

FOR TAX YEAR 2020

LAKSHMINARASIMH & MRUDULA MEKALA

ADVANTAGE ONE PARTNERS INC
20610 QUARTERPATH TRACE CIRCLE
Sterling, VA 20165
(888)692-6829

ADVANTAGE ONE PARTNERS INC

20610 QUARTERPATH TRACE CIRCLE
Sterling, VA 20165
sumit@aotax.com
Phone: (888)692-6829 | Fax: (000)000-0000

March 19, 2021

Lakshminarasimh & Mrudula Mekala
13973 Avalon East Dr
Fishers, IN 46037

Subject: Preparation of Your 2020 Tax Returns

Lakshminarasimh & Mrudula Mekala:

Thank you for choosing ADVANTAGE ONE PARTNERS INC to assist you with your 2020 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2020 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2020 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (888)692-6829.

Sincerely,

Sumit Panjabi
ADVANTAGE ONE PARTNERS INC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

ADVANTAGE ONE PARTNERS INC

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Fishers, IN 46037

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (888)692-6829.

Sincerely,

Sumit Panjabi
ADVANTAGE ONE PARTNERS INC

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

LAKSHMINARASIMH & MRUDULA MEKALA

Taxpayer address (optional)

13973 AVALON EAST DR

FISHERS, IN 46037

1. Your federal income tax return for 2020 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by ADVANTAGE ONE PARTNERS INC.
2. Your return was accepted on 03-16-2021 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 54089320210752srjt42.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial LAKSHMINARASIMH	Last name MEKALA	Your social security number 645-51-0855
If joint return, spouse's first name and middle initial MRUDULA	Last name MEKALA	Spouse's social security number 749-84-6448
Home address (number and street). If you have a P.O. box, see instructions. 13973 AVALON EAST DR		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. FISHERS	State IN	
Foreign country name	Foreign province/state/county	
ZIP code 46037		
Foreign postal code		

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	HARSHIKA	MEKALA	926-99-6943	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SRIYAAN	MEKALA	863-16-9722	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for- ● Single or Married filing separately, \$12,400 ● Married filing jointly or Qualifying widow(er), \$24,800 ● Head of household, \$18,650 ● If you checked any box under <i>Standard Deduction</i> , see instructions.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	114,713
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	17
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	(3,000)
	8 Other income from Schedule 1, line 9	8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	111,730
	10 Adjustments to income:		
	a From Schedule 1, line 22	10a	
	b Charitable contributions if you take the standard deduction. See instructions	10b	
	c Add lines 10a and 10b. These are your total adjustments to income ▶	10c	0
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	111,730
	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	86,930	

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	10,704
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,704
19	Child tax credit or credit for other dependents	19	2,500
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	2,500
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,204
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	8,204
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,317
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,317
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	3,244
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶	32	3,244
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	11,561

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,357
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35a	3,357
▶ b	Routing number <u>0 2 1 0 0 0 0 2 1</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number <u>4 5 7 2 1 4 3 8 0</u>		
36	Amount of line 34 you want applied to your 2021 estimated tax ▶	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now ▶	37	0
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions) ▶	38	

Third Party Designee

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

Designee's name ▶ **SUMIT PANJABI** Phone no. ▶ **888-692-6829** Personal identification number (PIN) ▶ **3 6 5 0 6**

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
19440	03-16-2021	SOFTWARE ENGINEER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
27730	03-16-2021	HOMEMAKER	
Phone no. 917-239-1079	Email address		

Paid Preparer Use Only

Preparer's signature **SUMIT PANJABI** Date **03-19-2021** PTIN **P00624311** Check if: Self-employed

Preparer's name **SUMIT PANJABI** Phone no. **888-692-6829**

Firm's name ▶ **ADVANTAGE ONE PARTNERS INC**

Firm's address ▶ **20610 QUARTERPATH TRACE CIRCLE Sterling, VA 20165** Firm's EIN ▶ **27-2340197**

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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 LAKSHMINARASIMH & MRUDULA MEKALA	Your social security number 645-51-0855
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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	122,624	127,951	1,057	(4,270)
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	(4,270)

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

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

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040,1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040,1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	(4,270)
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000)
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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

Social security number or taxpayer identification number

LAKSHMINARASIMH & MRUDULA MEKALA

645-51-0855

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES	LLC						
		VARIOUS	12-31-2020	122,624	127,951	W	1,057	(4,270)
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			122,624	127,951		1,057	(4,270)

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.

