

**IRS e-file Signature Authorization**

(Rev. August 2020)

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |                                       |
|--|---------------------------------------|
| Taxpayer's name<br>SHARAN KUMAR DONTNINENI | Social security number<br>676-59-5396 |
| Spouse's name                              | Spouse's social security number       |

**Part I Tax Return Information – Tax Year Ending December 31,** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 44,912. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 1,706.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 6,337.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 4,631.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 5 | 3 | 9 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

**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 your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

|   |                        |  |
|---|------------------------|--|
| Your first name and middle initial<br>SHARAN KUMAR      | Last name<br>DONTINENI | Your social security number<br>676-59-5396 |
| 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.<br>38900 BLACOW RD    |                               | Apt. no.<br>267     | <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.<br><input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>FREMONT | State<br>CA                   | ZIP code<br>94536   |  |
| Foreign country name  | Foreign province/state/county | Foreign postal code |  |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**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, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

|  | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | Child tax credit         | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|--------------------------|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> |                |           |                            |                         |  | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |                         |  | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |                         |  | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |                         |  | <input type="checkbox"/> | <input type="checkbox"/>    |

|  |                                  |   |            |                                       |            |         |
|--|----------------------------------|---|------------|---------------------------------------|------------|---------|
|  | <b>1</b>                         | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |            |                                       | <b>1</b>   | 49,552. |
| Attach Sch. B if required.   | <b>2a</b>                        | Tax-exempt interest . . . . .   | <b>2a</b>  | <b>b</b> Taxable interest . . . . .   | <b>2b</b>  |         |
|  | <b>3a</b>                        | Qualified dividends . . . . .   | <b>3a</b>  | <b>b</b> Ordinary dividends . . . . . | <b>3b</b>  |         |
|  | <b>4a</b>                        | IRA distributions . . . . .   | <b>4a</b>  | <b>b</b> Taxable amount . . . . .     | <b>4b</b>  |         |
|  | <b>5a</b>                        | Pensions and annuities . . . . .  | <b>5a</b>  | <b>b</b> Taxable amount . . . . .     | <b>5b</b>  |         |
|  | <b>6a</b>                        | Social security benefits . . . . .  | <b>6a</b>  | <b>b</b> Taxable amount . . . . .     | <b>6b</b>  |         |
|  | <b>7</b>                         | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |            |                                       | <b>7</b>   |         |
|  | <b>8</b>                         | Other income from Schedule 1, line 9 . . . . .  |            |                                       | <b>8</b>   | -4,350. |
|  | <b>9</b>                         | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |            |                                       | <b>9</b>   | 45,202. |
| <b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,400<br>• Married filing jointly or Qualifying widow(er), \$24,800<br>• Head of household, \$18,650<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>10</b> Adjustments to income: |   |            |                                       |            |         |
|  | <b>a</b>                         | From Schedule 1, line 22 . . . . .  | <b>10a</b> |                                       |            |         |
|  | <b>b</b>                         | Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | <b>10b</b> | 290.                                  |            |         |
|  | <b>c</b>                         | Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    |            |                                       | <b>10c</b> | 290.    |
|  | <b>11</b>                        | Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                    |            |                                       | <b>11</b>  | 44,912. |
|  | <b>12</b>                        | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  |            |                                       | <b>12</b>  | 12,400. |
|  | <b>13</b>                        | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .  |            |                                       | <b>13</b>  |         |
|  | <b>14</b>                        | Add lines 12 and 13 . . . . .   |            |                                       | <b>14</b>  | 12,400. |
|  | <b>15</b>                        | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                              |            |                                       | <b>15</b>  | 32,512. |

|    |   |     |        |
|----|---|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16  | 3,706. |
| 17 | Amount from Schedule 2, line 3  | 17  |        |
| 18 | Add lines 16 and 17   | 18  | 3,706. |
| 19 | Child tax credit or credit for other dependents   | 19  |        |
| 20 | Amount from Schedule 3, line 7  | 20  | 2,000. |
| 21 | Add lines 19 and 20   | 21  | 2,000. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0-   | 22  | 1,706. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.     |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 1,706. |
| 25 | Federal income tax withheld from:   |     |        |
| a  | Form(s) W-2   | 25a | 6,337. |
| b  | Form(s) 1099  | 25b |        |
| c  | Other forms (see instructions)  | 25c |        |
| d  | Add lines 25a through 25c   | 25d | 6,337. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |        |
| 27 | Earned income credit (EIC) <b>NO</b>  | 27  |        |
| 28 | Additional child tax credit. Attach Schedule 8812   | 28  |        |
| 29 | American opportunity credit from Form 8863, line 8  | 29  |        |
| 30 | Recovery rebate credit. See instructions  | 30  |        |
| 31 | Amount from Schedule 3, line 13   | 31  |        |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  |        |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 6,337. |

