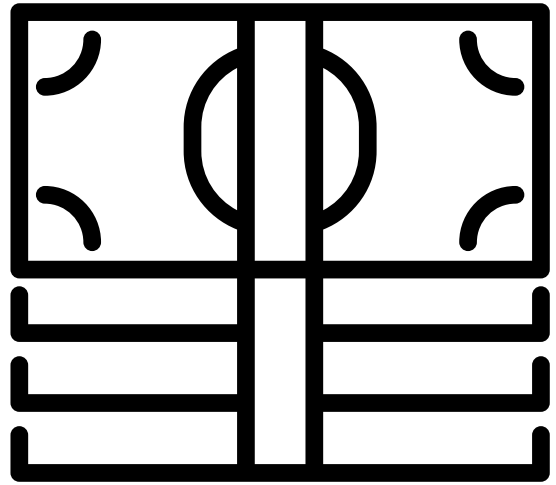


Your taxes are done!



And now, up to \$300 could be yours when you refer friends and family to Block.

Start earning referral rewards. Watch your email for a link to enroll or visit hrblockreferrals.com/SAF.

Thank you for being a client!

**H&R
BLOCK®**

YOUR TAX PROFESSIONAL TODAY:

Madhavi Sadigale
630-357-6488
594 S Rte 59
Naperville, IL, 60540

WE'RE OPEN YEAR-ROUND:

Call 630-357-6488
Visit hrblock.com/myblock.
Download the MyBlock App.

HOW WE MAXIMIZED YOUR REFUND:

I helped you claim the Child Tax Credit, reducing your taxes by:	\$4,000.00
Since you made contributions to a qualified retirement plan through your employer with pretax dollars, we were able to reduce your taxes by:	\$1,823.36
In total, we reduced your tax liability by:	\$5,823.36

Because I helped you get all the deductions and credits you are entitled to, you paid 7% of your total income in taxes. This is your Effective Tax Rate for 2020.

YOUR TAX PREPARATION AND RELATED FEES:

Tax Preparation:	\$384.00
Coupons and Prior Payments:	(\$439.00)
Other Fee(s):	\$55.00
Total:	\$0.00

WHAT YOU CAN EXPECT:

Federal Refund :	\$1,027.00
Illinois State Refund:	\$487.00

WHAT YOU NEED TO KNOW:

To check the status of your return, visit hrblock.com/myreturnstatus or call 866-761-1040. You'll need your Social Security number and date of birth.

Refund: Federal and State refund timing varies. Delivery of your Federal refund may be delayed if the IRS selects your return for further review. The Department of Treasury Offset Program may offset your tax refund to pay delinquent federal student loans, child support or other debt. Call the Treasury Offset Program Call Center at 800-304-3107 if you have questions.

Balance Due: If you have a Federal balance due and did not make arrangements today to pay the full amount, go to [DirectPay at IRS.gov](http://DirectPay.IRS.gov) or mail-in a check to pay the remaining balance by April 15. If you pay by credit/debit card, payment processor will assess a convenience fee. No part of this service fee goes to H&R Block. If you selected an installment plan, visit IRS.gov to apply for an online payment agreement. If you have a State balance due and did not make arrangements today to pay the full amount, you can pay the remaining balance by credit/debit card or check. Follow state instructions to avoid additional penalties/fees.

Extension: If you filed an extension, the original return must be filed by October 15. Any balance due must be paid by April 15 to avoid penalties/interest.

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

FEDERAL TAX RETURN SUMMARY 2020

	Year 2020	Year 2019	Change(\$)
Income			
Wages, salaries, tips, etc.:	\$113,848	\$113,263	\$585
Interest income:	\$0	\$0	\$0
Ordinary dividend income:	\$92	\$54	\$38
Refunds of state and local taxes:	\$0	\$0	\$0
Business income or (loss) (Schedule C):	\$0	\$0	\$0
Capital gain or (loss) (Schedule D):	\$5,233	\$1,119	\$4,114
Other gains or (losses) (Form 4797):	\$0	\$0	\$0
IRA distributions and pension income:	\$0	\$0	\$0
Rental real estate, partnerships, estates, etc. (Schedule E):	\$0	\$0	\$0
Farm income or (loss) (Schedule F):	\$0	\$0	\$0
Unemployment compensation:	\$0	\$0	\$0
Taxable social security income:	\$0	\$0	\$0
Other income:	\$0	\$0	\$0
Total income:	\$119,173	\$114,436	\$4,737
Adjustments			
Student loan interest deduction:	\$0	\$0	\$0
Domestic production activities deduction:	\$0	\$0	\$0
IRA contributions:	\$0	\$0	\$0
Deductible part of self-employment tax:	\$0	\$0	\$0
Self-employed health insurance:	\$0	\$0	\$0
Self-employed SEP, SIMPLE, and qualified plans:	\$0	\$0	\$0
Other adjustments:	\$0	\$0	\$0
Charitable contributions if taking standard deduction:	\$156	N/A	\$156
Total Adjustments:	\$0	\$0	\$156
Adjusted Gross Income (AGI)			
This is your total income less total adjustments:	\$119,017	\$114,436	\$4,581
Deductions			
Itemized/Standard Deductions:	\$24,800	\$24,400	\$400
Medical and dental expenses:	\$0	\$0	\$0
Taxes paid:	\$10,000	\$0	\$10,000
Interest paid:	\$8,432	\$0	\$8,432
Gifts to charity:	\$656	\$0	\$656
Casualty and theft losses:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
Qualified business income deduction:	\$0	\$0	\$0
Tax Computation			
Tax:	\$12,293	\$11,517	\$0
Alternative minimum tax:	\$0	\$0	\$0
Excess Advance Premium Tax Credit Repayment:	\$0	\$0	\$0
Other Taxes			
Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$0	\$0	\$0
Total Taxes:	\$8,293	\$7,517	\$776

Credits

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.