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*

2020

Department of the Treasury
Internal Revenue Service

▶ **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.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return LAKSHMINARASIMH & MRUDULA MEKALA	Taxpayer identification number 645-51-0855
---	--

Enter preparer's name and PTIN
SUMIT PANJABI P00624311

Part I Due Diligence Requirements

Please check the appropriate box for the credit(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"/>	
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. <ul style="list-style-type: none"> • 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"/>	
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"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<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"/>	
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) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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		
<p>▶ 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:</p> <p>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);</p> <p>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;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 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). <p>▶ 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.</p>		
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"/>

IRS e-file Signature Authorization

OMB No. 1545-0074

2020

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

Submission Identification Number (SID) **54089320210752srjt42**

Taxpayer's name LAKSHMINARASIMH MEKALA	Social security number 645-51-0855
Spouse's name MRUDULA MEKALA	Spouse's social security number 749-84-6448

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	111,730
2 Total tax	2	8,204
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,317
4 Amount you want refunded to you	4	3,357
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 ADVANTAGE ONE PARTNERS INC to enter or generate my PIN 19440 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize ADVANTAGE ONE PARTNERS INC to enter or generate my PIN 27730 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 540893-36506
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 ▶ SUMIT PANJABI Date ▶ 03-19-2021

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.

Form 8879 (Rev. 01-2021)

		a Employee's social security number 645-51-0855		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 56-2498060				1 Wages, tips, other compensation 114,713				2 Federal income tax withheld 8,317			
c Employer's name, address, and ZIP code GYANSYS INC 702 ADAMS STREET CARMEL IN 46032				3 Social security wages 126,507				4 Social security tax withheld 7,843			
				5 Medicare wages and tips 126,507				6 Medicare tax withheld 1,834			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial LAKSHMINARASIMHEKALA		Last name FISHERS		Suff.		11 Nonqualified plans				12a See instructions for box 12 D 11,794	
f Employee's address and ZIP code 13973 AVALON EAST DR FISHERS IN 46037						13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
						14 Other		12c			
								12d			
15 State Employer's state ID number IN 0119889862 001		16 State wages, tips, etc. 114,713		17 State income tax 3,534		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by ADVANTAGE ONE PARTNERS

		a Employee's social security number		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN)				1 Wages, tips, other compensation				2 Federal income tax withheld			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
				5 Medicare wages and tips				6 Medicare tax withheld			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans				12a See instructions for box 12	
f Employee's address and ZIP code						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
						14 Other		12c			
								12d			
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA

W-2 Detail Listing

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

LAKSHMINARASIMH & MRUDULA MEKALA

645-51-0855

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
T	GYANSYS INC	114,713	8,317	IN	114,713	3,534
	Totals	114,713	8,317		114,713	3,534

Computation of Regular Tax

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

LAKSHMINARASIMH & MRUDULA MEKALA

645-51-0855

STATEMENT FOR LINE 16 OF FORM 1040

TAX PER TAX TABLE \$ 10,704

TAX FROM QUALIFIED DIVIDENDS/CAPITAL GAIN WORKSHEET \$ 10,704

\$ 10,704 TAX COMPUTED USING THE MOST ADVANTAGEOUS METHOD ALLOWED

Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

LAKSHMINARASIMH & MRUDULA MEKALA

645-51-0855

Before you begin:

- See the earlier instructions for line 16 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 don't 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.	86,930
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	17
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4.	Add lines 2 and 3	4.	17
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	86,913
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.	17
11.	Enter the amount from line 9	11.	
12.	Subtract line 11 from line 10	12.	17
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.	86,930
15.	Add lines 5 and 9	15.	86,913
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	17
17.	Enter the smaller of line 12 or line 16	17.	17
18.	Multiply line 17 by 15% (0.15)	18.	3
19.	Add lines 9 and 17	19.	17
20.	Subtract line 19 from line 10	20.	
21.	Multiply line 20 by 20% (0.20)	21.	
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	10,704
23.	Add lines 18, 21, and 22	23.	10,707
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.	10,704
25.	Tax on all taxable income. Enter the smaller of line 23 or 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.	10,704

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

Name(s) as shown on return

Tax ID Number

LAKSHMINARASIMH & MRUDULA MEKALA

645-51-0855

Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 2

11. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR **11.** 10,704

12. Add the following amounts (if applicable) 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. **12.** _____

13. Subtract line 12 from line 11 **13.** 10,704

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

No. Enter -0-.

