 Amount		
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet					
Ref. No.	Donation Date	Description of Trip			Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven	Value of Miles	
Other Costs	Description of Other Costs				
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		

banu kommuri

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Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? **Yes** **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ► **Yes** **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ► **Yes** **No**
- 4 What Type of charitable organization was it? Check one:
 (a) 50% charity **(b)** Other than 50% charity **(c)** 50% Charity, 100% donation

Federal Information Worksheet

2020

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Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name banu
 Middle initial _____ Suffix _____
 Last name Kömmuri
 Social security no. 035-23-9453
 Occupation Software Engineer
 Date of birth 09/03/1993 (mm/dd/yyyy)
 Age as of 1-1-2021 27
 Daytime phone (301) 500-7698 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2021 _____
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 11620 Cheyenne Trl Apt no. A
 City Parma Heights State OH ZIP code 44130-1986

Foreign Address: Check this box to use foreign address . . ▶

Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone _____
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Print Form 1040-SR instead of Form 1040 Yes No

Federal filing status:

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ▶
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) ▶
 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2018 ▶ 2019 ▶
 Are you a dependent with a qualifying child Yes ▶ No ▶
 Enter qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____

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

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)			E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2020						

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2020? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2020 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2020 or if you are ineligible to claim the EIC in 2020 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:
Name of Financial Institution (optional) ... Digital Federal Credit Union
Check the appropriate box ... Checking Savings
Routing number ... 211391825 Account number ... 45227386

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Amended Returns:

Do you want to elect direct debit of federal amended balance due (e-File only)? ... Yes No
Enter the payment date to withdraw from the account above ...
Balance-due amount from this amended return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2020, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ...

Third Party Designee:

Caution: Review transferred information for accuracy.
Do you want to allow another person to discuss this return with the IRS? ... Yes No
If Yes, complete the following:
Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...

Part VI – Additional Information for Your Federal Return – Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2020 ▶ OH

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶

Taxpayer is a resident of the state above for only part of year ▶

Date the taxpayer established residence in state above ▶ 10/10/2020

In which state (or foreign country) did the taxpayer reside before this change? ▶ AL

Spouse:

Enter the spouse’s state of residence as of December 31, 2020 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶

Spouse is a resident of the state above for only part of year ▶

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶

Check if this is the joint return created to file joint state tax return (see Help) ▶

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 12345

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number 9940205

Issued by what state AL

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Spouse

Drivers license or state ID number _____

Issued by what state _____

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Personal Information Worksheet
For the Taxpayer

2020

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . banu Middle initial . . . Last name . . . kommuri

Suffix

Social security no. . . . 035-23-9453 Member of U.S. Armed Forces in 2020? . . . Yes No

Date of birth 09/03/1993 (mm/dd/yyyy) age as of 1-1-2021 27

Occupation Software Engineer Daytime phone (301) 500-7698 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2020 ► 2020 . ► 2019 . ► 2018 . ► Before 2018 . ►

Are you retired on total and permanent disability? (for Schedule R, see Help) ► Yes No

Check if this person is legally blind ► Yes No

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2021 and this is the first year you
are filing a tax return? ► Yes No

Language in which you want the IRS to communicate with you ►

Do you want \$3 to go to Presidential Election Campaign Fund? ► Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► Yes No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► Yes No

Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2020? ► Yes No

4 Did your earned income exceed one-half of your support? ► Yes No

5 Was at least one of your parents alive on December 31, 2020? ► Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2020 OH

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ► 10/10/2020

In which state (or foreign country) did this person reside before this change? ► AL

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2020

Unreimbursed medical expenses paid for qualifying person in 2020

Employment taxes paid for dependent care providers in 2020

Full-time student for 5 calendar months during 2020? ► Yes No

Disabled person who was not physically or mentally capable of self-care? ► Yes No

This person is a qualifying person for the child and dependent care credit ► Yes No



► Keep for your records

Name(s) Shown on Return
banu kommuri

Social Security Number
035-23-9453

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	67,195.		67,195.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	8,081.		8,081.
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. . .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	67,195.		67,195.
17	Total state tax withheld	2,631.		2,631.
19	Total local tax withheld.			

► Keep for your records

Name banu kommuri Social Security Number 035-23-9453

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

<p>a Employee's social security no. . . <u>035-23-9453</u></p> <p>b Employer ID number (EIN). . . <u>81-2273516</u></p> <p>c Employer's name, address, and ZIP code <u>TECHSMART GLOBAL INC</u></p> <p>Street <u>666 PLAINSBORO RD #1116</u> City <u>PLAINSBORO</u> State <u>NJ</u> ZIP Code <u>08536</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>67,195.03</u></p> <p>3 Social security wages</p> <p>5 Medicare wages and tips</p> <p>7 Social security tips</p> <p>► Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>8,080.55</u></p> <p>4 Social security tax withheld</p> <p>6 Medicare tax withheld</p> <p>8 Allocated tips</p>
---	---	---

d Control number .001067CLIF/3MD

Transfer employee information from the Federal Information Worksheet

<p>e Employee's name First <u>BANU</u> M.I. <u>VENKATA</u> Last <u>SANDEEP KOMMURI</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>11620 CHEYENNE TRAIL, APT A</u> City <u>PARMA HEIGHTS</u> State <u>OH</u> ZIP Code <u>44130</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>9 _____</p> <p>11 Nonqualified plans</p> <p>12 Enter box 12 below</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help)</p>
--	---	---

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

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>AL</u>	<u>R010050615</u>	<u>53,553.91</u>	<u>2,248.24</u>
<u>OH</u>	<u>54-0741329</u>	<u>13,641.12</u>	<u>383.13</u>

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

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

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

Wages, Salaries, & Tips Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>banu kommuri</u>	Social Security Number <u>035-23-9453</u>
--	--

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	67,195.		67,195.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2020			
b _____			

10 Subtotal.			
Add lines 1 through 9	67,195.		67,195.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	67,195.		67,195.

Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
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		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.		
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1		
3	Subtract line 2 from line 1		
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year		
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".		
6	Add lines 3 through 5		
7	Enter the smaller of line 6 or the gain from Form 4797, line 7		
8	Enter the amount, if any, from Form 4797, line 8		
9	Subtract line 8 from line 7. If zero or less, enter -0-		
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.		
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
		Regular	AMT
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total		
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale		
13	Add lines 9 through 12.		
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	0.	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	0.	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D		
	a Enter your capital gain excess, if you are filing Form 2555		0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	0.	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.		

**Schedule D
Line 18**

28% Rate Gain Worksheet

2020

► Keep for your records

Name(s) Shown on Return
banu kommuri

Social Security Number
035-23-9453

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II		1		
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		50 % Exclusion	60 % Exclusion	75% Exclusion	
a	Schedule D	_____	_____	_____	
b	Form 8814	_____	_____	_____	
c	Schedule B	_____	_____	_____	
d	Form 6252	_____	_____	_____	
e	Form 2439	_____	_____	_____	
f	Other	_____	_____	_____	
	Total	_____	_____	_____	2
3	Enter the total of all collectibles gain or (loss) from:		Regular	AMT	
a	Form 4684, line 4 (but only if line 15 is more than zero)	_____	_____	_____	
b	Form 6252	_____	_____	_____	
c	Form 6781, Part II	_____	_____	_____	
d	Form 8824	_____	_____	_____	
	Total	_____	_____	_____	3
4	Enter the total of any collectibles gain reported to you on:		Regular	AMT	
a	Form 1099-DIV, box 2d	_____	_____	_____	
b	Form 2439, box 1d	_____	_____	_____	
c	Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____	_____	
d	Disposition of interest in partnership or S corporation	_____	_____	_____	
e	Other	_____	_____	_____	
	Total	_____	_____	_____	4
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C				5
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.				6
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18				7
8	Enter the amount of any capital gain excess				8
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a				9
				0.	0.

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1 a Enter your taxable income from Form 1040, line 15 **1 a** 54,795.
b Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht **b** _____
c Add lines 1a and 1b **1 c** 54,795.

2 a Enter your qualified dividends from Form 1040, line 3a **2 a** _____
b Enter any capital gain excess attributable to qualified dividends **b** _____
c Subtract line 2b from line 2a **2 c** _____

3 Amount from Form 4952, line 4g **3** _____

4 a Amount from Form 4952, line 4e **4 a** _____
b Amount from the dotted line next to Form 4952, line 4e **b** _____
c Line 4b, if applicable, 4a, if not **c** _____

5 Subtract line 4c from line 3. **5** 0.
6 Subtract line 5 from line 2c. If zero or less, enter -0- **6** 0.

7 a Enter line 15 of Schedule D **7 a** _____
b Enter line 16 of Schedule D **b** _____
c Enter the **smaller** of line 7a or line 7b **7 c** 0.

8 Enter the **smaller** of line 3 or line 4c **8** _____

9 a Subtract line 8 from line 7. **9 a** 0.
b Enter any capital gain excess attributable to capital gains **b** _____
c Subtract line 9b from line 9a. **9 c** 0.

10 Add lines 6 and 9c **10** 0.

11 a Enter the amount from Schedule D, line 18 **11 a** 0.
b Enter the amount from Schedule D, line 19 **b** _____
c Add lines 11a and 11b. **11 c** 0.

12 Enter the **smaller** of line 9c or line 11c. **12** 0.

13 Subtract line 12 from line 10. **13** 0.

14 Subtract line 13 from line 1c. If zero or less, enter -0- **14** 54,795.

15 Enter:
• \$40,000 if single or married filing separately,
• \$80,000 if married filing jointly or qualifying widow(er), or
• \$53,600 if head of household. **15** 40,000.

16 Enter the **smaller** of line 1c or line 15 **16** 40,000.

17 Enter the **smaller** of line 14 or line 16 **17** 40,000.

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- **18** 54,795.

19 Enter the **smaller** of line 1c or:
• \$163,300 if single or married filing sep,
• \$326,600 if MFJ or qual widow(er), or
• \$163,300 if head of household. **19** 54,795.

20 Enter the **smaller** of line 14 or line 19 **20** 54,795.

21 Enter the **larger** of line 18 or line 20 **21** 54,795.

22 Subtract line 17 from line 16. This amount is taxed at 0% **22** 0.

If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.

23 Enter the **smaller** of line 1c or line 13 **23** 0.

24 Enter the amount from line 22 (if line 22 is blank, enter -0-) **24** 0.

25 Subtract line 24 from line 23. If zero or less, enter -0- **25** 0.

26 Enter:
• \$441,450 if single,
• \$248,300 if married filing separately,
• \$496,600 if married filing jointly or qualifying widow(er), or
• \$469,050 if head of household. **26** 441,450.