Child and other dependents tax credit:	\$0	\$0	\$0
Foreign tax credit:	\$0	\$0	\$0
Child Care Credit:	\$0	\$0	\$0
Other Credits:	\$0	\$0	\$0
Total Credits:	\$0	\$0	\$0

Payments

Federal income tax withheld:	\$9,320	\$9,683	(\$363)
Estimated payments:	\$0	\$0	\$0
Earned Income Credit:	\$0	\$0	\$0
Recovery rebate credit:	\$0	N/A	\$0
Qualified sick and family leave credit:	\$0	N/A	\$0
Deferral for certain Schedule H or Schedule SE filers:	\$0	N/A	\$0
Other Payments:	\$0	\$0	\$0
Total Payments:	\$9,320	\$9,683	(\$363)

Refund

Amount overpaid:	\$1,027	\$2,166	(\$1,139)
Overpayment applied to next year:	\$0	\$0	\$0
Refund:	\$1,027	\$2,166	(\$1,139)
Amount Due:	\$0	\$0	\$0
Penalty:	\$0	\$0	\$0

Other Computations

Marginal tax bracket:	22%
Effective tax Rate:	10%
Filing Status:	MFJ

Married Filing Jointly	Tax Bracket
\$0 - \$19,750	10%
\$19,750 - \$80,250	12%
\$80,250 - \$171,050	22%
\$171,050 - \$326,600	24%
\$326,600 - \$414,700	32%
\$414,700 - \$622,050	35%
\$622,050 or greater	37%

--\$19,750 of your income was taxed at 10%
 --\$60,500 of your income was taxed at 12%
 --\$13,967 of your income was taxed at 22%



Your effective tax rate is 10%
 You paid \$12,293 in federal income taxes

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

The H&R Block Advantage document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the change with your tax professional.

We stand behind our work.



Maximum Refund Guarantee¹

We'll get you the largest refund to which you're entitled or your tax preparation is free. No one can get you a bigger refund than H&R Block - guaranteed.



100% Accuracy Guarantee

If we make an error on your return, we'll pay any penalties and interest due to our error.



Tax Notice Services²

If we made an error on your tax return, we'll address the resulting letter at no additional cost.

24/7 access to your info

Log in to your personalized MyBlock account anytime, anywhere, to:

- Check your e-file return status
- View your tax returns
- Review your tax checklist
- Share tax docs with your Tax Pro
- Access your Emerald Card[®]
- Go paperless with digital docs

hrblock.com/myblock

We're here all year.

Our experienced tax pros are available by appointment to help in person all year long.

Call 800-HRBLOCK
(800-472-5625) or visit
hrblock.com to schedule
an appointment.

¹ Refund claims must be made during the calendar year in which the return was prepared. Amendment included at no additional charge.

² H&R Block will explain the position taken by the IRS or other taxing authority and assist you in preparing an audit response. Does not include in person Audit Representation.

Ayyappa and Annapurna!

Here are your personalized tax tips to consider:

Maximize your HSA contribution to decrease your taxable income

If your employer's contribution, when added to your own, is less than the maximum allowed, you may benefit by making an additional HSA contribution to reach the maximum. You may also check with your employer to see if an additional contribution can be withheld pre-tax. You can deduct contributions to an HSA even if you do not itemize deductions. If you have employer-sponsored health coverage, your premium payments can be paid using pre-tax dollars. You may contribute to an HSA up until your tax return is due (April 15, 2021) and still claim the deduction on your 2020 return.

Save for college with a 529 plan

Anyone can contribute to a 529 plan for your child, including grandparents or family friends. Contributions grow and remain tax-free when used to pay for qualified educational expenses such as room and board, books and supplies. Although there is no annual limit to what you can contribute, giving more than \$15,000 to a single person has gift tax reporting implications.



Secure access to your tax documents, Emerald Card™, and much more...

- Track receipts, donations, and other tax-related items year round.
- Utilize tax tools to estimate your refund or how much you owe.
- View a personalized tax checklist to know what you'll need when it's time to file.

2021 INCOME TAX ESTIMATOR/PLANNER

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

Keep for Your Records

	Current 2020	Adjustments 2021	Estimated 2021
Filing status	MFJ		MFJ
INCOME:			
Wages, salaries, tips, etc.	113,848		113,848
Interest income			
Ordinary dividend income (excluding Qualified Dividends)	4		4
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D) (including Qual Dividends)	5,321		5,321
Schedule 1 Income			
Refunds of state and local taxes			
Alimony received from divorces finalized before 1/1/2020			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	119,173		119,173
ADJUSTMENTS:			
Schedule 1 Adjustments			
Educator expenses			
Certain business expenses of reservists, performing artist, and fee-basis government officials			
Health savings account deduction (Form 8889)			
Qualified moving expenses			
Deductible part of self-employment tax (Schedule SE)			
Self-employed SEP, SIMPLE and qualified plans deduction ..			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid on divorces finalized before 1/1/2020			
IRA deduction			
Student loan interest deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:	119,173		119,173
DEDUCTIONS:			
Standard deduction	24800	300	25,100
Itemized deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	10,000		10,000
Interest paid	8,432		8,432
Gifts to charity	656		656
Casualty and theft losses			
Other miscellaneous deductions			
Total itemized deductions	19,088		19,088
Deduction actually claimed	24,800	300	25,100
Qualified business income deduction			

