

Tax Analysis

specially prepared for
VENKATESH VATTURI

Tax Year 2020

CPA OFFICE'S OF SANDRA P.L.L.C

42854 Conquest Circle
Ashburn, VA 20148

email: contact@sandracpa.com

Phone: (703) 723-9748

Your Bottom Line

"What is my bottom line? What is my effective tax rate?"

Refund	Effective tax rate*
\$426	15.82%

* Effective Tax Rate is an approximation of Tax divided by Income as a percentage.

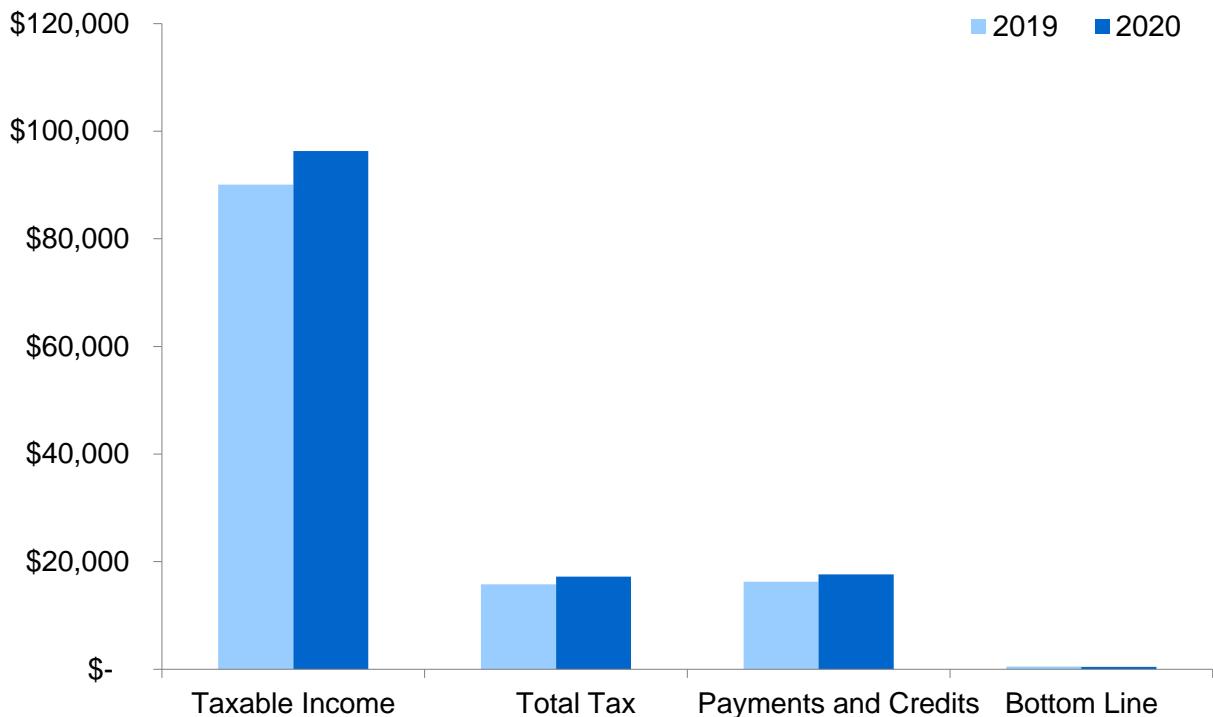
"Why is the bottom line this amount?"

	2019	2020	% Change	Difference
Taxable Income	\$90,091	\$96,342	6.94%	\$6,251
Total Tax	\$15,793	\$17,198	8.90%	\$1,405
Payments & Credits	\$16,272	\$17,624	8.31%	\$1,352
Bottom Line	\$479 refund	\$426 refund	-11.06%	-\$53

"How did my effective tax rate change?"

	2019	2020	% Change	Difference
Effective Tax Rate	15.44%	15.82%	2.46%	0.38%

"How did my tax situation change from last year?"



Your Standard or Itemized Deductions

"What is my deduction this year?"

