Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		-			
Taxpayer's name	Social security	y numbe	er		
VENKATA RAVI BONUGU	702-68-	-9756			
Spouse's name	Spouse's soci	ial secu	rity numbe	er	
BHANU DEEPTHI SREE UDDAGIRI	885-75-7539				
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you a	re autl	horizing	J.)	
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.					
1 Adjusted gross income		1		1,303.	
2 Total tax		2	1!	5,011.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	1,340.	
4 Amount you want refunded to you		4			
5 Amount you owe		5		<u>2,471.</u>	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutic authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent.	itter, or electro ection of the tra S. Treasury are cated in the ta to debit the the authoriza- uests must be processing of payment. I furti	enic returnismission its distribution its distribution. To receive the elements and the receivers are receivers and the receivers and the receivers are receivers and the receivers and the receivers are receivers and the receivers and the receivers and the receivers are receivers and the	urn origination, (b) the esignated aration so this according to the ednotation are the ednotation are the ednotation of	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the	
Taxpayer's PIN: check one box only				1	
▼ I authorize GLOBAL TAXES LLC to enter or generate	my PINI 8	9 7	5 6	as my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		ligits, but all zeros	asiny	
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Your signature ► Date ► _					
Spouse's PIN: check one box only					
X I authorize GLOBAL TAXES LLC to enter or generate	mv PIN 5	7 5	3 9		
ERO firm name			ligits, but	as my	
signature on the income tax return (original or amended) I am now authorizing.			all zeros		
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth 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 Don't ente	8 6 er all zer		8 9	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Ir	itting this retu	rn in a	ccordanc		
EDO's signature					
ERO's signature ► Date ► FRO Must Retain This Form — See Instructions					

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V 2020 Page **2**

IF you live in	THEN use this address to send in your payment.				
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214				
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000				
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501				
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303				

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99) **202**

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

Write your social security number (SSN) on your check or money order.

Enter the amount of your payment

2,471.

REV 03/06/21 PRO 15

VENKATA RAVI BONUGU BHANU DEEPTHI SREE UDDAGIRI 30258 MACINTOSH LN

NEM HNDZON WI 497P2 30529 WYCINIOZH EN INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender	name of y									
Your first name	and m	iddle initial	Last na	me					Your	soc	ial securit	y number
VENKATA	RAV	I	BONU	JGU					702	2-6	8-9756	5
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	ıse's	social sec	urity number
BHANU D	EEPT:	HI SREE	UDDA	AGIRI					885	5-7	5-7539	€
Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Pres	iden	tial Election	n Campaign
_30258 M	ACIN'	TOSH LN									ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ite	ZIP	code				tly, want \$3 Checking a
NEW HUD	SON				M	I	48	3165			w will not	
Foreign country	y name		F	Foreign province/stat	e/coun	ty	For	reign postal cod	le your	tax	or refund.	Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acqui	re any	financial ir	nterest in	n any virtual	currenc	y?	Yes	⊠ No
Standard Deduction	_	eone can claim:		•		•	ent					
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind S	pouse	: Was	born b	efore Januar	y 2, 195	6	☐ Is bli	nd
Dependents			_	(2) Social secu		(3) Relati					(see instru	ctions):
If more		irst name Last name		number	,	to ye		Child tax		- 1		ner dependents
than four]	\top		<u></u>
dependents,]	T		
see instruction and check	s ——]	T		
here ▶]	\top		
	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1	13	37,079.
Attach	2a	Tax-exempt interest	2a		b T	axable inte	erest		. [2b		
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary div	vidends			3b		
required.	4a	IRA distributions	4a		b T	axable am	ount .			4b		
	5a	Pensions and annuities	5a		b T	axable am	ount .			5b		
Standard	6a	Social security benefits	6a		b T	axable am	ount .			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D if	frequired. If not re	quired	, check he	re .	•		7	_	-3,000.
Married filing	8	Other income from Schedule 1, lir	ne 9							8	_	-2,526.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total ir	come					9	13	31,553.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	ndard deduction. S	ee inst	ructions	10b	2	50.			
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	inco	me			•	10c		250.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross in	come				•	11	13	31,303.
If you checked	12	Standard deduction or itemized	deducti	ions (from Schedu	ıle A)					12	2	24,800.
any box under Standard	13	Qualified business income deduct	tion. Atta	ach Form 8995 or	Form 8	3995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		24,800.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or les	s, ente	er -0				15	10	06,503.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	15,011.
	17	Amount from Schedule 2, lin	ne 3				-		17	
	18	Add lines 16 and 17							18	15,011.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne 7					. :	20	
	21	Add lines 19 and 20						. :	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. :	22	15,011.
	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 total tax					> :	24	15,011.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	11,3	40.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	,					. 2	5d	11,340.
	26	2020 estimated tax payment						_	26	•
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC. • If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1,2	00		
	31	Amount from Schedule 3. lir				31	-,2			
	32	Add lines 27 through 31. The						> :	32	1,200.
	33	Add lines 25d, 26, and 32. T	•					-	33	12,540.
	34	If line 33 is more than line 24							34	12,310.
Refund	35a								55a	
Direct deposit?	> b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow Routing number X X X X X X X X X								
See instructions.	►d	Account number X X X					Sav	li igs		
	36	Amount of line 34 you want a				 				
Amarint		•							27	2,471.
Amount You Owe	37	Subtract line 33 from line 24		-					37	2,4/1.
For details on		Note: 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 structions	•				Came	مامخم احمام		⊠ No
Designee				Phone				olete belo identifica		△ NO
		signee's me ▶		no.			umber (lion	
Sign	Un	der penalties of perjury, I declare t	hat I have examine			edules and state	ements.	and to the	bes	t of my knowledge and
•		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
	k									N, enter it here
Joint return?					EMPLOYED			(see inst		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.					EMPLOYED			(see inst		interior in the content in the conte
	Ph	one no.		Email address						
-		eparer's name	Preparer's signat	l .		Date	PT	ΓIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	'		GIIPTA TAI.I.AM			20827	n 3	Self-employed
Preparer		m's name ► GLOBAL TA		TOTAL DECOME	COLITY TABLAN	100/11/202	- 0			678)965-9522
Use Only		m's address > 2530 Pebb		n Cummin	g GA 30041			Firm's E		·
Co to warm in -				Cammill		DEV 20/20/2	DDC	111111111111111111111111111111111111111	111	
GO TO WWW.Irs.go	JV/FOR	m1040 for instructions and the late	st itiiormation.		BAA	REV 03/06/21	rk0			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

