

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

Your first name and middle initial Vinodkumar R	Last name Surasani	Your social security number 735-12-6004
If joint return, spouse's first name and middle initial Sravani	Last name Kasu	Spouse's social security number 970-99-0233
Home address (number and street). If you have a P.O. box, see instructions. 13580 Technology Dr		Apt. no. 3123
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Eden Prairie MN 55344		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 151,159.
2a Tax-exempt interest	2a	2b
3a Qualified dividends	3a	3b
4a IRA distributions	4a	4b
c Pensions and annuities	4c	4d
5a Social security benefits	5a	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6
7a Other income from Schedule 1, line 9		7a 0.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b 151,159.
8a Adjustments to income from Schedule 1, line 22		8a
b Subtract line 8a from line 7b. This is your adjusted gross income		8b 151,159.
9 Standard deduction or itemized deductions (from Schedule A)	9 24,400.	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10		11a 24,400.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b 126,759.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	19,604.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b		19,604.
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14		19,604.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		0.
16	Add lines 14 and 15. This is your total tax	16		19,604.
17	Federal income tax withheld from Forms W-2 and 1099	17		24,761.
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d	1,132.	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		1,132.
19	Add lines 17 and 18e. These are your total payments	19		25,893.

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20		6,289.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a		6,289.
b	Routing number 1 1 1 0 0 0 0 2 5	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 5 8 6 0 2 6 7 7 8 0 3 4			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
24	Estimated tax penalty (see instructions)	24		

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		Programmer Analyst	_____
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		Homemaker	_____
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
HARISH KUMAR REDDY BADDAM	<i>[Signature]</i>	02/22/2020	P01962054	<input type="checkbox"/> 3rd Party Designee
Firm's name	Phone no.		<input type="checkbox"/> Self-employed	
BTFPRO LLC				
Firm's address	Firm's EIN			
1001 S MAIN ST APT D210 MILPITAS CA 95035	81-4910581			

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 02/14/20 PRO

Form 1040 (2019)



SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

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

Vinodkumar R Surasani & Sravani Kasu

Your social security number

735-12-6004

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	

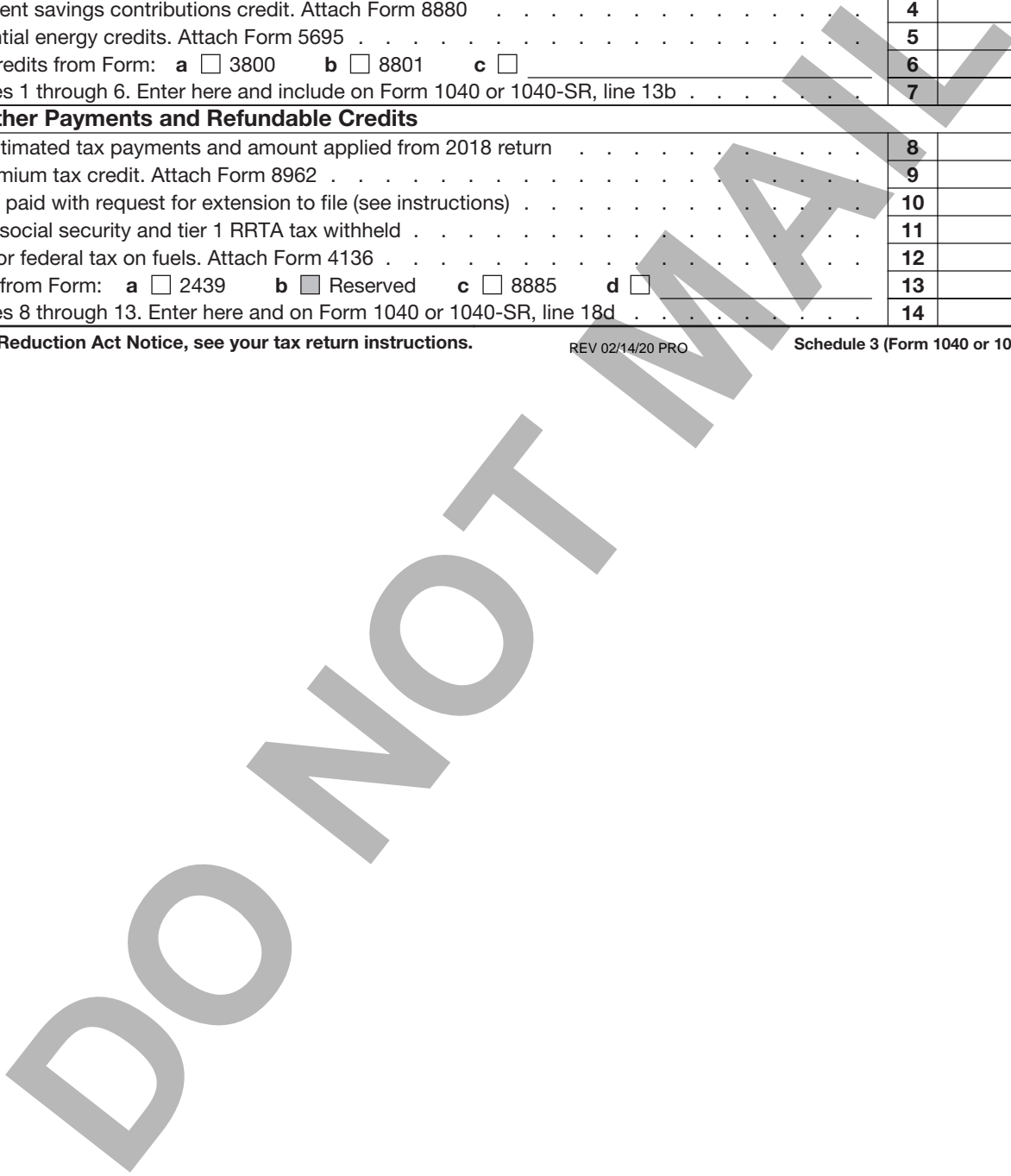
Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	1,132.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	1,132.