Refund

|     |   |     |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|-----|---|-----|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>  | 34  | 4,631. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | 35a | 4,631. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| b   | Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X   | X      | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |  |
| X   | X   | X   | X      | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |   |   |  |  |
| d   | Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>  | X   | X      | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |  |
| X   | X   | X   | X      | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |   |   |  |  |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

Amount You Owe

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <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. |  |    |  |
| 38   | Estimated tax penalty (see instructions)                             | 38 |  |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶  Yes. Complete below.  No

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.) ▶ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>         |  |  |  |  |  |  |  |  |  |  |
|   |               |                     |   |  |  |  |  |  |  |  |  |  |  |
| 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.) ▶ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|   |               |                     |   |  |  |  |  |  |  |  |  |  |  |
| Phone no.   | Email address |                     |   |  |  |  |  |  |  |  |  |  |  |

Paid Preparer Use Only

|  |                                   |            |           |  |
|--|-----------------------------------|------------|-----------|--|
| Preparer's name  | Preparer's signature              | Date       | PTIN      | Check if: <input type="checkbox"/> Self-employed |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM                      | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 01/25/2021 | P02082703 |  |
| Firm's name ▶ GLOBAL TAXES LLC                         | Phone no. (678) 965-9522          |            |           |  |
| Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 | Firm's EIN ▶ 30-1017196           |            |           |  |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
676-59-5396

**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>  | -4,350. |
| <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, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -4,350. |

**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 deduction. 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, 1040-SR, or 1040-NR, line 10a . . . . . | <b>22</b>  |  |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **03**

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

Your social security number  
676-59-5396

**Part I Nonrefundable Credits**

|          |  |          |        |
|----------|--|----------|--------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .   | <b>1</b> |        |
| <b>2</b> | Credit for child and dependent care expenses. Attach Form 2441 . . . . .   | <b>2</b> |        |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b> | 2,000. |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .  | <b>4</b> |        |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b> |        |
| <b>6</b> | Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____ | <b>6</b> |        |
| <b>7</b> | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20   | <b>7</b> | 2,000. |

**Part II Other Payments and Refundable Credits**

|           |   |            |  |
|-----------|---|------------|--|
| <b>8</b>  | Net premium tax credit. Attach Form 8962 . . . . .                                    | <b>8</b>   |  |
| <b>9</b>  | Amount paid with request for extension to file (see instructions) . . . . .           | <b>9</b>   |  |
| <b>10</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                         | <b>10</b>  |  |
| <b>11</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .                           | <b>11</b>  |  |
| <b>12</b> | Other payments or refundable credits:   |            |  |
| <b>a</b>  | Form 2439 . . . . .   | <b>12a</b> |  |
| <b>b</b>  | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . . | <b>12b</b> |  |
| <b>c</b>  | Health coverage tax credit from Form 8885 . . . . .                                   | <b>12c</b> |  |
| <b>d</b>  | Other: _____  | <b>12d</b> |  |
| <b>e</b>  | Deferral for certain Schedule H or SE filers (see instructions) . . . . .             | <b>12e</b> |  |
| <b>f</b>  | Add lines 12a through 12e . . . . .   | <b>12f</b> |  |
| <b>13</b> | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31    | <b>13</b>  |  |

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

BAA

REV 01/15/21 PRO

Schedule 3 (Form 1040) 2020

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2020**

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

SHARAN KUMAR DONTNINENI

Your social security number

676-59-5396

**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 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | PLOT NO-189 HYDERABAD IN 500090                                   |  |                  |                   |                          |
| <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>    | 350. |   |   |
| <b>4</b> | Royalties received . . . . . | <b>4</b>    |      |   |   |