Yes. If you are filing Form 2555, enter -0-.

Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

14. 0

15. Subtract line 14 from line 13. Enter the result **15.** 10,704

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15.

See the **TIP** below.

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

16. 2,500

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

TIP You may be able to take the **additional child tax credit** on Line 28 of your Form 1040, 1040-SR, or 1040-NR, only if you answered "Yes" on line 16 and line 1 is more than zero.

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

Carryover Worksheet

List of items that will carryover to the 2021 tax return

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

LAKSHMINARASIMH & MRUDULA MEKALA

645-51-0855

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations			
Contributions subject to 60% of AGI limitations			
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)			
Contributions subject to 30% of AGI limitations			
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)			
Taxable state and local refunds to Schedule 1 (Form 1040) line 1			
State/local taxes paid in 2021 to flow to the Schedule A			871
State donations and contributions carryover			
State overpayment applied to next year			

Expenses

Office in home operating expenses			
Office in home excess casualty losses and depreciation			
Disallowed investment interest expense	AMT		Reg. Tax
Section 179 expense			
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use			
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use			

Losses

Short-term capital loss			
Long-term capital loss	AMT	1,270	Reg. Tax
Net operating loss	AMT		Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year)	AMT		Reg. Tax
Qualified REIT and PTP loss carryover			
QBI loss carryover			
Nonrecaptured net section 1231 losses from WK_1231C	AMT		Reg. Tax

Credits

Mortgage interest credit			
Credit for prior year minimum tax			
Foreign Tax credit	AMT		Reg. Tax
District of Columbia first time home owner's credit			
Res. energy efficient property credit			

Other

Preparer Fee			
Overpayment applied to next year's estimates			
Estimated Tax Payment 1 _____		Estimated Tax Payment 2 _____	
Estimated Tax Payment 3 _____		Estimated Tax Payment 4 _____	
Federal tax liability for 2210 calculation			8,204
State tax liability for state 2210 calculation			4,405
IRA basis	Taxpayer		Spouse
Amount from 8915-E taxable in 2021	Taxpayer		Spouse
Amount from 8915-E taxable in 2022	Taxpayer		Spouse
Excess repayment from 8915-E	Taxpayer		Spouse
Deferred SE tax to be repaid by 12/31/2021			
Deferred SE tax to be repaid by 12/31/2022			

Passive Activity

At Risk Limitations

Capital Loss Carryover Worksheet to 2021

Schedule D

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

LAKSHMINARASIMH & MRUDULA MEKALA

645-51-0855

<p>1. Enter the amount from your 2020 Form 1040 or 1040-SR, line 15, or your 2020 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose this amount in parentheses</p>	<p>1. <u>86,930</u></p>
<p>2. Enter the loss from your 2020 Schedule D, line 21, as a positive amount</p>	<p>2. <u>3,000</u></p>
<p>3. Combine lines 1 and 2. If zero or less, enter -0-</p>	<p>3. <u>89,930</u></p>
<p>4. Enter the smaller of line 2 or line 3</p>	<p>4. <u>3,000</u></p>
<p>If line 7 of your 2020 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.</p>	
<p>5. Enter the loss from your 2020 Schedule D, line 7, as a positive amount</p>	<p>5. <u>4,270</u></p>
<p>6. Enter any gain from your 2020 Schedule D, line 15. If a loss, enter -0-</p>	<p>6. <u>0</u></p>
<p>7. Add lines 4 and 6</p>	<p>7. <u>3,000</u></p>
<p>8. Short-term capital loss carryover to 2021. Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 6</p>	<p>8. <u>1,270</u></p>
<p>If line 15 of your 2020 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.</p>	
<p>9. Enter the loss from your 2020 Schedule D, line 15, as a positive amount</p>	<p>9. <u>0</u></p>
<p>10. Enter any gain from your 2020 Schedule D, line 7. If a loss, enter -0-</p>	<p>10. <u>0</u></p>
<p>11. Subtract line 5 from line 4. If zero or less, enter -0-</p>	<p>11. <u>0</u></p>
<p>12. Add lines 10 and 11</p>	<p>12. <u>0</u></p>
<p>13. Long-term capital loss carryover to 2021. Subtract line 12 from line 9. If zero or less, enter -0-</p>	<p>13. <u>0</u></p>