27 Enter the smaller of line 1c or line 26 **27** 54,795.

28 Add lines 21 and 22 **28** 54,795.

29 Subtract line 28 from line 27. If zero or less, enter -0- **29** 0.

30 Enter the **smaller** of line 25 or line 29 **30** 0.

31 Multiply line 30 by 15% (0.15) **31** 0.

32 Add lines 24 and 30 **32** 0.

If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33

33 Subtract line 32 from line 23. **33** 0.

34 Multiply line 33 by 20% (0.20) **34** 0.

If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.

35 Enter the **smaller** of line 9c above or Schedule D, line 19 **35** _____

36 Add lines 10 and 21 **36** _____

37 Enter the amount from line 1c above **37** _____

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>7,841.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>7,841.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>7,841.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	<u>7,841.</u>

Form 1040
Line 16

Qualified Dividends and Capital Gain Tax Worksheet

2020

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Name(s) Shown on Return
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1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	_____
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	_____
3	Are you filing Schedule D? <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	_____
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	_____
6	Enter: \$40,000 if single or married filing separately, \$80,000 if married filing jointly or qualifying widow(er), \$53,600 if head of household.	6	_____
7	Enter the smaller of line 1 or line 6	7	_____
8	Enter the smaller of line 5 or line 7	8	_____
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	_____
10	Enter the smaller of line 1 or line 4	10	_____
11	Enter the amount from line 9	11	_____
12	Subtract line 11 from line 10.	12	_____
13	Enter: \$441,450 if single, \$248,300 if married filing separately, \$496,600 if married filing jointly or qualifying widow(er), \$469,050 if head of household.	13	_____
14	Enter the smaller of line 1 or line 13	14	_____
15	Add lines 5 and 9	15	_____
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	_____
17	Enter the smaller of line 12 or line 16	17	_____
18	Multiply line 17 by 15% (0.15)	18	_____
19	Add lines 9 and 17	19	_____
20	Subtract line 19 from line 10	20	_____
21	Multiply line 20 by 20% (0.20)	21	_____
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.	22	_____
23	Add lines 18, 21, and 22	23	_____
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	24	_____
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.	25	_____

IRA Contributions Worksheet

2020

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Name(s) Shown on Return <u>banu kommuri</u>	Social Security Number <u>035-23-9453</u>
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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2021 to 5/17/2021 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet		
13	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: ___ IRA deduction worksheet ▶ ___ Worksheet for social security recipients ▶		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: <i>You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.</i>		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2020

▶ Keep for your records

banu kommuri

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Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.	_____	_____
20	Contributions recharacterized from a traditional IRA, (from In 4). . .	_____	_____
21	Roth IRA contributions, from Schedule(s) K-1.	_____	_____
22	Enter contributions recharacterized to a traditional IRA.	_____	_____
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions	_____	_____
24	Roth IRA contributions. Combine lines 20 through 23	_____	_____
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>	_____	_____
26	Excess Roth IRA contribution credit	_____	_____
27	Total Roth IRA contributions	_____	_____
28	Repayments of qualified Roth reservist distributions	_____	_____

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation	_____	_____
30	Excess Roth IRA contributions, to Form(s) 5329, line 23	_____	_____
	Note: <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i>		

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.	_____	_____
	Note: <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

Tax Payments Worksheet

2020

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Name(s) Shown on Return banu komhuri	Social Security Number 035-23-9453
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Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	8,081.	2,631.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax			
19 Total Withholding Lines 10 through 18f	8,081.	2,631.	
20 Total Tax Payments for 2020	8,081.	2,631.	

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

Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	67,195.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2019 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	67,195.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 2,631.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 2,631.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

- b Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . _____
- c Real estate taxes paid on additional homes or land _____
 Personal portion of real estate taxes from Schedule E Worksheet for:
 - d Principal residence _____
 - e Vacation home _____
 - f Less real estate taxes deducted on Form 8829 _____
 - g Foreign real propety taxes included in lines 2a-2f above _____
 - h Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) _____
- 3 State and local personal property taxes:**
 - a Auto registration fees based on the value of the vehicle.
 2019 Amount Enter 2020 description:
 _____ _____
 _____ _____
 _____ _____
 - b Non-business portion of personal property taxes from Car & Truck Exp Wks _____
 - c Other personal property taxes _____
 - d Add lines 3a through 3c (to Schedule A, line 5c) _____
- 4 Other taxes:**
 - a Other taxes from Schedule(s) K-1 _____
 - b Foreign taxes from interest and dividends _____
 - c Foreign taxes from Schedule(s) K-1 _____
 - d Other foreign taxes (not used to claim a foreign tax credit). _____
 - e Other taxes.
 2019 Amount Enter 2020 description:
 _____ _____
 _____ _____
 _____ _____
 - f Foreign real propety taxes included in lines 4a-4e above _____
 - g Add lines 4a through 4e, less line 4f (to Schedule A, line 6) _____

Interest Deductions

- 5 Home mortgage interest and points reported on Form 1098:**
 - a Mortgage interest and points from the Home Mortgage Interest Worksheet _____
 - b Qualified mortgage interest from Schedule E Worksheet _____
 - c Less home mortgage interest/points deducted on Form 8829 _____
 - d Less home mortgage interest from Form 8396, line 3 _____
 - e Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above. _____
- 6 Home mortgage interest not reported on Form 1098:**
 - a Mortgage interest from the Home Mortgage Interest Worksheet. _____
 - b Less home mortgage interest deducted on Form 8829 _____
 - c Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above _____
- 7 Points not reported on Form 1098:**
 - a Amortizable points from the Home Mortgage Interest Worksheet _____
 - b Other points not on Form 1098 from the Home Mortgage Interest Worksheet _____
 - c Less points deducted on Form 8829 _____
 - d Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above. _____

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banu kommuri

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State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 2,631.
2	2020 state estimated taxes paid in 2020	2
3	2019 state estimated taxes paid in 2020	3
4	Amount paid with 2019 state application for extension	4
5	Amount paid with 2019 state income tax return	5
6	Overpayment on 2019 state income tax return applied to 2020 tax	6
7	Other amounts paid in 2020 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2020 local estimated taxes paid in 2020	10
11	2019 local estimated taxes paid in 2020	11
12	Amount paid with 2019 local application for extension	12
13	Amount paid with 2019 local income tax return	13
14	Overpayment on 2019 local income tax return applied to 2020 tax	14
15	Other amounts paid in 2020 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17		17
18	Total Add lines 1 through 17	18 2,631.
19	State and local refund allocated to 2020	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21
22	Total state and local income tax deduction Line 18 less line 21	22 2,631.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26 %
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28

Charitable Deduction Limits Worksheet For Current Year Contributions

2020

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Name(s) Shown on Return <u>banu kommuri</u>	Social Security Number <u>035-23-9453</u>
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Step 1 – Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 – Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	67,195.
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A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9.	10	
11 Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2020

▶ Keep for your records

Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
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Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)			8		67,195.
	Percentage of line 8	Used in Current Year			
a 60% AGI limit to line 9	40,317.	Less 0.	a		40,317.
b 50% AGI limit to line 12	33,598.	Less 0.	b		33,598.
c 30% AGI limit, Section C to line 19	20,159.	Less 0.	c		20,159.
d 30% AGI limit, Section D to line 26	20,159.	Less 0.	d		20,159.
e 20% AGI limit to line 35	13,439.	Less 0.	e		13,439.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary

2020

▶ Keep for your records

Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2021

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2020 contributions							
2 2020 contributions allowed							
3 Carryovers from:							
a 2019 tax year		N/A					
b 2018 tax year		N/A					
c 2017 tax year		N/A					
d 2016 tax year		N/A					
e 2015 tax year		N/A					
4 Carryovers allowed in 2020		N/A					
5 Carryovers disallowed in 2020		N/A					
6 Carryovers to 2021:							
a From 2020							
b From 2019		N/A					
c From 2018		N/A					
d From 2017		N/A					
e From 2016		N/A					
f From 2015		N/A					

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 60%/50% charity? Yes No

Name(s) Shown on Return
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Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

<p>1 Is your earned income* more than \$750? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,100</p>	<p>_____</p> <p>—►</p>	<p>1</p>	
<p>2 Enter the amount shown below for your filing status. • Single or married filing separately — \$12,400 • Married filing jointly — \$24,800 • Head of household — \$18,650</p>	<p>_____</p> <p>—►</p>	<p>2</p>	<p>12,400.</p>
<p>3 Standard deduction.</p>			
<p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b</p>		<p>3 a</p>	
<p>3 b If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household)</p>		<p>3 b</p>	
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12</p>		<p>3 c</p>	

**Earned income includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	67,195.		67,195.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	67,195.		67,195.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	67,195.		67,195.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	67,195.		67,195.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	67,195.		67,195.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	67,195.		67,195.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	67,195.		67,195.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	67,195.		67,195.

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Name(s) Shown on Return
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Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment.	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	18	
19	Less amount deducted on other forms and schedules:	19	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

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- QuickZoom** to Schedule EIC ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ► _____
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="margin-left: 100px;">b Spouse's nontaxable combat pay election for EIC</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 20px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.</p> <p>9 Enter your AGI from Form 1040, line 11</p> <p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,800 (\$14,700 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,350 (\$25,250 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 9. Be sure to use the correct column for filing status and number of children</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>67,195.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>67,195.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>67,195.</p> <p>_____</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Enter line 11 amount on Form 1040, line 27.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- \$15,820 (\$21,710 if married filing jointly) without a qualifying child.
- \$41,756 (\$47,646 if married filing jointly) with one qualifying child.
- \$47,440 (\$53,330 if married filing jointly) with two qualifying children.
- \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- \$15,820 (\$21,710 if married filing jointly) without a qualifying child.
- \$41,756 (\$47,646 if married filing jointly) with one qualifying child.
- \$47,440 (\$53,330 if married filing jointly) with two qualifying children.
- \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$3,650.
(Investment Income Smart Worksheet, item H above)
- 4 The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a qualifying children of another person, or
- b invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2020.
(Information Worksheet, Part IV)
- 12 Filing Form 2555, Foreign Earned Income.
- 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2020?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2020?