V BC	DNUGU & B UDDAGIRI 70	02-68	-9756	5
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received	. 2	a	
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	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	e E 📙	5	-2,526.
6	Farm income or (loss). Attach Schedule F	. (6	
7	Unemployment compensation	;	7	
8	Other income. List type and amount ▶			
		-	3	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-N		9	2 526
Par	t II Adjustments to Income	. 3	9	-2,526.
10	Educator expenses	4	0	
11	Certain business expenses of reservists, performing artists, and fee-basis government			
••	officials. Attach Form 2106		1	
12	Health savings account deduction. Attach Form 8889	. 1	2	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	. 1	3	
14	Deductible part of self-employment tax. Attach Schedule SE	. 1	4	
15	Self-employed SEP, SIMPLE, and qualified plans	. 1	5	
16	Self-employed health insurance deduction	. 1	6	
17	Penalty on early withdrawal of savings	. 1	7	
18a	Alimony paid	. 18	За	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) ▶			
19	IRA deduction		9	
20	Student loan interest deduction	. 2	20	
21	Tuition and fees deduction. Attach Form 8917	. 2	1	
22	Add lines 10 through 21. These are your adjustments to income. Enter here a on Form 1040, 1040-SR, or 1040-NR, line 10a		2	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. **12**

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

► 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.

Your social security number

VI	BONUGU & B UDDAGIRI			702-	-68-	9756
	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona					
Pai					e ins	tructions)
lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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					
2	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	0.	4,000.			-4,000.
	Short-term gain from Form 6252 and short-term gain or (I Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr		5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	ny, from line 8 of y	our Capital Loss		6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis				7	-4,000.
Par					(see	instructions)
lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
whol	e dollars.	(2)	(* * * * * * * * * * * * * * * * * * *	line 2, colum		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 Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat				12	
					13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	lumn (h). Then, g	o to Part III	45	

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** -4,000. 16 Combine lines 7 and 15 and enter the result 16 • 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.) • (\$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.

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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

Attachment

Department of the Treasury ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Internal Revenue Service

Sequence No. 12A

OMB No. 1545-0074

V BONUGU & B UDDAGIRI

Social security number or taxpayer identification number

702-68-9756

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.

