Filing Status Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Qualifying window(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box. Person is a child but not your dependent ▶ Your first name and middle initial Last name Your social security number SREEXANTH KOMATTREDDY 179–69–3058 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 4905 STARBOARD CIRCLE #207 CRy, town, or post office. If you have a foreign address, also complete spaces below. State IZP code Foreign province/state/county Foreign province/state/county Foreign province/state/county You Spouse Standard Someone can claim: You as a dependent You: You Spouse Age/Blindness You: Ware build on vou ware a dual-status allen Qadified dividends 3a Qadified dividends 3b 0, Age/Blindness (I) First name Last name You: Spouse Ab allow and the void on the dividends 3b 0, Age/Blindness You:	E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		⁽⁹⁹⁾ 20)	20	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or staple	in this space.
SREEKANTH KOMATIREDDY 179-69-3058 If join return, spouse's first name and middle initial Last name Spouse's social socurity number SEVIKA KONDI 778-90-0291 Home address furmber and street, Hyou have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 4905 STARBOARD CIRCLE #207 Oncek there if you, or your spouse filling jointly, want S3 to go to this fund. Checking a box below will not change Foreign country name Foreign province/state/country Foreign postal code you retax or refund. Standard Someone can claim: You as dependent You spouse a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Intervise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You Spouse: Intervise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You Spouse: Intervise acquire any financial interest in any virtual currency? Yes No Attach Spouse itemizes on a separate return or you were a dual-status allen Intervise acquire any or you	Check only	lf yo	ou checked the MFS box, enter the n	ame of								
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Cuty, for bot form, or post offices, in your nave an oregin address, and complete spaces below. State 24" dode to go to this fund, checking a box below into change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You repose as a dependent You is pouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Yes No Age/Blindness You: Were born before January 2, 1956 Is blind Check and the dependents Check and the dependent	4905 ST	ARBO	ARD CIRCLE					4	‡207	Check	here if you	, or your
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Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Spouse itemizes on a separate refum 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 Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): If more than four (1) First name Last name	Mechani	csbu	rg			P	A	170	050	· · ·		•
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14										
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ent	er-0			. 15	5	

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

Form **1040** (2020)

Form 1040 (2020)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	6,610.
	17	Amount from Schedule 2, lin	e3					[17	
	18	Add lines 16 and 17						[18	6,610.
	19	Child tax credit or credit for	other dependen	ts				[19	
	20	Amount from Schedule 3, lin	ie7					[20	
	21	Add lines 19 and 20						[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[22	6,610.
	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	6,610.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	8,6	594.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						[25d	8,694.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .			[26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	3812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able cred	lits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	8,694.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	unt you ov	erpaid		34	2,084.
neruna	35a	Amount of line 34 you want			is attached, che	eck here			35a	2,084.
Direct deposit?	►b	Routing number 0 2 1			► c Type: 🛛	Checkir	ig 🗌 Sa	vings		
See instructions.	►d	Account number 4 8 3	0 6 2 2	7 3 5 5	5 7					
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch	edule SE filers.	line 37 may r	ot represent all	of the tax	kes vou ow	ve for		
For details on		2020. See Schedule 3, line 1					,			
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .		🕨	38				
Third Party	Do	you want to allow another				? See				
Designee	ins	tructions				. 🕨 🗌	Yes. Com	iplete be	low.	X No
		signee's		Phone				al identific	ation	
		me 🕨		no. 🕨				(PIN) 🕨		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	1,				•	nt you an Identity
	. 10	ur signature		Date						N, enter it here
Joint return?					SOFTWARE	ENGINE	ER	(see in	st.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
Keep a copy for your records.	,					D		Identity (see in	· .	ection PIN, enter it here
,			2		HOME MAKE			(See III	51.)	
		one no. (662)302-512		Email address	KSREEKANTH					Chaoli ifi
Paid		eparer's name	Preparer's signat			Date		TIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 09/23	/2021 P	02082		Self-employed
Use Only		m's name ► GLOBAL TAX								678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm's	EIN 🕨	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 08	/30/21 PRO			Form 1040 (2020)