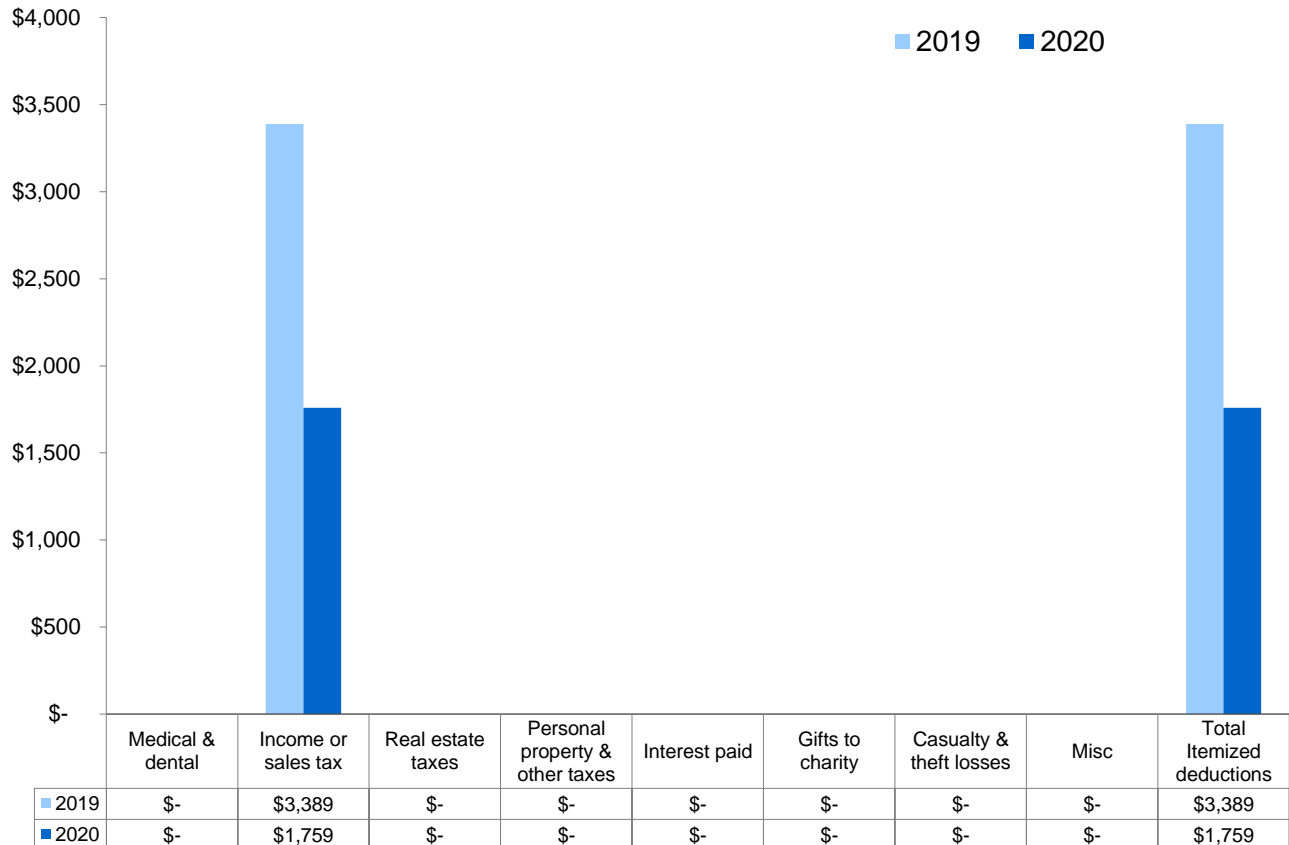
Deduction Applied*	Deduction Type
\$12,400	Standard

*How the standard or itemized deduction is applied depends on which is beneficial to your overall tax return or required by law.

"How did my deductions change from last year?"

	2019	2020
Deduction Applied	Standard \$12,200	Standard \$12,400

"How did my itemized deductions change from last year?"



If charts do not match total deductions, your return may have utilized the standard deduction or was subject to other limitations.

Questions? Email me at contact@sandracpa.com or give me a call at (703) 723-9748

Your 2-Year Comparison Data

Summary

Items Affecting Your Bottom Line	2019	2020	Difference	% Difference
Total Income	\$ 102,291	\$ 108,742	\$ 6,451	6%
Adjustments to Income	\$ -	\$ -	\$ -	
Adjusted Gross Income (AGI)	\$ 102,291	\$ 108,742	\$ 6,451	6%
Standard or Itemized Deductions	\$ 12,200	\$ 12,400	\$ 200	2%
Qualified Business Income Deduction	\$ -	\$ -	\$ -	
Taxable Income	\$ 90,091	\$ 96,342	\$ 6,251	7%
Total Tax	\$ 15,793	\$ 17,198	\$ 1,405	9%
Payments and Credits	\$ 16,272	\$ 17,624	\$ 1,352	8%
Penalties	\$ -	\$ -	\$ -	
Bottom Line	\$ 479	\$ 426	\$ (53)	-11%

