

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 RAM M NARAGONI	Social security number 756-22-5266
Spouse's name MEENAKSHI MIDDE	Spouse's social security number 639-11-3160

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	214,840.
2 Total tax	2	29,769.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	28,414.
4 Amount you want refunded to you	4	
5 Amount you owe	5	1,355.

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 GLOBAL TAXES LLC to enter or generate my PIN

2	5	2	6	6
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ _____


Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	3	1	6	0
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶  Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 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 [X] 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

Form fields for personal information: Your first name and middle initial (RAM M), Last name (NARAGONI), Your social security number (756-22-5266), Spouse's social security number (639-11-3160), Home address (730 NE BOSTON PKWY), City (WAUKEE), State (IA), ZIP code (50263)

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

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

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

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependents IVANKA NARAGONI and ARJUN G NARAGONI.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation (line 15) resulting in 190,040.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate 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
RAM M NARAGONI & MEENAKSHI MIDDE

Your social security number
756-22-5266

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	-11,200.
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	-11,200.

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 D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

RAM M NARAGONI & MEENAKSHI MIDDE

Your social security number

756-22-5266

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	1,688,323.	1,754,042.	61,075.	-4,644.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	18.	20.		-2.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -4,646.

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

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

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

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-4,646.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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

RAM M NARAGONI & MEENAKSHI MIDDE

756-22-5266

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	ANNAPURNA HOUSING HYDERABAD TELANGANA IN 500026				
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	3		185	0	<input type="checkbox"/>
B					<input type="checkbox"/>
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		3,200.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		2,150.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,450.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		4,200.		
15	Supplies	15		3,200.		
16	Taxes	16				
17	Utilities.	17		3,400.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		14,400.		
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		-11,200.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-11,200.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		3,200.		
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		14,400.		
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	(11,200.)		
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		-11,200.		

For Paperwork Reduction Act Notice, see the separate instructions. NPA -11,200. Schedule E (Form 1040) 2020

Paid Preparer's Due Diligence Checklist

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

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return RAM M NARAGONI & MEENAKSHI MIDDE	Taxpayer identification number 756-22-5266
Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703	

Part I Due Diligence Requirements

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

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

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Your first name, middle initial, and last name RAM M NARAGONI

Spouse's first name, middle initial, and last name MEENAKSHI MIDDE

Your Social Security number 756-22-5266

Spouse's Social Security number 639-11-3160

Home address, City, State, ZIP 730 NE BOSTON PKWY

WAUKEE IA 50263

Part I Tax Return Information

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B).....	1B <u>100,854.00</u>	1A <u>113,986.00</u>
2. Total Tax (IA 1040, line 42 A & B).....	2B <u>4,618.00</u>	2A <u>5,504.00</u>
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B <u>6,214.00</u>	3A <u>7,054.00</u>
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>3,306.00</u>
5. Total Amount Due (IA 1040, line 73).....		5. <u> .00</u>

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idref@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number

0	7	3	0	0	0	1	7	6
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 The first two digits must be 01 through 12 or 21 through 32.

Account Number

4	4	5	0	0	0	9	1	9	6	5	9
---	---	---	---	---	---	---	---	---	---	---	---

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR 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 IDR 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. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

N Ram
Your Signature _____ Date _____

Meena
Spouse Signature. If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>05/16/2021</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>

2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: NARAGONI Your first name/middle initial: RAM M
 Spouse's last name: MIDDE Spouse's first name/middle initial: MEENAKSHI
 Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 730 NE BOSTON PKWY
 City, State, ZIP: WAUKEE IA 50263
 Spouse SSN: 639-11-3160 Your SSN: 756-22-5266



