Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 midow(er) (QW) Your first name and middle initial Last name Your social security number SRAVANI PI SATI YP 6-72-6516 Home address (number and stree). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 1004 MERDOW CREEK DRIVE 213.0 Check here if you, or your City, tow, or poot office. If you have a toreign address, also complete spaces below. TX 750.38 too bolow will not change Foreign country name Foreign province/state/county Foreign patal code You Spouse Aar y time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You bas a dependent You Spouse Cheid to reduce dependent Dependents, see instructions: (1) First name Last name You Spouse Cheid to reduce dependent Spouse instructions: (E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	20	OMB No. 1545	5-0074	IRS Use (Only-	–Do not wr	ite or staple	in this space.
SRAVANI PISATI 796-72-6516 If joint return, spouse's first name and middle initial Last name Spouse's social security number 1004 MEADOW CREEK DRIVE 2130 11004 Meadow Foreign powlocs/state/county Foreign postal code you tak or refund. 11004 Someone can claim: You as dependent You soure as a dependent Out as a dependent Deduction Si Spouse temizes on a separate return or you were a dual-status alien Immore Immore Immore 11006 Spouse temizes on a separate return or you were a dual-status alien Immore Immore Immore Immore 11006 Spouse temizes on a separate return or you were a dual-status alien Immore Immore<	Check only	lf yc	ou checked the MFS box, enter the n	ame of						<i>.</i> .		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 2130 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Dependents (see instructions): (i) First name (i) Social security (i) P di qualifies or (see instructione): (if) first name Last name (i) Social security (i) P di qualifies or (see instructione): (i) P di qualifies or (see instructione): in d check iii Oreit a iii Oreit for other dependents iii Oreit for other dependents in difficient office iii Oreit iii Oreit for other dependents iii Oreit for other dependents iiii Oreit iiii Oreit iii	Your first name	e and m	iddle initial	Last na	me						Your soc	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 2130 1004 MEADOW CREEK DRIVE 2130 Check here if you, or your spouse if filing jointly, want 35 Foreign country name Foreign province/state/country Foreign postal code your tax or refund. VING Some can claim: You as dependent You so a dependent your tax or refund. Standard Some can claim: You as a dependent You so a dependent You so as dependent Deduction Spouse itemizes on a separate return or you wore a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Dependents (see instructions): (2) Social security (3) Relationship (4) f/ if qualifies for (see instructions): Cheid tax credit Ceet tor other dependent in required. Tax-exempt interest 2a b Taxable interest 2b 2b Attach Sa Dervince/shead and dividends 3b - - - Signadard Gen social security benefits Ga b Taxable interest 2b - - - - - - - - - - - -	SRAVANI			PISA	TI						796-7	/2-651	6
1004 MEADOW CREEK DRIVE 2130 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. TX 75038 foote this fund. Checking a box below will not change a box below will a b	If joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse's	social se	curity number
Clip, Work of bold nice, if your have a holegin address, asid complete spaces below. State 24" dode to go to this fund, Checking a Foreign country name Foreign province/state/county Foreign postal code you is box below with oct change your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You ropouse as a dependent You is pouse itemizes on a separate return or you were a dual-status alien Age/Blindness Someone can claim: You as a dependent You ropouse as a dependent Yes No Tim rove (i) First name Last name (i) Pleatonship (i) V' if quillifies for (see instructions): (i) Pleatonship (i) V' if quillifies for (see instructions): I o you If more (i) First name Last name I I o you Spouse; b Taxable interest 2b Attach 2a Tax-sempt interest 2a I b Taxable amount 4b I 95.000. Standard Deduction Sa D colinary dividends 5b Sb Sb Sb Sb Sb Sb <t< td=""><td></td><td></td><td></td><td>instructio</td><td>ons.</td><td></td><td></td><td></td><td></td><td></td><td>Check h</td><td>ere if you,</td><td>, or your</td></t<>				instructio	ons.						Check h	ere if you,	, or your
IRVING TX 75038 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can claim: You as a dependent You postal code Deduction Someone can claim: You as a dependent You posuse as a dependent Yes No Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): if and check	City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	de				
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Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name		_		•			•						
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If more than four dependents, see instructions and check hare ▶ Image: the transform of transterim of transform of transform of transform of trans	Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	(4) 🖌	if qu	alifies for	(see instru	uctions):
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4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for - Single or Married filing separately, S12,400 6a Social security benefits 6a b Taxable amount 7 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -6, 450. 9 88, 550. • Married filing jointly or Qualifying widow(er), S24,800 • From Schedule 1, line 22 . . 10a 10a • Head of household, S18,660 11 Subtract line 10c from line 9. This is your adjusted gross income 10b 11 88, 550. • If you checked ary box under Standard deduction or itemized deductions. (from Schedule A) 12 12, 400. • If you checked ary box under Standard Deductions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 • Add lines 12 and 13 . . 14 12, 400. 14 12, 400. • If you checked ary box under Standard 14 12, 400. 15 76, 150. 15		3a	Qualified dividends	3a		b	Ordinary divide	nds .			3b		