Detail of Featured Line Items

Sources of Income	2019	2020	Difference	% Difference
Wages, Salaries, Tips	\$ 102,291	\$ 108,734	\$ 6,443	6%
Interest & Ordinary Dividends	\$ -	\$ -	\$ -	
State Tax Refund	\$ -	\$ -	\$ -	
Schedule C (all)	\$ -	\$ -	\$ -	
Capital Gains (losses)	\$ -	\$ 8	\$ 8	
IRA Taxable Distributions	\$ -	\$ -	\$ -	
Pension Taxable Distributions	\$ -	\$ -	\$ -	
Rents and Royalty Income	\$ -	\$ -	\$ -	
Partnerships, SCorps, etc.	\$ -	\$ -	\$ -	
Farm Income	\$ -	\$ -	\$ -	
Social Security (taxable)	\$ -	\$ -	\$ -	
Other Income	\$ -	\$ -	\$ -	
Total Income	\$ 102,291	\$ 108,742	\$ 6,451	6%

Itemized Deductions	2019	2020	Difference	% Difference
Medical & dental	\$ -	\$ -	\$ -	
Income or sales tax	\$ 3,389	\$ 1,759	\$ (1,630)	-48%
Real estate taxes	\$ -	\$ -	\$ -	
Personal property & other taxes	\$ -	\$ -	\$ -	
Interest paid	\$ -	\$ -	\$ -	
Gifts to charity	\$ -	\$ -	\$ -	
Casualty & theft losses	\$ -	\$ -	\$ -	
Misc	\$ -	\$ -	\$ -	
Total Itemized deductions	\$ 3,389	\$ 1,759	\$ (1,630)	-48%

Taxes	2019	2020	Difference	% Difference
Income Tax	\$ 15,793	\$ 17,198	\$ 1,405	9%
Additional Income Tax	\$ -	\$ -	\$ -	
Self-Employment Tax	\$ -	\$ -	\$ -	
Alternative Minimum Tax (AMT)	\$ -	\$ -	\$ -	
Other Taxes	\$ -	\$ -	\$ -	
Total Tax	\$ 15,793	\$ 17,198	\$ 1,405	9%

Questions? Email me at contact@sandracpa.com or give me a call at (703) 723-9748

Personalized Tax Advice

Below you will find a list of recommendations that offer potential opportunities to save on your taxes next year. We created this list for you based on the information in your 2020 tax return. If you have any questions about anything on this list, please don't hesitate to contact our firm. Also, you have received a copy of your tax return. Keep a copy of your return and your supporting documentation for at least three years or more after you file your tax return.

- ❑ Remember to keep good records of your stock or mutual fund investments. When you sell an investment, you will need the original acquisition date and cost, stock split or merger information, and reinvested dividend information.
- ❑ This year, you may be eligible to reduce your future tax liability and save for your retirement by contributing to either a traditional IRA or, if available, a tax-deferred employer-sponsored retirement plan.

Thank you again for your tax business this year. We look forward to meeting your future needs.

CPA OFFICE'S OF SANDRA P.L.L.C
42854 Conquest Circle
Ashburn, VA 20148
(703) 723-9748
contact@sandracpa.com

February 11, 2021

VENKATESH VATTURI
8616 VALLEY RANCH PARKWAY W, Apt. 1040
Irving, TX 75063

Dear VENKATESH,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2020. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 1040 Federal Individual Income Tax Return

The Indiana income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form IT-40PNR Indiana Part-Year/Nonresident Income Tax Return

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

GEETHA D SANDRA

Tax Summary and Instructions for Filing
2020 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	\$	108,742.00
Federal taxable income	\$	96,342.00
Federal refund	\$	426.00

Your return will be electronically filed.

Your federal refund of \$426.00 will be directly deposited in your bank account.

Tax Summary and Instructions for Filing
2020 Indiana Individual Income Tax Return

Summary of Form IT-40PNR Information:

State taxable income	\$ 21,214.00
.....	
Payment due State	\$ 234.00
.....	

Your Indiana return will be electronically filed.

You have a balance due of \$234.00. Listed below are the filing instructions for the Post Filing Coupon.

The due date of Post Filing Coupon, Payment Voucher for Electronic Filing, is April 15, 2021.

Include Post Filing Coupon and a check or money order in the amount of \$234.00, payable to "Indiana Department of Revenue." Write your social security number and "2020 Post Filing Coupon" on the check.