2 Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2020.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>	No
Disqualified from Earned Income Credit.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Potential qualifying child count	▶	<u>0</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>0</u>

Schedule SE Adjustments Worksheet

2020

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	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Use a separate worksheet for each casualty or theft event.
Keep for your records

Name(s) shown on return
banu kommuri

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Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event
2 Date of casualty or theft event
3 Use of property, check one if not a Ponzi loss (line 5c):
a Personal (includes home office deducted under simplified method, see tax help)
b Business, employment, or income-producing
4 If box 3a is checked, check one:
a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster.
b This event qualifies as a Hurricane Irma Disaster
c This event qualifies as a Hurricane Maria Disaster
d This event qualifies as a 2017 California Wildfire Disaster (01/01/2017-01/18/2018)
e This event is a qualified federally declared major disaster
f This event is a federally declared disaster (not "qualified")
g This event qualifies as a 2016 federally declared disaster area
h This event does not qualify as a federally declared disaster
i Enter the FEMA disaster decl. number if any line 4a-g is checked. Enter the four-digit number only. If the FEMA disaster decl. number begins with DR, enter it here
j If the FEMA disaster decl. number begins with EM instead of DR, enter it here
5 If box 3b is checked, check one:
a Check if the property was used in a passive activity
b Check if the property was not used in a passive activity
c Check if this is a Rev Proc 2009-20 Ponzi-Type loss
6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ
k If home office (standard method) enter: Sch C/No Sch C Ln 27

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ
k If home office (standard method) enter: Sch C/No Sch C Ln 27

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2020

► Keep for your records

Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

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Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
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Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	54,795.
2	Additions to income	2	
3	Add lines 1 and 2	3	54,795.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	54,795.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
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Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	67,195.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	67,195.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	60,476.
6	Enter ATNOL carried to 2019 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$745,200:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$56,700	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$72,900 if single or head of household, \$113,400 if married filing jointly or qualifying widow(er), \$56,700 if married filing separately	1	72,900.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	67,195.
3	Enter \$518,400 if single or head of household, \$1,036,800 if married filing jointly or qualifying widow(er), \$518,400 if married filing separately	3	518,400.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	72,900.

► Keep for your records

Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
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1 Enter the amount from Form 6251, line 6	1	_____
2 a Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a	_____
b Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	_____
c Subtract line 2b from line 2a. If zero or less, enter 0	2c	_____
3 Add line 1 and line 2c	3	_____
4 Tax on the amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. ● All Others: If line 3 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. 	4	_____
5 Tax on amount on line 2c. If line 2c is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	5	_____
6 Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	_____

Federal Carryover Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
---	---------------------------------------

2019 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
AL			2,385.		67.	
Totals . .			2,385.		67.	

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

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

2019 Locality Estimates Information

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

2019 State Taxes Due Information

(a) State	(e) Paid With Return

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
AL	2,385.	67.

2019 Locality Tax Refund Information

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

banu kommuri

035-23-9453

Other Tax and Income Information		2019	2020
1	Filing status	1 <u>1</u> Single	1 <u>1</u> Single
2	Number of exemptions for blind or over 65 (0 - 4)	2 _____	2 _____
3	Itemized deductions	3 <u>2,641.</u>	3 <u>2,631.</u>
4	Check box if required to itemize deductions	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5	Adjusted gross income	5 <u>56,202.</u>	5 <u>67,195.</u>
6	Tax liability for Form 2210 or Form 2210-F	6 <u>5,544.</u>	6 <u>7,841.</u>
7	Alternative minimum tax	7 _____	7 _____
8	Federal overpayment applied to next year estimated tax	8 _____	8 _____

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

Credit Carryovers				2019	2020
18	General business credit			18	
19	Adoption credit from:	a	2020	19a	
		b	2019	b	
		c	2018	c	
		d	2017	d	
		e	2016	e	
		f	2015	f	
20	Mortgage interest credit from:	a	2020	20a	
		b	2019	b	
		c	2018	c	
		d	2017	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2019	2020
24	Section 179 expense deduction disallowed			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2019					
b	2018					
c	2017					
d	2016					
e	2015					
27	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					

28 Amount overpaid less earned income credit 166.

Qualified Business Income Deduction (Section 199A) carryovers				2019	2020
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		

2019 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Name(s) Shown on Return banu kommuri	Social Security Number 035-23-9453
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Description	Amount
Income	
Wages	67,195.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	67,195.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	67,195.

Two-Year Comparison

2020

Name(s) Shown on Return banu kommuri	Social Security Number
---	------------------------

Income	2019	2020	Difference	%
Wages, salaries, tips, etc	56,202.	67,195.	10,993.	19.56
Interest and dividend income				
State tax refund	0.	0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	56,202.	67,195.	10,993.	19.56
Adjustments to Income				
Adjusted Gross Income	56,202.	67,195.	10,993.	19.56
Itemized Deductions				
Medical and dental				
Income or sales tax	2,385.	2,631.	246.	10.31
Real estate taxes				
Personal property and other taxes	256.		-256.	-100.00
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	2,641.	2,631.	-10.	-0.38
Standard or Itemized Deduction	12,200.	12,400.	200.	1.64
Qualified Business Income Deduction				
Taxable Income	44,002.	54,795.	10,793.	24.53
Income tax	5,544.	7,841.	2,297.	41.43
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	5,544.	7,841.	2,297.	41.43
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	5,544.	7,841.	2,297.	41.43
Withholding	5,710.	8,081.	2,371.	41.52
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	5,710.	8,081.	2,371.	41.52
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	166.	240.	74.	44.58
Balance Due				

Current year effective tax rate 11.67 %

Tax Summary
▶ Keep for your records

2020

Name (s)
banu kommuri

Total income	67,195.
Adjustments to income	
Adjusted gross income	67,195.
Itemized/standard deduction	12,400.
Qualified business income deduction	
Taxable income	54,795.
Tentative tax	7,841.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	7,841.
Total payments	8,081.
Estimated tax penalty	
Amount Overpaid	240.
Refund	240.
Amount Applied to Estimate	
Balance due	0.

Recovery Rebate Credit Worksheet

2020

Name(s) Shown on Return
banu komhuri

Social Security No.
035-23-9453

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

<p>1 Can you be claimed as a dependent on another person's 2020 return? <input checked="" type="checkbox"/> No. Go to line 2 <input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>2 Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse? <input checked="" type="checkbox"/> Yes. Skip lines 3 and 4 and go to line 5. <input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number? <input type="checkbox"/> Yes. Your credit is not limited. Go to line 5. <input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a valid social security number? <input type="checkbox"/> Yes. Your credit is limited. Go to line 5. <input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>5 Enter: ● \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or ● \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>6 Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>7 Add lines 5 and 6</p> <p>8 Enter: ● \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or ● \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>9 Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>10 Add lines 8 and 9</p> <p>11 Enter the amount from line 11 of Form 1040 or 1040-SR</p> <p>12 Enter the amount shown below for your filing status : ● \$150,000 if married filing jointly or qualifying widow(er) ● \$112,500 if head of household ● \$75,000 if single or married filing separately</p> <p>13 Is the amount on line 11 more than the amount on line 12? <input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. <input type="checkbox"/> Yes. Subtract line 12 from line 11.</p> <p>14 Multiply line 13 by 5% (0.05)</p> <p>15 Subtract line 14 from line 7. If zero or less, enter -0-</p> <p>16 Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>17 Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference</p> <p>18 Subtract line 14 from line 10. If zero or less, enter -0-</p> <p>19 Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>20 Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference</p> <p>21 Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: none;">5</td><td style="border: none;">1,200.</td></tr> <tr><td style="border: none;">6</td><td style="border: none;"> </td></tr> <tr><td style="border: none;">7</td><td style="border: none;">1,200.</td></tr> <tr><td style="border: none;">8</td><td style="border: none;">600.</td></tr> <tr><td style="border: none;">9</td><td style="border: none;"> </td></tr> <tr><td style="border: none;">10</td><td style="border: none;">600.</td></tr> <tr><td style="border: none;">11</td><td style="border: none;">67,195.</td></tr> <tr><td style="border: none;">12</td><td style="border: none;">75,000.</td></tr> <tr><td style="border: none;">13</td><td style="border: none;"> </td></tr> <tr><td style="border: none;">14</td><td style="border: none;"> </td></tr> <tr><td style="border: none;">15</td><td style="border: none;">1,200.</td></tr> <tr><td style="border: none;">16</td><td style="border: none;">1,200.</td></tr> <tr><td style="border: none;">17</td><td style="border: none;">0.</td></tr> <tr><td style="border: none;">18</td><td style="border: none;">600.</td></tr> <tr><td style="border: none;">19</td><td style="border: none;">600.</td></tr> <tr><td style="border: none;">20</td><td style="border: none;">0.</td></tr> <tr><td style="border: none;">21</td><td style="border: none;">0.</td></tr> </table>	5	1,200.	6		7	1,200.	8	600.	9		10	600.	11	67,195.	12	75,000.	13		14		15	1,200.	16	1,200.	17	0.	18	600.	19	600.	20	0.	21	0.
5	1,200.																																		
6																																			
7	1,200.																																		
8	600.																																		
9																																			
10	600.																																		
11	67,195.																																		
12	75,000.																																		
13																																			
14																																			
15	1,200.																																		
16	1,200.																																		
17	0.																																		
18	600.																																		
19	600.																																		
20	0.																																		
21	0.																																		

Compare to U. S. Averages

▶ Keep for your records

2020

Name(s) Shown on Return <u>banu kommuri</u>	Social Security No <u>035-23-9453</u>
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Your 2020 adjusted gross income (AGI) 67,195.
 National adjusted gross income range used below from 50,000. to 99,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	67,195.	66,668.
Taxable interest		880.
Tax-exempt interest		4,791.
Dividends		3,982.
Business net income		18,584.
Business net loss		7,064.
Net capital gain		7,535.
Net capital loss		2,314.
Taxable IRA		16,542.
Taxable pensions and annuities		28,668.
Rent and royalty net income		8,962.
Rent and royalty net loss		9,333.
Partnership and S corporation net income		25,826.
Partnership and S corporation net loss		12,207.
Taxable social security benefits		18,067.
Medical and dental expenses deduction		9,883.
Taxes paid deduction	2,631.	6,874.
Interest paid deduction		7,461.
Charitable contributions deduction		3,620.
Total itemized deductions	2,631.	20,554.
Child care credit		620.
Education tax credits		1,325.
Child tax credit		1,673.
Retirement savings contributions credit		177.
Earned income credit		350.
Other Information	Actual Per Return	National Average
Adjusted gross income	67,195.	74,704.
Taxable income	54,795.	50,725.
Income tax	7,841.	6,980.
Alternative minimum tax		1,592.
Total tax liability	7,841.	7,384.

Estimated Taxes and Form W-4 Worksheet

Name: banu kommuri
SSN: 035-23-9453

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2021 Federal Income Taxes

By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2021 withholding will be _____

Overpayment from my 2020 return. 240.

Amount of my 2020 overpayment to apply to 2021 instead of refunding it _____

Enter Your Filing Status and Other Information for Your 2021 Tax Return

Choose your filing status 1 - Single

Taxpayer age as of the end of 2021 28
 Spouse age as of the end of 2021 _____

Do you qualify for an additional standard deduction?
Taxpayer: _____ **Total** 0
Spouse: _____

Check if you must itemize in 2021. (See Tax Help.)

