



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

2020

**Massachusetts  
Department of  
Revenue**

**Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.**

Your first name and initial <b>SHALENI MEDIKONDA</b>	Last name	Your Social Security number <b>869850441</b>
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If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
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Present street address (and apartment number)  
**555 W MADISON ST APT NO 4203**

City/Town/Post Office <b>CHICAGO</b>	State <b>IL</b>	Zip <b>60661</b>	Filing status: <input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly
			<input type="checkbox"/> Married filing separately	<input type="checkbox"/> Head of household

**Part 1. Tax Return Information for Electronic Filing**

<b>1</b>	Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .	<b>6675</b>
<b>2</b>	Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .	<b>86</b>
<b>3</b>	Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .	<b>0</b>
<b>4</b>	Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . .	<b>298</b>
<b>5</b>	Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54) . . . . .	<b>212</b>
<b>6</b>	Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55) . . . . .	

**Part 2. Declaration and Signature of Taxpayer**

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, <b>both</b> must sign)	Date
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**Part 3. Declaration and Signature of Electronic Return Originator (ERO)**

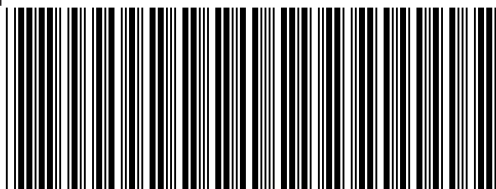
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date <b>03112022</b>	EIN <b>301017196</b>	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address <b>GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING</b>	City/Town <b>CUMMING</b>	State Zip <b>GA 30041</b>	<input type="checkbox"/> Check if also paid preparer

**Part 4. Declaration and Signature of Paid Preparer (if other than ERO)**

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

Paid preparer's signature and SSN or PTIN <b>P02082703</b>	Date <b>03112022</b>	EIN <b>301017196</b>	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address <b>SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING</b>	City/Town <b>CUMMING</b>	State Zip <b>GA 30041</b>	



**2020 Form 1-NR/PY**

MA20006011555

**Massachusetts Nonresident/Part-Year Resident  
Income Tax Return**

For the year January 1–December 31, 2020 or other taxable

Year beginning

Ending

SHALENI

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869850441

555 W MADISON ST

CHICAGO

IL 60661

Fill in if:  Original return     Amended return     Amended return due to federal change

Apt. no. 4203

**State Election Campaign Fund:**

\$1 You    \$1 Spouse    TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle  
or Sinai Peninsula

You    Spouse

Taxpayer deceased

You    Spouse

Fill in if under age 18

You    Spouse

Check one:     Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income    22235

b. Federal adjusted gross income    19435

1. Filing status (select one only):     Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From 01012020 To 06302020

3. Total days as Massachusetts resident 182 ÷ 365 = .4986 3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

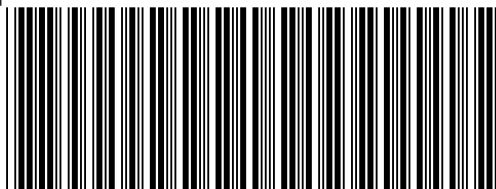
Date

Spouse's signature

Date

571-383-0814

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



# 2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

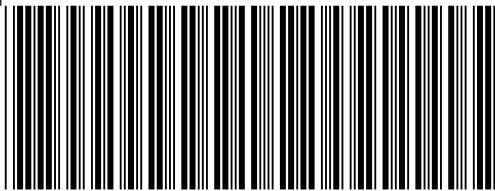
Part-Year Resident Income Tax Return

869850441

## 4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = 4b	
c. Age 65 or over before 2021	You + Spouse =	x \$700 = 4c	
d. Blindness	You + Spouse =	x \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	6675
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. <b>TOTAL 5.0% INCOME</b>		12	6675
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:			
Working days (or other basis) outside Massachusetts		13a	
Working days (or other basis) inside Massachusetts		13b	
Total working days		13c	
Nonworking days (holidays, weekends, etc.)		13d	
Massachusetts ratio		13e	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	
Massachusetts income		13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2020 Form 1-NR/PY, pg. 3**