Mail to:

Indiana Department of Revenue
P.O. Box 1674
Indianapolis, IN 46206-1674

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name VENKATESH VATTURI	Social security number 199-95-8121
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	108,742.
2 Total tax	2	17,198.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,624.
4 Amount you want refunded to you	4	426.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize CPA OFFICE'S OF SANDRA P.L.L.C to enter or generate my PIN

5	8	1	2	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	4	2	5	2	2	6	0	1	4	0
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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: VENKATESH
Last name: VATTURI
Your social security number: 199-95-8121
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 8616 VALLEY RANCH PARKWAY W
Apt. no.: 1040
City, town, or post office: Irving
State: TX
ZIP code: 75063
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] 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 tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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	17,198.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	17,198.
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	17,198.
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	17,198.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,624.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,624.
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	17,624.

• 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	426.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	426.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 8 0 4 7 3 8 2 3 5 8		
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 Developer	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.	Email address		

Paid Preparer Use Only

Preparer's name GEETHA D SANDRA	Preparer's signature GEETHA D SANDRA	Date 02/11/2021	PTIN P00671572	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name CPA OFFICE'S OF SANDRA P.L.L.C	Firm's address 42854 Conquest Circle Ashburn VA 20148			Phone no. (703) 723-9748 Firm's EIN 20-2560140

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

VENKATESH VATTURI

Your social security number

199-95-8121

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	298 .	290 .		8 .
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 8 .

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

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

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	8.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return
VENKATESH VATTURI

Social security number or taxpayer identification number
199-95-8121

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING SHORT TERM ACTIVITY	Various	12/31/20	298.	290.			8.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			298.	290.			8.

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

Tax History Report

2020

▶ Keep for your records

Name(s) Shown on Return
VENKATESH VATTURI

Five Year Tax History:					
	2016	2017	2018	2019	2020
Filing status		Single	Single	Single	Single
Total income		6,480.	77,944.	102,291.	108,742.
Adjustments to income					
Adjusted gross income		6,480.	77,944.	102,291.	108,742.
Tax expense		301.	576.	3,389.	1,759.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .		6,350.	12,000.	12,200.	12,400.
Exemption amount . .		4,050.	0.	0.	0.
QBI deduction					
Taxable income		0.	65,944.	90,091.	96,342.
Tax			10,443.	15,793.	17,198.
Alternative min tax . .					
Total credits					
Other taxes					
Payments		981.	12,398.	16,272.	17,624.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund		981.	1,955.	479.	426.
Effective tax rate % . .		0.00	13.40	15.44	15.82
**Tax bracket %		10.0	22.0	24.0	24.0

**Tax bracket % is based on Taxable income.

► Keep for your records

Name(s) Shown on Return VENKATESH VATTURI	Social Security Number 199-95-8121
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Ridge Business Solutions Llc		108,734.	17,624.	21,411.	684.
Totals		108,734.	17,624.	21,411.	684.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	108,734.		108,734.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	17,624.		17,624.
3 & 7	Total social security wages/tips	108,734.		108,734.
4	Total social security tax withheld	6,742.		6,742.
5	Total Medicare wages and tips	108,734.		108,734.
6	Total Medicare tax withheld	1,577.		1,577.
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	Total state deductible employee expenses . . .			
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	21,411.		21,411.
17	Total state tax withheld	684.		684.
19	Total local tax withheld.			

Two-Year Comparison

2020

Name(s) Shown on Return VENKATESH VATTURI	Social Security Number
--	------------------------

Income	2019	2020	Difference	%
Wages, salaries, tips, etc	102,291.	108,734.	6,443.	6.30
Interest and dividend income				
State tax refund	0.	0.	0.	
Business income (loss)				
Capital and other gains (losses)		8.	8.	
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	102,291.	108,742.	6,451.	6.31
Adjustments to Income				
Adjusted Gross Income	102,291.	108,742.	6,451.	6.31
Itemized Deductions				
Medical and dental				
Income or sales tax	3,389.	1,759.	-1,630.	-48.10
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	3,389.	1,759.	-1,630.	-48.10
Standard or Itemized Deduction	12,200.	12,400.	200.	1.64
Qualified Business Income Deduction				
Taxable Income	90,091.	96,342.	6,251.	6.94
Income tax	15,793.	17,198.	1,405.	8.90
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	15,793.	17,198.	1,405.	8.90
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	15,793.	17,198.	1,405.	8.90
Withholding	16,272.	17,624.	1,352.	8.31
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	16,272.	17,624.	1,352.	8.31
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	479.	426.	-53.	-11.06
Balance Due				

Current year effective tax rate 15.82 %

Tax Summary Report

2020

Name(s) Shown on Return

VENKATESH VATTURI

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	108,734.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	8.
Pensions and annuities	
Rents, royalties, partnerships, etc	
Farm income (loss)	
Social security benefits	
Other income	0.
Total Gross Income	<u>108,742.</u>

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 102,291. 108,742.

