

**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. ▶

|                                                                                                                                                               |                                      |                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Your first name and middle initial</b><br>JITHENDRA VARMA                                                                                                  | <b>Last name</b><br>SRI MANDAPPATI   | <b>Your social security number</b><br>858-08-2929                                                                                                                                                                                                |
| <b>If joint return, spouse's first name and middle initial</b>                                                                                                | <b>Last name</b>                     | <b>Spouse's social security number</b>                                                                                                                                                                                                           |
| <b>Home address (number and street). If you have a P.O. box, see instructions.</b><br>71 DEWITT LN                                                            |                                      | <b>Apt. no.</b>                                                                                                                                                                                                                                  |
| <b>City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).</b><br>HILLSBOROUGH NJ 08844 |                                      | <b>Presidential Election Campaign</b><br>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 |
| <b>Foreign country name</b>                                                                                                                                   | <b>Foreign province/state/county</b> | <b>Foreign postal code</b>                                                                                                                                                                                                                       |

**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

| <b>Dependents (see instructions):</b> |                  | <b>(2) Social security number</b> | <b>(3) Relationship to you</b> | <b>(4) ✓ if qualifies for (see instructions):</b> |                                    |
|---------------------------------------|------------------|-----------------------------------|--------------------------------|---------------------------------------------------|------------------------------------|
| <b>(1) First name</b>                 | <b>Last name</b> |                                   |                                | <b>Child tax credit</b>                           | <b>Credit for other dependents</b> |
|                                       |                  |                                   |                                | <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.

|            |                                                                                                                       |           |         |            |         |
|------------|-----------------------------------------------------------------------------------------------------------------------|-----------|---------|------------|---------|
| <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .                                                              |           |         | <b>1</b>   | 88,950. |
| <b>2a</b>  | Tax-exempt interest . . . . .                                                                                         | <b>2a</b> |         | <b>2b</b>  |         |
| <b>3a</b>  | Qualified dividends . . . . .                                                                                         | <b>3a</b> |         | <b>3b</b>  |         |
| <b>4a</b>  | IRA distributions . . . . .                                                                                           | <b>4a</b> |         | <b>4b</b>  |         |
| <b>c</b>   | Pensions and annuities . . . . .                                                                                      | <b>4c</b> |         | <b>4d</b>  |         |
| <b>5a</b>  | Social security benefits . . . . .                                                                                    | <b>5a</b> |         | <b>5b</b>  |         |
| <b>6</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/> |           |         | <b>6</b>   |         |
| <b>7a</b>  | Other income from Schedule 1, line 9 . . . . .                                                                        |           |         | <b>7a</b>  | -6,090. |
| <b>b</b>   | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶                              |           |         | <b>7b</b>  | 82,860. |
| <b>8a</b>  | Adjustments to income from Schedule 1, line 22 . . . . .                                                              |           |         | <b>8a</b>  |         |
| <b>b</b>   | Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶                                  |           |         | <b>8b</b>  | 82,860. |
| <b>9</b>   | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .                                          | <b>9</b>  | 12,200. |            |         |
| <b>10</b>  | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .                                        | <b>10</b> |         |            |         |
| <b>11a</b> | Add lines 9 and 10 . . . . .                                                                                          |           |         | <b>11a</b> | 12,200. |
| <b>b</b>   | <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .                           |           |         | <b>11b</b> | 70,660. |

|            |                                                                                                                                                    |            |         |                    |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|--------------------|
| <b>12a</b> | <b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>12a</b> | 11,407. |                    |
| <b>b</b>   | Add Schedule 2, line 3, and line 12a and enter the total                                                                                           |            |         | <b>12b</b> 11,407. |
| <b>13a</b> | Child tax credit or credit for other dependents                                                                                                    | <b>13a</b> |         |                    |
| <b>b</b>   | Add Schedule 3, line 7, and line 13a and enter the total                                                                                           |            |         | <b>13b</b>         |
| <b>14</b>  | Subtract line 13b from line 12b. If zero or less, enter -0-                                                                                        |            |         | <b>14</b> 11,407.  |
| <b>15</b>  | Other taxes, including self-employment tax, from Schedule 2, line 10                                                                               |            |         | <b>15</b> 0.       |
| <b>16</b>  | Add lines 14 and 15. This is your <b>total tax</b>                                                                                                 |            |         | <b>16</b> 11,407.  |
| <b>17</b>  | Federal income tax withheld from Forms W-2 and 1099                                                                                                |            |         | <b>17</b> 12,744.  |
| <b>18</b>  | Other payments and refundable credits:                                                                                                             |            |         |                    |
| <b>a</b>   | Earned income credit (EIC) . . . . . <b>NO</b>                                                                                                     | <b>18a</b> |         |                    |
| <b>b</b>   | Additional child tax credit. Attach Schedule 8812                                                                                                  | <b>18b</b> |         |                    |
| <b>c</b>   | American opportunity credit from Form 8863, line 8                                                                                                 | <b>18c</b> |         |                    |
| <b>d</b>   | Schedule 3, line 14                                                                                                                                | <b>18d</b> |         |                    |
| <b>e</b>   | Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>                                                       |            |         | <b>18e</b>         |
| <b>19</b>  | Add lines 17 and 18e. These are your <b>total payments</b>                                                                                         |            |         | <b>19</b> 12,744.  |

