

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 ANEESH KAKUMANI	Social security number 696-80-0261
Spouse's name	Spouse's social security number

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	90,838.
2 Total tax	2	13,044.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,577.
4 Amount you want refunded to you	4	2,741.
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 _____ to enter or generate my PIN _____ as my signature on the income tax return (original or amended) I am now authorizing. **ERO firm name**
- 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.

0	0	2	6	1
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Enter five digits, but don't enter all zeros

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN _____ as my signature on the income tax return (original or amended) I am now authorizing. **ERO firm name**
- 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.

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Enter five digits, but don't enter all zeros

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.

--	--	--	--	--	--	--	--	--	--	--	--

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status 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 ANEESH	Last name KAKUMANI	Your social security number 696-80-0261
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 10320 DEVONSHIRE CIRCLE		Apt. no. 220
City, town, or post office. If you have a foreign address, also complete spaces below. MINNEAPOLIS		State MN
Foreign country name		ZIP code 55431
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

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

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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	101,856.
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b	
	3a Qualified dividends	3a	3b	
	4a IRA distributions	4a	4b	
	5a Pensions and annuities	5a	5b	
	6a Social security benefits	6a	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8 Other income from Schedule 1, line 9		8	-10,718.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	91,138.
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.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b	300.	
	c Add lines 10a and 10b. These are your total adjustments to income ▶		10c	300.
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶		11	90,838.
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14 Add lines 12 and 13		14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	78,438.

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	13,044.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	13,044.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,044.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	13,044.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,577.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,577.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	208.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	208.
33	Add lines 25d, 26, and 32. These are your total payments	33	15,785.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,741.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,741.
b	Routing number 072000326	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 678261962		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041				Firm's EIN

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

Your social security number
696-80-0261

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-10,718.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-10,718.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

ANEESH KAKUMANI

696-80-0261

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions **Yes** **No**

B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	SR NAGAR HYDERABAD IN				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 320	B 0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		536.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		2,346.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,130.		
15	Supplies	15		1,997.		
16	Taxes	16				
17	Utilities.	17		4,781.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		11,254.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-10,718.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-10,718.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			536.	
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e			11,254.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(10,718.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-10,718.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return
ANEESH KAKUMANI

Identifying number
696-80-0261

Part I 2020 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	0.	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(10,718.)	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c	1d		-10,718.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b	2c	()	

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	()	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
d Combine lines 3a, 3b, and 3c	3d		

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		-10,718.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	10,718.
6 Enter \$150,000. If married filing separately, see instructions	6	150,000.
7 Enter modified adjusted gross income, but not less than zero. See instructions	7	101,556.
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8 Subtract line 7 from line 6	8	48,444.
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	24,222.
10 Enter the smaller of line 5 or line 9	10	10,718.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16 Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	10,718.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SR NAGAR	0.	10,718.			10,718.
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0.	10,718.			

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶					

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
SR NAGAR	E Ln 22	10,718.	1.00000000	10,718.	0.
Total ▶		10,718.	1.00	10,718.	0.

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	



Individual Estimated Tax Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.paystatetax.com/mn** or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031



Individual Estimated Tax Payment

ANEESH KAKUMANI
10320 DEVONSHIRE CIRCLE Apt #220
MINNEAPOLIS MN 55431

Make check payable to:
Minnesota Revenue
P.O. Box 64037, St. Paul, MN 55164-0037

Preparer Tax
Identification Number:

Social Security
Number (required): 696800261
Spouse's Social
Security Number:

Tax-Year End: 123121

Amount of Check: 647 00

00100000000000000000000012312130006968002619000000000000000000001031

Individual Estimated Tax Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

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The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.paystatetax.com/mn** or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031

Individual Estimated Tax Payment

ANEESH

KAKUMANI

10320 DEVONSHIRE CIRCLE Apt #220
MINNEAPOLIS MN 55431

Make check payable to:
Minnesota Revenue

P.O. Box 64037, St. Paul, MN 55164-0037

Preparer Tax
Identification Number:

Social Security
Number (required): 696800261
Spouse's Social
Security Number:

Tax-Year End: 123121

Amount of Check: 647 00

001000000000000000000000000000000000123121300069680026190000000000000000000000001031



Individual Estimated Tax Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

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- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.paystatetax.com/mn** or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031



Individual Estimated Tax Payment

ANEESH

KAKUMANI

10320 DEVONSHIRE CIRCLE Apt #220
MINNEAPOLIS MN 55431

Make check payable to:
Minnesota Revenue

P.O. Box 64037, St. Paul, MN 55164-0037

Preparer Tax
Identification Number:

Social Security
Number (required): 696800261
Spouse's Social
Security Number:

Tax-Year End: 123121

Amount of Check: 647 00

00100000000000000000000000123121300069680026190000000000000000000000001031

Individual Estimated Tax Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.paystatetax.com/mn** or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031

Individual Estimated Tax Payment

ANEESH KAKUMANI
10320 DEVONSHIRE CIRCLE Apt #220
MINNEAPOLIS MN 55431

Make check payable to:
Minnesota Revenue
P.O. Box 64037, St. Paul, MN 55164-0037

Preparer Tax
Identification Number:

Social Security
Number (required): 696800261
Spouse's Social
Security Number:

Tax-Year End: 123121

Amount of Check: 647 00

0010000000000000000000001231213000696800261900000000000000000000001031

Income Tax Return Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.paystatetax.com/mn** or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 04/16/21 PRO

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1031

Income Tax Return Payment

ANEESH KAKUMANI
10320 DEVONSHIRE CIRCLE Apt #220
MINNEAPOLIS MN 55431

Preparer Tax Identification Number:

Social Security Number (required): 696800261
Spouse's Social Security Number:

Tax-Year End: 123120

Make check payable to:
Minnesota Revenue
P.O. Box 64054, St. Paul, MN 55164-0054

Amount of Check: 2627 00

001020000000000000000000012312030006968002619000000000000000000001031



2020 Form M1, Individual Income Tax

ANEESH KAKUMANI 696800261 12101992
 Your First Name and Initial Your Last Name Your Social Security Number (SSN) Your Date of Birth

If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth
10320 DEVONSHIRE CIR MINNEAPOLIS MN 55431
 Current Home Address City State ZIP Code
 Check if Address is: New Foreign

2020 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Widow(er)

Spouse Name _____
 Spouse SSN _____

Dependents (see instructions):

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

Your Code _____	Spouse's Code _____	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

From Your Federal Return (see instructions)

101856 0 0 78438
 A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1 ■	<u>90838</u>
2	Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M)	2 ■	<u>300</u>
3	Add lines 1 and 2.	3	<u>91138</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 ■	<u>12400</u>
5	Exemptions (determine from instructions)	5 ■	_____
6	State income tax refund from line 1 of federal Schedule 1.	6 ■	_____
7	Other subtractions from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M)	7 ■	_____
8	Total subtractions. Add lines 4 through 7.	8	<u>12400</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>78738</u>
10	Tax from the table in the Form M1 instructions	10	<u>4964</u>
11	Alternative minimum tax (enclose Schedule M1MT)	11 ■	_____



12 Add lines 10 and 11 12 4964

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (*enclose Schedule M1NR*) 13 4964

13a ■ 101856 13b ■ 91438

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (*check appropriate boxes*)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 4964

16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (*enclose Schedule M1C*) 16 ■ _____

17 Subtract line 16 from line 15 (*if result is zero or less, leave blank*) 17 4964

18 Nongame Wildlife Fund contribution (*see instructions*)
This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 4964

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (*do not send*) 20 ■ 2379

21 Minnesota estimated tax and extension payments made for 2020 21 ■ _____

22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (*see instructions; enclose Schedule M1REF*) 22 ■ _____