AMT Capital Loss Carryover to 2021 Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

LAKSHMINARASIMH & MRUDULA MEKALA

645-51-0855

1. Enter the amount from your 2020 Form 1040 or 1040-SR, line 15, or your 2020 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose this amount in parentheses	1.	<u>111,730</u>
2. Enter the loss from your 2020 AMT Schedule D, line 21, as a positive amount	2.	<u>3,000</u>
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	<u>114,730</u>
4. Enter the smaller of line 2 or line 3	4.	<u>3,000</u>
If line 7 of your 2020 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from your 2020 AMT Schedule D, line 7, as a positive amount	5.	<u>4,270</u>
6. Enter any gain from your 2020 AMT Schedule D, line 15. If a loss, enter -0-	6.	<u>0</u>
7. Add lines 4 and 6	7.	<u>3,000</u>
8. Short-term capital loss carryover for 2021. Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on AMT Schedule D, line 6	8.	<u>1,270</u>
If line 15 of your 2020 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from your 2020 AMT Schedule D, line 15, as a positive amount	9.	<u> </u>
10. Enter any gain from your 2020 AMT Schedule D, line 7. If a loss enter -0-	10.	<u>0</u>
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	<u>0</u>
12. Add lines 10 and 11	12.	<u> </u>
13. Long-term capital loss carryover for 2021. Subtract line 12 from line 9. If zero or less, enter -0-	13.	<u>0</u>

**TAX RETURN COMPARISON
2018 / 2019 / 2020**

2020

Name(s) as shown on return LAKSHMINARASIMH & MRUDULA MEKALA				Identifying number 645-51-0855
	2018	2019	2020	Difference 2019-2020
Filing Status		Married Joint	Married Joint	
Number of Dependents			2	2
Income				
Wages, salaries, tips, etc.		186,070	114,713	(71,357)
Taxable interest and dividends		369	17	(352)
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)			(3,000)	(3,000)
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income		186,439	111,730	(74,709)
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments		4,001		(4,001)
Total Adjusted Gross Income		182,438	111,730	(70,708)
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions		24,400	24,800	400
Total Itemized or Standard Ded		24,400	24,800	400
Qualified Business Income Deduction . .				
Tax and Credits				
Taxable Income		158,038	86,930	(71,108)
Tax		26,485	10,704	(15,781)
Credits		2,500	2,500	
Self-employment tax				
Other taxes				
Total Tax		23,985	8,204	(15,781)
Payments				
Withholdings		28,258	8,317	(19,941)
Estimated tax payments				
Earned income credit				
Other payments and credits			3,244	3,244
Estimated tax penalty				
Overpayment		4,273	3,357	(916)
Overpayment Applied				
Refund		4,273	3,357	(916)
Balance Due				
Marginal tax rate		22.00	22.00	
Effective tax rate			12.31	12.31

Account Transaction Summary

2020

Name(s) as shown on return

Your ID Number

LAKSHMINARASIMH & MRUDULA MEKALA

XXX-XX-0855

Account #1
Financial Institution CHASE BANK
Routing Transit Number 021000021
Account Number 457214380
Account Type checking

Federal Main Form
Federal Deposit 3,357

Net Deposit 3,357

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize ADVANTAGE ONE PARTNERS INC to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

Recovery Rebate Credit Worksheet

2020

(keep for your records)