(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

X (C) Short-term transactions	not reported	to you on F	orm 1099-B				
(a) Description of property	(b) Date acquired (Mo., day, yr.) Date sold or disposed of (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (d) Proceeds (sales price) (see instructions) (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Date sold or	Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)		(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)			
HEMANTH - bad debt statement attached	12/12/18	12/11/20	0.	4,000.			-4,000.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	0	4.000			-4.000

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.

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

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.

Attachment Sequence No. 13 Your social security number

V BO	NUGU & B UDDAGI	IRI					702-	68-97	56	
Part	Income or Loss	s From Rental Real Estate and	Royaltie	s Note: If y	ou are in t	he business o	of renting	personal p	oroperty	, use
	Schedule C. See	instructions. If you are an individual,	report farr	m rental incon	ne or loss	from Form 4	835 on pa	ge 2, line	40.	
A Dic	d you make any payme	ents in 2020 that would require you	u to file F	orm(s) 1099	? See ins	tructions .		🗆	Yes 2	< No ■
B If "	Yes," did you or will yo	ou file required Form(s) 1099? .							Yes [No
1a		each property (street, city, state,								
Α	30258 MACINTOS	SH NEW HUDSON MI 48165	5							
В										
С										
1b	Type of Property	2 For each rental real estate p	property I	isted	Fai	r Rental	Persor	nal Use)JV
	(from list below)	above, report the number of	f fair rent	al and		Days	Da	ays	,	
Α	3	personal use days. Check the if you meet the requirement	s to file a	s a A		365		0		
В		qualified joint venture. See i	instructio	ns. B						
С				С						
Туре	of Property:			·						
1 Sing	gle Family Residence	3 Vacation/Short-Term Rent	al 5 La	nd	7 Self	-Rental				
2 Mul	ti-Family Residence	4 Commercial	6 Ro	yalties	8 Oth	er (describe	e)			
Incom	e:	Propertie	es:	Α			3		С	
3	Rents received		3		100.					
4										
Expen										
5	Advertising		5							
6	Auto and travel (see in	nstructions)	6							
7	Cleaning and mainter	nance	7		600.					
8	Commissions		8							
9	Insurance		9		152.					
10		essional fees	10							
11	Management fees .		11							
12	Mortgage interest pai	id to banks, etc. (see instructions) 12		1,874.					
13	Other interest		13							
14	Repairs		14							
15	Supplies		15							
16			16							
17	Utilities		17							
18		e or depletion	18							
19	Other (list)		19							
20		lines 5 through 19	20		2,626.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties).	. If							
		instructions to find out if you mu								
	file Form 6198		21	-	2,526.					
22	Deductible rental real	l estate loss after limitation, if an	ıy,							
	on Form 8582 (see in		22	(-2	,526.) ()()
23a		reported on line 3 for all rental pro			23 a		100			
b		eported on line 4 for all royalty pr								
С		reported on line 12 for all properti			230		1,874			
d		eported on line 18 for all properti								
е		reported on line 20 for all properti			23 e		2,626	_		
24	•	re amounts shown on line 21. Do		-			. 24	_		
25	Losses. Add royalty lo	osses from line 21 and rental real est	tate losse	s from line 22	2. Enter to	tal losses he	re . 2 5	5 (2,	<u>526.)</u>
26		ate and royalty income or (loss								
		IV, and line 40 on page 2 do n					I			
	Schedule 1 (Form 104	40), line 5. Otherwise, include this	s amount	in the total	on line 4	1 on page 2	. 26	6	-2	,526.

Passive Activity Loss Limitations

► See separate instructions.

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

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858**

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

V BONUGU & B UDDAGIRI

Identifying number 702-68-9756

Par	t I 2020 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see		
-	ial Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 0.		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b (2,526.)		
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c (
d	, ,	1d	-2,526.
Com	mercial Revitalization Deductions From Rental Real Estate Activities		
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a (
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,		
	column (b)		
С	Add lines 2a and 2b	2c	()
	ther Passive Activities		
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b (
C	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	١	
d	Combine lines 3a, 3b, and 3c	3d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your		
	return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c.		0 506
	Report the losses on the forms and schedules normally used	4	-2,526.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		
	• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.	ad aa	to line 1E
Couti	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III at ion: If your filing status is married filing separately and you lived with your spouse at any time during the 	_	
	I or Part III. Instead, go to line 15.	year,	do not complete
Part			
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the smaller of the loss on line 1d or the loss on line 4	5	2,526.
6	Enter \$150,000. If married filing separately, see instructions 6 150,000.		
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 133,829.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	8,086.
10	Enter the smaller of line 5 or line 9	10	2,526.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part			ctivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction	ns.	
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	
Part		T	
15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions		
	to find out how to report the losses on your tax return	16	2,526.