Step 2 Filing Status: Mark one box only

1	Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address: _____
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input checked="" type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. <u>25</u> School District No. <u>1576</u>
4	Married filing separate returns. Spouse's name: _____ SSN: _____ Net Income: \$ _____	
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3.....	▲ <u>1</u> X \$ 40 = \$ <u>40</u>	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind.....	▲ _____ X \$ 20 = \$ _____	▲ _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent.....	▲ _____ X \$ 40 = \$ _____	▲ <u>2</u> X \$ 40 = \$ <u>80</u>
d. Enter first names of dependents here <u>IVANKA, ARJUN</u>	e. Total \$ <u>40</u>	e. Total \$ <u>120</u>

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

B. Spouse/Status 3 ▲	<u> </u>	A. You or Joint ▲	<u> </u>
----------------------	-----------------------------	-------------------	-----------------------------

Step 5 Gross Income

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc.....	<u>108,380.00</u>	<u>120,960.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	<u> .00</u>	<u> .00</u>		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....	<u> .00</u>	<u> .00</u>		
4. Taxable alimony received.....	<u> .00</u>	<u> .00</u>		
5. Business income/(loss). See instructions.....	<u> .00</u>	<u> .00</u>		
6. Capital gain/(loss). See instructions.....	<u>-7,526.00</u>	<u>4,526.00</u>		
7. Other gains/(losses). See instructions.....	<u> .00</u>	<u> .00</u>		
8. Taxable IRA distributions.....	<u> .00</u>	<u> .00</u>		
9. Taxable pensions and annuities.....	<u> .00</u>	<u> .00</u>		
10. Rents, royalties, partnerships, estates, etc. See instructions.....	<u> .00</u>	<u>-11,200.00</u>		
11. Farm income/(loss). See instructions.....	<u> .00</u>	<u> .00</u>		
12. Unemployment compensation. See instructions.....	<u> .00</u>	<u> .00</u>		
13. Gambling winnings.....	<u> .00</u>	<u> .00</u>		
14. Other income, bonus depreciation, and section 179 adjustment.....	<u> .00</u>	<u> .00</u>		
15. Gross Income. Add lines 1-14.....	<u> .00</u>	<u> .00</u>	<u>100,854.00</u> ▲	<u>114,286.00</u>

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

16. Payments to an IRA, Keogh, or SEP.....	<u> .00</u>	<u> .00</u>		
17. Deductible part of self-employment tax.....	<u> .00</u>	<u> .00</u>		
18. Health insurance premium.....	<u> .00</u>	<u> .00</u>		
19. Penalty on early withdrawal of savings.....	<u> .00</u>	<u> .00</u>		
20. Alimony paid.....	<u> .00</u>	<u> .00</u>		
21. Pension/retirement income exclusion.....	<u> .00</u> ▲	<u> .00</u>		
22. Moving expense deduction from federal form 3903.....	<u> .00</u>	<u> .00</u>		
23. Iowa capital gain deduction; Include corresponding IA 100 schedule.....	<u> .00</u> ▲	<u> .00</u>		
24. Other adjustments <u>STMT ADJ</u>	<u> .00</u>	<u>300.00</u>		
25. Total adjustments. Add lines 16-24.....	<u> .00</u>	<u> .00</u>	<u> .00</u> ▲	<u>300.00</u>
26. Net Income. Subtract line 25 from line 15.....	<u> .00</u>	<u> .00</u>	<u>100,854.00</u> ▲	<u>113,986.00</u>

Step 7 Federal Taxes and Qualified Deductions

27. Federal income tax refund/overpayment received in 2020.....	<u> .00</u> ▲	<u> .00</u>		
28. Self-employment/household employment/other federal taxes.....	<u> .00</u> ▲	<u> .00</u>		
29. Addition for federal taxes. Add lines 27 and 28.....	<u> .00</u>	<u> .00</u>	<u>0.00</u>	<u>0.00</u>
30. Total. Add lines 26 and 29.....	<u> .00</u>	<u> .00</u>	<u>100,854.00</u>	<u>113,986.00</u>
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 and prior years.....	<u>12,841.00</u> ▲	<u>15,573.00</u>		
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions.....	<u> .00</u> ▲	<u> .00</u>		
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount.....	<u> .00</u> ▲	<u> .00</u>		
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....	<u>12,841.00</u>	<u>15,573.00</u>		
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....	<u>88,013.00</u> ▲	<u>98,413.00</u>		