_

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 104	0-SR, or 1040-NR.
www.irs.gov/ScheduleD for instru	ctions and the latest i

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

2020 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

SREEKANTH KOMATIREDDY & SEVIKA KONDI

Your social security number

× No

179-69-3058

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

Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions 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)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	9,113.	7,977.	1	96.	1,332.
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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an 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. Otherwise	•	· / ·		7	1,332.

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with 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	
12 13	12 13					
	Capital gain distributions. See the instructions 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 on the back .	0	() ()		15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 1,332.
	• 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 line 22.	
	• 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?	
	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.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ 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.	

REV 08/30/21 PRO

Schedule D (Form 1040) 2020

Form	8949
Form	8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

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

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
SREEKANTH KOMATIREDDY & SEVIKA KONDI	179-69-3058

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.

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

1 (a) Description of property	(b) Date acquired	(c) (d) Cost or other basis. Date sold or Proceeds See the Note below See the separate instructions.		(d) (e) If you enter an amount in column (f).		enter a code in column (f). See the Note below See the separate instructions.		amount in column (g), (h) ode in column (f). Gain or (loss).	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)		
Robinhood Securities LLC	01/01/20	12/29/20	9,113.	7,977.	W	196.	1,332.		
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), li	lude on your 1e 2 (if Box B	9,113.	7,977.		196.	1,332.		

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.

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

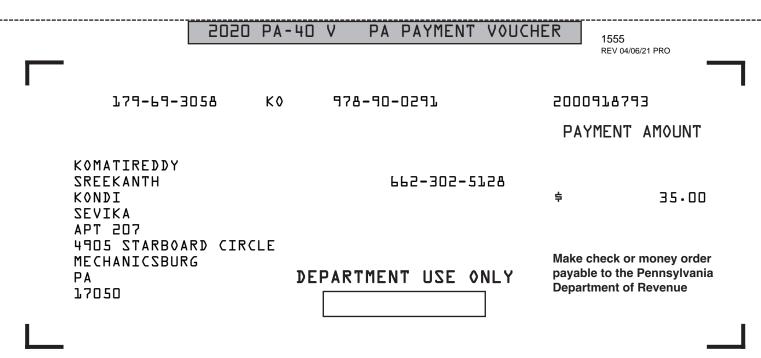
Application for IRS Individual Taxpayer Identification Number

