## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

| Filing Status<br>Check only<br>one box.                 | If yo  | Single  Married filing jointly [<br>ou checked the MFS box, enter the loon is a child but not your depender | name of y       |                        |                            |              |           |               |         |                                    |                           |                              |  |
|---|--|---|-----------------|------------------------|----------------------------|--------------|-----------|---------------|---------|------------------------------------|---------------------------|------------------------------|--|
| Your first name   | Your first name and middle initial Last name |   |                 |                        |                            |              |           |               |         | Your social security number        |                           |                              |  |
| REDDY PRASANNA  |  |   |                 | U                      |                            |              |           |               |         | 143-27-4403                        |                           |                              |  |
| If joint return, spouse's first name and middle initial |  |   |                 | me                     |                            |              |           |               |         | Spouse's social security number    |                           |                              |  |
| Home address  | (numbe                                       | er and street). If you have a P.O. box, se  | e instruction   | ons.                   |                            |              |           | Apt. no.      |         | Preside                            | ntial Electi              | ion Campaign                 |  |
| 2500 OLI  | D FA   | RM ROAD   |                 |                        |                            |              |           |               |         |                                    | nere if you,              |                              |  |
| City, town, or p  | ost offi                                     | ce. If you have a foreign address, also c   | omplete s       | paces below.           | Sta                        | ite          | ZIP       | code          |         |                                    | 0,                        | ntly, want \$3<br>Checking a |  |
| HOUSTON   |  |   |                 | TX                     |                            |              |           | 77063 b       |         |                                    | box below will not change |                              |  |
| Foreign country   | y name                                       |   | F               | Foreign province/state | /coun                      | ty           | For       | eign postal c | ode )   | de your tax or refund.  You Spouse |                           |                              |  |
| At any time du  | ıring 20                                     | 020, did you receive, sell, send, exc   | hange, c        | or otherwise acquire   | any                        | financial in | terest ir | n any virtua  | al curr | ency?                              | Yes                       | <b>⋈</b> No                  |  |
| Standard<br>Deduction                                   |  | eone can claim:   | •               |                        |                            | •            | nt        |               |         |                                    |                           |                              |  |
| Age/Blindness   | s You:                                       | Were born before January 2,   | 1956            | Are blind Sp           | ouse                       | : Was        | born be   | efore Janu    | ary 2,  | 1956                               | ☐ Is b                    | lind                         |  |
| Dependents  | -  |   |                 | (2) Social securit     |                            | (3) Relation |           |               |         | alifies for (see instructions):    |                           |                              |  |
| If more   | •  | irst name Last name   |                 | number                 | to you                     |              |           | Child tax cre |         | 1                                  |                           |                              |  |
| than four   |  |   |                 |                        |                            |              |           |               |         |                                    |                           |                              |  |
| dependents,   |  |   |                 |                        |                            |              |           |               |         |                                    |                           |                              |  |
| see instruction and check                               | s ——   |   |                 |                        |                            |              |           |               |         |                                    |                           |                              |  |
| here ►  |  |   |                 |                        |                            |              |           |               |         |                                    |                           |                              |  |
|   | 1  | Wages, salaries, tips, etc. Attach  | Form(s) \       | N-2                    |                            |              |           |               |         | 1                                  |                           | 80,580.                      |  |
| Attach  | 2a   | Tax-exempt interest   | 2a              |                        | b T                        | axable inte  | rest      |               |         | 2b                                 |                           |                              |  |
| Sch. B if required.                                     | 3a   | Qualified dividends   | 3a              |                        | <b>b</b> Ordinary dividend |              |           | ds            |         | 3b                                 |                           |                              |  |
| required.   | 4a   | IRA distributions   | 4a              |                        | <b>b</b> Taxable amount .  |              |           |               | 4b      |                                    |                           |                              |  |
|   | 5a   | Pensions and annuities  | 5a              |                        | <b>b</b> T                 | axable am    | ount .    |               |         | 5b                                 |                           |                              |  |
| Standard  | 6a   | Social security benefits  | 6a              |                        | b T                        | axable am    | ount .    |               |         | 6b                                 |                           |                              |  |
| Deduction for—  | 7  | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □                      |                 |                        |                            |              |           |               |         |                                    |                           | 327.                         |  |
| <ul> <li>Single or<br/>Married filing</li> </ul>        | 8  | Other income from Schedule 1, lin   | пе 9            |                        |                            |              |           |               |         | 8                                  |                           | -5,610.                      |  |
| separately,<br>\$12,400                                 | 9  | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                 |                 |                        |                            |              |           |               |         | 9                                  |                           | 75,297.                      |  |
| <ul> <li>Married filing</li> </ul>                      | 10   | Adjustments to income: From Schedule 1, line 22   |                 |                        |                            |              |           |               |         |                                    |                           |                              |  |
| jointly or<br>Qualifying                                | а  |   |                 |                        |                            |              |           |               |         |                                    |                           |                              |  |
| widow(er),<br>\$24,800                                  | b  | Charitable contributions if you take  | the stan        | dard deduction. Se     | e inst                     | ructions     | 10b       |               |         |                                    |                           |                              |  |
| Head of   | С  | Add lines 10a and 10b. These are  | your <b>tot</b> | al adjustments to      | inco                       | me           |           |               | . ▶     | 100                                |                           |                              |  |
| household,<br>\$18,650                                  | 11   | Subtract line 10c from line 9. This   | is your a       | adjusted gross inc     | ome                        |              |           |               | . ▶     | 11                                 |                           | 75,297.                      |  |
| If you checked  | 12   | Standard deduction or itemized  | l deducti       | ions (from Schedule    | e A)                       |              |           |               |         | 12                                 | $\perp$                   | 12,400.                      |  |
| any box under<br>Standard                               | 13   | Qualified business income deduction. Attach Form 8995 or Form 8995-A  |                 |                        |                            |              |           |               |         |                                    |                           |                              |  |
| Deduction, see instructions.                            | 14   | Add lines 12 and 13   |                 |                        |                            |              |           |               |         | 14                                 |                           | 12,400.                      |  |
|   | 15   | Taxable income. Subtract line 14  | from lin        | e 11. If zero or less  | ente                       | er -0        |           |               |         | 15                                 | 1                         | 62,897.                      |  |