2021 INCOME TAX ESTIMATOR/PLANNER

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

Keep for Your Records

	Current 2020	Adjustments 2021	Estimated 2021
TAX COMPUTATION (BEFORE CREDITS):			
Taxable income	94,217	-144	94,073
Tax	12,293	-33	12,260
Schedule 2 - Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment			
Tax rate	22%		22%
CREDITS:			
Child and other dependents tax credit	4,000		4,000
Schedule 3 - Nonrefundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits	4,000		4,000
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Health Care (Individual Responsibility) (repealed after 2018)			Not Applicable
Other taxes			
Total other taxes			
PAYMENTS:			
Federal income tax withheld	9,320		9,320
Earned income credit			
Additional child tax credit			
Schedule 3 - Refundable Credits and Payments			
Estimated payments			
American opportunity credit			
ACA premium tax credit			
Other payments			
Total payments	9,320		9,320
AMOUNT DUE / REFUND:			
Amount overpaid	1,027	33	1,060
Overpayment applied to next year			
Refund	1,027	33	1,060
Amount due			

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2020 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2020 tax return prepared using the actual 2020 tax forms issued by the Internal Revenue Service and your actual 2020 source documents.

ADDITIONAL DISCLOSURES:

THE MORTGAGE INTEREST DEDUCTION FOR ANY QUALIFIED RESIDENCE ACQUIRED AFTER DECEMBER 15, 2017 IS LIMITED TO INTEREST ON THE FIRST \$750,000 (\$375,000 FOR MFS) OF THE MORTGAGE. LOANS FINANCED BEFORE THAT DATE ARE STILL SUBJECT TO THE \$1,000,000 (\$500,000) LIMIT FROM PRIOR LAW. FOR TAX YEARS AFTER 2020 HOME EQUITY DEBT WILL NO LONGER BE DEDUCTIBLE AS QUALIFIED RESIDENCE INTEREST.

THE STATE AND LOCAL TAX DEDUCTION IS LIMITED TO \$10,000 (\$5,000 MFS).

2021 INCOME TAX ESTIMATOR/PLANNER

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

Keep for Your Records

ADDITIONAL DISCLOSURES:

SUBJECT TO AN ADJUSTED WITHHOLDING ENTRY, THE 2020 WITHHOLDING IS BEING USED TO CALCULATE THE 2021 ESTIMATED TAX REFUND OR BALANCE DUE. BEGINNING IN JANUARY 2021 THE IRS HAS CHANGED THE WAY W4 SHOULD BE PREPARED REPORTING EXTRA INCOME, DEDUCTIONS AND CREDITS RATHER THAN EXEMPTION COUNTS. THESE CHANGES MIGHT CAUSE SOME CHANGE IN WITHHOLDING. ADVISE CLIENT THAT EMPLOYERS MAY REQUIRE A NEW W4 BE FILED UNDER THE NEW FORMAT.

HRB TAX GROUP INC
594 S RTE 59
NAPERVILLE IL 60540
6303576488

02-21-2021

AYYAPPA KOLLI
ANNAPURNA NUTAKKI

INSTRUCTIONS FOR FILING 2020 FEDERAL FORM 1040/1040-SR

- .You will receive a refund of \$1,027.00.
 - .You have elected to file your Federal return ELECTRONICALLY.
 - .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.
-

INSTRUCTIONS FOR FILING 2020 ILLINOIS FORM IL-1040

- .You will receive a refund of \$487.00.
- .You have elected to file your State return ELECTRONICALLY.
- .Sign form IL-8453.
- .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO ILLINOIS.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only 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 one box. qualifying person is a child but not your dependent ▶

Your first name and middle initial AYYAPPA		Last name KOLLI	Your social security number 346-08-8708
If joint return, spouse's first name and middle initial ANNAPURNA		Last name NUTAKKI	Spouse's social security number 347-08-1545
Home address (number and street). If you have a P.O. box, see instructions. 805 LEWISBURG LANE		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. AURORA		State IL	
Foreign country name		Foreign province/state/county	
Foreign postal code		ZIP code 60504	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
SAIABHINAV	KOLLI	093-17-9289	SON	<input checked="" type="checkbox"/>	
CHARAN	KOLLI	196-47-2143	SON	<input checked="" type="checkbox"/>	

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 113,848
2a Tax-exempt interest	2b
3a Qualified dividends 88	3b 92
4a IRA distributions	4b
5a Pensions and annuities	5b
6a Social security benefits	6b
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7 5,233
8 Other income from Schedule 1, line 9	8
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 119,173
10 Adjustments to income:	
a From Schedule 1, line 22	10a
b Charitable contributions if you take the standard deduction. See instructions	10b 156
c Add lines 10a and 10b. These are your total adjustments to income	10c 156
11 Subtract line 10c from line 9. This is your adjusted gross income	11 119,017
12 Standard deduction or itemized deductions (from Schedule A)	12 24,800
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13
14 Add lines 12 and 13	14 24,800
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15 94,217

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

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	12,293
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,293
19	Child tax credit or credit for other dependents	19	4,000
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	4,000
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,293
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax .	24	8,293
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,320
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,320
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,320

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,027
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,027
b	Routing number <u>081904808</u>	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <u>291001380664</u>		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

37	Subtract line 33 from line 24. This is the amount you owe now .	37	
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 **HRB TAX GROUP INC** Phone no. **630-357-6488** Personal identification number (PIN) **13536**

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 SYSTEM ANALYST	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 HOUSEWIFE	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 312-498-3643		Email address KOLLI.AYYAPPA@GMAIL.COM	

Paid Preparer Use Only

Preparer's name MADHAVI SADIGALE	Preparer's signature	Date 02-21-2021	PTIN P00781343	Check if: <input type="checkbox"/> Self-employed
Firm's name HRB TAX GROUP INC			Phone no. 630-357-6488	
Firm's address 594 S RTE 59 NAPERVILLE IL 60540			Firm's EIN 431871840	

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service(99)

Capital Gains and Losses

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **12**

Name(s) shown on return AYYAPPA KOLLI AND ANNAPURNA NUTAKKI Your social security number 346-08-8708

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	114,477	109,113	(221)	5,143
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 page 2				7 5,143

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	513	346	(168)	(1)
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 91
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 90

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

Schedule D (Form 1040) 2020

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	5,233
	<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. 		
17	Are lines 15 and 16 both gains?		
	<input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
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 ▶	18	
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 ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?		
	<input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	<ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	<input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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.