23 Total payments. Add lines 20 through 22 23 2379

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (*see instructions*).
For direct deposit, complete line 25 24 ■ _____

25 Direct deposit of your refund (*you must use an account not associated with a foreign bank*):
 Checking Savings _____
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (*see instructions*) 26 ■ 2627

27 Penalty amount from Schedule M15 (*see instructions*). Also subtract
this amount from line 24 or add it to line 26 (*enclose Schedule M15*) 27 ■ 42

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2021 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature
2693596855
Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY)
aneesh.kakumani@gmail.com
Email Address

Paid Preparer's Signature _____

Date (MM/DD/YYYY) _____ PTIN or VITA/TCE # (required)

Preparer's Daytime Phone _____

Preparer's Email Address _____

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.



2020 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

ANEESH
Your First Name and Initial

KAKUMANI
Your Last Name

696800261
Your Social Security Number

Additions to Income

- 1 Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040 **1** ■ _____
- 2 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040 **2** ■ _____
- 3 Federal bonus depreciation addition (*determine from worksheet in the instructions*) **3** ■ _____
- 4 Section 179 Addition (*see instructions*) **4** ■ _____
- 5 State taxes passed through to you (*see instructions*) **5** ■ _____
- 6 Expenses deducted on your federal return attributable to income not taxed by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*) **6** ■ _____
- 7 Foreign-derived intangible income deduction under section (*see instructions*) **7** ■ _____
- 8 Suspended loss from bonus depreciation (*see instructions and worksheets*) **8** ■ _____
- 9 Capital gain portion of a lump-sum distribution (*from line 6 of federal Form 4972; enclose Form 4972*) . . . **9** ■ _____
- 10 Net operating loss carryover adjustment (*see instructions*) **10** ■ _____
- 11 Addition from line 7 of Schedule M1HOME (*enclose Schedule M1HOME*) **11** ■ _____
- 12 Accelerated recognition of nonresident installment sales (*enclose Schedule M1AR*) **12** ■ _____
- 13 Distributions from higher education savings accounts used for K-12 tuition (*see instructions*) **13** ■ _____
- 14 This line intentionally left blank **14** ■ _____
- 15 This line intentionally left blank **15** ■ _____
- 16 Addition from line 32 of Schedule M1NC **16** ■ _____ 300
- 17 Add lines 1 through 16. Enter the total here and on line 2 of Form M1 **17** _____ 300

Subtractions from Income

- 18 Net interest or mutual fund dividends from U.S. bonds (*see instructions*) **18** ■ _____
- 19 Education expenses you paid for your qualifying children in grades K-12 (*see instructions*)
Enter the name and grade of each child on the line below: **19** ■ _____
- 20 If you are not filing Schedule M1SA, and your charitable contributions were more than \$500, see instructions **20** ■ _____
- 21 Federal bonus depreciation subtraction (*see instructions and worksheet*) **21** ■ _____
- 22 Section 179 Expensing Subtraction (*see instructions*) **22** ■ _____