| Form 1040 (2020   | ))  |  |                          |                   |                        |            |            |                       |                                       | Page                  |  |
|---|---|--|--------------------------|-------------------|------------------------|------------|------------|-----------------------|---------------------------------------|-----------------------|--|
|   | 16  | Tax (see instructions). Check  | if any from Form         | (s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972      | 3 🗌        |            |                       | 16                                    | 9,623.                |  |
|   | 17  | Amount from Schedule 2, lir  |                          |                   |                        | _          |            |                       | 17                                    | 0.                    |  |
|   | 18  | Add lines 16 and 17  |                          |                   |                        |            |            |                       | 18                                    | 9,623.                |  |
|   | 19  | Child tax credit or credit for   | other dependen           | ts                |                        |            |            |                       | 19                                    |                       |  |
|   | 20  | Amount from Schedule 3, lir  | ne 7                     |                   |                        |            |            |                       | 20                                    |                       |  |
|   | 21  | Add lines 19 and 20  |                          |                   |                        |            |            |                       | 21                                    |                       |  |
|   | 22  | Subtract line 21 from line 18  | . If zero or less,       | enter -0          |                        |            |            |                       | 22                                    | 9,623.                |  |
|   | 23 Other taxes, including self-employment tax, from Schedule 2, line 10 |  |                          |                   |                        |            |            |                       | 23                                    | 0.                    |  |
|   | 24  | Add lines 22 and 23. This is   |                          |                   |                        |            |            |                       | 24                                    | 9,623.                |  |
|   | 25  | Federal income tax withheld  | •                        |                   |                        |            |            |                       |                                       | 2,023.                |  |
|   | а   | Form(s) W-2  |                          |                   |                        | 25a        | 11         | ,628.                 |                                       |                       |  |
|   | b   |  |                          |                   |                        |            |            |                       |                                       |                       |  |
|   | С   | Other forms (see instruction   |                          |                   |                        |            |            |                       |                                       |                       |  |
|   | d   | Add lines 25a through 25c  | ,                        |                   |                        | 25c        |            |                       | 25d                                   | 11,628.               |  |
|   | 26  | 2020 estimated tax paymen  |                          |                   |                        |            |            |                       | 26                                    |                       |  |
| <ul> <li>If you have a L<br/>qualifying child,</li> </ul> | 27  | Earned income credit (EIC)   |                          |                   |                        | 27         |            |                       |                                       |                       |  |
| attach Sch. EIC.  | 28  | Additional child tax credit. A   |                          |                   |                        | 28         |            |                       |                                       |                       |  |
| If you have<br>nontaxable                                 | 29  | American opportunity credit  |                          |                   |                        | 29         |            |                       | -                                     |                       |  |
| combat pay, see instructions.                             | 30  | Recovery rebate credit. See  |                          | •                 |                        | 30         | 1          | ,770.                 |                                       |                       |  |
| 3cc manuchons.  | 31  | Amount from Schedule 3, lir  |                          |                   |                        | 31         |            | , , , , , , ,         | -                                     |                       |  |
|   | 32  | •  | 32                       | 1,770.            |                        |            |            |                       |                                       |                       |  |
|   | 33  | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b> Add lines 25d, 26, and 32. These are your <b>total payments</b> |                          |                   |                        |            |            |                       |                                       | 13,398.               |  |
|   | 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   |                          |                   |                        |            |            |                       |                                       | 3,775.                |  |