2020
Attachment
Sequence No. **12A**

Name(s) shown on return AYYAPPA KOLLI AND ANNAPURNA NUTAKKI SSN or taxpayer identification number 346-08-8708

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 Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FIDELITY SHORT COVERED			114,477	109,113	M	-221	5,143
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Sch. 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) ▶			114,477	109,113		-221	5,143

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side **SSN or taxpayer identification number**
AYYAPPA KOLLI AND ANNAPURNA NUTAKKI **346-08-8708**

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

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

For short-term transactions, see page 1.

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	FIDELITY AON QSP	06-28-19	08-11-20	513	346		-168	-1	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Sch. D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶					513	346	-168	-1

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

Health Savings Accounts (HSAs)

2020

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **52**

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

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

AYYAPPA KOLLI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions

▶ 346-08-8708

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions		<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions			
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter			7,100
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs			
5	Subtract line 4 from line 3. If zero or less, enter -0-			7,100
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter			7,100
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions			
8	Add lines 6 and 7			7,100
9	Employer contributions made to your HSAs for 2020	9		4,500
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10			4,500
12	Subtract line 11 from line 8. If zero or less, enter -0-			2,600
13	HSA deduction. Enter the smaller of the line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12.			

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

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

14a	Total distributions you received in 2020 from all HSAs (see instructions)			9,527
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions			
c	Subtract line 14b from line 14a			9,527
15	Qualified medical expenses paid using HSA distributions (see instructions)			9,527
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line			
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		<input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box			
17b				

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

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

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

Paid Preparer's Due Diligence Checklist

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

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

2020

Attachment
Sequence No. **70**

Department of the Treasury
Internal Revenue Service

Taxpayer name(s) shown on return <u>AYYAPPA KOLLI AND ANNAPURNA NUTAKKI</u>	Taxpayer identification number <u>346-08-8708</u>
--	--

Enter preparer's name and PTIN
MADHAVI SADIGALE P00781343

Part I Due Diligence Requirements

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

EIC CTC/ACTC/ODC AOTC HOH

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

For Paperwork Reduction Act Notice, see separate instructions.

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

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- ▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2020 WAGES AND SALARIES SUMMARY ATTACHMENT

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
AON SERVICE CORPORATION	36-3871028	T	113,848	9,320	7,497	IL	113,848	5,575	
TOTAL			113,848	9,320	7,497		113,848	5,575	

2020 FEDERAL TAX WITHHOLDINGS ATTACHMENT

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

W-2	AON SERVICE CORPORATION	9,320
TOTAL TO FORM 1040/1040-SR LINE 25D		9,320

2020 CAPITAL GAIN DISTRIBUTION SUMMARY ATTACHMENT

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

FIDELITY BROKERAGE SERVICES	91
TOTAL CAP GAIN DISTRIBUTION (TO 1040/1040-SR LINE 7)	91

2020 DETAIL STATEMENTS

AYYAPPA KOLLI
346-08-8708

PAGE 1

STATEMENT #1 - HOME MORTGAGE INT AND POINTS (SCHEDULE A LINE 10)

ARVEST CENTRAL MORTGAGE COMP PREPAID INT [TAXPAY 128

TOTAL CARRIED TO SCHEDULE A LINE 10..... 128

STATEMENT #2 - POINTS NOT REPORTED ON 1098 (SCHEDULE A LINE 12)

CENTRAL LOAN

TOTAL CARRIED TO SCHEDULE A LINE 12

2020 QUALIFIED DIVIDENDS and CAPITAL GAIN TAX WORKSHEET – LINE 16

AYYAPPA KOLLI AND ANNA PURNA NUTAKKI
 346-08-8708 AYYAPPA KOLLI AND ANNA PURNA NUTAKKI

Keep for Your Records

- Before you begin:**
- ✓ See the instructions for line 16 in the instructions to see if you can use this worksheet to figure your tax.
 - ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
 - ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	94,217
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	88
3. Are you filing Schedule D?*		
Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-	3.	90
No. Enter the amt from Fm 1040 or 1040-SR, ln 7.		
4. Add lines 2 and 3	4.	178
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	94,039
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.	80,000
7. Enter the smaller of line 1 or line 6	7.	80,000
8. Enter the smaller of line 5 or line 7	8.	80,000
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10. Enter the smaller of line 1 or line 4	10.	178
11. Enter the amount from line 9	11.	0
12. Subtract line 11 from line 10	12.	178
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.	496,600
14. Enter the smaller of line 1 or line 13	14.	94,217
15. Add lines 5 and 9	15.	94,039
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	178
17. Enter the smaller of line 12 or line 16	17.	178
18. Multiply line 17 by 15% (0.15)	18.	27
19. Add lines 9 and 17	19.	178
20. Subtract line 19 from line 10	20.	0
21. Multiply line 20 by 20% (0.20)	21.	0
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.	12,266
23. Add lines 18, 21, and 22	23.	12,293
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 the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	12,310
25. Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	12,293

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

2020 CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET – LINE 19

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

Keep for Your Records

CAUTION!