- 23 Subtraction for persons age 65 or older, or permanently and totally disabled (*enclose Schedule M1R*) . . . 23 ■ _____
- 24 Railroad Retirement Board benefits (*see instructions*) 24 ■ _____
- 25 If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0 25 ■ _____
 - Place an X in one box to indicate the reciprocity state of which you were a resident during 2020 Michigan North Dakota
- 26 Subtraction of reservation income for American Indians (*see instructions*) 26 ■ _____
- 27 Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. If you received a military pension, see line 32 27 ■ _____
- 28 **Minnesota National Guard members and reservists:** See instructions 28 ■ _____
- 29 **Residents of another state:** Enter your federal active service military pay, to the extent the income is federally taxable. If you received a military pension, see line 32. 29 ■ _____
- 30 Organ Donor Subtraction (*see instructions*) 30 ■ _____
- 31 Disallowed section 280E expenses of medical cannabis manufacturers (*see instructions*) 31 ■ _____
- 32 Subtraction for military pensions or other military retirement pay (*see instructions*) 32 ■ _____
- 33 Gain from the sale of farm property (*see instructions*) 33 ■ _____
- 34 Post-service education awards received for service in an AmeriCorps National Service program 34 ■ _____
- 35 Net operating loss carryover adjustment (*see instructions*) 35 ■ _____
- 36 Prior addback of reacquisition of indebtedness income (*see instructions*) 36 ■ _____
- 37 Subtraction for railroad maintenance expenses. 37 ■ _____
- 38 Subtraction for contributions to a qualified education savings plan (*enclose Schedule M1529*) 38 ■ _____
- 39 Social Security benefit subtraction (*determine from worksheet in instructions*) 39 ■ _____
- 40 Subtraction for interest earned from a designated first-time homebuyer savings account (*enclose Schedule M1HOME*) 40 ■ _____
- 41 Subtraction for discharge of indebtedness of educational loans (*see instructions*) 41 ■ _____
- 42 Income from prior-year partnership sale (see instructions) (*see instructions*). 42 ■ _____
- 43 Deferred foreign income recognized under section 965 of the Internal Revenue Code 43 ■ _____
- 44 Global intangible low-taxed income included in gross income under section 951A of the Internal Revenue Code. 44 ■ _____
- 45 Subtraction from line 32 of Schedule M1NC. Enter as a positive number. 45 ■ _____
- 46 This line intentionally left blank 46 ■ _____
- 47 Add lines 18-46. Enter the total here and on line 7 of Form M1. 47 _____

You must include this schedule with your Form M1.



2020 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

ANEESH KAKUMANI 696800261
 Your First Name and Initial Your Last Name Your Social Security Number

 Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number

Minnesota Residency (Place an X in one box and enter other state of residency)

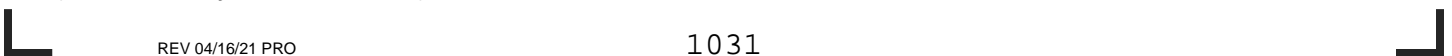
You: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: MI
(MM/DD/YYYY) (MM/DD/YYYY)

Your Spouse: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: _____
(MM/DD/YYYY) (MM/DD/YYYY)

	A. Total Amount	B. Minnesota Portion
1 Wages, salaries, tips, etc. (from line 1 of federal Form 1040 or 1040-SR)	1 101856	101856
2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR)	2 _____	_____
3 Business income or loss (from line 3 of federal Schedule 1)	3 _____	_____
4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR)	4 _____	_____
5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR)	5 _____	_____
6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1)	6 -10718	0
7 Farm income or loss (from line 6 of federal Schedule 1)	7 _____	_____
8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 8 of federal Schedule 1)	8 _____	_____
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M)	9 _____	_____
10 Bonus depreciation addition from line 3 of Schedule M1M	10 ■ _____	■ _____
11 Section 179 addition from line 4 of Schedule M1M	11 ■ _____	■ _____
12 Suspended loss from line 8 of Schedule M1M	12 ■ _____	■ _____
13 Other required additions from Schedule M1M and M1AR (see instructions)	13 ■ _____	■ _____
14 Federal adjustments from Schedule M1NC (See instructions)	14 ■ 300	■ 0
15 Add lines 1 through 14 for each column	15 ■ 91438	■ 101856

If your Minnesota gross income is below \$12,400, see instructions.