2020 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35.....		36.	88,013.00	98,413.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard.....		37.	10,460.00	11,842.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....		38.	77,553.00	86,571.00
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	4,618.00	▲	5,386.00	
40. Iowa lump-sum tax. See instructions.....	.00	▲	.00	
41. Iowa alternative minimum tax. Include IA 6251.....	.00	▲	118.00	
42. Total tax. ADD lines 39, 40, and 41.....	4,618.00		5,504.00	
43. Total exemption credit amount(s) from Step 3, side 1.....	40.00		120.00	
44. Tuition and textbook credit for dependents K-12.....	.00	▲	.00	
45. Volunteer firefighter/EMS/reserve peace officer credit.....	.00	▲	.00	
46. Total credits. ADD lines 43, 44, and 45.....	40.00		120.00	
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	4,578.00	▲	5,384.00	
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....	.00	▲	.00	
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	4,578.00	▲	5,384.00	
50. Out-of-state tax credit. Must include IA 130.....	.00	▲	.00	
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	4,578.00	▲	5,384.00	
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....	.00	▲	.00	
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	4,578.00	▲	5,384.00	
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	0.00	▲	0.00	
55. Total state and local tax. ADD lines 53 and 54.....	4,578.00	▲	5,384.00	
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....		56.	9,962.00	
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here.....		57.	.00	
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....		58.	9,962.00	
Step 10 Credits				
59. Iowa fuel tax credit. Include IA 4136.....	.00	▲	.00	
60. Check One: Child and dependent care credit <input type="checkbox"/> OR ▲ Early childhood development credit <input type="checkbox"/>	.00	▲	.00	
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	.00	▲	0.00	
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	.00	▲	.00	
63. Iowa income tax withheld.....	6,214.00	▲	7,054.00	
64. Estimated and voucher payments made for tax year 2020.....	.00	▲	.00	
65. TOTAL. ADD lines 59 through 64 and enter here.....	6,214.00	▲	7,054.00	
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....		66.	13,268.00	
Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....		67.	3,306.00	
68. Amount of line 67 to be REFUNDED.....		REFUND 68.	3,306.00	
68a. Routing number: <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="6"/>		68b. Type	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account number: <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="9"/>				
69. Amount of line 67 to be applied to your 2021 estimated tax.....	.00	▲	.00	
Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....		70.	.00	
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>		71.	.00	
72. Penalty and interest ▲ 72a. Penalty <input type="text" value="0"/> .00 ▲ 72b. Interest <input type="text" value="0"/> .00 ADD. Enter total.....		72.	.00	
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....		PAY THIS AMOUNT 73.	.00	

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<input type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	SYAM PRIYA RAM SAGAR GUPTA TALLAM	05/16/2021
SIGN HERE	<input type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02082703	30-1017196
		(515) 770-7173		Preparer's PTIN	Firm's FEIN
		Daytime telephone number		(678) 965-9522	Daytime telephone number

This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Iowa Department of Revenue



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s): RAM M NARAGONI & MEENAKSHI MIDDE Social Security Number: 756-22-5266