Dependent of Another

Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:	2020	2021
Number of qualifying children dependents age 16 and under	0	0
Number of qualifying children dependents age 17 to 23	0	0
Number of other dependents on return	0	0

Enter Your 2021 Income and Deductions in 2nd column	2020 Actual	2021 Expected
Compensation:		
Annual wages and salary for taxpayer	67,195.	
Medicare wages for taxpayer (W-2 box 5)		
Annual wages and salary for spouse		
Medicare wages for spouse (W-2 box 5)		
Self-employment Income:		
Schedule C income for taxpayer		
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer		
Annual net income from self-employment for spouse		

W-2: Check to populate W-2 table from 2020 return

Employer	Owner	Wages	2020 Withholding	2021 Wages	2021 Withholding

Schedule C: Check to populate Schedule C table from 2020 return

Name	Owner	2020 Income	2020 Expenses	2021 Income	2021 Expenses

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax		0 .	
Qualified dividends			
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses			
Net long-term capital gains or losses			
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>)		0 .	
Foreign income or housing exclusions			
Adjustments:			
Deductible IRA contributions, alimony, etc			
Charitable cash contributions if using the standard deduction			
Itemized Deductions:			
Total medical expenses			
State and local property and income taxes (or sales tax)		2,631 .	
Deductible foreign income taxes			
Deductible mortgage interest			
Cash charitable contributions			
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Standard Deduction:			
Standard deduction		12,400 .	12,550 .

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	12,400.	12,550.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)		
Credits:		
Earned Income Tax Credit		
Child Tax Credit		
Child and Dependent Care Credit		
Education Credits		
Other Credits.		

Income Tax Calculation for Your 2021 Tax Return	2020 Actual	2021 Expected
Taxable income	54,795.	0.
Income tax	7,841.	
Alternative minimum tax (Enter Alt Min tax expected in 2021)		
Premium tax credit repayment (Enter amt expected for 2021)		
Total credits (Enter credits expected in 2021)		
Tax on self-employment income and add'l 0.9% Medicare tax		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2021)	0.	
Total federal income tax	7,841.	0.

Enter the Tax Payments You've Already Made for Your 2021 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 15, 2021)	
Payment number 2 (June 15, 2021)	
Payment number 3 (September 15, 2021)	
2020 federal overpayment credited to 2021 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2021	
Federal income taxes to be withheld from your paychecks	
Your 2020 federal overpayment you applied to 2021	
Your 2021 federal estimated taxes, based on <u>100% of your 2020 actual tax</u>	
Estimate of total payments you will need to make for 2021	

Estimated Tax Payment Options

Name:	<u>banu kommuri</u>
SSN:	<u>035-23-9453</u>

Prepare My 2021 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2021 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2021 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2021 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2020 taxes (prior-year exception) Note: If your 2020 taxes were less than \$1000, see Tax Help	7,841.

Amount of Estimated Taxes to Pay in 2021	
Taxes based on method above	7,841.
Expected withholding for 2021 . . . (.2020 actual withholding)	8,081.
Taxes due after withholding	0.
Estimates you've already paid	_____
Last year's overpayment you applied to this year	_____
Balance of estimated taxes due	0.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2021	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 15, 2021	_____
<input type="checkbox"/> Payment number 2, due June 15, 2021	_____
<input type="checkbox"/> Payment number 3, due September 15, 2021	_____
<input type="checkbox"/> Payment number 4, due January 18, 2022	_____

Total estimated tax payments for 2021	_____
---	-------

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>banu kommuri</u>
SSN:	<u>035-23-9453</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2021	Taxpayer	Spouse
Your annual salary for this year	_____	_____
Salary you have already received in 2021	_____	_____
Your remaining salary for this year	_____ 0.	_____
Number of paychecks you have remaining this year		
How often you are paid	_____	_____
Your gross salary per pay period	_____	_____

Form W-4 Personal Withholding Adjustments	Taxpayer	Spouse
Withholding status	_____	_____
Additional withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Estimated future withholding through remainder of year	_____	_____
Top tax rate being withheld	_____ %	_____ %

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Increase/(decrease) in net pay per pay period	_____	_____

Summary of Federal Income Taxes to be Withheld in 2021: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	_____
Spouse's withholding	_____
Total withholding	_____

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: banu kommuri

Primary SSN: 035-23-9453

Federal Return Submitted: March 08, 2021 11:24 AM PST

Federal Return Acceptance Date: 02/10/2021

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight May 17, 2021. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on May 17, 2021, your Intuit electronic postmark will indicate May 17, 2021, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before May 17, 2021, and a corrected return is submitted and accepted before May 22, 2021. If your return is submitted after May 22, 2021, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2021. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2021, and the corrected return is submitted and accepted by October 20, 2021.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ³	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ³	Free option with your purchase of a Tax Product ²

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

²This fee consists of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2020

Check this box if you are preparing this return as a PRO preparer

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area?
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return?
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- File federal return electronically
 File state returns electronically
 File other returns electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal return printed and mailed to IRS
 State return printed and mailed to state agency
 Other return printed and mailed

Select state returns to file electronically:

Table with header 'State(s)' and three blank rows for input.

Select state returns to file by mail:

Table with header 'State(s)' and three blank rows for input.

Select other returns to file electronically:

Table with header 'Other Return(s)' and three blank rows for input.

Select other returns to file by mail:

Table with header 'Other Return(s)' and three blank rows for input.

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- File federal amended return(s) electronically
 File state amended return(s) electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal amended return printed and mailed
 State amended return printed and mailed

Select state amended return(s) to file electronically:

Table with header 'State(s)' and three blank rows for input.

Select state amended return(s) to file by mail:

Table with header 'State(s)' and three blank rows for input.

Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A Tax	7,841.
Check if from:	
1 Tax table	<input checked="" type="checkbox"/>
2 Tax Computation Worksheet (see instructions)	<input type="checkbox"/>
3 Schedule D Tax Worksheet	<input type="checkbox"/>
4 Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5 Schedule J	<input type="checkbox"/>
6 Form 8615	<input type="checkbox"/>
7 Foreign Earned Income Tax Worksheet	<input type="checkbox"/>
B Additional tax from Form 8814	_____
C Additional tax from Form 4972	_____
D Tax from additional Form(s) 4972	_____
E Recapture tax from Form 8863	_____
F IRC Section 197(f)(9)(B)(ii) election for an additional tax	_____
G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	_____
H Additional tax from Form 8621	_____
I Tax. Add lines A through G. Enter the result here and include in tax below.	7,841.
J Form 8621 tax deferral from line 9c (to line 24)	_____

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit	0.

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . No . . .

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

1a Taxpayer, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):
Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

B Spouse:

1 Spouse, nontaxable combat pay _____

1a Spouse, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):
Elect spouse's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect spouse's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment _____ 240 . Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet
Election to use 2019 earned income for Earned Income Credit

The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.

A Elect to use 2019 earned income for EIC ▶ Yes No

B Earned income for EIC from your 2019 return _____ 56,202 .

C Current year earned income for EIC _____ 67,195 .

If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.

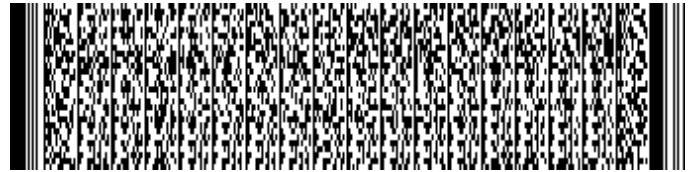
D You may compare the tax benefit of electing to use 2020 Earned Income by checking the boxes on line A

Overpayment _____ 240 . Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income _____
C	Capital gain net income _____
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u> 0 .</u>
Is line H, total investment income over \$3,650?	
<input checked="" type="checkbox"/>	No. You may take the credit.
<input type="checkbox"/>	Yes. Stop. You cannot take the credit.

FORM 40 Alabama 2020 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



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

Beginning: Ending:

Your social security number

035-23-9453

Spouse's SSN if joint return

Check if primary is deceased Primary's deceased date (mm/dd/yy)

Check if spouse is deceased Spouse's deceased date (mm/dd/yy)

Your first name

Initial

Last name

BANU

KOMMURI

Spouse's first name

Initial

Last name

Present home address (number and street or P.O. Box number)

11620 CHEYENNE TRL A

City, town or post office

PARMA HEIGHTS

State

OH

ZIP code

44130-1986

Check if address is outside U.S.

Foreign Country

CHECK BOX IF AMENDED RETURN

Filing Status/ Exemptions: 1. Single \$1,500; 2. Married filing joint \$3,000; 3. Married filing separate \$1,500; 4. Head of Family \$3,000

	A - Alabama tax withheld		B - Income	
	5a		5b	
5a Alabama Income Tax Withheld		2,248		53,554
5b Wages, salaries, tips, etc.				
6 Interest and dividend income				
7 Other income				
8 Total income				53,554
9 Total adjustments to income				
10 Adjusted gross income				53,554

	11	12	13	14	15
11 Deductions: a. Itemized Deductions; b. Standard Deduction		2,000			
12 Federal tax deduction		6,249			
13 Personal exemption			1,500		
14 Dependent exemption					
15 Total deductions					9,749

	16	17	18	19	20a	20b	21
16 Taxable income							43,805
17 Income Tax due							2,153
18 Net tax due Alabama							2,153
19 Consumer Use Tax							0
20 Alabama Election Campaign Fund							
21 Total tax liability and voluntary contribution							2,153

	22	23	24	25	26	27	28
22 Alabama income tax withheld				2,248			
23 2020 estimated tax payments							
24 Amended Returns Only - Previous payments							
25 Refundable Credits							
26 Total payments							2,248
27 Amended Returns Only - Previous refund							
28 Adjusted Total Payments							2,248

AMOUNT YOU OWE: 29. If line 21 is larger than line 28, subtract line 28 from line 21, and enter AMOUNT YOU OWE. 29. 30. Estimated tax penalty. 30.

OVERPAID: 31. If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount OVERPAID. 31. 95. 32. Amount of line 31 to be applied to your 2021 estimated tax. 32.

Donations: 33. Total Donation Check-offs from Schedule DC, line 2. 33.

REFUND: 34. REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 32 and 33 from line 31. 34. 95. For Direct Deposit, check here and complete Part V, Page 2.