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

REV 02/14/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019





2019 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial VINODKUMAR R	Last Name SURASANI	Your Social Security Number (SSN) 735126004	Your Date of Birth 08281988
If a Joint Return, Spouse's First Name and Initial SRAVANI	Spouse's Last Name KASU	Spouse's Social Security Number 970990233	Spouse's Date of Birth 08021994
Current Home Address 13580 TECHNOLOGY DR APT #3123		Check if: <input type="checkbox"/> New Address	Foreign Address <input type="checkbox"/>
City EDEN PRAIRIE		State MN	ZIP Code 55344

2019 Federal Filing Status (place an X in one box):

(1) Single
 (2) Married filing jointly
 (3) Married filing separately
 (4) Head of household
 (5) Qualifying widow(er)

Spouse name and SSN _____

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

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

From Your Federal Return (see instructions)

A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
151159	0	0	<input type="checkbox"/> 126759

▲ Place an X in box if a negative number

1 Federal adjusted gross income (from line 8b of federal Form 1040 and 1040-SR) (if a negative number, place an X in the box)	1 <input type="checkbox"/>	151159
2 Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M)	2 <input type="checkbox"/>	_____
3 Add lines 1 and 2 (if a negative number, place an X in the box)	3 <input type="checkbox"/>	151159
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 <input type="checkbox"/>	24400
5 Exemptions (determine from instructions)	5 <input type="checkbox"/>	_____
6 State income tax refund from line 1 of federal Schedule 1	6 <input type="checkbox"/>	_____
7 Other subtractions from Minnesota income from line 46 of Schedule M1M (see instructions; enclose Schedule M1M)	7 <input type="checkbox"/>	_____
8 Total subtractions. Add lines 4 through 7	8 <input type="checkbox"/>	24400
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9 <input type="checkbox"/>	126759
10 Tax from the table in the M1 instructions	10 <input type="checkbox"/>	8057
11 Alternative minimum tax (enclose Schedule M1MT)	11 <input type="checkbox"/>	_____
12 Add lines 10 and 11	12 <input type="checkbox"/>	8057
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 26 on line 13, from line 22 on line 13a, and from line 23 on line 13b (enclose Schedule M1NR)	13 <input type="checkbox"/>	4819
a <input type="checkbox"/> 90402 b <input type="checkbox"/> 151159 (Place an X in box if a negative number)		
14 Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box): <input type="checkbox"/> Schedule M1HOME <input type="checkbox"/> Schedule M1529 <input type="checkbox"/> Schedule M1LS	14 <input type="checkbox"/>	_____



15 Tax before credits. Add lines 13 and 14 15 4819

16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■ _____

17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) 17 ■ _____

18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 18 ■ _____

19 Other nonrefundable credits (enclose Schedule M1C) 19 ■ _____

20 Total nonrefundable credits. Add lines 16 through 19 20 _____

21 Subtract line 20 from line 15 (if result is zero or less, leave blank) 21 4819

22 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe 22 ■ _____

23 Add lines 21 and 22 23 4819

24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 24 ■ 5590

25 Minnesota estimated tax and extension payments made for 2019 25 ■ _____

26 Refundable credits from line 9 of Schedule M1REF (see instructions; enclose Schedule M1REF) 26 ■ _____

27 Total payments. Add lines 24 through 26 27 5590

28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (see instructions).
For direct deposit, complete line 29 28 ■ 771

29 Direct deposit of your refund (you must use an account not associated with a foreign bank):
Account Type Routing Number Account Number
 Checking Savings 111000025 586026778034

30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract line 27 from line 23 (see instructions) 30 ■ _____

31 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 28 or add it to line 30 (enclose Schedule M15) 31 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 32 and 33.

32 Amount from line 28 you want sent to you 32 ■ _____

33 Amount from line 28 you want applied to your 2020 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief. Paid preparer: You must sign below.

Your Signature	Date	Paid Preparer's Signature	Date
			02/22/2020
Spouse's Signature (If Filing Jointly)	Taxpayer's Daytime Phone	Preparer's Daytime Phone	PTIN or VITA/TCE # (required)
	9179693134		P01962054
Your Email Address	Preparer's Email Address		

Include a copy of your 2019 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

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

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