Caution: The worksheets must be filed to				/ for your	record	S.		
Worksheet 1—For Form 8582, Lines 1	a, 1b, and 1c (se	e instruction	ns)					
Name of activity	Currer	nt year		Prior y	Prior years		Overall gain or loss	
Name of activity	(a) Net income (line 1a)	(b) Net lo (line 1b		(c) Una loss (lir		(d) Gain		(e) Loss
30258 MACINTOSH	0.	2,5	26.					2,526.
T. I. E								
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	2.5	26.					
and 1c	a and 2b (see ins	structions)	20.	I				ı
Name of activity	(a) Current deductions (unall	(b) Pri owed ded	or year uctions (line 2b)	(c)	Overall loss
Total. Enter on Form 8582, lines 2a and 2b								
Worksheet 3—For Form 8582, Lines 3	a, 3b, and 3c (se	e instruction	ns)			1		
Name of activity	Currer	nt year		Prior y	years Overall gain or			ain or loss
Name of activity	(a) Net income (line 3a)	(b) Net Ic (line 3b		(c) Unallowed loss (line 3c)		(d) Gain		(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶								
Worksheet 4—Use This Worksheet if a	n Amount Is Sh	own on Fo	rm 8	582, Line	10 or	14. See	instructi	ons.
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	5	(b) R	atio		(c) Special allowance (d) Subtr column (c) column	
30258 MACINTOSH	E Ln 22	2,5	26.	1.000	00000		2,526.	0.
Total			26.	1.0	0	2,526.		0.
Worksheet 5—Allocation of Unallowed	,							
Name of activity	and line number to be reported	Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio		s (b) Ratio		(c)	Unallowed loss	
Total						1 00		

Nonbusiness Bad Debt Explanation Statement

2020

Name(s) V BONUGU & B UDDAGIRI	Social Security Number 702-68-9756
Form/Line: Form 8949	Line 1
Explanation of: Nonbusiness Bad Debt	
Description of debt: LOAN TO HEMANTH Amount: \$4,000 Date debt became due: 12/12/2018	
Name of debtor: HEMANTH	
Relationship to debtor: FRIEND	
Efforts to collect:	
EFFORTS ARE MADE TO RECOVER THE DEBT	
Why decided debt was worthless:	
HEMANTH DECLARED THAT HE IS UNABLE TO PAY THE DEBT	

Instructions for Form MI-1040-V 2020 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 15, 2021. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www. michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your individual income tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the "State of Michigan."
 Print "2020 MI-1040-V" and the last four digits of your
 Social Security number on the check. If paying on behalf
 of another filer, write the filer's name and the last four
 digits of the filer's Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

- Do not attach a copy of your return to the MI-1040-V.
 Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.



Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-20)

2020 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return. Do not use this form to make any other payments to the State of Michigan.

REV 03/02/21 PRO

Filer's Name(s) (First, Middle Initial, Last) and	Filer's Full Social Security Number	Spouse's Full Social Security Number			
Home Address (Street, City, State, ZIP Code)	885-75-7539				
VENKATA RAVI BONUGU	WRITE PAYMENT	c			
BHANU DEEPTHI SREE UDDAGIRI	AMOUNT HERE	394 .00			
30258 MACINTOSH LN	MAIL TO:	Make check payable to "State of Michigan."			
NEW HUDSON MI 48165	Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Write the last four digits of filer's Social Security number and "2020 MI-1040-V" on the check. Do not fold or staple.			