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

**Refund**

|            |                                                                                                                                 |            |        |
|------------|---------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>20</b>  | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>                          | <b>20</b>  | 1,337. |
| <b>21a</b> | Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>               | <b>21a</b> | 1,337. |
| <b>b</b>   | Routing number 1 1 1 0 0 0 6 1 4 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
| <b>d</b>   | Account number 8 1 0 1 6 3 7 6 1                                                                                                |            |        |
| <b>22</b>  | Amount of line 20 you want <b>applied to your 2020 estimated tax</b>                                                            | <b>22</b>  |        |

**Amount You Owe**

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

**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.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no.                                                     | Email address |                     |                                                                                   |

**Paid Preparer Use Only**

|                                                        |                                   |                                        |           |                                             |
|--------------------------------------------------------|-----------------------------------|----------------------------------------|-----------|---------------------------------------------|
| Preparer's name                                        | Preparer's signature              | Date                                   | PTIN      | Check if:                                   |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM                      | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/09/2021                             | P02082703 | <input type="checkbox"/> 3rd Party Designee |
| Firm's name ▶ GLOBAL TAXES LLC                         | Phone no. (678) 965-9522          | <input type="checkbox"/> Self-employed |           |                                             |
| Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 | Firm's EIN ▶ 30-1017196           |                                        |           |                                             |

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

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

JITHENDRA VARMA SRI MANDAPPATI

Your social security number

858-08-2929

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Part I Additional Income**

|           |                                                                                                       |           |         |
|-----------|-------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                        | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .                                                                            | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                           |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . | <b>5</b>  | -6,090. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                    | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .                                                                   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____                                                            | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .                  | <b>9</b>  | -6,090. |

**Part II Adjustments to Income**

|            |                                                                                                                                  |            |  |
|------------|----------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>10</b>  | Educator expenses . . . . .                                                                                                      | <b>10</b>  |  |
| <b>11</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .      | <b>11</b>  |  |
| <b>12</b>  | Health savings account deduction. Attach Form 8889 . . . . .                                                                     | <b>12</b>  |  |
| <b>13</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .                                                      | <b>13</b>  |  |
| <b>14</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                             | <b>14</b>  |  |
| <b>15</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                         | <b>15</b>  |  |
| <b>16</b>  | Self-employed health insurance deduction . . . . .                                                                               | <b>16</b>  |  |
| <b>17</b>  | Penalty on early withdrawal of savings . . . . .                                                                                 | <b>17</b>  |  |
| <b>18a</b> | Alimony paid . . . . .                                                                                                           | <b>18a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . . ▶ _____                                                                                                |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____                                                      |            |  |
| <b>19</b>  | IRA deduction . . . . .                                                                                                          | <b>19</b>  |  |
| <b>20</b>  | Student loan interest deduction . . . . .                                                                                        | <b>20</b>  |  |
| <b>21</b>  | Tuition and fees. Attach Form 8917 . . . . .                                                                                     | <b>21</b>  |  |
| <b>22</b>  | Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . . | <b>22</b>  |  |

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

REV 08/20/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE E**  
(Form 1040 or 1040-SR)