| Refund  | 35a   | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here  |                          |                   |                        |            |            |                       |                                       | 3,775.                |  |
| Direct deposit?   | ⊳ b   |  |                          |                   |                        |            |            |                       |                                       | 3,773.                |  |
| See instructions.   | ►d  |  |                          |                   |                        |            |            |                       |                                       |                       |  |
|   | 36  | Amount of line 34 you want applied to your 2021 estimated tax > 36   |                          |                   |                        |            |            |                       |                                       |                       |  |
| Amount  |   | •  |                          |                   |                        |            |            |                       | 37                                    |                       |  |
| You Owe   | 37  | Subtract line 33 from line 24  | 37                       |                   |                        |            |            |                       |                                       |                       |  |
| For details on  |   | Note: Schedule H and Sch   |                          |                   |                        |            |            |                       |                                       |                       |  |
| how to pay, see instructions.                             | 38  | 2020. See Schedule 3, line 12e, and its instructions for details.  Estimated tax penalty (see instructions)  |                          |                   |                        |            |            |                       |                                       |                       |  |
|   |   | you want to allow another  |                          |                   |                        |            |            |                       |                                       |                       |  |
| Third Party Designee                                      |   | tructions  | •                        |                   |                        |            | Yes. C     | omplete               | helow.                                | X No                  |  |
| Designee  |   | signee's   |                          | Phone             |                        | _          |            | onal ident            |                                       |                       |  |
|   |   | me ►   |                          | no. 🕨             |                        |            |            | ber (PIN)             |                                       |                       |  |
| Sign  |   | der penalties of perjury, I declare  |                          |                   |                        |            |            |                       |                                       |                       |  |
| Here  | bel   | ief, they are true, correct, and com   | plete. Declaration       | of preparer (othe | r than taxpayer) is ba | on of whic | h prepar   | er has any knowledge. |                                       |                       |  |
| 11010   | Yo  | ur signature   |                          | Date              | Your occupation        |            |            | nt you an Identity    |                                       |                       |  |
| 1   |   |  |                          | SOFTWARE ENGINEER |                        |            |            |                       | inst.) ▶                              | IN, enter it here     |  |
| Joint return?<br>See instructions.                        | Sn  | ouse's signature. If a joint return,   | Date Spouse's occupation |                   |                        |            |            |                       | I I I I I I I I I I I I I I I I I I I |                       |  |
| Keep a copy for   | Ор  | ouse's signature. If a joint return,   | Date                     | opouse 3 occupat  |                        |            |            |                       | ection PIN, enter it her              |                       |  |
| your records.   |   |  |                          |                   | (see                   | inst.) ►   |            |                       |                                       |                       |  |
|   | Ph  | one no.  |                          | Email address     |                        |            |            |                       |                                       |                       |  |
| Paid  | Pre   | parer's name   | Preparer's signat        | ure               |                        | Date       | <u> </u>   | PTIN                  |                                       | Check if:             |  |
|   | SYAM  | PRIYA RAM SAGAR GUPTA TALLAM   | SYAM PRIYA               | RAM SAGAR         | GUPTA TALLAM           | 02/24      | /2021      | P0208                 | 82703 Self-employed                   |                       |  |
| Preparer  | Firm's name ► GLOBAL TAXES LLC Phon                                     |  |                          |                   |                        |            |            | one no. (678)965-9522 |                                       |                       |  |
| Use Only  | Fin   | n's address ▶ 2530 Pebb  | le Creek L               | n Cummin          | g GA 30041             |            |            |                       | ı's EIN ▶                             |                       |  |
| Go to www.irs.go  | ov/Forn   | n1040 for instructions and the late  | est information.         |                   | ВАА                    | REV 02     | /15/21 PRO | )                     |                                       | Form <b>1040</b> (202 |  |

# SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020
Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

REDDY PRASANNA ATURU

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

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

Attachment Sequence No. 01 Your social security number

143-27-4403

| Par | t 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   | -5,610. |
| 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,                |     | F 610   |
| Par | line 8  | 9   | -5,610. |
| 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  | 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)

Department of the Treasury

Internal Revenue Service (99)

## **Capital Gains and Losses**

► 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.

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

OMB No. 1545-0074

Attachment Sequence No. **12** 

Name(s) shown on return
REDDY PRASANNA ATURU

Your social security number 143-27-4403

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 . . . . . . . . . . . . . . . 6,023. 5,716. 24. 331. 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 . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 331. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 3. Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

-4.

14

15

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 327. • 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 • 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? ☐ **Yes.** Go to line 18. 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? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Form **8949**

## **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Part I

Social security number or taxpayer identification number

143-27-4403

REDDY PRASANNA ATURU

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

instructions). For long-term transactions, see page 2.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC 04/29/20 08/21/20 6,023. 5,716. W 24. 331. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

6,023.

331.

24.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) ▶

5,716.

Form 8949 (2020) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side REDDY PRASANNA ATURU

Social security number or taxpayer identification number 143-27-4403

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| <ul><li><b>∑</b> (<b>D</b>) Long-term transactions</li><li>☐ (<b>E</b>) Long-term transactions</li><li>☐ (<b>F</b>) Long-term transactions</li></ul> | reported on       | Form(s) 1099                   | -B showing bas                      |   |   |   | 9)   |  |
|--|-------------------|--------------------------------|-------------------------------------|---|---|---|--|--|
| 1 (a) Description of property  | (b) Date acquired | (c) Date sold or               | (d)<br>Proceeds                     | (e) Cost or other basis. See the <b>Note</b> below    | Adjustment, it<br>If you enter an<br>enter a co | (h) Gain or (loss). Subtract column (e) |  |  |
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)   | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions             | <b>(g)</b><br>Amount of<br>adjustment   | from column (d) and<br>combine the result<br>with column (g) |  |
| Robinhood Securities LLC   | 08/14/17          | 05/12/20                       | 3.                                  | 7.  |   |   | -4.  |  |
|  |                   |                                |                                     |   |   |   |  |  |
|  |                   |                                |                                     |   |   |   |  |  |
|  |                   |                                |                                     |   |   |   |  |  |
|  |                   |                                |                                     |   |   |   |  |  |
|  |                   |                                |                                     |   |   |   |  |  |
|  |                   |                                |                                     |   |   |   |  |  |
|  |                   |                                |                                     |   |   |   |  |  |
|  |                   |                                |                                     |   |   |   |  |  |
|  |                   |                                |                                     |   |   |   |  |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above   | al here and inc   | lude on your                   |                                     |   |   |   |  |  |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) ▶