PART I Other Income <i>(See page 13)</i>	1	Alimony received	1	●
	2	Business income or (loss) <i>(attach Federal Schedule C or C-EZ) (see instructions)</i>	2	●
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. <i>(attach Schedule D)</i>	3	●
	4a	Total IRA distributions	4b	Taxable amount <i>(see instructions)</i>
	5a	Total pensions and annuities	5b	Taxable amount <i>(see instructions)</i>
	6	Rents, royalties, partnerships, estates, trusts, etc. <i>(attach Schedule E)</i>	6	●
	7	Farm income or (loss) <i>(attach Federal Schedule F)</i>	7	●
	8	Other income <i>(state nature and source — see instructions)</i>	8	●
	9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●

PART II Adjustments to Income <i>(See page 16)</i>	1a	Your IRA deduction	1a	●
	b	Spouse's IRA deduction	1b	●
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
	3	Penalty on early withdrawal of savings	3	●
	4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
	5	Adoption expenses	5	●
	6	Moving Expenses (Attach Federal Form 3903) to: City _____ State ____ ZIP _____	6	●
	7	Self-employed health insurance deduction	7	●
	8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
	9	Health insurance deduction for small employer employee <i>(see instructions)</i>	9	●
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
	11	Deposits to a catastrophe savings account	11	●
	12	Contributions to a health savings account	12	●
	13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account <i>(see instructions)</i>	13	●
	14	Firefighter's Insurance Premium	14	●
15	Total adjustments. Add lines 1 through 14. Enter here and also on page 1, line 9	15	●	

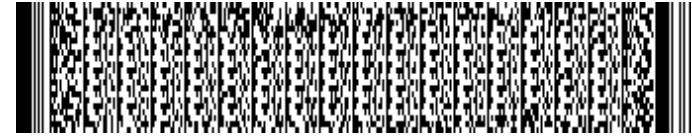
PART III Dependents	1	Total number of dependents from Schedule DS, line 1b	1	●
	2	Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 10 of Instructions.) Enter amount here and on page 1, line 14	2	●

PART IV General Information All Taxpayers Must Complete This Section. <i>(See page 17)</i>	1	Residency Check only one box <input type="checkbox"/> Full Year <input checked="" type="checkbox"/> Part Year From <u>01-01</u> 2020 through <u>10-10</u> 2020.
	2	Did you file an Alabama income tax return for the year 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason _____
	3	Give name and address of present employer(s). Yours <u>TECHSMART GLOBAL INC 666 PLAINSBORO RD #1116 PLAINSBORO NJ 08536</u> Your Spouse's _____
	4	Enter the Federal Adjusted Gross Income ● \$ <u>67,195</u> and Federal Taxable Income ● \$ <u>54,795</u> as reported on your 2020 Federal Individual Income Tax Return.
5	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: <i>(other than state income tax refund)</i>	
	Source ● _____ Amount ● _____	
	Source ● _____ Amount ● _____	

PART V Direct Deposit	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. <i>(See Page 17 of instructions to see if you qualify.)</i>			
	1	Routing Number: <u>211391825</u>	2	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	3	Account Number: <u>45227386</u>		
4	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Drivers License Info	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Your state ● <u>XX</u> DL# ● <u>XXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>			
	DOB (mm/dd/yyyy) ● _____ Spouse state ● _____ DL# ● _____ Iss date (mm/dd/yyyy) ● _____ Exp date (mm/dd/yyyy) ● _____			

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
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.

Sign Here In Black Ink Keep a copy of this return for your records.	Your Signature	Date	Daytime Telephone Number	Your Occupation
	_____	_____	<u>(301) 500-7698</u>	<u>SOFTWARE ENGINEER</u>
	Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
Paid Preparer's Use Only	Preparer's Signature	Date	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="checkbox"/>
	<u>SELF PREPARED</u>	_____	_____	_____
	Firm's Name (or yours if self employed)	_____	Daytime Telephone No.	ZIP Code
	Address	_____		



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN
BANU KOMMURI

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.
035-23-9453

A	B	C	D	E	F	G	H	I	J
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States
1 • 035-23-9453	• 812273516	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 010050615	• 2,248	•	• 53,554	•
2 • 035-23-9453	• 812273516	• <input type="checkbox"/>	• <input type="checkbox"/>	• OS	•	•	• 67,195	•	• 0
3 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
4 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
5 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
6 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
7 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
8 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
9 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
10 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
11 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
12 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
13 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
14 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
15 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here ...					• 2,248			
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements					• 0			
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.					• 2,248	• 67,195	• 53,554	• 0

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

Your first name and initial BANU	Last name KOMMURI
If a joint return, spouse's first name and initial	Last name
Home address (number and street). If a P.O. Box, see instructions. 11620 CHEYENNE TRL	Apt. no. A
City, town or post office, state, and ZIP code PARMA HEIGHTS OH 44130-1986	

Your social security number 0 3 5 : 2 3 : 9 4 5 3
Spouse's soc. sec. no. if joint return :
Telephone number (optional) (301) 500-7698

Part I	
Tax Return Information (Whole dollars only.)	
1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1 43,805
2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2 2,153
3 Total payments (Form 40, line 26 or Form 40NR, line 26)	3 2,248
4 Refund (Form 40, line 34 or Form 40NR, line 33)	4 95
5 Amount you owe (Form 40, line 29 or Form 40NR, line 29)	5

Part II Refund and Payment Information

1 Routing number:

2	1	1	3	9	1	8	2	5
---	---	---	---	---	---	---	---	---

2 Account number:

4	5	2	2	7	3	8	6												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

3 Type of account: Checking Savings

4 Type of transaction: Direct Deposit Direct Debit

5 Paper Check (Check this box to have your refund issued by a paper check.)

Part III Declaration of Taxpayer
(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2020 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶

_____ Your signature	_____ Date	_____ Spouse's signature. If a joint return, BOTH must sign.	_____ Date
-------------------------	---------------	---	---------------

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer
(See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2020), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**, as applicable by law. **If I am also the paid preparer, 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.**

ERO's Use Only

ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Preparer's PTIN
Firm's name (or yours if self-employed) and address ▶	E.I. No.		ZIP Code

Paid Preparer's Use Only

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.

Preparer's signature ▶ SELF-PREPARED	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN
Firm's name (or yours if self-employed) and address ▶	E.I. No.		ZIP Code

Income Worksheet

2020

Name as Shown on Return BANU KOMMURI	Social Security Number 035-23-9453
---	---------------------------------------

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
TECHSMART GLOBAL INC	<input type="checkbox"/>	AL	53,554.	53,554.	2,248.
TECHSMART GLOBAL INC	<input type="checkbox"/>	OH	13,641.	0.	
	<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"/>				
Total			67,195.	53,554.	2,248.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<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"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			

Estimated Tax Worksheet

► Keep for your records

Calendar Year
2021
or Fiscal Year Ending

Name(s) Shown on Return
banu kommuri

Your Social Security Number
035-23-9453

Part I 2021 Estimated Tax Amount Options

- 1 Select One of Six Ways to Calculate the Required Annual Payment for 2021 Estimates:**
- a 100% of **2020** taxes or 2,153.
110% of **2020** taxes on higher income (default, see Tax Help
 - b 100% of tax on **2021** estimated taxable income 2,150.
 - c 90% of tax on **2021** estimated taxable income 1,935.
 - d 66-2/3% of tax on **2021** estimated taxable income (farmers and fishermen) 1,434.
 - e Equal to 100% of overpayment (no vouchers) 95.
 - f Enter total amount you want to use for estimates and check box
- 2 Selected estimated tax amount:**
- a 2021 Required Annual Payment based on your choice above 2,153.
 - b Estimated amount of 2021 state income tax withholding 2,248.
 - c **Total of estimated tax payments required for 2021** (line 2a less line 2b) 0.
- 3 Select Estimated Tax Payment option:**
- a Calculate estimates if \$500 or more (default)
 - b Calculate estimates if _____ (specify amount) or more
 - c Calculate estimates regardless of amount
 - d Do **not** calculate estimates

Part II Overpayment Application Options

- 1** Amount of overpayment available 95.
- 2 Select Overpayment Application Amount Option:**
- a Apply none (refund entire overpayment)
 - b Apply all (increase estimate if required)
 - c Apply to extent of total estimated tax and refund excess
 - d Apply to extent of first quarter amount and refund excess
 - e Enter amount you want to apply
 - f Amount applied to 2021 estimated tax 0.
 - g Overpayment to be refunded (line 1 less line 2f) 95.
- 3 Select Overpayment Application Sequence:**
- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

- 1 Select Rounding Option:**
- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1
- 2 Select Voucher Printing Option:**
- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

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

Part V Changes to Income, Deductions and Withholding for 2021

2020 income and deductions are entered in the '2020 Actual' column below.
 *For each line in the '2021 Estimated' column, enter estimated 2021 amount if you expect 2021 amount to be **Different**; otherwise, the '2021 Actual' amount will be used for that line. If you expect zero, you must enter zero.

	2020 Actual	2021 Estimated
A Adjusted gross income	53,554.	
B Standard or itemized deductions	2,000.	
C Federal income tax liability	6,249.	
D Personal and dependent exemption(s)	1,500.	
E Income tax withheld	2,248.	

Part VI 2021 Estimated Taxable Income and Tax

1	Enter amount of adjusted gross income expected in taxable year	1	53,554.
2	If deductions are itemized, enter total of such deductions expected. If deductions will not be itemized, enter the amount from the standard deduction table.	2	2,000.
3	Enter amount of federal income tax liability for taxable year	3	6,249.
4	Total of lines 2 and 3	4	8,249.
5	Subtract line 4 from line 1. Enter balance here	5	45,305.
6	Personal exemption and dependent exemption(s) (see instructions for Forms 40 and 40NR for amounts)	6	1,500.
7	Subtract line 6 from line 5. This is your estimated taxable income.	7	43,805.
8	Compute tax on amount on line 7 at the following rates: <input checked="" type="checkbox"/> Single or Married and Filing Separately a 1st \$500 2% b Next \$2,500 4% c Over \$3,000 5% <input type="checkbox"/> Married and Filing Jointly a 1st \$1,000 2% b Next \$5,000 4% c Over \$6,000 5% 8a 10. 8b 100. 8c 2,040.		
9	Add lines 8a, 8b, and 8c.	9	2,150.

Part VII Record of State of Alabama Estimated Tax Payments and Credit

	Amount	Date Paid	Check Number, etc
1	Overpayment credit from last year credited to estimated tax for this year. (Make sure this credit is shown in the proper space on your Alabama tax return for last year)		
	0.		
2	First payment.	04/15/21	
3	Second payment	06/15/21	
4	Third payment	09/15/21	
5	Fourth payment	01/18/22	
6	Total (Enter this amount on the proper line of your 2021 Alabama Individual Income Tax Return, Form 40 or Form 40NR).		
	0.		

Note: The Alabama Department of Revenue does not send notices of amounts paid on estimated tax. Therefore, it is important that you retain this record.

Allocation Worksheet for Part-Year Residents

2020

▶ Keep for your records

Name as Shown on Return <u>banu kommuri</u>	Social Security No. <u>035-23-9453</u>
--	---

Please review the federal amounts below and enter in the Alabama column the amounts attributed to your Alabama period of residency.