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here • • 7 • Married filing jointly or Qualifying widow(er), \$24,800 • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 88, 550. • Charitable contributions if you take the standard deduction. See instructions 10a 10b 10c • Head of household, \$18,660 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 88, 550. • If you checked any box under Standard 12 12, 400. 12 12, 400. 12 12, 400. • If you checked any box under Standard 14 Add lines 12 and 13 . . . 13 14 12, 400. 13 14 12, 400. 15 76, 150.) 4a	IRA distributions	4a		b 1	laxable amoun	ıt			4b		
Deduction for- 7 • Single or Married filing separately, \$12,400 7 • Other income from Schedule 1, line 9 - • Married filing separately, \$12,400 9 • Married filing jointly or Qualifying widow(er), \$24,800 9 • Married filing jointly or Qualifying widow(er), \$24,800 10 • Head of household, \$18,650 11 • Head of household, \$18,650 12 • Head of household, \$14 duines 12 and 13 12 • In you checked any box under Standard Deduction, see instructions. 13 • In Add lines 12 and 13 13 • In Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15		5a	Pensions and annuities	5a		b 1	laxable amoun	ıt			5b		
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Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -6,450 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 88,550 9 Adjustments to income: 9 88,550 9 Adjustments to income: 10a 10a 9 88,550 10 Adjustments to income: 10a 9 88,550 10 Adjustments to income: 10a 9 88,550 10 Adjustments to income: 10b 9 88,550 10 Add lines 10a and 10b. These are your total adjustments to income 10b 9 88,550 11 88,550 10c 11 88,550 11 88,550 16 Subtract line 10c from line 9. This is your adjusted gross income 11 188,550 17 Standard deduction or itemized deductions (from Schedule A) 12 12,400 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400 18 14 12,400 15 76,150 15 76,150		7	Capital gain or (loss). Attach Schee	dule D if	f required. If not r	equirec	l, check here		Þ		7		
\$12,400 9 Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income 9 887, 550. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 10b • Head of household, \$14,860 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •	Married filing	8	,								8		
jointly or Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income • • 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 14 Standard Deduction, see instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 • 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 76,150.		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your total i	ncome	•				▶ 9		88,550.
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see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deducti	ion. Atta	ach Form 8995 or	Form 8	3995-A				13	<u> </u>	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14											
		´ 15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0				15		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))										F	-age 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌	4972	3			16	12,54	49.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	12,54	49.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0						22	12,54	49.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10	0.				23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	12,54	49.
	25	Federal income tax withheld	l from:									
	а	Form(s) W-2					25a	15	,196			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	15,19	96.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return					26		
qualifying child,	27	Earned income credit (EIC)			^N	lo [.]	27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	ble cr	edits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	15,19	96.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	. This is th	ne amour	nt you	overpaid		34	2,64	47.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attach	ned, cheo	ck here	e] 35a	2,64	47.
Direct deposit?	►b	Routing number 0 2 1	2 0 0 3	3 9	► с Тур	oe: 🗙	Chec	king	Saving	s		
See instructions.	►d	Account number 3 8 1	0 3 8 9	5 8 8 4	4 3							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37		
You Owe		Note: Schedule H and Sch		-						or 🗌		
For details on		2020. See Schedule 3, line 1			•					-		
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with th	he IRS?	See					
Designee	ins	structions						Yes. Co	omplete	e below.	🗙 No	
		signee's		Phone						ntification		
		me 🕨		no. 🕨					oer (PIN	'		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occ	•					nt you an Identity	
	. 10	ur signature		Date	Four occ	upation					IN, enter it here	
Joint return?					SOFTW	VARE I	DEVE	LOPER	(se	ee inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	occupati	ion				nt your spouse a	
Keep a copy for your records.	•									,	ection PIN, enter	it here
your rocordo.									(56	ee inst.) 🕨		
		one no.	Duran and 1	Email address					יאידס		Observe 1	
Paid		eparer's name	Preparer's signat		a		Date	.1	PTIN	00505	Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA 1	I'ALLAM	02/	01/2021		82703	Self-emplo	<u> </u>
Use Only		m's name ► GLOBAL TA							Pł	none no. (678)965-9	
	Fin	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 3	80041			Fi	rm's EIN 🕨		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BA	A	REV	01/25/21 PRC)		Form 1040) (2020)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