MA20006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

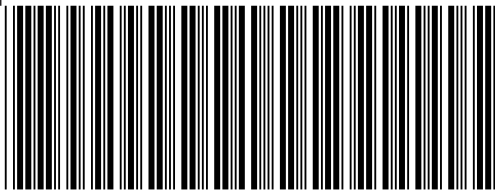
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<b>14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO</b>			
a. Total 5.0% income		14a	
b. Interest income		14b	
c. Total capital gain income		14c	
d. Total income this return		14d	
e. Non-Massachusetts source income. <b>Not less than "0"</b>		14e	
f. Total income		14f	
g. Deduction and exemption ratio		14g	
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement		15a	1519
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		15b	
16. Child under age 13, or disabled dependent/spouse care expenses		16	
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s)			
<b>Not more than two.</b> a. $\times \$3,600 = b.$ Part-year residents multiply line 17b by line 3;			
nonresidents multiply line 17b by line 14g		17	
18. Rental deduction. a.		$\div 2 = 18$	
Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future			
19. Other deductions from Schedule Y, line 19		19	1247
20. <b>Total deductions.</b> Add lines 15 through 19		20	2766
21. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>		21	3909
22. Exemption amount. a. 4400		22	2194
23. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>		23	1715
24. <b>INTEREST AND DIVIDEND INCOME</b>		24	
25. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24		25	1715
26. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585		26	86

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2020 Form 1-NR/PY, pg. 4**

MA20006041555

Massachusetts Nonresident/

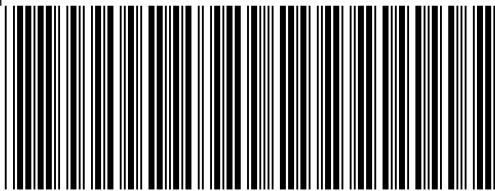
Part-Year Resident Income Tax Return

869850441

27. 12% INCOME. Not less than "0." a.	x .12 =27	
28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28	28	
29. Credit recapture amount (from Credit Recapture Schedule)	29	
30. Additional tax on installment sale	30	
31. If you qualify for No Tax Status, fill in and enter "0" on line 32		
32. TOTAL INCOME TAX. Add lines 26 through 30.	32	86
33. Limited Income Credit	33	
34. Income tax due to another state or jurisdiction	34	
35. Other credits (from Credit Manager Schedule)	35	
36. INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"	36	86
37. Voluntary Contributions		
a. Endangered Wildlife Conservation	37a	
b. Organ Transplant Fund	37b	
c. Massachusetts Public Health HIV and Hepatitis Fund	37c	
d. Massachusetts U.S. Olympic Fund	37d	
e. Massachusetts Military Family Relief Fund	37e	
f. Homeless Animal Prevention and Care	37f	
Total. Add lines 37a through 37f	37	
38. Use tax due on Internet, mail order and other out-of-state purchases	38	
39. Health care penalty a. You + b. Spouse	39	
40. Amended return only. Overpayment from original return	40	
41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40	41	86

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





# 2020 Schedules X & Y

MA20SXY011555

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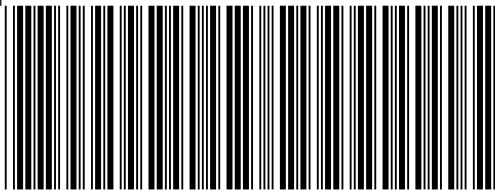
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## Schedule X. Other Income

- |   |   |
|---|---|
| 1. Alimony received   | 1 |
| 2. Taxable IRA/Keogh and Roth IRA conversion distributions  | 2 |
| 3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law | 3 |
| 4. Fees and other 5.0% income. Not less than "0"  | 4 |
| 5. Total other 5.0% income. Add lines 1 through 4. Not less than "0"  | 5 |

## Schedule Y. Other Deductions

- |  |    |      |
|--|----|------|
| 1. [RESERVED]  | 1  |      |
| 2. Penalty for early savings withdrawal  | 2  |      |
| 3. Alimony paid  | 3  |      |
| 4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5<br>Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F<br>Income exempt under U.S. tax treaty | 4  |      |
| 5. Moving expenses   | 5  |      |
| 6. Medical savings account deduction   | 6  |      |
| 7. Self-employed health insurance deduction  | 7  |      |
| 8. Health savings accounts deduction   | 8  |      |
| 9. Certain qualified deductions from U.S. Form 1040<br>Certain business expenses from U.S. Form 1040   | 9  |      |
| 10. Student loan interest  | 10 | 1247 |
| 11. College Tuition Deduction (full-year residents only)   | 11 |      |
| 12. Undergraduate student loan interest deduction  | 12 |      |
| 13. Deductible amount of qualified contributory pension income from another state or political subdivision included<br>in Form 1, line 4 or Form 1-NR/PY, line 6   | 13 |      |
| 14. Claim of right deduction   | 14 |      |
| 15. Commuter deduction   | 15 |      |
| 16. Human organ donation deduction (full-year residents only)  | 16 |      |
| 17. Certain gambling losses  | 17 |      |
| 18. Prepaid tuition or college savings program deduction   | 18 |      |
| 19. Total other deductions. Add lines 1 through 18   | 19 | 1247 |



