## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the son is a child but not your dependent	name of										
Your first name	and m	iddle initial	Last na	me					Your	social se	curity	number	
NITINCHANDRA REDDY				RABALLI					125	125-31-8434			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spous	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Presid	dential El	ection	Campaign	
8525 FL	OYD (	CURL DR						2204		k here if	,	,	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	plete spaces below. State Z				code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
San Anto	onio				T	X	78	78240 k		box below will not change			
Foreign country	/ name		F	Foreign province/state	e/coun	ty	For	reign postal code your tax or refu				Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquir	e any	financial inte	rest in	n any virtual	currency	? <b>Y</b>	es	<b>⊠</b> No	
Standard Deduction		eone can claim:  You as a d Spouse itemizes on a separate retu				•	Ī						
Age/Blindness	You:	Were born before January 2,	1956	Are blind S	oouse	: Was b	orn b	efore Januar	, 2, 1956	;	ls blin	d	
Dependents			_	(2) Social secur		(3) Relation			qualifies		nstruct	ions):	
If more		First name Last name		number		to you		Child tax cred		1		r dependents	
than four												]	
dependents,												]	
see instruction and check	s —											]	
here ►												]	
	1_	Wages, salaries, tips, etc. Attach	Form(s)	N-2						1	94	4,302.	
Attach	2a	Tax-exempt interest	2a		<b>b</b> T	axable intere	st		. 2	2b			
Sch. B if required.	3a	Qualified dividends	3a	9.	<b>b</b> (	Ordinary divid	ends		. 3	3b		9.	
	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4	lb			
	5a	Pensions and annuities	5a		b T	axable amou	ınt .			5b			
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amou	ınt .		. 6	3b			
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not re	quired	, check here		•		7		97.	
Married filing	8	Other income from Schedule 1, li	ne 9 .							8	_ [	5,500.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				<b>L</b>	9	88	3,908.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				1	0a						
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	e inst	ructions 1	0b						
Head of	С	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments to	inco	me			<b>▶</b> 1	0с			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross in	come				<b>▶</b> _ ·	11	88	3,908.	
If you checked	12	Standard deduction or itemized	d deduct	<b>ions</b> (from Schedu	le A)					12	12	2,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	8995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13								14		2,400.	
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	s, ente	er -0			.   •	15	76	5,508.	

Form 1040 (2020	))									Pa	age 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	12,61	<u>.6.</u>
	17	Amount from Schedule 2, lin	e3						17		
	18	Add lines 16 and 17							18	12,61	.6.
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	e7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	12,61	.6.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. •	24	12,61	.6.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	13	,824			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	13,82	24.
If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20	19 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit	from Form 8863	B. line 8		29					
combat pay, see instructions.	30	Recovery rebate credit. See		*		30					
	31	•				31			_		
	32	Amount from Schedule 3, line 13									
	33	Add lines 25d, 26, and 32. T	•						32 33	13,82	.4.
	34							• -	34	1,20	
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid a</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>b</b>								1,20	
Direct deposit?	▶b	Routing number 1 0 1				Check		Saving			
See instructions.	▶d	Account number 5 1 8						ouvii ig			
	36	Amount of line 34 you want a				36	Γ'				
Amount	37	Subtract line 33 from line 24							37		
You Owe	31			•							
For details on		<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.									
how to pay, see instructions.	38	Estimated tax penalty (see in	-			38					
Third Party		you want to allow another									
Designee		structions	•				Yes. Co	mplet	e below.	X No	
_ 00.g00	De	signee's		Phone				•	ntification		
		me ▶		no. 🕨				er (PIN			$\perp$
Sign		der penalties of perjury, I declare t									
Here	be	lief, they are true, correct, and com	plete. Declaration of		. , ,	ased on	all informatio	1		,	•
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here	
Joint return?					SOFTWARE ENGINEER				ee inst.) ▶	IN, enter it flere	$\neg \neg$
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa		VEEK	`		nt your spouse an	
Keep a copy for		oues o organication in a joint rotain, a	our mast eigm							ection PIN, enter i	
your records.								ee inst.) ►			
	Ph	one no. (913)375-224	9	Email address	NITINV190	9@GMZ	AIL.COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 09/2	L5/2021	P020	82703	Self-employ	yed
Preparer	Fir	m's name ► GLOBAL TAX	KES LLC					PI	none no.	(678)965-95	522
Use Only	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041			Fi	rm's EIN 🕨	> 30-10171	L96
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV	07/28/21 PRO			Form <b>1040</b>	(2020)

# SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

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

NITINCHANDRA REDDY VEERABALLI

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

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

Your social security number 125-31-8434

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> 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	-5,500.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	Г ГОО
Par	t II Adjustments to Income	9	-5,500.
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	Alimony paid	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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
	======================================		