Period of Residency:

Number of months lived in Alabama 9
From date 01/01 to date 10/10

Part I: Income

	Total amounts	Alabama resident amounts
1 Wages, salaries, tips, etc	see income worksheet	
2 Taxable interest income	see interest income worksheet	
3 Dividend income	see dividend income worksheet	
4 Alimony received	_____	_____
5 a Business income or loss	_____	_____
5 b Adjustment to Federal Economic Stimulus Act of 2008(if applied) . . .	_____	_____
6 Gain or loss from sale of real estate, stocks, bonds	see AL Schedule D	
7 Taxable IRA distributions	see pension worksheet	
8 Taxable pensions and annuities	_____	_____
9 a Rents, royalties, partnerships, estates, trusts, etc.	_____	_____
9 b Adjustment to Federal Economic Stimulus Act of 2008 (if applied) . . .	_____	_____
10 a Farm income	_____	_____
10 b Adjustment o Federal Economic Stimulus Act of 2008 (if applied) . . .	_____	_____
11 a Other income	_____	_____
11 b Adjustment o Federal Economic Stimulus Act of 2008 (if applied) . . .	_____	_____

Part II: Adjustments

1 a Your IRA deduction	_____	_____
b Your spouse's IRA deduction	_____	_____
2 Payments to Keogh and SEP	_____	_____
3 Penalty on early withdrawal of savings	_____	_____
4 Alimony paid	_____	_____
5 Adoption expenses	_____	_____
6 Moving expenses	_____	_____
7 Self-employed health insurance deduction	_____	_____
8 AL PACT program or AL College Counts 529 Fund	_____	_____
9 Health insurance deduction for small employer employee	_____	_____
AL resident amount: Taxpayer _____ Spouse _____	_____	_____
(See tax help for qualification)		
10 Costs to retrofit or upgrade home to resist wind or flood damage	_____	_____
Enter the Costs to retrofit or upgrade from the certificate(see help)	_____	_____
11 Contributions to a health savings account	_____	_____

Part III: Deductions

1 Federal tax liability from your 2020 federal return	7,841.	6,249.
--	--------	--------

Part IV: Schedule 'A' Adjustments

1 Medical and dental expenses		139.
2 Real estate taxes		
3 FICA tax		
4 Railroad retirement		
5 Other taxes . ▶ _____		
6 Mortgage interest and points reported on Form 1098		
7 Mortgage interest not reported on Form 1098		
8 Qualified mortgage insurance premiums		
9 Points not reported on Form 1098		
10 Contributions by cash or check		
11 Contributions other than cash or check		
12 Carryover from prior year		
13 Casualty losses from federal Form 4684, line 15 or line 16		
14 a Unreimbursed employee expenses	0.	
14 b Adjustment to Federal Economic Stimulus Act 2008(if applied)		
15 a Other expenses		
15 b Adjustment to Federal Economic Stimulus Act 2008(if applied)		
16 Other miscellaneous deductions		
17 Qualified long-term health care insurance premiums		

Computation of Net Operating Loss Worksheet

Name(s) as Shown on Form 40, or 40NR

Your Social Security No.

NOL-85 Lines 1b and 7b

Description	Total Gain/Loss	Business Gain/Loss	Nonbusiness Gain/Loss	L S
Total				

NOL-85 Line 3b-Miscellaneous Deductions Subject to 2%

Description	AL Schedule A	Business	Nonbusiness
Unreimbursed employee expenses			
Other expenses			
Total deductions subject to 2%			
2% of AGI			
Miscellaneous deductions less 2% of AGI			

Alabama Information Worksheet

2020

Keep for your records

Part I - Personal Information

Taxpayer:

First Name banu
Middle Initial Suffix
Last Name kammuri
Social Security No. . . 035-23-9453
Occupation Software Engineer
Date of Birth 09/03/1993
Date of Death
Resident State OH
Work Phone (301)500-7698
Home Phone

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No. . .
Occupation
Date of Birth
Date of Death
Resident State
Work Phone

Print taxpayer phone number on the main form
Print spouse phone number on the main form

Home Taxpayer work
Home Spouse work

Address 11620 Cheyenne Trl Apt A
City Parma Heights State . OH ZIP Code . 44130-1986
Country, if foreign

Part II - Main Forms

Form 40 : Resident Tax Return (Long form)
Form 40NR : Nonresident Tax Return
[X] Form 40 : Part-Year Resident Tax Return
Part-Year residents must complete the Part-Year Worksheet
From 01/01, 2020 to 10/10, 2020. Number of months 9

Alabama special rules for part-year resident with Alabama source income while nonresident:

Yes No
[X] Did you receive Alabama source income while a nonresident of Alabama?

Part III - Filing Status

[X] Single
Married filing joint return
Married filing separate return.
Spouse name Social security number
Last First
Enter 'X' if you did not live with your spouse during the year.
Enter 'X' if married filing separate and you cannot itemize deductions
Unmarried head of family (with qualifying person). Qualifying person's
name, social security number and relationship. Name
Social security number Relationship

Part IV - Form 2210 Information

Enter tax liability from 2019 return Form 40, line 18 or Form 40NR line 20 2,318.
Do not file Alabama Form 2210AL
Enter adjusted gross income from 2019 return Form 40, line 10 or Form 40NR, line 12 56,202.

Part V – General Information

Yes No

Did you file an Alabama income tax return for the year 2019?

If no, state reason why _____

Name and address of your present employer:

Taxpayer:

	Employer Name	Address	City	ST	Zip
<input checked="" type="checkbox"/>	TECHSMART GLOBAL INC	666 PLAINSBORO RD #1116	PLAINSBORO	NJ	08536
<input type="checkbox"/>	Retired	_____	_____	_____	_____
<input type="checkbox"/>	None	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

Spouse:

	Employer Name	Address	City	ST	Zip
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

Full and Part Year Residents only:

Yes No

Do you have income that is reported in your federal return but not reported in your Alabama return?

If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source . . .	_____	Amount . . .	_____
Source . . .	_____	Amount . . .	_____
Source . . .	_____	Amount . . .	_____
Source . . .	_____	Amount . . .	_____

Yes No Do you have any income earned in the year that your spouse was killed in action in a designated combat zone?

If yes, enter the total amount of income not taxable in Alabama _____

Driver's License for Electronic Filing

	Taxpayer	Spouse
State Issued Driver's License	Alabama	_____
Driver's License Number	9940205	_____
Date Driver's License Issued	06/26/2019	_____
Date Driver's License Expires	06/25/2021	_____

State ID for Electronic Filing

	Taxpayer	Spouse
Issuing State	_____	_____
State Identification number	_____	_____
State ID Issue Date	_____	_____
State ID Expiration Date	_____	_____

Part VI – Direct Deposit Information or Direct Debit Information

Yes No
[X] Use direct deposit for state tax refund?
Use paper check for state tax refund?
Use direct debit for state tax payment (Electronic Filing Only)?

Bank Information

If you selected either of the options above, fill out the information below:
Name of Financial Institution (optional) Digital Federal Credit Union
Account type Checking [X] Savings
Routing number 211391825
Account number 45227386
Enter the payment date to withdraw from the account above
State balance-due amount from this return

International ACH Transactions

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

Part VII – Taxes deductible on Line 6 of Schedule A that were paid in prior years

Table with 3 columns: Line number, Description, and Amount. Row 1: Prior Year(s) Self-employment tax paid in 2019 and prior years. Row 2: Social security/Medicare tax on tips paid in 2019 and prior years. Row 3: Household employment taxes paid in 2019 and prior years.

Part VIII – Extension Status

Yes No
[X] Tax return due date extended?
Extended due date . . .
QuickZoom to Form 40V

Part IX– Amended Return

Filing an Alabama amended return
Enter the tax year you are amending
Previous Alabama payment made
Previous Alabama refund received
QuickZoom here to Form 40
QuickZoom here to Form 40NR

Dividend Income Statement

2020
Statement _____

Name(s) shown on return
banu kommuri

Social Security Number
035-23-9453

Dividend Income and Adjustments

Payer's Name	Federally Exempt Interest Dividends		Ordinary Dividends	Capital Gain Distributions	Nontax Distributions	Type of Adj & Adj Amt (enter as positive)	U.S. Interest Amount included in Dividends
	*	Amount					
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

* Enter 'X' if tax-exempt for Alabama purposes

Summary of Dividends

1	Total Gross Dividends	
2	Nominee and Other Adjustments	
3	Exempt-Interest Dividends	
4	US Interest Amount Included in Dividends (net)	
5	Total Adjustment Amount	
6	Subtotal (Line 1 less Line 5)	
7	Capital Gains (net)	
8	Nontaxable Distributions (net)	
9	Total of Line 7 and Line 8	
10	Net Dividend Income (Line 6 less Line 9)	

Report 2020 purchases for use in Alabama from out-of-state sellers on which tax was not collected by the seller.

Name
banu kommuri

Social Security Number
035-23-9453

check here if no purchases were made requiring Use Tax

1. a. All purchases EXCEPT automotive vehicles and farm machinery	
b. Tax Rate (Note: If under \$2,500 the lesser of Table or Worksheet amount)	.04
c. Tax Due	
2. a. ATVs, off-road motorcycles, riding lawnmowers, self propelled construction equipment and other automotive vehicles that are not titled or registered by the county licensing official	
b. Tax Rate	.02
c. Tax Due	
3. a. Farm machinery or equipment and replacement parts thereof	
b. Tax Rate	.015
c. Tax Due	
4. TOTAL TAX DUE (Total of line 1c, 2c, and 3c). Carry this amount to Form 40 line 19	0.

Alabama
Schedule DS - Dependent Schedule
Line 1

Dependents Statement Worksheet

2020
Statement _____

Name as Shown on Return banu kommuri	Social Security Number 035-23-9453
---	---------------------------------------

**	Name		Social security number	Relationship	Did you provide more than half of dependent support?
	First	Last			
<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"/>					

** Check this box if dependent does not qualify for Alabama purposes (ie. foster child, etc).

Tax Payments Worksheet

2020

▶ Keep for your records

Name banu kommuri	Social Security Number 035-23-9453
----------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	2,248.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	2,248.
15	Date return will be filed and balance paid	15	

Tax Summary
 ▶ Keep for your records

2020

Name(s) banu kommuri	
Total income	53,554.
Adjustments to income	
Adjusted gross income	53,554.
Itemized/standard deduction	2,000.
Exemptions and deductions	7,749.
Taxable income	43,805.
Tax due	2,153.
Consumer use tax	0.
Voluntary contributions	
Penalty	
Credits	
Total tax liability	2,153.
Withholding	2,248.
Total payments	2,248.
Balance due	
Overpayment applied to next year's tax	
Amount of overpayment to be donated	
Refund	95.

Smart Worksheets from your 2020 Alabama Tax Return

SMART WORKSHEET FOR: Form 40: Individual Income Tax Return

Catastrophe Savings Account Smart Worksheet for Line 11

The adjustment for catastrophe savings account deposits is limited based on whether or not you have insurance and the amount of your insurance deductible or the value of your legal residence. In the case of deposits made over multiple years, the deduction limit is reduced by deposits claimed in prior years.