aidanta

Department of the Treas Internal Revenue Service		See sepa	arate instruc		Jermaner	it reside	1115.			
An IRS individual	I taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax p	urposes	only.	Applicat	tion ty	ype (check one bo	x):
Before you begin • Don't submit th	1: iis form if you have, or are eligi	ble to get, a U.S	. social sec	urity nui	mber (SS	SN).			for a new ITIN an existing ITIN	
must file a U.S. fo	ubmitting Form W-7. Read th ederal tax return with Form V	N-7 unless you	meet one o						, c, d, e, f, or g , <u>y</u>	you
	t alien required to get an ITIN to cla		əfit							
	t alien filing a U.S. federal tax retur nt alien (based on days present ir		e) filing a LL	S fodora	l tay rotur	n				
	of U.S. citizen/resident alien) If						tructions) 🕨			
	J.S. citizen/resident alien	d or e, enter name SREEKANTH K	e and SSN/IT	IN of U.S			ŗ	nstruc	tions) ► 179-69-3058	
	t alien student, professor, or resea	-	federal tax re	turn or c	laiming ar	n excepti	ion			
· _ ·	spouse of a nonresident alien hold	ling a U.S. visa								
h Other (see in		N								
Name	on for a and f : Enter treaty country 1a First name		dle name	ano	treaty ar		name			
(see instructions)	SEVIKA						NDI			
Name at birth if different	1b First name	Mido	dle name			Last	name			
Applicant's	2 Street address, apartment nu	mber, or rural rout	te number. If	you hav	e a P.O.	box, see	e separate i	nstru	ictions.	-
Mailing	4905 STARBOARD C									
Address	City or town, state or provinc	e, and country. Inc	clude ZIP coo	de or pos					1 0 0 0	
	Mechanicsburg 3 Street address, apartment nu	mbor or rural rout		on't une	PA	USA			17050	
Foreign (non-	S Street address, apartment no	imper, or rurai rou		ontuse	a P.O. D		Jer.			
U.S.) Address (see instructions)	City or town, state or provinc	e. and country. Ind	clude postal	code wh	ere appro	priate.				
Birth Information	4 Date of birth (month / day / year) 05/12/1996	Country of birth		City and	d state or	province	e (optional)	5	Male X Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	D. number (if	any)	6c Type	of U.S. v	isa (if any), r	numbe	er, and expiration dat	te
intormation	6d Identification document(s) su	bmitted (see instru	uctions) 🛛 🔀	Passp	ort] Driver'	's license/S			
							Date of er the United			
	Issued by: INDIA	No.: U7462683	Ex	o. date:	10/27/	2030	(MM/DD/			
	6e Have you previously received		rnal Revenue	e Service	Number	(IRSN)?				
	No/Don't know. Skip lin									
	Yes. Complete line 6f. If f. Enter ITIN and/or IRSN ► I		st on a sneet	and atta			e instructio	ns).		
					IF	SN				and
	name under which it was iss		t name		Middle r	ame			Last name	
	6g Name of college/university or	r company (see ins	structions) 🕨							
	City and state				Length of	stay 🕨				
Sign Here	Under penalties of perjury, I (appli documentation and statements, and information with my acceptance ager	d to the best of my	knowledge a	nd belief,	it is true,	correct,	and complet	e.Ia	uthorize the IRS to s	
Keep a copy for your records.	Signature of applicant (if de	legate, see instruc	tions)	Date (m	onth / day	′ year) 	Phone nun	nber		
	Name of delegate, if applica	able (type or print)		Delegat to applie	e's relatior cant	ship	Parent		Court-appointed guar	dian
Acceptance	Signature			Date (m	onth / day	' year)	Phone			
Acceptance Agent's		-					Fax	Fax		
Use ONLY	Name and title (type or print	t)	Name of co	ompany		EIN			PTIN	
				0		Office of	Office code			

REV 08/30/21 PRO

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG, PA 17129-0001 NOTE: WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT), DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.



PA-40 - 2020 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

						Ν	Extension.	Ν	Amended Return.
179693058	97890029	17				R	Residency Stat	us.	
KOMATIREDDY						N	2		Part-Year Resident
							from		to
SREEKANTH		Occupatio	n SOI	TWARE E		J	Single, Marrie	d/Filing ${f J}$ o	intly,
							Married/Filing	Separately	y, F inal Return
SEVIKA		Occupatio	n HOI	1E MAKER					
						Ν	Deceased		
KONDI									
						Ν	Taxpayer Date	of Death	
APT 207									
						Ν	Spouse Date of	Death	
4905 STARBOARD) CIRCLE								
						Ν	Farmers.		
MECHANICSBURG		PA	17050	כ			School District	Name ME	CHANICSBURG
		-							
662-30	12-5128		21650	כ	•				

qualifying retirement benefits. See the instructions. lb Unreimbursed Employee Business Expenses. 1b lc Net Compensation. Subtract Line 1b from Line 1a. 1c2 2 Interest Income. Complete PA Schedule A if required. З 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. 4 4 Net Income or Loss from the Operation of a Business, Profession or Farm. 5 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property. Ь Net Income or Loss from Rents, Royalties, Patents or Copyrights. 6 7