Itemized/Standard Deductions

Medical and dental	
Taxes	1,759.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions	<u>1,759.</u>
Standard deduction	<u>12,400.</u>

Taxable Income 96,342.

Income tax	17,198.
Alternative minimum tax	
Total Taxes before Credits	<u>17,198.</u>
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 17,198.

Withholding	17,624.
Estimated tax payments	
Other payments	
Total Payments	<u>17,624.</u>
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 426.

Refund 426.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	<u>24.0 %</u>
Effective tax rate	<u>15.82 %</u>

2020 Individual PFC Letter

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates a total tax amount of \$ 234.00 is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 15, 2021. Any portion not paid by that date will be subject to penalties and interest.

You can take care of this obligation by doing one of the following:

1. Pay online via eCheck or credit card by visiting <https://www.in.gov/dor/4340.htm>. At this site you can either pay in full or make partial payments by selecting "Individual" and "Tax Return Payment" options. Have your SSN ready for identification purposes. If paying by credit card, a fee will be charged by the credit card processor based on the amount you are paying. If paying by electronic check, a fee of \$1 will be charged by the bank. You can make partial payments, but must still pay the entire amount by April 15, 2021 to avoid penalty and interest.
2. Pay by check or money order using the coupon at the bottom of this letter. If you did not electronically file your state return and will submit the payment with your tax return, then do not include the payment coupon below. If you are sending in your return separately from your payment, then mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue". DO NOT SEND CASH.

Remember, you must take action on this debt no later than April 15, 2021, to avoid penalty and interest.

Sincerely,

Indiana Department of Revenue
317-232-2240

Cut on line before mailing

REV 01/02/21 PRO

POST FILING COUPON

PFC 0912

1030

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

*SSN 1 199 95 8121
*SSN 2
Period End Date 12 31 2020
Date Due 04 15 2021
Tax Type IND

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

VENKATESH VATTURI

Amount Due:

234.00

8616 VALLEY RANCH PARKWAY W 10

IRVING TX 75063

06000019995812102000010111231202007

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return** **2020**

Due April 15, 2021

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number 199 95 8121

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name VENKATESH Initial Last name VATTURI Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

8616 VALLEY RANCH PARKWAY W 10 Place "X" in box if you are married filing separately.

City IRVING State TX Zip/Postal code 75063

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2020.

County where you lived 29 County where you worked 29 County where spouse lived County where spouse worked

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____ **Indiana Income** 1 21411.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 _____ 3 21411.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ **Indiana Deductions** 4 .00
5. Subtract line 4 from line 3 _____ 5 21411.00
6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D _____ **Indiana Exemptions** 6 197.00
7. Subtract line 6 from line 5 _____ **Indiana Adjusted Gross Income** 7 21214.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) 8 685.00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) 9 233.00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 918.00



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12. Enter credits from Schedule F, line 10 (enclose schedule) _____	12	684	.00
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13		.00
14. Add lines 12 and 13 _____ Indiana Credits	14	684	.00
15. Enter amount from line 11 _____ Indiana Taxes	15	918	.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18. Subtract line 17 from line 16 _____ Overpayment	18		.00
19. Amount from line 18 to be applied to your 2021 estimated tax account (see instructions).			
Enter your county code <input type="text"/> county tax to be applied __ \$	a		.00
Spouse's county code <input type="text"/> county tax to be applied __ \$	b		.00
Indiana adjusted gross income tax to be applied _____ \$	c		.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		.00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund	21		.00
22. Direct Deposit (see instructions)			
a. Routing Number <input type="text"/>			
b. Account Number <input type="text"/>			
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	234	.00
24. Penalty if filed after due date (see instructions) _____	24		.00
25. Interest if filed after due date (see instructions) _____	25		.00
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26	234	.00

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



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Name(s) shown on Form IT-40PNR

Your Social Security Number

VENKATESH VATTURI

199 95 8121

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2020 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	108734.00	1B	21411.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	0.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C or C-EZ _____	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	8.00	8B	0.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Total IRA distribution _____	10A	.00	10B	.00
11. Total pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	.00	12B	.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	108742.00	21B	21411.00



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Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet _____ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 _____ 21D 0.197

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2020 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Tuition and Fees _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> .00	35B	<input type="text"/> .00

Section 3: Totals

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 _____ 36A 108742 .00 36B 21411 .00



Name(s) shown on Form IT-40PNR

VENKATESH VATTURI

Your Social Security Number

199 95 8121

Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000

1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000
You **MUST** enclose Schedule IN-DEP.