- a** Did you claim an adjustment for Catastrophe Savings in 2019 or prior years?
 - 1 Yes** Enter the amount claimed in 2019 or prior years 0.
 - 2 No**

- b** Were you insured in 2020?
 - 1 Yes** Enter the insurance deductible amount _____
 - 2 No** Enter the value of the taxpayer's legal residence _____

- c** Enter current year deposits to a catastrophe savings account _____

- d** Current year deposits allowed as an adjustment to income _____

Filing Status [X] 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: banu
Last name: kommuri
Your social security number: 035-23-9453
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
11620 Cheyenne Trl
Apt. no.: A
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
Parma Heights
State: OH
ZIP code: 441301986
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[] You [] Spouse

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income table with columns for various income types (1-15) and taxable income. Includes sub-columns for tax-exempt interest, qualified dividends, IRA distributions, pensions, social security benefits, capital gain, other income, adjustments to income, and standard deduction.

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	7,841.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,841.
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	7,841.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	7,841.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,081.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,081.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	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 total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	8,081.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	240.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	240.
b	Routing number 2 1 1 3 9 1 8 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 5 2 2 7 3 8 6		
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	37	
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.			
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, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (301) 500-7698	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address			Phone no.
Firm's address				Firm's EIN

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



03 08 21

Check here if this is an amended return. Include the Ohio IT RE. Do NOT include a copy of the previously filed return.

Check here if claiming an NOL carryback. Include Schedule IT NOL.

Primary taxpayer's SSN (required) 035 23 9453

School district # (see instructions).

check box

check box

SD# 1824

First name BANU M.I. Last name KOMMURI

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box

11620 CHEYENNE TRL

Address line 2 (apartment number, suite number, etc.)

APT A

City PARMA HEIGHTS State OH ZIP code 44130 Ohio county (first four letters) CUYA

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status, Filing Status, Ohio Nonresident Statement

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 035 23 9453

Table with 2 columns: Description (lines 7a-27) and Amount. Includes sub-rows for 26a-f and 26g. Total amount due is 51.00, refund is 51.00.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number (301) 500-7698
Spouse's signature _____ Date (MM/DD/YY) _____

Preparer's printed name SELF-PREPARED Phone number _____
Preparer's TIN (PTIN) P

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

035 23 9453



20350133

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 383 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	P 812273516	67195 00	8081 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54074132	13641 00	383 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



2020 Schedule of Ohio Withholding

Primary taxpayer's SSN
035 23 9453



20350233

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

3. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

4. P/S Payer's TIN

Box 1 - Gross distribution

00

Total
distributionBox 7 -
Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld

00

Box 14 - Ohio tax withheld

00

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

2. P/S Payer's federal ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

3. P/S Payer's federal ID number

Box 1 - Reportable winnings

00

Box 4 - Federal income tax withheld

00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings

00

Box 15 - Ohio income tax withheld

00

Part E - 1099-NECs

1. P/S Payer's TIN

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 6 - Payer's Ohio number

Box 7 - State income

00

Box 5 - Ohio tax withheld

00

2. P/S Payer's TIN

Box 1 - Nonemployee compensation

00

Box 4 - Federal income tax withheld

00

Box 6 - Payer's Ohio number

Box 7 - State income

00

Box 5 - Ohio tax withheld

00



2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280133 Sequence No. 7

03 08 21

035 23 9453

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	1637	00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.		00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.		00
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.		00
7a. Campaign contribution credit for Ohio statewide office or General Assembly	7a.	0	00
8. Income-based exemption credit (\$20 times the number of exemptions)	8.	0	00
9. Total (add lines 2 through 8)	9.	0	00
10. Tax less credits (line 1 minus line 9; if less than zero, enter zero)	10.	1637	00
11. Joint filing credit (see instructions for table). % times line 10, up to \$650	11.	0	00
12. Earned income credit	12.		00
13. Ohio adoption credit	13.		00
14. Nonrefundable job retention credit (include a copy of the credit certificate)	14.		00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	15.		00
16. Credit for purchases of grape production property	16.		00
17. InvestOhio credit (include a copy of the credit certificate)	17.		00
18. Lead abatement credit (include a copy of the credit certificate)	18.		00
19. Opportunity zone investment credit (include a copy of the credit certificate)	19.		00
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.		00
21. Enterprise zone day care & training credits (include a copy of the credit certificate)	21.		00
22. Research & development credit (include a copy of the credit certificate)	22.		00
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.		00
24. Total (add lines 11 through 23)	24.	0	00
25. Tax less additional credits (line 10 minus line 24; if less than zero, enter zero)	25.	1637	00



2020 Ohio Schedule of Credits

Primary taxpayer's SSN

035 23 9453



20280233

Sequence No. 8

Nonresident Credit

Date of nonresidency 01 01 20 to 10 09 20 State of residency AL

26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)	26.	53554	00
27. Ohio adjusted gross income (Ohio IT 1040, line 3).....	27.	67195	00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit	28.	0.7969	1305 00

Resident Credit

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy)	29.		00
30. Ohio adjusted gross income (Ohio IT 1040, line 3).....	30.		00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here	31.		00
32. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)	32.		00
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax.....	33.		00
34. Total nonrefundable credits (add lines 9, 24, 28 and 33; enter here and on Ohio IT 1040, line 9)	34.		1305 00

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	35.		00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	36.		00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	37.		00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	38.		00
39. Venture capital credit (include a copy of the credit certificate)	39.		00
40. Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16).....	40.		00

banu kommuri

035-23-9453

Under penalties of perjury, I declare that to the best of my knowledge and belief, the Ohio income tax return and if applicable, the Ohio school district income tax return are true, correct and complete. I also declare under penalties of perjury that if I am filing a return with my spouse, I am authorized to make this declaration on his/her behalf and to file the return for both of us.

- Taxpayer's acceptance of the above Perjury Statement
 Spouse's acceptance of the above Perjury Statement
-

**Federal Pell/Ohio College Opportunity Taxable Grants
Used to Pay Room and Board for Line 32**

2020

► Keep for your records — Do not file

Name banu kommuri	Social Security Number 035-23-9453
----------------------	---------------------------------------

<p>1 Enter the amount of Pell Grant(s) and/or Ohio College Opportunity Grant(s) you received in 2020. This is reported on a letter from your educational institution.</p> <p>a Scholarships, fellowships and grants (from Federal Return) . . . _____</p> <p>b Other scholarships (from Federal Return) _____</p> <p>c Totals from lines 1a and 1b above _____</p> <p>Note: <i>The amounts shown above on line 1c are the total scholarship(s) and grant(s) amounts from the federal return. Adjust the amount to reflect only the Pell Grant(s) and/or Ohio College Opportunity Grant(s) on line 1 below.</i></p> <p>Enter the Pell Grant and/or Ohio College Opportunity Grant amount used from line 1c. _____</p> <p>2 Enter the portion of the worksheet line 1 used to pay qualified education expenses, including tuition and fees, course-related expenses such as books, supplies, equipment and any special fees required for a course. _____</p> <p>3 Enter here worksheet line 1 minus line 2. If -0-, you are not eligible for the Pell Grant and/or Ohio College Opportunity deduction. If greater than -0- go to line 4 _____</p> <p>4 Enter here the portion of the worksheet line 3 that you reported as a taxable amount on line 1 of the federal form 1040. If -0-, you are not eligible for the Pell Grant and/or Ohio College Opportunity Grant deduction. If greater than 0, go to line 5 _____</p> <p>5 Enter here the portion of the worksheet line 4 applied to room and board expenses only. Also enter this amount on Line 32 of Schedule A, Income Adjustments Enter room and board amount from fed student wkst _____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
--	---

Ohio Information Worksheet

2020

Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

First Name banu
Middle Initial Suffix
Last Name Kommuri
Social Security No 035-23-9453
Date of Birth 09/03/93
Date of Death
Daytime Phone (301)500-7698

Spouse:

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

Home Phone
Print this phone number on the forms [] Home [X] Taxpayer daytime [] Spouse daytime

Street Address 11620 Cheyenne Trl Apartment A
City Parma Heights State . OH ZIP Code 44130-1986
County Cuyahoga School District Number 1824

Note: Non-resident choose Franklin as County

Address has been reviewed and verified? [X]

Foreign country Foreign postal code
Foreign code
E-Mail address SANDEEP.KOMMURI@GMAIL.COM

Part II — Main Form

Ohio State Tax Return

[X] Form IT 1040: Individual Income Tax Return
[] Form IT 10: Zero Liability / No Refund Individual Income Tax Return - Taxpayer/Spouse

Ohio School District Tax Return

Form SD 100: School District Tax Return

Ohio Commercial Activity Tax (CAT) Return

[] Form CAT 1: Commercial Activity Tax Registration

Ohio Municipal Tax Return

[] CCA - Exemption Certificate, Form 120-16-EC
[] CCA - City Tax Form, Form 120-16-IR
[] Generic City, Form R
[] R.I.T.A., Individual Declaration of Exemption
[] R.I.T.A., Form 37: Individual Municipal Tax Return

Part III — Residency Status

TP SP (TP - Taxpayer, SP - Spouse)

[] [] Full-Year Resident of OH
[] [] Nonresident of OH
State of Residency TP SP
or Country of Residency TP SP
[X] [] Part-Year Resident of OH
From date of Ohio residency From: TP 10/10 2020 SP 2020
To date of Ohio residency To: TP 12/31 2020 SP 2020
Other State of Residency TP AL SP
or Country of Residency TP SP

Enter Nonresident or Part-Year resident information and allocation on Form IT NRC

Part IV — Filing Status

[X] 1 Single or head of household or qualifying widow(er)
[] 2 Married filing joint (even if only had one income)
[] 3 Married filing separate returns Spouse's SSN:

Part V – Lump Sum Distribution and Retirement Credits

TP SP (TP - Taxpayer, SP - Spouse)

Did you receive retirement benefits, annuities, or distributions made from a pension, retirement or profit-sharing plan and are **Not** retired?

You (or your spouse if married filing joint) have claimed the Ohio Lump Sum **Retirement** Credit in a prior year

Yes No
 Did you (or your spouse if married filing joint) claim the Ohio Lump Sum **Distribution** Credit for the current year or have you claimed this credit in a prior year?

Part VI – Other Information

Farmer/Fisherman

At least 2/3 of your current year gross income was from farming or fishing
 Above farmer box is checked and return will be filed and tax due paid by: March 1, 2021.

Pay by Credit Card - Have paid or will pay with a credit card:

Form IT 1040
 Form SD 100

Sales/Use Tax

Enter total out-of-state purchases on which you paid **no** sales tax or OH use tax ▶ _____
County use tax percentage rate _____
Amount of tax that you owe on out-of-state purchases _____
Nonresidents: Use Tax County _____

Part VII – Electronic Filing Information

Perjury Statement Acceptance

Before you can transmit your return to the Intuit Electronic Filing Center, you must read and accept the following Ohio Department of Taxation 'Perjury Statement.'