1. To be a qualifying child for the child tax credit, the child must be your dependent, **under age 17** at the end of 2020, and meet all the conditions in Steps 1 through 3 in the instructions for line 19. Make sure you checked the "child tax credit" box in column 4 of the **Dependents** section on Form 1040 or 1040–SR for each qualifying child.
2. If you don't have a qualifying child, you can't claim the child tax credit; but you may be able to claim the credit for other dependents for that child, see Step 3 under **Who Qualifies as Your Dependent** in the instructions.
3. To see if your qualifying relative qualifies you to take the credit for other dependents, see Step 5 under **Who Qualifies As Your Dependent** in the instructions.
4. Be sure to see **Social security number** under **Who Qualifies as Your Dependent** in the instructions.
5. Do **not** use this worksheet, but use Pub. 972 instead, if:
 - a. You are claiming the adoption credit, mortgage interest credit, District of Columbia first-time homebuyer credit, or a residential energy efficient property credit*;
 - b. You are excluding income from Puerto Rico; or
 - c. You are filing Form 2555 or 4563.

* If applicable.

PART 1

1. Number of qualifying children under age 17 with the required social security number: 2 x \$2,000. Enter the result.

1	4,000
---	-------

2. Number of other dependents, including qualifying children without the required social security number: _____ x \$500. Enter the result.

2	
---	--

Caution. Don't include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, don't include anyone you included on line 1.

3. Add lines 1 and 2

3	4,000
---	-------

4. Enter the amount from Form 1040 or 1040–SR, line 11

4	119,017
---	---------

5. Enter the amount shown below for your filing status.

<input checked="" type="radio"/>	Married filing jointly – \$400,000	}	
<input checked="" type="radio"/>	All other filing statuses – \$200,000		

5	400,000
---	---------

6. Is the amount on line 4 more than the amount on line 5?
 No. Leave line 6 blank. Enter –0– on line 7, and go to line 8.
 Yes. Subtract line 5 from line 4

6	
---	--

 If the result isn't a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.

7. Multiply the amount on line 6 by 5% (0.05). Enter the result

7	0
---	---

8. Is the amount on line 3 more than the amount on line 7?
 No. **STOP**
 You can't take the child tax credit on Form 1040 or 1040–SR, line 19. You also can't take the additional child tax credit on Form 1040 or 1040–SR, line 28. Complete the rest of your Form 1040 or 1040–SR.
 Yes. Subtract line 7 from line 3. Enter the result.
 Go to Part 2 on page 2 of this worksheet

8	4,000
---	-------

2020 CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET, PAGE 2

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

Keep for Your Records

Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3; Form 5695, Part II*; Form 8910; Form 8936; or Schedule R.

9. Enter the amount from Form 1040 or 1040-SR, line 18 9 12,293

10. Add any amounts from:

- Schedule 3, Line 1 _____
- Schedule 3, Line 2 + _____
- Schedule 3, Line 3 + _____
- Schedule 3, Line 4 + _____
- Form 5695, line 30* + _____
- Form 8910, line 15* + _____
- Form 8936, line 23 + _____
- Schedule R, line 22 + _____

Enter the total 10 _____

11. Are the amounts on lines 9 and 10 the same?

- Yes. STOP**
You can't take this credit because there is no tax to reduce. However, you may be able to take the **additional child tax credit** if line 1 is more than zero. See the **TIP** below.
- No. Subtract line 10 from line 9.**

11 12,293

12. Is the amount on line 8 more than the amount on line 11?

- Yes.** Enter the amount from line 11. Also, you may be able to take the **additional child tax credit** if line 1 is more than zero. See the **TIP** below.
- No.** Enter the amount from line 8.

This is your child tax credit and credit for other dependents.

12 4,000

Enter this amount on Form 1040 or 1040-SR line 19.

TIP You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 28, if you answered "Yes" on line 11 **or** line 12 above.

- First, complete your Form 1040/1040-SR through line 27 (also complete Schedule 3, line 10).
- Then, use Schedule 8812 to figure any additional child tax credit.

CAUTION! If your child tax credit or additional child tax credit for a year after 2015 was reduced or disallowed, see Form 8862, who must file to find out if you must file Form 8862 to take the credit for 2020.

* If applicable.

2020 MORTGAGE INSURANCE PREMIUMS DEDUCTION WORKSHEET

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

Keep for Your Records

Before you begin: ✓ See the instructions for line 8d to see if you must use this worksheet to figure your deduction.

1. Enter the total premiums you paid in 2020 for mortgage insurance for a contract issued in 2020 after December 31, 2006 1. 3,220

2. Enter the amount from Form 1040, or 1040-SR, line 11 2. 119,173

3. Enter \$100,000 (\$50,000 if married filing separately) 3. 100,000

4. Is the amount on line 2 more than the amount on line 3?
 No. Your deductions is not limited. Enter the amount from line 1 on Schedule A, line 8d. **Do not** complete the rest of this worksheet.
 Yes. Subtract line 3 from line 2. If the result is not a multiple of \$1,000 (\$500 if married filing separately), increase it to the next multiple of \$1,000 (\$500 if married filing separately). For example, increase \$425 to \$1,000, increase \$2,025 to \$3,000; or if married filing separately, increase \$425 to \$500, increase \$2,025 to \$2,500, etc 4. 20,000

5. Divide line 4 by \$10,000 (\$5,000 if married filing separately). Enter the result as a decimal. If the result is 1.0 or more, enter 1.0 5. 1.0000

6. Multiply line 1 by line 5 6. 3,220

7. **Mortgage insurance premiums deductions.** Subtract line 6 from line 1. Enter the result here and on Schedule A, line 8d 7. 0

SCHEDULE D AMT
(Form 1040)

Capital Gains and Losses

FOR AMT PURPOSES ONLY

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.