Name(s) as shown on return

Tax ID Number

LAKSHMINARASIMH & MRUDULA MEKALA

645-51-0855

1. Can you (or your spouse if filing a joint return) be claimed as a dependent on another person's 2020 return?
[X] No. Go to line 2.
[] Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2020 return include a valid social security number (defined under Valid social security number, earlier) for you and, if filing a joint return, your spouse?
[X] Yes. Skip lines 3 and 4, and go to line 5.
[] No. If you are filing a joint return, go to line 3.
If you aren't filing a joint return, STOP you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under Valid social security number, earlier)?
[] Yes. Your credit is not limited. Go to line 5.
[] No. Go to line 4.
4. Does one of you have a valid social security number (defined under Valid social security number, earlier)?
[] Yes. Your credit is limited. Go to line 5.
[] No. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
5. If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:
• \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
• \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3
5. 2,400
6. Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number
6. 500
7. Add lines 5 and 6
7. 2,900
8. If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:
• \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
• \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3
8. 1,200
9. Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number
9. 600
10. Add lines 8 and 9
10. 1,800
11. Enter the amount from line 11 of Form 1040 or 1040-SR
11. 111,730
12. Enter the amount shown below for your filing status:
• \$150,000 if married filing jointly or qualifying widow(er)
• \$112,500 if head of household
• \$75,000 if single, married filing separately
12. 150,000
13. Is the amount on line 11 more than the amount on line 12?
[X] No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.
[] Yes. Subtract line 12 from line 11.
13.
14. Multiply line 13 by 5% (0.05)
14.
15. Subtract line 14 from line 7. If zero or less, enter -0-
15. 2,900
16. Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here
16. 1,278
17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference
17. 1,622
18. Subtract line 14 from line 10. If zero or less, enter -0-
18. 1,800
19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here
19. 178
20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference
20. 1,622
21. Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR
21. 3,244

2020 IN40 Filing Instructions
LAKSHMINARASIMH & MRUDULA MEKALA

Form filed:

IN40 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

04-15-2021

Payment:

\$871.00

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

from to:

Place "X" in box
if amending

Your Social Security Number 645 51 0855

Spouse's Social Security Number 749 84 6448

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name LAKSHMINARASIMH Initial Last name MEKALA Suffix

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

Present address (number and street or rural route) 13973 AVALON EAST DR Place "X" in box if you are married filing separately.

City FISHERS State IN Zip/Postal code 46037

Foreign country 2-character code (see instructions)

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

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

Round all entries

- | | | |
|---|--------------------------------------|---|
| 1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 | Federal AGI | <input type="text"/> 1 <input type="text"/> 111730 <input type="text"/> .00 |
| 2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 | Indiana Add-Backs | <input type="text"/> 2 <input type="text"/> .00 |
| 3. Add line 1 and line 2 | | <input type="text"/> 3 <input type="text"/> 111730 <input type="text"/> .00 |
| 4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 | Indiana Deductions | <input type="text"/> 4 <input type="text"/> 3000 <input type="text"/> .00 |
| 5. Subtract line 4 from line 3 | | <input type="text"/> 5 <input type="text"/> 108730 <input type="text"/> .00 |
| 6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3 | Indiana Exemptions | <input type="text"/> 6 <input type="text"/> 7000 <input type="text"/> .00 |
| 7. Subtract line 6 from line 5 | Indiana Adjusted Gross Income | <input type="text"/> 7 <input type="text"/> 101730 <input type="text"/> .00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) | | <input type="text"/> 8 <input type="text"/> 3286 <input type="text"/> .00 |
| 9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) | | <input type="text"/> 9 <input type="text"/> 1119 <input type="text"/> .00 |
| 10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) | | <input type="text"/> 10 <input type="text"/> .00 |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back | Indiana Taxes | <input type="text"/> 11 <input type="text"/> 4405 <input type="text"/> .00 |



Name(s) shown on Form IT-40

Your Social Security Number

LAKSHMINARASIMH MEKALA

645 51 0855

1. Renter's deduction

Address where rented if different from the one on the front page (enter below)

[Empty box for address]

Amount of rent paid

Landlord's name and address (enter below)

[Empty box for landlord name and address]

\$ 8000 .00

Round all entries

Number of months rented [] Enter the lesser of \$3,000 or amount of rent paid 1 3000 .00

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

[Empty box for address]

Number of months lived there [] Amount of property tax paid \$ [] []