**2020 Schedule INC**

MA20INC011555

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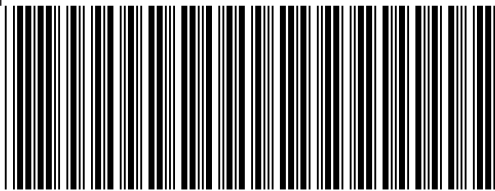
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**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
364326179	180	4295	1519		W2
041679980	118	2380			W2

TOTALS	298	6675	1519		
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# 2020 Schedule HC

MA20029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

**Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

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1a. Date of birth    04061997    1b. Spouse's date of birth    1c. Family size    1

2. Federal adjusted gross income    2    19435

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

<b>3a</b> You:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None
<b>3a</b> Spouse:	<input type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

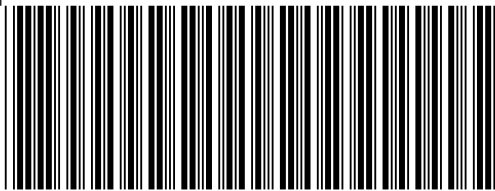
<b>4a.</b> Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
<b>4b.</b> MassHealth. Fill in and go to line 5	<input checked="" type="checkbox"/> You	<input type="checkbox"/> Spouse
<b>4c.</b> Medicare (including a replacement or supplemental plan). Fill in and go to line 5	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
<b>4d.</b> U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
<b>4e.</b> Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.	<input type="checkbox"/> You	<input type="checkbox"/> Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.    Fill in if you were not issued Form MA 1099-HC.

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.    Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



# 2020 Schedule HC, pg. 2

869850441 MA20029021555

## Your Health Insurance

6. Was your income in 2020 at or below 150% of the federal poverty level? 6 Yes No

If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2020, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

## Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

## Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No  
Spouse Yes No

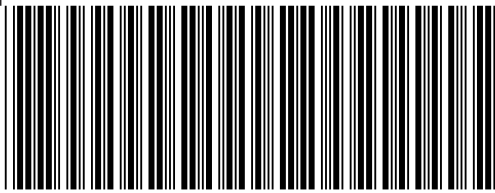
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year? 8b You Yes No  
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2020 tax year? 9 You Yes No  
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2020 Schedule HC, pg. 3

MA20029031555

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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

- 10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? 10 You Yes No Spouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- 11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? 11 You Yes No Spouse Yes No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- 12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? 12 You Yes No Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

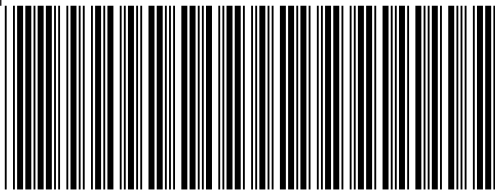
You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.



# 2020 Schedule NTS-L-NRPY

MA20021011555

No Tax Status and Limited Income Credit

869850441

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	6675
2. Adjustments to income	2	1247
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	5428
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	15560
8. Total income. Combine lines 3 through 7	8	20988
9. Additional adjustments to income while a nonresident/part-year resident	9	1253
10. Massachusetts Adjusted Gross Income (AGI)	10	19735
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
07-01-2020	12-31-2020
Spouse - From	Spouse - To

<b>YOUR</b> First Name SHALENI	MI	Your Last Name MEDIKONDA	Check if deceased <input type="checkbox"/>	Suffix	<b>A</b> Your Social Security Number 869-85-0441
<b>SPOUSE'S</b> First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	<b>B</b> Spouse's Social Security Number

Present Home Address (Number and Street, or Rural Route) 555 W MADISON ST APT 4203			VA Driver's License Information Customer ID		
City, Town or Post Office CHICAGO			You _____ Spouse _____		
State IL	ZIP Code 60661	Locality Code 059	You _____ Spouse _____		

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Overseas on Due Date	\$ _____ .00	\$ _____ .00

**Filing Status** Enter Filing Status Code in box below.

1	1 = Single (Column A) - Federal head of household? YES <input type="checkbox"/> 2 = Married, Filing Joint return (Column A) 3 = Married, Filing Separate returns (Column A) 4 = Married, Filing Separately on this combined return (Columns A and B)
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If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name \_\_\_\_\_

**Exemptions** Enter the number of exemptions being claimed.

	You/ Spouse	Dependents	65 or Over	Blind
<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
<b>B - Spouse</b> Filing Status 4 Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DATE OF BIRTH**

Your Birth Date (mm-dd-yyyy)	0 4 - 0 6 - 1 9 9 7
Spouse's Birth Date (mm-dd-yyyy)	- -

<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
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**Complete the Schedule of Income first and submit it with your Form 760PY.**