7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

Gross Compensation. Do not include exempt income, such as combat zone pay and

- Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.
- 1555 REV 04/06/21 PRO

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Page 1 of 2

PA-40 - 2020

Social Security Number

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	12 13	2548 2513				
14 15 16 17 18	Credit from your 2019 PA Income Tax return. 2020 Estimated Installment Payments. REV-459B included. N 2020 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	0 0 0 0				
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	19a 19b 20 21	00 00 0				
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	22 23 24 25 26 27	0 2513 0 35 0				
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	35 0				
30 31	The total of Lines 30 through 36 must equal Line 29. Refund – Amount of Line 29 you want as a check mailed to you. Credit – Amount of Line 29 you want as a credit to your 2021 estimated account.	31 30	0 0				
32 33 34 35 36	33 Refund donation line. Enter the organization code and donation amount. See instructions. 33 34 Refund donation line. Enter the organization code and donation amount. See instructions. 34 35 Refund donation line. Enter the organization code and donation amount. See instructions. 35 35 Refund donation line. Enter the organization code and donation amount. See instructions. 35						
-	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.						
You	Signature Spouse's Signature, if filing jointly						
~	arer's Name and Telephone Number Date E-File Op	t Out	Ν				
	AM PRIYA RAM SAGAR GUPTA TALLAM 092321 39659522 Firm FEIN 1555 REV 04/06/21 PRO		301017196 P02082703				
	Page 2 of 2						



2001310024

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-20 (I) PA Department of Revenue

2020

If you need more space, you may photocopy	
Name of the taxpayer filing this schedule	Social Security Number (shown first)
SREEKANTH KOMATIREDDY	179-69-3058

TaxpayerSpouseJointImportant: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through
10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to
indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the
other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the
sale on their separate PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and intangible
property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read
carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

, , , , , , , , , , , , , , , , , , , ,	1 2	,			
(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1Robinhood Securities	01/01/20	12/29/20	9,113.	7,977.	LOSS 1,136.
					LOSS
2. Net gain (loss) from above sales.				LOSS 2.	1,136.
3. Gain from installment sales from PA Schedule I					
4. Taxable distributions from C corporations					
· · · · · · · · · · · · · · · · · · ·				= 4.	
5. Net gain (loss) from the sale of 6-1-71 property	from PA Schedule)-71 .		LOSS 5.	
6. Net PA S corporation and partnership gain (loss	s) from your PA Sche	edule(s) RK-1 or NR	K-1	LOSS 6.	

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of	(f) Gain or loss:
residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
Taxable gain from the sale of your principal residence. If y If you realized a gain/loss on the sale of the nonresidentia					
8. Taxable distributions from partnerships from REV-999.					
9. Taxable distributions from PA S corporations from REV-					
10. Taxable gain from exchange of insurance contracts					
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10.	Enter on Line 5	of your PA-40. (If a net loss, fill in the c	oval) Coss 11.	1,136.

1555 REV 04/06/21 PRO



2001310024



PA-8879 (EX) 06-20

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number	r			
SREEKANTH KOMATIREDDY	179-69-3058	179-69-3058			
Secondary Taxpayer's Name	Social Security Number	r			
SEVIKA KONDI	978-90-0291				
SECTION I TAX RETURN INFORMATION – TAX YEAR ENDIN	IG DEC. 31, 2020 (whole dollars only)			
1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1	82,985			
2. PA Tax Liability (Form PA-40, Line 12)	2	2,548			
3. Total PA Tax Withheld (Form PA-40, Line 13)	3	2,513			
4. Refund (Form PA-40, Line 30)	4				
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5	35			

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)