Amended Return

2020 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 15, 2021.	уре о	r print in blue o	r black i	ink.							(Inclu	ude Schedule AMD)	_
1. Filer's First Name	M.I.	Last Name					2	. Filer's	Full	Social Sec	urity	No. (Example: 123-45-678	9)
VENKATA RAVI		BONUGU						7	$^{\circ}$		68	 9756	
If a Joint Return, Spouse's First Name	M.I.	Last Name	_						<u> </u>				
BHANU DEEPTHI SREE		UDDAGIR	<u> </u>				3	. Spous	se's F	ull Social S	Secui	rity No. (Example: 123-45-6	6789)
Home Address (Number, Street, or P.O. Box)							8	85		75	 7539	
30258 MACINTOSH LN City or Town			C+-+- T	ZIP Code								gits – see page 60)	
NEW HUDSON			State MI	481			4	. School		5080	(5 dig	nts – see page 60)	
5. STATE CAMPAIGN FUND						6. FAR	MERS	S, FISH	IER	MEN, OR	SEA	AFARERS	
Check if you (and/or your spouse filing a joint return) want \$3 of you to go to this fund. This will not inc your tax or reduce your refund.	ır taxes		Filer Spouse					k this lig, or s			our ii	ncome is from farming,	
7. 2020 FILING STATUS. Check on	e.				T	8. 2020	RES	IDENC	Y S	TATUS.	Chec	k all that apply.	
a. Single	* If y	ou check box "c,"	" comple	te		a. X	Resi	ident					
b. X Married filing jointly	line 3	3 and enter spous w:	se's full r	name		b	Noni	reside	nt *			* If you check box "b" o "c," you must complete and include Schedule	
c. Married filing separately*						c	Part-	-Year l	Resi	dent *		NR.	
9. EXEMPTIONS. NOTE: If some	one els	se can claim vou	as a dep	endent.	chec	ck box 9e.	enter	0 on li	ne 9	a and ent	ter \$	 1.500 on line 9e (see in	str.).
		o carr cramm your							0			1,000 011 11110 00 (000 111	T
a. Number of exemptions (see in	nstructi	ons)				9a	a	2	x	\$4,750	9a.	9500	00
b. Number of individuals who qua										**			
blind, hemiplegic, paraplegic,c. Number of qualified disabled				-					X	\$2,800	9b.		00
d. Number of Certificates of Still									x x	\$400 \$4,750	9c. 9d.		00
a. Number of Certificates of Still	JII II II I	JIII IOI (See	mstructio	5113)			·· L		^	ψ4,730	ou.		100
e. Claimed as dependent, see li	ne 9 N	OTE above				9e	e. [9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9	e. Enf	er here and on li	ne 15								9f.	9500	00
10. Adjusted Gross Income from y	our U.S	3. Forms <i>1040</i> or	· 1040NF	₹ (see ins	struc	ctions)				10.		131303	00
11. Additions from Schedule 1, line 9). Inclu	ide Schedule 1 .								11.			00
12. Total. Add lines 10 and 11										12.		131303	00
13. Subtractions from Schedule 1, lin	ne 29.	Include Schedu	ıle 1							13.			00
14. Income subject to tax. Subtract	t line 1	3 from line 12. If	line 13 is	s greate	r tha	n line 12,	enter '	"0"		14.		131303	00
15. Exemption allowance. Enter an	nount f	rom line 9f or Scl	hedule N	IR, line 1	19					15.		9500	00
16. Taxable income. Subtract line 1	5 from	line 14. If line 15	5 is great	ter than l	line '	14, enter "	0"			16.		121803	00
17. Tax. Multiply line 16 by 4.25% (0).0425)									17.		5177	00
ON-REFUNDABLE CREDITS	,					AMOU				_		CREDIT	
18. Income Tax Imposed by government Include a copy of the return (see				8a.					00	18b.			00
Michigan Historic Preservation T instructions)	ax Cre	dit carryforward (see	9a.					00	19b.			00
20. Income Tax. Subtract the sum of lines 18h and 19h is	of lines	18b and 19b fron	n line 17.							20		5177	П