2020
Attachment
Sequence No. **12**

Name(s) shown on return AYYAPPA KOLLI AND ANNAPURNA NUTAKKI Your social security number 346-08-8708

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	114,477	109,113	(221)	5,143
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 page 2				7 5,143

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	513	346	(168)	(1)
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 91
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 90

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

Schedule D (Form 1040 or 1040-SR) 2020
AMT ONLY

Part III Summary

16	Combine lines 7 and 15 and enter the result <ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040 or 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 or 1040-SR, or 1040-NR, line 7. Then go to line 22. 	16	5,233
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
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 ▶	18	
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 ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR or 1040-NR.		

2021 CARRYFORWARD INFORMATION

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
346-08-8708

Keep for Your Records

Itemized Returns Only – 2020 state and local tax refund (this amount may not be taxable in 2021)	_____
Charitable contributions carryover to 2021	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2020 tax liability (for 2021 Form 2210 purposes)	8,293
Form 8839: 2020 carryover of unqualified expenses	_____
Refund amount applied to 2021	_____
Disallowed investment interest in 2020	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2018	_____
Mortgage interest credit from 2019	_____
Mortgage interest credit from 2020	_____
Form 8801: Minimum tax credit carryforward	_____
Potential 2021 IRA contribution from 2020 tax refund	_____

NOL carryforward:		Regular Tax		AMT Tax			
from 1999	_____	from 2009	_____	from 1999	_____	from 2009	_____
from 2000	_____	from 2010	_____	from 2000	_____	from 2010	_____
from 2001	_____	from 2011	_____	from 2001	_____	from 2011	_____
from 2002	_____	from 2012	_____	from 2002	_____	from 2012	_____
from 2003	_____	from 2013	_____	from 2003	_____	from 2013	_____
from 2004	_____	from 2014	_____	from 2004	_____	from 2014	_____
from 2005	_____	from 2015	_____	from 2005	_____	from 2015	_____
from 2006	_____	from 2016	_____	from 2006	_____	from 2016	_____
from 2007	_____	from 2017	_____	from 2007	_____	from 2017	_____
from 2008	_____	from 2018	_____	from 2008	_____	from 2018	_____
Gross NOL generated in 2019	_____	Gross AMT NOL generated in 2019	_____				
To be absorbed in carryback period	_____	To be absorbed in carryback period	_____				
Net carryforward from 2019	_____	Net carryforward from 2019	_____				
Total carryforward to 2020	_____	Total carryforward to 2020	_____				

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2021
- General Business Credit carryforward to 2021
- First-Time Homebuyer Credit Repayment carryforward to 2021
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2021.

IL 2020 TAX FOR 2021 UNDERPMT PENALTY FORM.....	5,431
2020 CREDITS TO REPORT ON 2021 IL-2210.....	343
IL STATE & LOCAL REFUND TO REPORT ON 2021 1040....	487

2021 Distributions From an HSA, Archer MSA, or Medicare Advantage MSA ATTACHMENT

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI
 346-08-8708

Payer Name	T or S	Gross Distribution	Earnings on excess contd.	Distribution code	FMV on date of death	HSA / Archer MSA / MA MSA
UMB BANK NA	T	9,527		1 -		HSA

2020 ILLINOIS TWO YEAR COMPARISON

Taxpayer's Last and First Name
AYYAPPA KOLLI AND ANNAPURNA NUTAKKI

Taxpayer's SSN
346-08-8708

	Tax Year 2020	Tax Year 2019	Difference
Filing status	MFJ	MFJ	
Residency status	RESIDENT	RESIDENT	
Number of exemptions claimed	4	6	
State Base Form Filed	IL1040	IL1040	

INCOME, DEDUCTIONS AND ADJUSTMENTS:

Federal Adjusted Gross Income	119,017	114,436	4,581
Additions to Federal Income			
Deductions from Federal Income			
IL Base Income	119,017	114,436	4,581
Exemption Amount (Allowance) / Personal Exemptions	9,300	9,100	200
IL Taxable Income	109,717	105,336	4,381

TAX, CREDIT AND PAYMENTS:

IL Tax	5,431	5,214	217
Credit for Taxes Paid to Another State			
IL Credits	343	327	16
Net Tax	5,088	4,887	201
Income Tax Withheld	5,575	5,479	96
Estimated Tax and Extension Payments			
Total Payments	5,575	5,479	96

REFUND OR BALANCE DUE

Balance Due			
Underpayment Penalty			
Other Penalties and Interests			
Amount You Owe			
Overpayment	487	592	-105
Overpayment Applied to Estimated Payments			
Amount to be Refunded	487	592	-105

Illinois Department of Revenue
2020 Form IL-1040
 Individual Income Tax Return

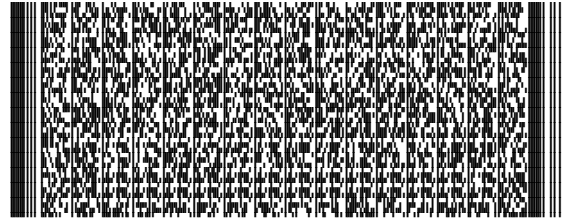
or for fiscal year ending _____

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

Do not write above this line.