ℑ∑ I authorize GI	LOBAL TAXES LLC	to enter my PIN	93058	as my signature on my tax
year 2020 elec	ctronically filed income tax return.			
I will enter my	PIN as my signature on my tax year 20	20 electronically filed income tax	x return.	
Circulations			Dete	
Signature			Date	
Secondary Taxpa	ayer's PIN: (mark one oval only)			
I authorize <u>GLOBAL TAXES LLC</u> to enter my PIN year 2020 electronically filed income tax return.			00291	as my signature on my tax
I will enter my	PIN as my signature on my tax year 20	20 electronically filed income tax	x return.	
Signature			Date	
	Practitioner PIN Program	ı Participants Only – Cor	ntinue Belov	v
SECTION III	CERTIFICATION AND AUTHEN	TICATION		
ERO's EFIN/PIN	. Enter your six-digit EFIN followed by y	our five-digit self-selected PIN	58	87278 / 61989
2020 electronica	n the Practitioner PIN Program, I certify Ily filed income tax return for the taxpay rdance with the requirements establishe	er(s) indicated above. I confirm		C

ERO's signature

Date

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

Name

SREEKANTH KOMATIREDDY

Social Security Number 179-69-3058

	Federal Forms W-2							
# of W2	* NT / TX B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID	
				EMPRO SYSTEMS 27-3498916	<u>81,849.</u> 81,849.	81,849. 2,513.		

Pennsylvania W-2	Taxpayer 81,849.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	2,513.	

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID

	Taxpayer	Spouse
Pennsylvania Local W-2		
Federal Form 4137, Unreported Tips, line 6		
Withholding		

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements	-	

*	Payer Name		Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
Exe Jur Dire Exp Hol Co Dai Ios	vania Payment type: ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo t wages, other than rsonal injury	H JKLM NO	Other nonempl Describe: Employer spon Distribution froi Distribution froi Distribution froi Distribution froi Describe: Fiduciary fees f Other income r Describe:	sored re n IRA (n Life Ir n Chari n Emple	etiremer Traditior Isurance table Gi byee Sto	nt/pension/def nal or Roth) e, Annuity or E ft Annuities	Endowment C	
Misce Withho	Ilaneous Compensation	n from F	orm 1099MISC/	1099K/1	099NE	Тахр а С	ayer	Spouse
		Comp	ensation from	Fede	al For	ms 1099R		
*	Payer's EIN Payer's Name	T Fed S #		oss bution	I	Basis F	PA Taxable	PA Tax Withheld
			 		- - -			
* E	nter an 'X' if this incom	ie is Not	subject to Penr	isylvania	a tax - F	A Part-Year a	nd Nonreside	ents Only.
N No 1 PA 1 Uni 2 Mili 3 U.S 1 Ani (inc 1 Eai 2 Rol	vania Distribution typ entry school, state, or munic ited Mine Workers pen itary pension 5. Civil service retiremen nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	cipal em sion ent/disab ce disabi ivorship etiremen	ility/annuity lity Annuity) t plan	J1 J2 K3 K3 K3 M1 M2 M2 M2 M2	I Trad 2 Trad 2 Non- 3 Life i Distr I ESO 2 ESO 3 KSO	ot eligible yet; itional or Roth itional or Roth qualified defe nsurance or e ibution from C P: Allocated E P: Non-Alloca P: Taxable ES P: Nontaxable	IRA; I'm over IRA; I'm under rred compens ndowment haritable Gift SOP Stock D ted ESOP Stock SOP within a	r 59.5 er 59.5 ation plan Annuities Dividend Dock Dividend 401(k)
Distr Com	ibution from Life Insuration ineligible retirement platibution from Charitable opensation from Form 1 holding	ans (see Gift Anı 099R (e	Tax Help FAQ's nuities	for mo t plans)	re info)	· · ·	ayer	
			Total Gross	Comp	ensati	on		
Tota	I gross compensation t I Schedule NRH gross	o Form I	PA-40 line 1a	 line 40		Taxp a	ayer .,849.	Spouse 0

179-6<u>9-3058</u>

Page 2

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

SREEKANTH KOMATIREDDY