**Expenses:**

|           |  |           |        |  |  |
|-----------|--|-----------|--------|--|--|
| <b>5</b>  | Advertising . . . . .                                    | <b>5</b>  |        |  |  |
| <b>6</b>  | Auto and travel (see instructions) . . . . .             | <b>6</b>  | 200.   |  |  |
| <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> | 350.   |  |  |
| <b>12</b> | Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |        |  |  |
| <b>13</b> | Other interest. . . . .                                  | <b>13</b> | 2,500. |  |  |
| <b>14</b> | Repairs. . . . .   | <b>14</b> | 750.   |  |  |
| <b>15</b> | Supplies . . . . .                                       | <b>15</b> | 750.   |  |  |
| <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> | 4,700. |  |  |

**21** 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** . . . . . **21** ( -4,350. )

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** ( -4,350. ) ( ) ( )

|            |  |            |        |  |  |
|------------|--|------------|--------|--|--|
| <b>23a</b> | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> | 350.   |  |  |
| <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> | 4,700. |  |  |

**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 4,350. )

**26** **Total rental real estate and royalty income or (loss).** 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), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -4,350.

**Education Credits  
(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or 1040-SR.

**2020**  
Attachment  
Sequence No. **50**

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return

Your social security number

SHARAN KUMAR DONTINENI

676-59-5396



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

**Part I Refundable American Opportunity Credit**

|          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30  | <b>1</b> |  |
| <b>2</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)  | <b>2</b> |  |
| <b>3</b> | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter  | <b>3</b> |  |
| <b>4</b> | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit   | <b>4</b> |  |
| <b>5</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)   | <b>5</b> |  |
| <b>6</b> | If line 4 is:<br>• Equal to or more than line 5, enter 1.000 on line 6<br>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)   | <b>6</b> |  |
| <b>7</b> | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> | <b>7</b> |  |
| <b>8</b> | <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.  | <b>8</b> |  |

**Part II Nonrefundable Education Credits**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>9</b>  | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)  | <b>9</b>  |         |
| <b>10</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19                              | <b>10</b> | 13,600. |
| <b>11</b> | Enter the smaller of line 10 or \$10,000  | <b>11</b> | 10,000. |
| <b>12</b> | Multiply line 11 by 20% (0.20)  | <b>12</b> | 2,000.  |
| <b>13</b> | Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)  | <b>13</b> | 69,000. |
| <b>14</b> | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter                                      | <b>14</b> | 44,912. |
| <b>15</b> | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19   | <b>15</b> | 24,088. |
| <b>16</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)   | <b>16</b> | 10,000. |
| <b>17</b> | If line 15 is:<br>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18<br>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) | <b>17</b> | 1.000   |
| <b>18</b> | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶  | <b>18</b> | 2,000.  |
| <b>19</b> | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3  | <b>19</b> | 2,000.  |

|  |  |
|--|--|
| Name(s) shown on return<br>SHARAN KUMAR DONTNINENI | Your social security number<br>676-59-5396 |
|--|--|



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

|   |  |  |  |
|---|--|--|--|
| <p><b>20</b> Student name (as shown on page 1 of your tax return)<br/>SHARAN KUMAR<br/>DONTNINENI</p>   | <p><b>21</b> Student social security number (as shown on page 1 of your tax return)<br/><br/>676-59-5396</p>   |  |  |
| <p><b>22</b> Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>a.</b> Name of first educational institution<br/>UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/>6178 COLLEGE STATION DR<br/>WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.<br/><br/>61-0470593</p> </td> <td style="width:50%; vertical-align: top;"> <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table> |  | <p><b>a.</b> Name of first educational institution<br/>UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/>6178 COLLEGE STATION DR<br/>WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.<br/><br/>61-0470593</p> | <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p> |
| <p><b>a.</b> Name of first educational institution<br/>UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/>6178 COLLEGE STATION DR<br/>WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.<br/><br/>61-0470593</p>  | <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p> |  |  |
| <p><b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>  |  |  |  |
| <p><b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.</p>   |  |  |  |
| <p><b>25</b> Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input checked="" type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>   |  |  |  |
| <p><b>26</b> Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>  |  |  |  |



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

|  |           |  |
|--|-----------|--|
| <b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .   | <b>27</b> |  |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .  | <b>28</b> |  |
| <b>29</b> Multiply line 28 by 25% (0.25) . . . . .   | <b>29</b> |  |
| <b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . . | <b>30</b> |  |

**Lifetime Learning Credit**

|   |           |         |
|---|-----------|---------|
| <b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . . | <b>31</b> | 13,600. |
|---|-----------|---------|