16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 10, 11, and 13 of federal Schedule 1)	16 _____	_____
17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 15 and 19 of federal Schedule 1)	17 _____	_____
18 Health savings account and Archer MSA deductions (add line 12 and Archer MSA amount included on line 22 of federal Schedule 1)	18 _____	_____
19 One-half of self-employment tax and self-employed health insurance (add lines 14 and 16 of federal Schedule 1)	19 _____	_____
20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B)	20 _____	_____





21	Penalty on early withdrawal of savings (from line 17 of federal Schedule 1)	21	_____	_____
22	Net operating loss carryover adjustment from line 35 of Schedule M1M (see instructions) 22 ■	22	_____	_____
23	Social Security benefit from line 39 of Schedule M1M (see instructions)	23	_____	_____
24	Subtraction for federal bonus depreciation from line 21 of Schedule M1M	24	_____	_____
25	Net U.S. bond interest and active military pay received while a nonresident (add lines 18 and 29 of Schedule M1M)	25	_____	_____
26	Subtraction for federal section 179 expensing (from line 22 of Schedule M1M)	26	_____	_____
27	Add lines 16 through 26 for each column	27	_____	0 0
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,400 or the result is zero or less, enter 0	28	_____	101856
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1	29	_____	91438
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	30	_____	1.00000
31	Amount from line 12 of Form M1	31	_____	4964
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	32	_____	4964

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

ANEESH
Your First Name and Initial

KAKUMANI
Last Name

696800261
Your Social Security Number

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for:	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1				
• spouse, enter 2				
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>6474578</u>	d1 <u>101856</u>	e1 <u>2379</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 2379

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld (round to nearest whole dollar)
• you, enter 1			
• spouse, enter 2			
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 2379**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**



2020 Schedule M15, Underpayment of Estimated Income Tax
For Individuals (Form M1)

ANEESH _____ KAKUMANI _____ 696800261 _____
Your First Name and Initial Last Name Social Security Number

Required Annual Payment

- 1 Minnesota income tax for **2020** (from line 17 of Form M1) 1 4964
- 2 Minnesota withholding and credits for **2020** (add lines 20 and 22 of Form M1) 2 2379
- 3 Subtract line 2 from line 1. If less than \$500, **STOP HERE**; you do not owe an underpayment penalty 3 2585
- 4 Multiply line 1 by 90% (.90). **Farmers and commercial fishermen:** Multiply line 1 by 66.7% (.667) 4 4468
- 5 Required payments based on 2018 or 2019 tax amounts (see instructions) 5 _____
- 6 **Required annual payment.** Amount from line 4 or line 5, whichever is less 6 4468
 - If line 6 is less than or equal to line 2, stop here; you do not owe an underpayment penalty.
 - If line 6 is more than line 2, continue with line 7 or line 13, depending on which method you use.

Optional Short Method (see instructions to determine which method to use)

- 7 Quarterly estimated tax payments you made for 2020 7 0
- 8 Add line 2 and line 7 8 2379
- 9 Total underpayment for the year. Subtract line 8 from line 6 (if result is zero or less, **STOP HERE**; you do not owe an underpayment penalty) 9 2089
- 10 Multiply line 9 by 2% (.02) 10 42
- 11 • If the amount on line 9 will be paid on or after April 15, 2021, enter 0.
• If the amount was paid before April 15, 2021, use the following computation and enter the result on line 11:

Amount on line 9	x	Number of days paid before 4/15/21	x	.000137 11	<u>0</u>
------------------	---	---------------------------------------	---	---------	----------	----------
- 12 **Penalty.** Subtract line 11 from line 10. Enter result here and on line 27 of Form M1 12 42

Regular Method	A	B	C	D
	April 15, 2020	June 15, 2020	Sept. 15, 2020	Jan. 15, 2021
13 Enter 25% (.25) of line 6 in each column OR use the annualized income installment worksheet on the back of this form. If you use the worksheet or are a farmer or fisherman, see instructions 13	_____	_____	_____	_____
14 Credits. See instructions 14	_____	_____	_____	_____
15 Overpayment. If line 14 is more than line 13, subtract line 13 from line 14. Enter the result here and add it to line 14 in the next column. Overpayments in any quarter following an underpayment must first be applied to making up previous underpayments 15	_____	_____	_____	_____
16 Underpayment. If line 14 is less than line 13, subtract line 14 from line 13. Enter the result here and go to line 17 below 16	_____	_____	_____	_____
17 Enter the date of payment or April 15, 2021, whichever is earlier (see instructions) 17	_____	_____	_____	_____
18 Number of days between the payment due date and the date on line 17 18	_____	_____	_____	_____
19 Divide line 18 by 365. The result is a decimal 19
20 Multiply line 19 by 5% (.05). Enter as a decimal 20
21 Multiply line 20 by line 16 21	_____	_____	_____	_____
22 Penalty. Add columns A-D on line 21. Enter result here and on line 27 of Form M1 22	_____	_____	_____	_____