2020 N	II-1040, Page 2 of 2								
		Filer's Full Social Security I	Number	7	02 -		68 — 9756		
21.	Enter amount of Income Tax from line 20					21.	5.	177	00
22.	Voluntary Contributions from Form 4642, line 6. I					22.			00
23.	USE TAX. Use tax due on Internet, mail order or					İ			
23.	Worksheet 1 (see instructions)					23.		0	00
24.	Total Tax Liability. Add lines 21, 22 and 23				24.		5.	177	00
REFU	INDABLE CREDITS AND PAYMENTS								
0.5	December Too Ore did by about MI 40400D on MI	404000 0				0.5			
25.	Property Tax Credit. Include MI-1040CR or MI-	1040CR-2				25.			00
26.	Farmland Preservation Tax Credit. Include MI-	1040CR-5				26.			00
20.	Tarrilana i reservation fax ofedit. Include im-	1040011-0	FEDERAL			20.[MICHIGAN		100
07	Earned Income Tax Credit. Multiply line 27a by 6	% (0.06) and							
27.	enter result on line 27b				00	27b.			00
						Ī			
28.	Michigan Historic Preservation Tax Credit (refund	able). Include Form 3581				28.			00
							4.1	700	
29.	Michigan tax withheld from Schedule W, line 6. In	clude Schedule W (do no	t submit W-	2s)		29.	4	783	00
20	Estimated to a systematic management and 2040 and	dit famorand				20			00
30.	Estimated tax, extension payments and 2019 cre					30.			100
31.	2020 AMENDED RETURNS ONLY. Taxpayers of Amended returns must include Schedule AMD (eturn should	skip to	line 32.				
	·	•							
	31a. If you had a refund and/or credit forward on negative number on line 31c.	n the original return, check box	31a and enter	this amo	unt as a				
		ay 21h and onter the amount n	aid with the en	ininal ratu	مريام مس				
	31b. If you paid with the original return, check be any additional tax paid after filing, as a pos					31c.			00
							•		
32.	Total refundable credits and payments. Add lines	25, 26, 27b, 28, 29, 30 and	31c		32.		4	783	00
	IND OR TAX DUE				г				
33.	If line 32 is less than line 24, subtract line 32 from	l line 24. If applicable, see ii	nstructions.						
	Include interest 00 and penalty	00	YOU	OWE	33.			394	امما
	include interest	[00]	100	OVVL	33.				100
34.	Overpayment. If line 32 is greater than line 24, s	ubtract line 24 from line 32.			34.				00
35.	Credit Forward. Amount of line 34 to be credited	to your 2021 estimated tax	for your 202	21 tax re	turn <u>.</u>	35.			00
	Subtract line 35 from line 34			UND	36.				00
	ECT DEPOSIT it your refund directly to your financial a. Routin	g Transit Number	b. Accour	nt Numbe	er	_ , ,	c. Type of Account		
institut	ion! See instructions and complete a, b					1. [Checking 2.	Savin	gs
and c.	acced Townsyer (SE)		.		4!6!	4:			
	eased Taxpayer. If Filer and/or Spouse died after De ER DATE OF DEATH ONLY. Example: 04-15-2020 (M						I declare under penalty of pe ation of which I have any kn		
		,	Prepa	rer's PTII	N, FEIN	or SSN			
Filer	— — Spouse		P02	2082	703				
Тахр	ayer Certification. I declare under penalty of perju	rv that the information in this ret	urn I	rer's Nan					
and at	tachments is true and complete to the best of my knowled	lge.	SYA			RAN	M SAGAR GUPTA	A T/	A
Filer's	Signature	Date	I '	rer's Sigr					_
Cr:	o's Cimpating	Deta					M SAGAR GUPTA		A
Spous	se's Signature	Date					dress and Telephone Number	я	
		L		DBAL RO DI			LLC REEK LN		
	By checking this box, I authorize Treasury to disc	ice my return with my prope	I	MINN					
╽╙┚	by Grecking this box, I authorize Heastry to disc	ass my return with my prepa		3-96!			<i>,</i>		

Refund, credit, or zero returns. Mail your return to:

 ${\bf Michigan\ Department\ of\ Treasury,\ Lansing,\ MI\ 48956}$

Pay amount on line 33 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
VENKATA RAVI		BONUGU	702 — 68 — 9756
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
BHANU DEEPTHI SREE		UDDAGIRI	885 — 75 — 7539

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

		В	С	D			$\overline{}$
Enter "X" for: Employer's identification number (Example: 38-1234567)		Employer's identification number	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-3334111	BETA CAE SYSTEMS	69304	00	2340	00
	Х	37-1133062	HELLA ELECTRONIC	67775	00	2443	00
					00		00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche			00		
4.	SUB	TOTAL. Enter total of Table 1, c	4.	4783	00		

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Table	2 Subtotal from additional Sche	dule W forms (if applicable)		00
5. SUB	TOTAL. Enter total of Table 2, c	olumn E	5	. 00
6. TOT	AL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 2	9 6	4783 00

REV 03/02/21 PRO