3.

7.

### **SCHEDULE E**

(Form 1040)

### **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.

Attachment Sequence No. **13** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Your social security number

|          | Y PRASANNA ATURU  |  |            |               |            |           |               |              | 43-27-4      |        |            |
|----------|---|--|------------|---------------|------------|-----------|---------------|--------------|--------------|--------|------------|
| Part     | I Income or Loss From Rental Real Estate  | and Roy  | /altie     | s Note        | : If you a | are in th | e business c  | f rent       | ing persor   | al pro | perty, use |
|          | Schedule C. See instructions. If you are an indiv   | ridual, repo   | ort farr   | m rental i    | ncome o    | r loss fr | om Form 48    | <b>35</b> or | n page 2, li | ne 40. |            |
| A Dic    | d you make any payments in 2020 that would requ   | ire you to   | file F     | orm(s) 1      | 099? Se    | ee instr  | uctions .     |              |              | Ye     | es 🛛 No    |
|          | Yes," did you or will you file required Form(s) 109   | •  |            | . ,           |            |           |               |              |              |        |            |
| 1a       | Physical address of each property (street, city, s  |  |            |               |            |           |               |              |              |        |            |
| A        | 13/101 PMR PALLI KADAPA ANDHRA F  |  |            | ,             | 1          |           |               |              |              |        |            |
| В        |   |  |            |               |            |           |               |              |              |        |            |
| C        |   |  |            |               |            |           |               |              |              |        |            |
| 1b       | Type of Property 2 For each rental real estate property listed Fair Rental Personal Use   |  |            |               |            |           |               |              |              |        | 0.114      |
|          | (from list below) above, report the num   | r renta  | rental and |               |            | Days      |               | Days         |              | QJV    |            |
| A        | personal use days. Cf if you meet the require   | personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a     |            |               |            |           | 365           |              | 0            |        |            |
| В        | qualified joint venture   | if you meet the requirements to file as a qualified joint venture. See instructions.  A 365  B |            |               |            |           |               |              |              |        |            |
| С        | <del></del>   |  |            |               | С          |           |               |              |              |        |            |
|          | of Property:  |  |            |               |            |           |               |              |              |        |            |
|          | gle Family Residence 3 Vacation/Short-Term  | Rental   | 5 Lai      | nd            | 7          | Self-     | Rental        |              |              |        |            |
|          | ti-Family Residence 4 Commercial  |  |            | yalties       |            |           | r (describe)  |              |              |        |            |
| Incom    |   | perties:   |            | )             | Α          | 7 0 11 10 | F (dddddinbd) |              |              |        | С          |
| 3        | Rents received  |  | 3          |               |            | 150.      |               | -            |              |        |            |
| 4        | Royalties received  |  | 4          |               |            | ,         |               |              |              |        |            |
| Expen    |   | - •  |            |               |            |           |               |              |              |        |            |
| 5        | Advertising   |  | 5          |               |            |           |               |              |              |        |            |
| 6        | Auto and travel (see instructions)  |  | 6          |               | -          | 160.      |               |              |              |        |            |
| 7        | Cleaning and maintenance  |  | 7          |               |            | 250.      |               |              |              |        |            |
| 8        | Commissions   |  | 8          |               |            | 130.      |               |              |              |        |            |
| 9        | Insurance   |  | 9          |               |            |           |               |              |              |        |            |
| 10       | Legal and other professional fees   |  | 10         |               |            |           |               |              |              |        |            |