AYYAPPA KOLLI 1980 346-08-8708
 ANNA PURNA NUTAKKI 1981 347-08-1545
 805 LEWISBURG LANE
 AURORA IL 60504



NO HANDWRITTEN ENTRIES ON THIS FORM

- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	<u>119,017.00</u>
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	<u>.00</u>
3	Other additions. Attach Schedule M.	3	<u>.00</u>
4	Total income. Add Lines 1 through 3.	4	<u>119,017.00</u>

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	<u>.00</u>
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Sch. 1, Ln. 1.	6	<u>.00</u>
7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	<u>.00</u>
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>.00</u>
9	Illinois base income. Subtract Line 8 from Line 4.	9	<u>119,017.00</u>

Step 4: Exemptions

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	<u>4,650.00</u>
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes x \$1,000 =	b	<u>.00</u>
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes x \$1,000 =	c	<u>.00</u>
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	<u>4,650.00</u>
	Exemption allowance. Add Lines a through d.	10	<u>9,300.00</u>

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	<u>109,717.00</u>
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	<u>5,431.00</u>
13	Recapture of investment tax credits. Attach Schedule 4255.	13	<u>.00</u>
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	<u>5,431.00</u>

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	<u>.00</u>
16	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16	<u>343.00</u>
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	<u>.00</u>
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	<u>343.00</u>
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	<u>5,088.00</u>

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	<u>.00</u>
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	<u>0.00</u>
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	<u>.00</u>
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	<u>5,088.00</u>

IL-1040 2D page 1 (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.





24 Total tax from Page 1, Line 23. 24 5,088.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 5,575.00
 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
 27 Pass-through withholding. **Attach** Sch. K-1-P or K-1-T. 27 .00
 28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 28 .00
 29 **Total payments and refundable credit.** Add Lines 25 through 28. 29 5,575.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 487.00
 31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 0.00

Step 10: Underpayment of Estimated Tax Penalty and Donations – Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 .00
 a Check if at least two-thirds of your federal gross income is from farming.
 b Check if you or your spouse are 65 or older and permanently living in a nursing home.
 c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.
 d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
 33 Voluntary charitable donations. **Attach** Schedule G. 33 .00
 34 **Total penalty and donations.** Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your **overpayment**. 35 487.00
 36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 487.00
 37 I choose to receive my refund by
 a **direct deposit** – Complete the information below if you check this box.

Routing number	081904808	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	291001380664		

 b **Illinois Individual Income Tax refund debit card.** I acknowledge I have reviewed the card information found at <http://tax.illinois.gov/DebitCard> prior to making this election.
 c **paper check**.
 38 Amount to be **credited forward**. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. **-or-**
 If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the **amount you owe**. See instructions. 39 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	312-498-3643	
					Daytime phone number	
Paid Preparer Use Only	MADHAVI SADIGALE		02-21-2021		<input type="checkbox"/> Check if self-employed	P00781343
	Print/Type paid preparer's name		Paid preparer's signature		Paid Preparer's PTIN	
	Firm's name	HRB TAX GROUP INC		Firm's FEIN	431871840	
	Firm's address	594 S RTE 59 NAPERVILLE IL 60540		Firm's phone	6303576488	
Third Party Designee	HRB TAX GROUP INC		630-357-6488		<input checked="" type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.	
	Designee's name (please print)		Designee's phone number			

Refer to the 2020 IL-1040 Instructions for the address to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Illinois Department of Revenue
2020 Schedule IL-E/EIC Illinois Exemption and Earned Income Credit
 Attach to your Form IL-1040

IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Note If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI

346-08-8708

Your name as shown on your Form IL-1040

Your Social Security number

Illinois Dependent Exemption Allowance
Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
SAIABHINAV	KOLLI	093-17-9289	SON	10-27-2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>
CHARAN	KOLLI	196-47-2143	SON	05-21-2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<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"/>

1 Multiply the total number of dependents you are claiming by \$2,325. 2 X \$ 2,325

Enter the result here and on Form IL-1040, Line 10d.

1 4,650.00

Continue to Page 2 to calculate Illinois Earned Income Credit



Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

Note If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student		Person with disability		Number of months living with you

- 1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1. 1 _____ .00
- 2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. 2 _____ .00
If you report an amount on Line 2, you must answer the question in Line 2a below.
- 2a Does your occupation require a city, state, or county issued professional license, registration, or certification? 2a Yes No
- 2b If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number

- 3 If you are filing your 2020 federal return as married filing jointly but are filing your 2020 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. 3 _____ .00
- 3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. 3a _____
- 4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? 4 Yes No

Step 4: Figure your Illinois Earned Income Credit

- 5 Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. 5 _____ .00
- 6 Multiply the amount on Line 5 by 18% (.18). 6 _____ .00
- 7 **Illinois residents:** Enter 1.0. 7 _____ 1.000
Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.
- 8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit. Enter this amount here and on your Form IL-1040, Line 28. → 8 _____ .00

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act

Illinois Department of Revenue
2020 Schedule ICR Illinois Credits
 Attach to your Form IL-1040



IL Attachment No. 23

Read this information first

Complete this schedule only if you are eligible for the

- **Illinois Property Tax Credit** - See Publication 108.
- **K-12 Education Expense Credit** - See Publications 112, 119, and 132.

- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax.

Step 1: Provide the following information

AYYAPPA KOLLI AND ANNAPURNA NUTAKKI

Your name as shown on your Form IL-1040

346-08-8708

Your Social Security number

Step 2: Figure your nonrefundable credit

1	Enter the amount of tax from your Form IL-1040, Line 14.	1	<u>5,431.00</u>
2	Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 15.	2	<u>.00</u>
3	Subtract Line 2 from Line 1.	3	<u>5,431.00</u>

Section A - Illinois Property Tax Credit (See instructions for directions on how to obtain your property number)

4	a	Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence.	4a	<u>6,853.00</u>
	b	Enter the county and property number of your principal residence. See instructions.		
	4b	<u>DUPAGE</u> <u>07-21-211-105</u>		
		County Property number		
	c	Enter the county and property number of an adjoining lot, if included in Line 4a.		
	4c	_____		
		County Property number		
	d	Enter the county and property number of another adjoining lot, if included in Line 4a.		
	4d	_____		
		County Property number		
	e	Enter the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction.	4e	<u>.00</u>
	f	Subtract Line 4e from Line 4a.	4f	<u>6,853.00</u>
	g	Multiply Line 4f by 5% (.05).	4g	<u>343.00</u>
5		Compare Lines 3 and 4g, and enter the lesser amount here.	5	<u>343.00</u>
6		Subtract Line 5 from Line 3.	6	<u>5,088.00</u>

Section B - K-12 Education Expense Credit

Note - You must complete the **K-12 Education Expense Credit Worksheet** on Page 2 of this schedule and **attach** any receipt(s) you received from your student's school to claim an education expense credit.