Your soc	ial security number
	Attachment Sequence No. 01

 Department of the Treasury Internal Revenue Service
 Attack

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

SRAVANI PISATI

n, or	1040-111		

-						
	796	-7	2-6	551	6	

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	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	-6,450.
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,		
Par	line 8	9	-6,450.
		10	
10 11	Educator expenses	10	
	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		18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19		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	
For Pa			e 1 (Form 1040) 2020

SCHEDULE	Е
(Eorm 1040)	

OMB No. 1545-0074 2020

 Supplemental Income and Loss

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

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

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

SCHEDULE E (Form 1040)	
Department of the Treasury Internal Revenue Service (99)	

o to www.i	rs aov	/Schedul	leF fo	r instr	uctions	and t	he latest	t in

	ent of the Treasury levenue Service (99)	► Go to www.irs.gov/ScheduleE f					information		Attack	hment ence No. 13
	shown on return							Your soci		
SRAV	ANI PISATI							796-7	2-651	6
Part	Income or Loss	From Rental Real Estate and Ro	yalties	Note	: If you	are in th	e business o	of renting per	rsonal pi	operty, use
		instructions. If you are an individual, rep	ort farm	rental i	ncome	or loss f	rom Form 4	835 on page	2, line 4	0.
A Dic	l you make any payme	nts in 2020 that would require you to	o file Fo	rm(s) 1	099? \$	See inst	ructions .		. 🗆 ۱	res 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							. 🗆 🔪	Yes 🗌 No
1a	Physical address of e	each property (street, city, state, ZIF	code)							
Α	VANASTHALIPURA	M HYDERABAD TELANGANA IN	N 500	070						
В										
С										
1b	Type of Property	2 For each rental real estate prop	perty lis	ted		-	Rental	Persona		QJV
	(from list below)	above, report the number of fa	ur renta QJV bo	l and ox only _r		1	Days	Days	5	
A	3	personal use days. Check the if you meet the requirements to qualified joint venture. See inst	o file as	a	Α		365		0	
В		qualified joint venture. See inst	truction	s.	В					
C					С					
	of Property:									
0	le Family Residence	3 Vacation/Short-Term Rental		-		7 Self-				
	i-Family Residence	4 Commercial	6 Roy	alties		8 Othe	r (describe	/		
Incom		Properties:			Α		E	3		С
3			3			620.				
4			4							
Expen			5			80.				
5 6	5	nstructions)	6			320.				
7	-		7			$\frac{320.}{150.}$				
8			8			130.				
9			9							
10		essional fees	10							
11			11							
12		d to banks, etc. (see instructions)	12							
13			13		6	,400.				
14			14			120.				
15			15							
16			16							
17			17							
18	Depreciation expense		18							
19	Other (list) 🕨		19							
20	Total expenses. Add	lines 5 through 19	20		7	,070.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must								
			21		-6	,450.				
22		l estate loss after limitation, if any,								
	,	structions)	22 (-б,	450.)	()	()
23a		eported on line 3 for all rental prope		· ·		23a		620.		
b		eported on line 4 for all royalty prop		• •		23b				
C		eported on line 12 for all properties	• •			23c				
d		eported on line 18 for all properties	• •			23d		- 00		
e		eported on line 20 for all properties				23e		7,070.		
24 25		e amounts shown on line 21. Do no		-				. 24	(
25		sses from line 21 and rental real estate							(6,450.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar								-6,450.
					Jiai Ul	1 11110 41	on page 2	. 20		0,100.