Enter the lesser of \$2,500 or the amount of property tax paid 2 [] .00

3. State tax refund reported on federal return 3 [] .00

4. Interest on U.S. government obligations 4 [] .00

5. Taxable Social Security benefits 5 [] .00

6. Taxable railroad retirement benefits 6 [] .00

7. Military service deduction: \$5,000 maximum for qualifying person 7 [] .00

8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions) 8 [] .00

9. Indiana net operating loss deduction 9 [] .00

10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp. Worksheet) 10 [] .00

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name [] code no. [] 11a [] .00

b. Enter deduction name [] code no. [] 11b [] .00

c. Enter deduction name [] code no. [] 11c [] .00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40. Total Deductions 12 3000 .00



Name(s) shown on Form IT-40

Your Social Security Number

LAKSHMINARASIMH MEKALA

645 51 0855

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

Round all entries

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

1 2000 .00

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

2 2000 .00

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

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

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

3 3000 .00

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

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000

4 .00

5. If age 65 or older, enter amount from Form IT-40, line 1 .

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

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500

5 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 **Total Exemptions**

6 7000 .00



Name(s) shown on Form IT-40

Your Social Security Number

LAKSHMINARASIMH MEKALA

645 51 0855

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	3534	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2		.00
3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ Total Credits	10	3534	.00

Schedule IN-DONATE

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

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

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



Name(s) shown on Form IT-40

Your Social Security Number

LAKSHMINARASIMH MEKALA

645 51 0855

1. Federal filing information

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

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked Your income \$. State where spouse worked Spouse's income \$.

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

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

6. Date of death

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

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

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

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

7. Your daytime

telephone number 917 239 1079

Your

email address

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

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

SUMIT PANJABI

Telephone number 8886926829

Address 20610 QUARTERPATH TRACE CIR

City Sterling

State VA Zip Code 20165

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

ADVANTAGE ONE PARTNERS INC

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

PTIN P00624311

Address 20610 QUARTERPATH TRACE CIRC

City Sterling

State VA Zip Code 20165

Preparer's signature _____



Name(s) shown on Form IT-40

Your Social Security Number

LAKSHMINARASIMH MEKALA

645 51 0855

1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself

Column B - Spouse's

1A 101730 .00 1B .00

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

2A .011 2B

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

3A 1119 .00 3B .00

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

4 1119 .00

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

5 .00

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

6 .00

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7 1119 .00



Name(s) shown on Form IT-40/IT-40PNR
LAKSHMINARASIMH MEKALA

Your Social Security Number
645 51 0855

Section A - Farmers and Fishermen Only - See Instructions

	Annual Gross Income from All Sources		Two-Thirds of Gross Income		Gross Income from Farming and Fishing
2019	00	X 66.7% =	00		00
2020	00	X 66.7% =	00		00

Section B: Early Filers

Check box if you filed your 2020 tax return and paid the total tax due by Feb. 1, 2021

Section C - Required Annual Payment

- 2020 tax _____
- 2020 credits (not including withholding credits or estimated tax payments) _____
- Subtract line 2 from line 1 _____
- Multiply line 3 by 90% (.90) (farmers/fishermen multiply by .667, see instructions) _____
- 2020 withholding tax credit _____
- Subtract line 5 from line 3 - **If less than \$1,000, STOP HERE! You do not owe a penalty** _____
- Prior year's tax (see instructions) _____
- Minimum required annual payment - Enter the lesser of line 4 or line 7 - **If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty** _____

Round all entries

1	4405	00
2		00
3	4405	00
4	3965	00
5	3534	00
6	871	00
7	0	00
8	0	00

Section D - Short Method - Read the instructions to determine if you can use the short method

- Enter the withholding tax credit amount from line 5 above _____
- Enter the total amount, if any, of estimated tax payments you made for tax year 2020 _____
- Add lines 9 and 10 _____
- Total Underpayment. Subtract line 11 from line 8. If zero or less, **STOP HERE!** You do not owe a penalty. Attach this schedule to your tax return _____
- Multiply line 12 by 10% (.10). Enter this amount on line 20 on Form IT-40 or Form IT-40PNR _____

9		00
10		00
11		00
12		00
13		00

Section E - Regular Method

Installment Period Due Dates

	A 1st Installment April 15, 2020		B 2nd Installment June 15, 2020		C 3rd Installment September 15, 2020		D 4th Installment January 15, 2021	
14. Minimum required installment payment: divide amount on line 8 by 4 _____	14	00		00		00	14	00
15. 2020 withholding-Divide line 5 by 4 _____	15	00		00		00	15	00

STOP! Complete lines 16 through 19 for each column before going to the next one.