7	a	Enter the total amount of K-12 education expenses from Line 11 of the worksheet on page 2 of this schedule.	7a	<u>230.00</u>
	b	You may not take a credit for the first \$250 paid.	7b	<u>250.00</u>
	c	Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c	<u>.00</u>
	d	Multiply Line 7c by 25% (.25). Compare the result and \$750, and enter the lesser amount here.	7d	<u>.00</u>
8		Compare Lines 6 and 7d, and enter the lesser amount here.	8	<u>0.00</u>

Section C - Total Nonrefundable Credit

9	Add Lines 5 and 8. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16.	→ 9	<u>343.00</u>
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This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

NO HANDWRITTEN ENTRIES ON THIS FORM



K-12 Education Expense Credit Worksheet

Note You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

10 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A	B	C	D	E	F	G
Student's name	Social Security number	Grade (K-12 only)	School name (IL K-12 schools only or enter "home school," if applicable)	School city (IL cities only)	School type (check only one) P = Public N = Non-public H = Home school	Total tuition, book/lab fees
a SAIABHINAV KOLLI	093-17-9289	2	MAYWATTS ELENET	NAPERVILLE	<input checked="" type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	120
b CHARAN KOLLI	196-47-2143	K	MAYWATTS ELEMEN	NAPERVILLE	<input checked="" type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	110
c _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
d _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
e _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
f _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
g _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
h _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
i _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
j _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____

11 Add the amounts in Column G for Lines 10a through 10j (and the amounts from Column G of any additional pages you attached). This is the total amount of your qualified **education expenses** for this year. Enter this amount here and on Step 2, Line 7a of this schedule.

→ 11 230.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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 <u>AYYAPPA KOLLI</u>	Social security number 346-08-8708
Spouse's name <u>ANNAPURNA NUTAKKI</u>	Spouse's social security number 347-08-1545

Part I Tax Return Information -- Tax Year Ending December 31, 2020 (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	119,017
2 Total tax	2	8,293
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,320
4 Amount you want refunded to you	4	1,027
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 HRB TAX GROUP INC to enter or generate my PIN 18708 as my signature on the income tax return (original or amended) I am now authorizing. **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 ▶ 2/21/2021

Spouse's PIN: check one box only

- I authorize HRB TAX GROUP INC to enter or generate my PIN 11545 as my signature on the income tax return (original or amended) I am now authorizing. **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 ▶ 2/21/2021

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. 36522278547
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 ▶ MADHAVI SADIGALE Date ▶ 2/21/2021

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

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

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 AYYAPPA KOLLI	Social security number 346-08-8708
Spouse's name ANNAPURNA NUTAKKI	Spouse's social security number 347-08-1545

Part I Tax Return Information -- Tax Year Ending December 31, 2020 (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	119,017
2 Total tax	2	8,293
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,320
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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


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- 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 ▶ 2/21/2021

Spouse's PIN: check one box only

- I authorize HRB TAX GROUP INC to enter or generate my PIN 11545 as my signature on the income tax return (original or amended) I am now authorizing. **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 ▶ 2/21/2021

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.

36522278547

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 ▶ MADHAVI SADIGALE

Date ▶ 2/21/2021

ERO Must Retain This Form -- See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

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

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

<u>AYYAPPA KOLLI AND ANNA PURNA NUTAKKI</u>			<u>346-08-8708</u>
First name and middle initial	Spouse's first name (and last name if different)	Last name	Social Security number
<u>805 LEWISBURG LANE</u>			<u>347-08-1545</u>
Mailing address			Spouse's Social Security number
<u>AURORA</u>	<u>IL</u>	<u>60504</u>	<u>312-469-8399</u>
City	State	ZIP	Daytime phone number

Step 2: Complete information from tax return

1	Net income from Form IL-1040, Line 11	1	<u>109,717</u>	<u>00</u>
2	Tax from Form IL-1040, Line 14	2	<u>5,431</u>	<u>00</u>
3	Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none)	3	<u>5,575</u>	<u>00</u>
4	Overpayment from Form IL-1040, Line 35	4	<u>487</u>	<u>00</u>
5	Total amount due from Form IL-1040, Line 39	5		<u>00</u>
6	Filing status: ___ Single <input checked="" type="checkbox"/> Married filing jointly ___ Married filing separately ___ Widowed ___ Head of household			

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 081904808

8 Account no. (AN): 291001380664

9 Type of account: Checking ___ Savings

10 Date the payment is to be electronically withdrawn: _____

11 Electronic funds withdrawal amount: _____ 00

12 Name on account: _____

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2018 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature _____ Date _____ Spouse's signature (if joint return, **both** must sign) _____ Date _____

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO use only	<u>HRB TAX GROUP INC</u>	<u>02-21-2021</u>	Check if paid preparer: <input checked="" type="checkbox"/> (See instructions.)
	Firm's name or your name if self-employed	Date	
	<u>594 S RTE 59</u>		<u>P00781343</u>
	Mailing address		Your PTIN
	<u>NAPERVILLE IL 60540</u>		<u>431871840</u>
	City State ZIP		Federal employer identification number (FEIN)
			<u>6303576488</u>
			Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