2 .00

3. You may claim an additional exemption for each qualifying dependent child:

- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
- who was under the age of 19 by Dec. 31, 2020,
- or a full-time student who was under the age of 24 by Dec. 31, 2020, and
- who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500

3 .00

4. Place "X" in box(es) below if, by December 31, 2020

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000

4 .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500

5 .00

6. Add lines 1, 2, 3, 4 and 5

6 1000 .00

7. Enter the number from Schedule A, Proration Section, line 21D

7 0.197

8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6 **Total Exemptions**

8 197 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

VENKATESH VATTURI

199 95 8121

Round all entries

- | | | | |
|---|----|-----|-----|
| 1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts | 1 | 684 | .00 |
| 2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts. | 2 | | .00 |
| 3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 | 3 | | .00 |
| 4. Unified tax credit for the elderly | 4 | | .00 |
| 5. Earned income credit: see instructions
Enter earned income credit from
Schedule IN-EIC, line A-3 _____ Box A | | | .00 |
| Enter number from Schedule A, Proration Section, line 21D _____ Box B | | . | |
| Multiply Box A by Box B, enter total here _____ | 5 | | .00 |
| 6. Lake County residential income tax credit _____ | 6 | | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE,
line 19 (enclose schedule) _____ | 7 | | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from
Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | 8 | | .00 |
| 9. Headquarters relocation credit (refundable portion - see instructions) _____ | 9 | | .00 |
| 10. Add lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 Total Credits | 10 | 684 | .00 |

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

- | | | | | | |
|---|-------|----------------|----|-------|-----|
| a. Enter fund name | _____ | code no. _____ | 1a | _____ | .00 |
| b. Enter fund name | _____ | code no. _____ | 1b | _____ | .00 |
| c. Enter fund name | _____ | code no. _____ | 1c | _____ | .00 |
| 2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations | | | 2 | _____ | .00 |



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Name(s) shown on Form IT-40PNR

Your Social Security Number

VENKATESH VATTURI

199 95 8121

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2020. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2020	06 01 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2020	12 31 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	IN	01 01 2020	02 28 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	TX	03 01 2020	12 31 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



24020111030

Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2020? Place "X" in appropriate box. Yes No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. MFJ filers. If you are eligible for a refund and you do not want it applied to an existing state income tax liability of your spouse, or to another debt of your spouse to which the state tax refund may be applied, place an "X" in the box and see instructions.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2020, enter date of death (MM/DD).

Taxpayer's date of death 2020 Spouse's date of death 2020

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State ZIP Code

Preparer's signature



Name(s) shown on Form IT-40PNR

Your Social Security Number

VENKATESH VATTURI

199 95 8121

SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2020.

1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) _____

Column A - Yourself		Column B - Spouse's	
1A	21214.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2020 _____

2A	.0110000	2B	
----	----------	----	--

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____

3A	233.00	3B	.00
----	--------	----	-----

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below. _____

4	233.00
---	--------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	.00
---	-----

6. Multiply line 5 by .0181 and enter total here _____

6	.00
---	-----

7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____

7	233.00
---	--------

SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2020, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2020.

1. Enter your principal employment income (see instructions) _____

Column A - Yourself		Column B - Spouse's	
1A	.00	1B	.00

2. Enter deductions. See the complete list of allowable deductions in the instructions _____

2A	.00	2B	.00
----	-----	----	-----

3. Subtract line 2 from line 1 _____

3A	.00	3B	.00
----	-----	----	-----

4. Enter some or all of the exemptions from line 8 of Schedule D (see instructions) _____

4A	.00	4B	.00
----	-----	----	-----

5. Subtract line 4 from line 3 (if less than zero, leave blank) _____

5A	.00	5B	.00
----	-----	----	-----

6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2020 _____

6A		6B	
----	--	----	--

7. Multiply the income on line 5 by the rate on line 6 _____

7A	.00	7B	.00
----	-----	----	-----

8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) _____

8	.00
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