Under penalties of perjury, I declare that to the best of my knowledge and belief, the Ohio income tax return and if applicable, the Ohio school district income tax return are true, correct and complete. I also declare under penalties of perjury that if I am filing a return with my spouse, I am authorized to make this declaration on his/her behalf and to file the return for both of us.

Taxpayer's acceptance of the above Perjury Statement
 Spouse's acceptance of the above Perjury Statement

Part VIII – Direct Deposit Information or Direct Debit Information

Form IT 1040, Income Tax Return

Yes No
 Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
 Do you want direct debit of state tax payment (Electronic Filing Only)?

International ACH Transaction:

Yes No

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

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) Digital Federal Credit Union

Account type Checking Savings

Routing number 211391825

Account number. 45227386

Enter the payment date to withdraw from the account above _____

Form IT 1040, balance-due amount from this return. _____

Form SD 100, School District Income Tax Return(s)

Yes No

Do you want to elect direct deposit of SD tax refund (Electronic Filing Only)?

Do you want direct debit of SD tax payment (Electronic Filing Only)?

International ACH Transaction:

Yes No

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

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) _____

Account type Checking Savings

Routing number _____

Account number. _____

Enter the payment date to withdraw from the account above _____

Form(s) SD 100, School District number

Form(s) SD 100, balance-due amount from this return

Part IX – Extension Status

If you need more time to file Form IT 1040 or SD 100, you must first qualify for an IRS extension of time to file. Ohio does not have an extension form, but honors the IRS extension. You should include, with your return, a copy of the IRS ext., your ext. confirmation number, or a printed copy of the IRS acknowledgment.

Form IT 1040, Income Tax Return

Form IT 40P, Income Tax Payment Voucher, is filed only to make a payment.

Yes No

Has the tax return due date been extended for a **six** month extension?

Extended due date _____

Form IT 40P, Extension Payment Voucher.

Form SD 100, School District Income Tax Return

Form SD 40P, School District Income Tax Payment Voucher, is filed only to make a payment.

Yes No

Has the tax return due date been extended for a **six** month extension?

Extended due date _____

Form SD 40P, School Extension Payment Voucher.

Part X – Amended Return

You are filing an Ohio amended return (See Tax Help)

Enter the tax year you are amending _____

Previous Ohio payment made _____

Previous Ohio refund received _____

QuickZoom to Form IT 1040, Amended Individual Income Tax Return

Name(s) Shown on Return
banu kommuri

Your Social Security Number
035-23-9453

Part I 2021 Estimated Tax Amount Options

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

- a 100% of **2020** taxes (default, see Tax Help) 332.
- b 100% of tax on **2021** estimated taxable income 333.
- c 90% of tax on **2021** estimated taxable income 300.
- d 66-2/3% of tax on **2021** estimated taxable income (farmers and fishermen) 222.
- e Equal to 100% of overpayment (no vouchers) 51.
- f Enter total amount you want to use for estimates and check box _____

2 Selected estimated tax amount:

- a 2021 Required Annual Payment based on your choice above 332.
- b Estimated amount of 2021 state income tax withholding 383.
- c **Total of estimated tax payments required for 2021** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (from Form IT 1040). 51.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess
- d Apply to extent of first quarter amount and refund excess
- e Enter amount you want to apply _____
- f Amount applied to 2021 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 51.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

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

2 Select Voucher Printing Option:

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

Part IV Estimated Tax Payment Summary

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

Part V Changes to Income, Deductions and Withholding for 2021

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

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

	2020 Actual	*2021 Estimated
1 Adjusted gross income	67,195.	
2 Adjustments to income:		
a Additions		
b Deductions (not including business income deduction)		
c Business income deduction		
3 Personal and dependent exemptions	<u>1</u>	—
4 Taxable business income (To estimate use Ohio Schedule IT BUS)		
5 Ohio nonrefundable credits/grants (incl nonrefundable busi cr)	1,305.	
6 Ohio tax withholding and refundable business credits	383.	
If last name is different for 2021, enter first 3 letters of last name:		
Taxpayer	_____	Spouse _____

Part VI 2021 Ohio Income Tax Payment Worksheet

1 2021 federal adjusted gross income (estimated)	1	67,195.
2 Adjustments to income	2	
3 Ohio adjusted gross income (line 1 plus line 2)	3	67,195.
3 a Business income deduction	3 a	
3 b Modified adjusted gross income (line 3 plus line 3a)	3 b	67,195.
4 Personal and dependent exemptions <u>1</u>	4	2,150.
5 Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-)	5	65,045.
6 Taxable business income (To estimate use Ohio Schedule IT BUS)	6	
7 Line 5 minus line 6 (if less than -0-, enter -0-)	7	65,045.
8 a Tax liability on line 7 (see instructions for tax tables)	8 a	1,638.
8 b Business income tax liability (multiply line 6 by 3%)	8 b	
8 c Tax liability before credits (line 8a plus line 8b)	8 c	1,638.
9 Ohio nonrefundable credits (To estimate use Ohio Schedule of Credits)	9	1,305.
Ohio income tax (line 8c minus line 9)		
10 This is 2021 tax based on estimate of 2021 income.	10	333.

Tax Payments Worksheet

2020

▶ Keep for your records

Name banu kommuri	Social Security Number 035-23-9453
----------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			383.
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-NEC			
c State withholding on Forms 1099-G			
d State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			383.
15 Date return will be filed and balance paid		15	

Federal/State Depreciation Adjustment Summary

2020

Name as Shown on Return <u>banu kommuri</u>	Social Security Number <u>035-23-9453</u>
--	--

Schedule C	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule C Depreciation Adjustment (Sum of Column E) _____

Schedule E	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule E Depreciation Adjustment (Sum of Column E) _____

Schedule F	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule F Depreciation Adjustment (Sum of Column E) _____

Form 4835	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 4835 Depreciation Adjustment (Sum of Column E) _____

Federal/State Depreciation Adjustment Summary

2020

Name as Shown on Return
banu kommuri

Social Security Number
035-23-9453

Schedule K-1 Partnership	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E) _____

Schedule K-1 S Corporation	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Column E) _____

Schedule K-1 Estates & Trusts	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Column E). _____

Form 2106			(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) _____
 Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. _____
 Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. _____
 Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation _____

Federal/State Depreciation Adjustment Summary

2020

Name as Shown on Return banu kommuri	Social Security Number 035-23-9453
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Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				
Total Schedule A Depreciation Adjustment (Sum of Column E)				

Section 179 Adjustment

Total Current Year Federal Section 179 Expense	
Maximum Allowable Per State Law	25,000.
Total Federal/State Section 179 Expense Adjustment	
Section 179 adjustment attributable to Schedule A Not Subject to 2% Limitation	
Section 179 adjustment attributable to Schedule A Depreciation Subject to 2% Limitation	
Section 179 adjustment included in Adjusted Gross Income	

Total Federal/State Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income	
Depreciation Adjustment Included in Schedule A Not Subject to 2% Limitation	
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation	

Tax Summary
► Keep for your records

2020

Name(s)
banu kommuri

Federal Adjusted Gross Income	67,195.
Ohio Adjustments	
Ohio Adjusted Gross Income	67,195.
Personal / Dependent Exemptions	2,150.
Ohio Taxable Income	65,045.
Tax before Credits	1,637.
Total Nonrefundable Credits	1,305.
Total Ohio Income Tax	332.
ES Underpayment Interest	
Ohio Use Tax	
Total Ohio Tax	332.
Total Payments / Refundable Credits	383.
Late Filing Penalty / Interest	
Amount Due	
Amount Overpaid	51.
Amount Applied to Estimated Taxes	
Contributions	
Refund	51.

Smart Worksheets from your 2020 Ohio Tax Return

SMART WORKSHEET FOR: Form 1040 1-2: Individual Income Tax Return, pages 1-2

Modified Adjusted Gross Income Less Exemptions Smart Worksheet	
Your personal exemption amount and eligibility for certain credits is based on your "modified adjusted gross income" or "modified adjusted gross income less exemptions"	
a Enter your Ohio adjusted gross income (Ohio IT 1040, line 3)	67195
b Enter your business income deduction (Ohio Schedule A, line 11)	_____
c Modified adjusted gross income (line a plus line b)	67195
d Enter your exemption amount (Ohio IT 1040, line 4)	2150
e Modified adjusted gross income less exemptions (line c minus line d)	65045

SMART WORKSHEET FOR: Form 1040 1-2: Individual Income Tax Return, pages 1-2

Form IT 1040, Tax Smart Worksheet	
<input type="checkbox"/> Use tax table 1 only (for less than \$107,000 taxable income on line 7a)	
<input type="checkbox"/> Use tax table 2 only	
a Tax from tax table 1 (if line 7a is less than \$107,000 only)	1,637.
b Tax from tax table 2	1,638.
c Smaller of line a and line b	1,637.

SMART WORKSHEET FOR: Ohio Schedule of Credits

Ohio Adoption Credit Smart Worksheet for 2020 and 5 Year Carryforward

Amount of credit for each minor (under 18 years) child legally adopted shall equal greater:

1. \$1,500, **or**
2. The amount of expenses to legally adopt the child, not to exceed \$10,000. See Ohio Revised Code section 3107.055, division (C).

Child's Name	Expenses

Number of children adopted in 2020 ▶ 0

Ohio adoption credit carryover from 2015 (5 year carryforward) _____

Ohio adoption credit carryover from 2016 (5 year carryforward) _____

Ohio adoption credit carryover from 2017 (5 year carryforward) _____

Ohio adoption credit carryover from 2018 (5 year carryforward) _____

Ohio adoption credit carryover from 2019 (5 year carryforward) _____

Total adoption credit available _____

Total adoption credit claimed in 2020 _____

2016 Ohio adoption credit carryforward to next year (5 year carryforward) _____

2017 Ohio adoption credit carryforward to next year (5 year carryforward) _____

2018 Ohio adoption credit carryforward to next year (5 year carryforward) _____

2019 Ohio adoption credit carryforward to next year (5 year carryforward) _____

2020 Ohio adoption credit carryforward to next year (5 year carryforward) _____

Filing Status [X] 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: banu
Last name: kommuri
Your social security number: 035-23-9453
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
11620 Cheyenne Trl
Apt. no.: A
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
Parma Heights
State: OH
ZIP code: 441301986
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[] You [] Spouse

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total income: 67,195. Adjusted gross income: 67,195. Standard deduction: 12,400. Taxable income: 54,795.

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	7,841.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,841.
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	7,841.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	7,841.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,081.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,081.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	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 total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	8,081.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	240.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	240.
b	Routing number 2 1 1 3 9 1 8 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 5 2 2 7 3 8 6		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
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.			
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, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (301) 500-7698	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address			Phone no.
Firm's address				Firm's EIN

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