#### **SCHEDULE D** (Form 1040)

## **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.

OMB No. 1545-0074

Attachment

Your social security number

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Sequence No. **12** 

NITINCHANDRA REDDY VEERABALLI	125-	5-31-8434							
Did you dispose of any investment(s) in a qualified opportunity If "Yes," attach Form 8949 and see its instructions for addition			_						
Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)									
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result					
whole dollars.  1a Totals for all short-term transactions reported on Form			line 2, colum	n (g)	with column (g)				
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.									
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	3,102.	3,005.			97.				
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked									
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked									
<ul> <li>4 Short-term gain from Form 6252 and short-term gain or (</li> <li>5 Net short-term gain or (loss) from partnerships, Schedule(s) K-1</li> </ul>	•			5					
6 Short-term capital loss carryover. Enter the amount, if ar Worksheet in the instructions	6	(							
7 Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	7	97.							
Part II Long-Term Capital Gains and Losses—Ge	nerally Assets F	leld More Than	One Year	(see	instructions)				
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to  (d)  Proceeds  Cost (or other basis)  (or other basis)  (g)  Adjustments to gain or loss figure the amounts to enter on the lines below.					(h) Gain or (loss) Subtract column (e) from column (d) and combine the result				
whole dollars.			line 2, colum	n (g)	with column (g)				
Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.									
8b Totals for all transactions reported on Form(s) 8949 with Box D checked									
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked									
10 Totals for all transactions reported on Form(s) 8949 with Box F checked									
11 Gain from Form 4797, Part I; long-term gain from Form from Forms 4684, 6781, and 8824				11					
	2 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1								
14 Long-term capital loss carryover. Enter the amount, if an	<ul> <li>Capital gain distributions. See the instructions</li></ul>								
15 Net long-term capital gain or (loss). Combine lines 8:				14	<u> </u>				

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 97. • 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

# 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.

Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

125-31-8434

NITINCHANDRA REDDY VEERABALLI

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. 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 (g) instructions Robinhood Securities LLC | 01/01/20 | 12/30/20 3,102. 3,005. 97.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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) ▶

3,102. 3,005.

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.

97.

#### **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.

OMB No. 1545-0074

Attachment Sequence No. **13** 

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

NITINCHANDRA REDDY VEERABALLI 1								25-31-8434			
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note:	If you	are in the	e business o	of rent	ing person	al prop	erty, use
	Schedule C. See i	instructions. If you are an individual, rep	ort far	m rental in	come o	or loss fr	om Form 48	<b>335</b> or	n page 2, li	ne 40.	
A Dic	l you make any payme	nts in 2020 that would require you to	file F	orm(s) 10	)99? S	ee instr	uctions .		[	Yes	s 🛛 No
	"Yes," did you or will you file required Form(s) 1099?										
1a		each property (street, city, state, ZIF								<u> </u>	
Α	SRI NAGAR HYDERABAD TELANGANA IN 500034										
В											
С											
1b	Type of Property (from list below)  2 For each rental real estate property listed above, report the number of fair rental and					_	Rental ays	Per	sonal Us Days	QJV	
Α	1	personal use days. Check the of if you meet the requirements to	o file a	oox only Is a	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Туре	of Property:			'							
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-l	Rental				
2 Mul	ti-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	r (describe)	)			
Incom	e:	Properties:			Α		E				С
3	Rents received		3			650.					
4			4								
Expen	ses:										
5			5								
6		nstructions)	6								
7	Cleaning and mainten	ance	7			700.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	ssional fees	10								
11	Management fees .		11								
12	Mortgage interest paid	d to banks, etc. (see instructions)	12								
13	Other interest		13		1,	500.					
14	Repairs		14			950.					
15	Supplies		15								
16	Taxes		16								
17	Utilities		17		3,	000.					
18	Depreciation expense	or depletion	18								
19	Other (list)		19								
20	Total expenses. Add I	ines 5 through 19	20		6,	150.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see i	instructions to find out if you must									
	file <b>Form 6198</b>		21		-5,	500.					
22	Deductible rental real on <b>Form 8582</b> (see in:	estate loss after limitation, if any, structions)	22	(	-5,5	00.)	(		)(		)
23a	Total of all amounts reported on line 3 for all rental properties					23a		6	50.		
b		eported on line 4 for all royalty prop	erties			23b					
С	Total of all amounts re	eported on line 12 for all properties				23c					
d	Total of all amounts re	eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		6,1	50.		
24	•	e amounts shown on line 21. <b>Do no</b>		•					24		
25	Losses. Add royalty los	sses from line 21 and rental real estate	losse	s from line	e 22. E	nter tota	l losses her	е.	25 (		5,500.)
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar							26		-5,500.