Line	Description	1	2	3	4a	4b	5	6	7	8	9	10	11	12
1	FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.	00		19435										00
2	Additions from Schedule 760PY ADJ, Line 3.	00												00
3	<b>Add Lines 1 and 2.</b>	00		19435										00
4a	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.													00
4b		00												00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.	00												00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.	00												00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.	00		3875										00
8	Subtractions from Schedule 760PY ADJ, Line 7.	00												00
9	<b>Add Lines 4a, 4b, 5, 6, 7, and 8.</b>	00		3875										00
10	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.</b>	00		15560										00
11	Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.	00												00
12	If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.	00		3605										00



Your Name SHALENI MEDIKONDA	Your SSN 869-85-0441
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	<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	00	468 00
14 Deductions from Schedule 760PY ADJ, Line 9.....	00	00
15 <b>Add Lines 11, 12, 13 and 14.</b> .....	00	4073 00
16 <b>Virginia Taxable Income. Subtract Line 15 from Line 10.</b> .....	00	11487 00
17 Tax amount from Tax Table or Tax Rate Schedule.....	00	444 00
18 <b>Total Tax. Add Line 17, Column A and Line 17, Column B.</b> .....		444 00
19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		663 00
19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		00
20 Combined 2020 Estimated Tax Payments.....		00
21 2019 overpayment credited to 2020 estimated taxes.....		00
22 Extension Payment - Enter amount paid on Form 760IP.....		00
23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...		00
24 Total credit for taxes paid to another state from Schedule OSC.....		00
25 Credits from Schedule CR, Section 5, Line 1A.....		00
26 <b>Total payments and credits. Add Lines 19a through 25.</b> .....		663 00
27 If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b> .....		00
28 If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b> .....		219 00
29 Amount of overpayment on Line 28 to be <b>CREDITED TO 2021 ESTIMATED INCOME TAX.</b> .....		00
30 Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, Line 6.....		00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....		00
32 Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 760PY ADJ, Line 21.....		00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. ....Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>		00
34 <b>Add Lines 29 through 33.</b> .....		00
35 If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at <b>www.tax.virginia.gov</b> ..... <b>AMOUNT YOU OWE</b> ... <input type="checkbox"/> Check here if paying by credit or debit card - See instructions.....		00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... <b>YOUR REFUND.</b> .....		219 00

If the Direct Deposit section below is not completed, your refund will be issued by check.

**DIRECT BANK DEPOSIT**  
Domestic Accounts Only.  
No International Deposits.

<b>Your Bank Routing Transit Number</b>	<b>Your Bank Account Number</b>	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
0 1 1 0 0 0 1 3 8	4 6 6 0 0 4 9 4 0 5 2 2		

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).  
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number (571) 383-0814	Date
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Date
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's Phone Number (678) 965-9522	Date 03-11-2022
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	Preparer's PTIN P02082703	Vendor Code 1555
	Filing Election Code 7	ID Theft PIN

**2020 VIRGINIA SCHEDULE OF INCOME**  
**Form 760PY**

Page 1



Your Name SHALENI MEDIKONDA	Your SSN 869-85-0441
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**PART 1**

**Income Distribution**

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	22235	.00	15560	.00	6675	.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4	22235	.00	15560	.00	6675	.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6	2800	.00	0	.00	2800	.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)* .....	7	19435	.00	15560	.00	3875	.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	19435	.00	15560	.00	3875	.00

\*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4		.00		.00		.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)** .....	7		.00		.00		.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

\*\*Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

**2020 VIRGINIA SCHEDULE OF INCOME**

**Form 760PY**

Page 2



Your Name <b>SHALENI MEDIKONDA</b>	Your SSN <b>869-85-0441</b>
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**PART 2**

**Prorated Exemptions Worksheet**

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

**Prorated Virginia Personal Exemptions**

		<b>Column B Spouse</b>	<b>Column A You</b>
1.	Your exemption.....	1	1
2.	Dependents .....	2	0
3.	Add Lines 1 and 2 .....	3	1
4.	Multiply Line 3 by \$930 .....	4	930
5.	65 or over .....	5	
6.	Blind .....	6	
7.	Add Lines 5 and 6 .....	7	
8.	Multiply Line 7 by \$800 .....	8	
9.	Add Lines 4 and 8 .....	9	930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions .....	10	0.503
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....	11	468

**PART 3**

**Moving Information**

- 1a. If YOU moved into Virginia in 2020, prior state of residence MA
- 1b. If YOU moved out of Virginia in 2020, state moved to \_\_\_\_\_
- 2a. If SPOUSE moved into Virginia in 2020, prior state of residence \_\_\_\_\_
- 2b. If SPOUSE moved out of Virginia in 2020, state moved to \_\_\_\_\_



**2020 Schedule INC/CG**

869850441

Report all W-2s, 1099s & VK-1s with VA Withholding



SHALENI

MEDIKONDA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
869850441	W	663.	364326179	3036432179F001	15560.

Total VA Withholding	SSN	VA Withholding
You	869850441	663.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**