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18).....1. _____ 2. Multiply the amount on federal form 1040, line 11, as modified for Iowa purposes, by 7.5% (.075). Enter result here. See IA 1040 expanded instructions.....2. _____ 3. Subtract line 2 from line 1. If less than zero, enter 0.3. _____																		
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax from prior years paid in 2020, OR b <input type="checkbox"/> General sales tax from federal form 1040, Schedule A, line 5a.....4. <u>0</u> 5. Real estate taxes5. <u>9,731</u> 6. Personal property taxes, including annual vehicle registration.....6. _____ 7. Other taxes. List type and amount:.....7. <u>0</u> 8. Add lines 4-7. Enter total here8. <u>9,731</u>																		
Interest You Paid	9. Home mortgage interest and points. a. Interest and points reported on federal form 1098.....9a. <u>12,271</u> b. Interest not reported on federal form 10989b. _____ 10. Points not reported on federal form 109810. _____ 11. Mortgage insurance premiums11. _____ 12. Investment interest. Include federal form 4952 if required.....12. _____ 13. Add lines 9a-12. Enter total here13. <u>12,271</u>																		
Gifts to Charity	14. Contributions by cash or check.....14. <u>300</u> 15. Contributions other than by cash or check. Include federal form 8283 if more than \$500.....15. _____ 16. Contributions carryover from prior year. See IA 1040 expanded instructions.16. _____ 17. Add lines 14-16. Enter total here17. <u>300</u>																		
Casualty/Theft Loss	18. Casualty or theft loss(es). Include federal form 4684. See IA 1040 expanded instructions.18. _____																		
Other Itemized Deductions	19. Other expenses. List type and amount: _____ _____ _____19. _____																		
Total Itemized Deductions	20. Other Iowa deductions. See IA 1040 expanded instructions.....20. _____ 21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 104021. <u>22,302</u>																		
Proration of Deductions Between Spouses	Complete lines 22-26 only if you are using filing status 3 or 4. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Spouse</th> <th style="width: 20%; text-align: center;">You</th> </tr> </thead> <tbody> <tr> <td>22. Net income of both spouses from IA 1040, line 26.....22b. <u>100,854</u></td> <td></td> <td>22a. <u>113,986</u></td> </tr> <tr> <td>23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. <u>214,840</u></td> <td></td> <td></td> </tr> <tr> <td>24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24. <u>53.1</u> %</td> <td></td> <td></td> </tr> <tr> <td>25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. <u>11,842</u></td> <td></td> <td></td> </tr> <tr> <td>26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return.(Spouse) 26. <u>10,460</u></td> <td></td> <td></td> </tr> </tbody> </table>		Spouse	You	22. Net income of both spouses from IA 1040, line 26.....22b. <u>100,854</u>		22a. <u>113,986</u>	23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. <u>214,840</u>			24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24. <u>53.1</u> %			25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. <u>11,842</u>			26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return.(Spouse) 26. <u>10,460</u>		
	Spouse	You																	
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Name(s): RAM M NARAGONI Social Security number: 756-22-5266

PART I - Iowa Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 2.

- 1. Taxes from IA 1040 Schedule A, line 8 1. 9,731.
- 2. Refunds of taxes (exclude Iowa income tax) 2. ()
- 3. Investment interest expense (difference between regular tax and AMT) 3.
- 4. Qualified small business stock 4.
- 5. Exercise of incentive stock options (excess of AMT income over regular tax income) . 5.
- 6. Estates and trusts [amount from federal Schedule K-1 (Form 1041)] 6.
- 7. Disposition of property (difference between AMT and regular tax gain or loss) 7.
- 8. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 8.
- 9. Passive activities (difference between AMT and regular tax income or loss)..... 9.
- 10. Loss limitations (difference between AMT and regular tax income or loss) 10.
- 11. Circulation costs (difference between regular tax and AMT)..... 11.
- 12. Long-term contracts (difference between AMT and regular tax income)..... 12.
- 13. Mining costs (difference between regular tax and AMT) 13.
- 14. Research and experimental costs (difference between regular tax and AMT)..... 14.
- 15. Income from certain installment sales before January 1, 1987 15. ()
- 16. Other adjustments, including income-based related adjustments 16.
- 17. Total adjustments and preferences. Add lines 1 through 16 17. 9,731.

PART II - Iowa Alternative Minimum Taxable Income

- 18. Taxable income from IA 1040, line 38..... 18. 86,571.
- 19. Net operating loss deduction. Do not enter as a negative amount..... 19.
- 20. Add lines 17, 18, and 19 20. 96,302.
- 21. Iowa Alternative Minimum Tax net operating loss deduction. See instructions..... 21.
- 22. Iowa Alternative Minimum Taxable Income. Subtract line 21 from line 20 22. 96,302.



PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status

23. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$26,000. ■
- If filing status 2, enter \$35,000.
- If filing status 3 or 4, enter \$17,500 23. 17,500.

24. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$112,500.
- If filing status 2, enter \$150,000.
- If filing status 3 or 4, enter \$75,000 24. 75,000.

25. Subtract line 24 from line 22. If zero or less, enter zero 25. 21,302.

26. Multiply line 25 by 25% (.25) 26. 5,326.

27. Subtract line 26 from line 23. If zero or less, enter zero 27. 12,174.

28. Subtract line 27 from line 22. If zero or less, enter zero 28. 84,128.

29. Tentative Iowa Alternative Minimum Tax. Multiply line 28 by 6.4% (.064) 29. 5,384.

30. Regular tax less exemption credits. IA 1040 line 39, less IA 1040 line 43 30. 5,266.

31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative Minimum Tax Limited to Net Worth 31. 118.

PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 32-35.

32. Enter Iowa net income plus Iowa adjustments and preferences. If zero or less, enter zero. See instructions. 32. _____

33. Total net income plus total adjustments and preferences. See instructions 33. _____

34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than one, enter 1.000. 34. _____

35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on IA 1040, line 41. See instructions 35. _____



Name RAM M NARAGONI & MEENAKSHI MIDDE	Social Security No. 756-22-5266
--	------------------------------------

	Spouse/Status 3	You or Joint
a Accrual method		
b Active duty military pay included in line 15 Gross Income (see detailed IA 1040 instructions online)		
c Alternative motor vehicle deduction		
d Capital gains from installment sales reported on the 2001 Iowa return using the accrual method		
e Capital or ordinary gain from involuntary conversion related to eminent domain		
f Claim of right deduction may be taken on line 24, or you can calculate the tax reduction as a credit claimed on line 62, but not both		
g College Savings Iowa or Iowa Advisor 529 Plan contributions, up to \$3,439 per beneficiary		
h Disability income exclusion - Include Form IA 2440.		
i RESERVED FOR FUTURE USE		
j First-time homebuyer savings account qualifying contributions up to \$2,137 per account holder. For joint account holders filing married filing jointly you may claim up to \$4,274		
k Employer social security credit from federal return		
l Federal alcohol and cellulosic biofuel fuels credit from federal return		
m Foreign-earned income exclusion and/or foreign housing deduction from federal return		
n Gains or losses from distressed sale transactions		
o Health savings account deduction from federal form 1040, Schedule 1		
p Injured veterans program, contributions to (do not put on IA Sch. A)		
q Injured veterans program, (only grants from)		
r In-home health care		
s Iowa Veterans Trust Fund.		
t Military exemptions, not already excluded (see detailed IA 1040 instructions online)		
u Net operating loss, Iowa.		
v Organ transplant expenses		
w Partnership income and/or S corporation income: Modifications that decreased the income		
x Segal Americorps Education Award Payments		
y Speculative shell buildings		
z Student loan interest deduction from federal 1040, Schedule 1, line 20		
aa Victim compensation awards		
bb Wages paid certain individuals		
cc Work Opportunity Credit from federal return.		
dd Other federal adjustments prior to calculation of federal 1040 line 8b (federal adjusted gross income) not already taken on IA 1040: 1 Jury duty pay given to employer		
2 Other: _____ _____ _____		
ee Educator expenses		
ff Tuition and Fees Deduction.		
gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions online)		
hh Rapid Response to State Disasters		
ii Iowa ABLE savings plan trust, up to \$3,439 per beneficiary		
jj Charitable contribution for non-itemizers from Form 1040 In 10b		300.
kk Federal, state or local grant to communications service provider		
ll Economic Development Authority Grant provided under the Iowa Small Business Grant Program (if included in Sch C, In 1)		
Totals		300.