16. 2020 estimated taxes paid per period _____	16	00		00		00	16	00
17. Total installment payments (add lines 15 and 16) _____	17	00		00		00	17	00
18. Installment period overpayment _____	18	00		00		00	18	00
19. Installment period underpayment _____	19	00		00		00	19	00
20. Total underpayment - Add line 19, Columns A + B + C + D and enter total here _____	20						20	00
21. Underpayment penalty - Multiply line 20 by 10%. Enter this amount on line 20 on Form IT-40 or IT-40PNR _____	21						21	00



Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax for the Tax Year January 1 - December 31, 2020

**Do Not Mail This
Form To DOR**

Submission ID - -

First Name and Middle Initial LAKSHMINARASIMH	Last Name MEKALA	Your Social Security Number 645 51 0855	Spouse's Social Security Number 749 84 6448
Spouse's First Name and Middle Initial MRUDULA	Spouse's Last Name MEKALA	Street Address 13973 AVALON EAST DR	
City FISHERS	State IN	Zip Code 46037	Daytime Telephone Number 917 239 1079

Part I Tax Return Information (See Instructions on Next Page)

1. Federal Adjusted Gross Income	1.	111730
2. Indiana Adjusted Gross Income	2.	101730
3. Total Indiana Tax	3.	4405
4. Total State Tax Withheld	4.	3534
5. Total County Tax Withheld	5.	
6. Total Indiana Tax Credits	6.	3534
7. Refund	7.	
8. Amount You Owe	8.	871

**Do Not Mail This
Form To DOR**

Part II Direct Deposit

9. Routing number *Note: The first two digits of the routing number must be 01-12 or 21-32.*
10. Account number
11. Type of account: Checking Savings Hoosier Works MC
12. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited.

Part III Declaration of Taxpayer

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2020 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Taxpayer's PIN: check one box only

- I authorize ADVANTAGE ONE PAR to enter my PIN 19440 as my signature on my tax year 2020 electronically filed income tax return.
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. 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 IV below.

Taxpayer's signature Date

Spouse's PIN: check one box only

- I authorize ADVANTAGE ONE PAR to enter my PIN 27730 as my signature on my tax year 2020 electronically filed income tax return.
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. 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 IV below.

Spouse's signature Date

Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. 54089336506
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

SUMIT PANJABI

ERO's Signature Date 03-19-2021

Attach W-2 Forms Here

I
N
D
I
A
N
A

**POST FILING COUPON
INDIANA DEPARTMENT OF REVENUE**

LAKSHMINARASIMH MEKALA
MRUDULA MEKALA
13973 AVALON EAST DR
FISHERS IN 46037

Date: 03-19-2021
Taxpayer's SSN: 645 51 0855
Spouse's SSN: 749 84 6448

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates you owe \$ 871.00 in taxes to the Indiana Department of Revenue.

This amount is due in full no later than April 15, 2021.

Any portion not paid by that date will be subject to penalty and interest.

You may pay DOR online or by mail.

- To pay online using your checking account or credit card (Visa/Mastercard) have your SSN ready for identification purposes and visit DORpay at dorpay.dor.in.gov.
 - The online transaction fee for credit card payments is \$1 plus 1.99% of the total payment. There is no fee for an ACH (e-check) payment.
 - You may schedule a payment in advance when paying by e-check.
 - You can make full or partial payments on DORpay by selecting "Individual" and "Tax Return Payment" options. You must pay the entire amount by April 15, 2021, to avoid penalty and interest even if you are making partial payments. DOR offers payment plans to qualified taxpayers who owe over \$100. See intaxpay.dor.in.gov for more details.

Pay by check or money order by mail. Make your check or money order payable to "Indiana Department of Revenue." **DO NOT SEND CASH.**

- If you did not file your state return electronically and you are mailing your printed tax return along with your payment, **DO NOT INCLUDE** the payment coupon below. Mail your completed and signed state tax return along with your check or money order to:
Indiana Department of Revenue
P.O. Box 7224
Indianapolis, IN 46207-7224
- If you choose to send your paper-tax return separately from your payment OR you filed your state return electronically, **YOU MUST INCLUDE** the payment coupon at the bottom of this letter with your payment and mail it to:
Indiana Department of Revenue
P.O. Box 1674
Indianapolis, IN 46206-1674

If you filed your state return electronically, **DO NOT INCLUDE** a printed copy of your tax return with your payment.