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

JITHENDRA VARMA SRI MANDAPPATI

Your social security number

858-08-2929

**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 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

|           |                                                                   |                                                                                                                                                                                                                                        |                  |                   |                          |
|-----------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |                                                                                                                                                                                                                                        |                  |                   |                          |
| <b>A</b>  | F NO:301BHAGYANAGAR COLONY HYDERABAD TELANGANA IN 500072          |                                                                                                                                                                                                                                        |                  |                   |                          |
| <b>B</b>  |                                                                   |                                                                                                                                                                                                                                        |                  |                   |                          |
| <b>C</b>  |                                                                   |                                                                                                                                                                                                                                        |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3                                                                 |                                                                                                                                                                                                                                        | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |                                                                   |                                                                                                                                                                                                                                        |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |                                                                   |                                                                                                                                                                                                                                        |                  |                   | <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       |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---|----------|---|---------|
| <b>3</b>         | Rents received . . . . .                                                                                                                                                                                                                                                                                                                                 | <b>3</b>    |   | 560.     |   |         |
| <b>4</b>         | Royalties received . . . . .                                                                                                                                                                                                                                                                                                                             | <b>4</b>    |   |          |   |         |
| <b>Expenses:</b> |                                                                                                                                                                                                                                                                                                                                                          |             |   |          |   |         |
| <b>5</b>         | Advertising . . . . .                                                                                                                                                                                                                                                                                                                                    | <b>5</b>    |   | 90.      |   |         |
| <b>6</b>         | Auto and travel (see instructions) . . . . .                                                                                                                                                                                                                                                                                                             | <b>6</b>    |   | 360.     |   |         |
| <b>7</b>         | Cleaning and maintenance . . . . .                                                                                                                                                                                                                                                                                                                       | <b>7</b>    |   | 150.     |   |         |
| <b>8</b>         | Commissions. . . . .                                                                                                                                                                                                                                                                                                                                     | <b>8</b>    |   |          |   |         |
| <b>9</b>         | Insurance . . . . .                                                                                                                                                                                                                                                                                                                                      | <b>9</b>    |   |          |   |         |
| <b>10</b>        | Legal and other professional fees . . . . .                                                                                                                                                                                                                                                                                                              | <b>10</b>   |   |          |   |         |
| <b>11</b>        | Management fees . . . . .                                                                                                                                                                                                                                                                                                                                | <b>11</b>   |   |          |   |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)                                                                                                                                                                                                                                                                                                 | <b>12</b>   |   |          |   |         |
| <b>13</b>        | Other interest. . . . .                                                                                                                                                                                                                                                                                                                                  | <b>13</b>   |   | 5,900.   |   |         |
| <b>14</b>        | Repairs. . . . .                                                                                                                                                                                                                                                                                                                                         | <b>14</b>   |   | 150.     |   |         |
| <b>15</b>        | Supplies . . . . .                                                                                                                                                                                                                                                                                                                                       | <b>15</b>   |   |          |   |         |
| <b>16</b>        | Taxes . . . . .                                                                                                                                                                                                                                                                                                                                          | <b>16</b>   |   |          |   |         |
| <b>17</b>        | Utilities. . . . .                                                                                                                                                                                                                                                                                                                                       | <b>17</b>   |   |          |   |         |
| <b>18</b>        | Depreciation expense or depletion . . . . .                                                                                                                                                                                                                                                                                                              | <b>18</b>   |   |          |   |         |
| <b>19</b>        | Other (list) ▶ . . . . .                                                                                                                                                                                                                                                                                                                                 | <b>19</b>   |   |          |   |         |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .                                                                                                                                                                                                                                                                                                         | <b>20</b>   |   | 6,650.   |   |         |
| <b>21</b>        | 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 . . . . .                                                                                                                                                                                                      | <b>21</b>   |   | -6,090.  |   |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .                                                                                                                                                                                                                                                   | <b>22</b>   | ( | -6,090.) | ( | )       |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .                                                                                                                                                                                                                                                                              | <b>23a</b>  |   | 560.     |   |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .                                                                                                                                                                                                                                                                             | <b>23b</b>  |   |          |   |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .                                                                                                                                                                                                                                                                                    | <b>23c</b>  |   |          |   |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .                                                                                                                                                                                                                                                                                    | <b>23d</b>  |   |          |   |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .                                                                                                                                                                                                                                                                                    | <b>23e</b>  |   | 6,650.   |   |         |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .                                                                                                                                                                                                                                                                | <b>24</b>   |   |          |   |         |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .                                                                                                                                                                                                                             | <b>25</b>   | ( | 6,090.)  |   |         |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> 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 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |   |          |   | -6,090. |