| 11       | Management fees   |  | 11         |               |            |           |               |              |              |        |            |
| 12       | Mortgage interest paid to banks, etc. (see instruc  |  | 12         |               |            |           |               |              |              |        |            |
| 13       | Other interest  | ,  | 13         |               | 5 1        | 500.      |               |              |              |        |            |
| 14       | Repairs   |  | 14         |               |            | 150.      |               |              |              |        |            |
| 15       | Supplies  |  | 15         |               |            | 130.      |               |              |              |        |            |
| 16       | Taxes   |  | 16         |               |            |           |               |              |              |        |            |
| 17       | Utilities   |  | 17         |               |            |           |               |              |              |        |            |
| 18       | Depreciation expense or depletion   |  | 18         |               |            |           |               |              |              |        |            |
| 19       | Other (liet)  |  | 19         |               |            |           |               |              |              |        |            |
| 20       | Total expenses. Add lines 5 through 19  |  | 20         |               | 6 (        | 060.      |               |              |              |        |            |
|          | ,   |  | 20         |               | 0,0        | .00.      |               |              |              |        |            |
| 21       | Subtract line 20 from line 3 (rents) and/or 4 (royal result in a (leas) and instructions to find out if you   |  |            |               |            |           |               |              |              |        |            |
|          | result is a (loss), see instructions to find out if yo file <b>Form 6198</b>  | วน เกนร์เ  | 21         |               | -5,6       | 510       |               |              |              |        |            |
| 22       | Deductible rental real estate loss after limitation   | if any   | -1         |               | ٥, ١       | · · · ·   |               |              |              |        |            |
| 22       | on <b>Form 8582</b> (see instructions)  | i, ii aliy,  | 22         | (             | -5,6       | 10 \      | (             |              | )/           |        | ١          |
| 23a      | Total of all amounts reported on line 3 for all rent  | tal nrone  |            | Į\            |            | 23a       | \             | 4            | 50.          |        | <u> </u>   |
| 23a<br>b | Total of all amounts reported on line 4 for all royal   |  |            |               |            | 23b       |               | -1           | 30.          |        |            |
| C        | Total of all amounts reported on line 4 for all protections of all amounts reported on line 12 for all protections.   |  | 51 LICS    |               |            | 23c       |               |              |              |        |            |
| d        | Total of all amounts reported on line 12 for all protection of all amounts reported on line 18 for all protections.   |  |            |               |            | 23d       |               |              |              |        |            |
|          | Total of all amounts reported on line 10 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 10 for all prototal of all amounts reported on line 10 for all prototal of all amounts reported on line 10 for all prototal of all amounts reported on line 10 for all prototal of all amounts reported on line 10 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all prototal of all amounts reported on line 20 for all all amounts reported on line 20 for all all amounts reported on line 20 for all all all all all all all all all al |  |            |               |            | 23a       |               | 6,0          | 60           |        |            |
| e<br>24  | <b>Income.</b> Add positive amounts shown on line 2   |  | · ·        | <br>Ido any l |            | 236       |               | 0,0          | 24           |        |            |
| 24<br>25 | <b>Losses.</b> Add royalty losses from line 21 and rental re  |  |            | ,             |            | · ·       |               |              | 25 (         |        | 5,610.)    |
|          | • •   |  |            |               |            |           |               |              | 25 (         |        | J, UIU. )  |
| 26       | Total rental real estate and royalty income or  |  |            |               |            |           |               |              |              |        |            |
|          | here. If Parts II, III, IV, and line 40 on page 2 Schedule 1 (Form 1040), line 5. Otherwise, include  |  |            |               |            |           |               |              | 26           |        | -5,610.    |