2020 Schedule M1NC, Federal Adjustments

Minnesota has not adopted the federal law changes enacted after December 31, 2018, that affect federal adjusted gross income for tax year 2020. This schedule allows for any necessary adjustments required to file a state tax return.

ANEESH
Your First Name and Initial

KAKUMANI
Last Name

696800261
Social Security Number

Read the instructions before you complete this schedule.

Enter amounts as a positive or negative.
Round amounts to the nearest whole dollar.

Adjustments to federal adjusted gross income (FAGI)

- 1 Home mortgage debt cancelled in 2020 and excluded from federal income 1 ■ _____
- 2 Tuition and fees deduction from line 21 of federal Schedule 1. 2 ■ _____
- 3 Distributions from higher education savings accounts used for apprenticeship programs or student loan payments. 3 ■ _____
- 4 Distributions from IRAs and defined contribution plans related to Coronavirus to be repaid over extended time . 4 ■ _____
- 5 Certain retirement account withdrawals excluded from income 5 ■ _____
- 6 Charitable contribution deduction for filers who claim the federal standard deduction 6 ■ _____ 300
- 7 Unemployment compensation excluded from income 7 ■ _____
- 8 This line intentionally left blank. 8 ■ _____
- 9 Paycheck Protection Program loan forgiveness 9 ■ _____
- 10 Exclusion for certain employer payments of student loans. 10 ■ _____
- 11 Employee Retention Credit under the CARES Act 11 ■ _____
- 12 Employee Retention Credit for employers affected by qualified disasters. 12 ■ _____
- 13 NOL carryovers and suspension of 80% Limit. 13 ■ _____
- 14 Modification of excess loss limitation or excess business loss 14 ■ _____
- 15 Subpart F Income Adjustment 15 ■ _____
- 16 Modification of business interest limitation 16 ■ _____
- 17 Qualified Improvement Property technical fix 17 ■ _____
- 18 Employer credit for paid medical leave and Employer payroll credit for required paid family leave 18 ■ _____
- 19 TCDTR basis and depreciation provisions 19 ■ _____
- 20 Credit provisions impacting basis and depreciation 20 ■ _____
- 21 Credit provisions impacting business expenses 21 ■ _____
- 22 Other adjustments to federal adjusted gross income 22 ■ _____
- 23 TCDTR20 basis and depreciation provisions 23 ■ _____



24	Loans, grants, and loan repayment assistance under the CARES Act excluded from income (see instructions) ..	24	■	_____
25	Temporary Allowance of Full Deduction for Business Meals (see instructions)	25	■	_____
26	This line intentionally left blank	26	■	_____
27	This line intentionally left blank	27	■	_____
28	This line intentionally left blank	28	■	_____
29	This line intentionally left blank	29	■	_____
30	This line intentionally left blank	30	■	_____
31	If you have an amount on lines 1 through 30, and an adjustment to income subject to a rule involving adjusted gross income such as an IRA deduction, Social Security income, rental real estate loss, or student loan interest, see instructions	31	■	_____
32	Add lines 1-31. If the result is positive, enter it on Form M1M, line 16. If the amount is negative, enter it as a positive number on Form M1M, line 45	32	■	_____ 300
33	Line 1 of Form M1	33	■	_____ 90838
34	Minnesota adjusted gross income. Add lines 32 and 33, then see instructions	34	■	_____ 91138

You must include this schedule when you file Form M1.