If you have questions on how to pay your Indiana income tax, you may call Indiana Department of Revenue Customer Service at (317) 232-2240, Monday through Friday, 8 a.m. – 4:30 p.m. EST.

Cut on line before mailing

POST FILING COUPON PFC 0912 1024

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

*SSN 1 645 51 0855
*SSN 2 749 84 6448
Period End Date 12 31 2020
Date Due 04 15 2021
Tax Type IND

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

LAKSHMINARASIMH MEKALA
MRUDULA MEKALA
13973 AVALON EAST DR

Amount Due: 871.00

FISHERS IN 46037

06000064551085502000020111231202001

**Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information**

2020

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

LAKSHMINARASIMH MEKALA

645 51 0855

1A. Dependent's First Name
 1B. Dependent's Last Name
 1C. Dependent's Social Security Number
 1D. Dependent's Date of Birth (mm dd yyyy)
 1E. Place "X" in box if claiming dependent as an additional dependent child exemption

2A. Dependent's First Name
 2B. Dependent's Last Name
 2C. Dependent's Social Security Number
 2D. Dependent's Date of Birth (mm dd yyyy)
 2E. Place "X" in box if claiming dependent as an additional dependent child exemption

3A. Dependent's First Name
 3B. Dependent's Last Name
 3C. Dependent's Social Security Number
 3D. Dependent's Date of Birth (mm dd yyyy)
 3E. Place "X" in box if claiming dependent as an additional dependent child exemption

4A. Dependent's First Name
 4B. Dependent's Last Name
 4C. Dependent's Social Security Number
 4D. Dependent's Date of Birth (mm dd yyyy)
 4E. Place "X" in box if claiming dependent as an additional dependent child exemption

5A. Dependent's First Name
 5B. Dependent's Last Name
 5C. Dependent's Social Security Number
 5D. Dependent's Date of Birth (mm dd yyyy)
 5E. Place "X" in box if claiming dependent as an additional dependent child exemption

6. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) . . . **Box 6**

7. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 2E, 3E, 4E, and 5E, if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) . . . **Box 7**

INEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2020

Name(s) as shown on return

LAKSHMINARASIMH & MRUDULA MEKALA

Identification Number

***-**-0855

Address

13973 AVALON EAST DR
FISHERS, IN 46037

Thank you for participating in IRS e-file.

1. Your 2020 state income tax return for IN40 was filed electronically.
The electronic filing services were provided by ADVANTAGE ONE PARTNERS INC
2. Your return was accepted on 03-16-2021 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 5408932021075vkh0rmp.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

INWK_A5

State / Local tax payments made after 12/31/2020 that
will be deductible on 2021 Federal Schedule A

2020

Name(s) as shown on return

LAKSHMINARASIMH & MRUDULA MEKALA

Your Social Security Number

645-51-0855

A. 2020 Income taxes due that were paid after 12/31/2020

A1. 4th quarter estimate/extension (may be adj. by refund) _____
A2. Amount paid with return 871
A3. Total payments made in 2021 **A.** 871

B. Adjustments made to payments

B1. Interest & Penalty _____
B2. Contributions, Donations, Checkoffs _____
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) _____
B4. Total adjustments **B.** _____

C. Total tax payments potentially deductible in 2021 (Line A less line B) **C.** 871

IN-COMP	Three-year State Tax Return Comparison			2020
Name(s) as shown on return LAKSHMINARASIMH & MRUDULA MEKALA				Taxpayer ID Number 645-51-0855
[State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status			MFJ	
Gross Income			101,730	101,730
Standard Deduction				
Itemized Deduction				
Deductions				
Taxable Income			101,730	101,730
Actual State Income			101,730	101,730
State Income Tax			4,405	4,405
Local Taxes			1,119	1,119
Use Tax				
Contributions				
Income Tax Withheld			3,534	3,534
Estimates and Extension payments . . .				
Underpayment Penalty				
Overpayment Applied to Next Year . . .				
Refund				
Balance Due			871	871
Marginal tax rate			3.230000	3.230000
Effective tax rate			4.330000	4.330000