Department of the Treasury-Internal Revenue Service IRS Use Only-Do not write **U.S. Nonresident Alien Income Tax Return** or staple in this space. **Filing X** Single ☐ Married filing separately (MFS) (formerly Married) Qualifying widow(er) (QW) **Status** If you checked the QW box, enter the child's name if the Check only qualifying person is a child but not your dependent ▶ one box. Your first name and middle initial Last name Your identifying number (see instructions) TEJASWI AYYADAPU 845-52-3443 Home address (number and street or rural route). If you have a P.O. box, see instructions. Apt. no. Check if: X Individual 1309 Estate or Trust 8625 HICKORY STREET City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code FRISCO 75034 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?

| Dependents | | | | | | | | (4) 🗸 i | f qualifie | es for (see instr.): |
|-----------------------------------|------------|--|--------------------------------------|----------------------------|--------------|-------------|----------------------------|------------|------------|-----------------------------|
| (see instructions): | 1 | (1) First name | Last name | (2) Depende identifying nu | | | ependent's nship to you | Child tax | - | Credit for other dependents |
| | | | | | | | | |] | |
| If more than four dependents, see | | | | | | | | |] | |
| instructions and | | | | | | | | |] | |
| check here ▶ | | | | | | | | |] | |
| Income | 1a | Wages, salaries, tips | , etc. Attach Form(s) W | <i>I-</i> 2 | | | | | 1a | 43,387. |
| Effectively | b | Scholarship and fello | wship grants. Attach F | orm(s) 1042-S or | require | d stateme | nt. See instruc | ions . | 1b | |
| Connected | С | Total income exemp | t by a treaty from Sch | edule OI (Form 1 | 040-NR |), Item | | | | |
| With U.S. | | L, line 1(e) | | | | L | 1c | | | |
| Trade or | 2 a | Tax-exempt interest | 2a | | b Tax | kable inter | est | | 2b | |
| Business | 3a | Qualified dividends | 3a | | b Ord | dinary divi | dends | | 3b | |
| | 4a | IRA distributions . | 4a | | b Tax | kable amo | unt | | 4b | |
| | 5a | Pensions and annuiti | es 5a | | b Tax | kable amo | unt | | 5b | |
| | 6 | Reserved for future u | ıse | | | | | | 6 | |
| | 7 | Capital gain or (loss) | . Attach Schedule D (Fo | orm 1040) if requi | red. If n | ot require | d, check here . | ▶ □ | 7 | |
| | 8 | Other income from S | chedule 1 (Form 1040) | , line 9 | | | | | 8 | -4,000. |
| | 9 | Add lines 1a, 1b, 2b, | 3b, 4b, 5b, 7, and 8. T | his is your total e | effective | ely conne | cted income . | . ▶ | 9 | 39,387. |
| | 10 | Adjustments to incor | ne: | | | | | | | |
| | а | From Schedule 1 (Fo | rm 1040), line 22 | | | | 10a | | | |
| | b | Charitable contribution | ons for certain resident | ts of India. See ins | struction | ns . | 10b | | | |
| | С | • | wship grants excluded | | | _ | 10c | | | |
| | d | ŭ | h 10c. These are your | - | | | | | 10d | |
| | 11 | Subtract line 10d from line 9. This is your adjusted gross income | | | | | | | | 39,387. |
| | 12 | | s (from Schedule A (Fouctions | ,, | , | | , | | 12 | 12,400. |
| | 13a | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | | | | | | |
| | b | Exemptions for estat | es and trusts only. See | instructions . | | | 13b | | | |
| | С | Add lines 13a and 13 | Bb | | | | | | 13c | |
| | 14 | Add lines 12 and 13d | | | | | | | 14 | 12,400. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 | | | | | | | 15 | 26,987. |

BAA

Yes

X No

| Form 1040-NR (2 | 2020) | | | | | | | Page 2 | | | |
|----------------------------|--|--|-------------------------|------------------|------------------------|-----------|-------------------------------------|------------------------|--|--|--|
| | 16 | Tax (see instructions). Check if any from Fo | orm(s): 1 8 | 814 2 497 | 72 3 🗌 | | 16 | 3,040. | | | |
| | 17 | Amount from Schedule 2 (Form 1040), lin | e3 | | · · · · · · | | 17 | 0. | | | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 3,040. | | | |
| | 19 | Child tax credit or credit for other depend | lents | | | | 19 | | | | |
| | 20 | Amount from Schedule 3 (Form 1040), lin | e7 | | | | 20 | | | | |
| | 21 | Add lines 19 and 20 | | | | | 21 | | | | |
| | 22 | Subtract line 21 from line 18. If zero or les | ss, enter -0 | | | | 22 | 3,040. | | | |
| | 23a | Tax on income not effectively connecte from Schedule NEC (Form 1040-NR), line | | | 23a | | | | | | |
| | b | Other taxes, including self-employment to line 10 | • | , | 23b | | | | | | |
| | С | Transportation tax (see instructions) . | | | 23c | | | | | | |
| | d | Add lines 23a through 23c | | | | | 23d | | | | |
| | 24 | Add lines 22 and 23d. This is your total to | ах | | | . ▶ | 24 | 3,040. | | | |
| | 25 | Federal income tax withheld from: | | | | | | | | | |
| | а | Form(s) W-2 | | | 25a 7 | 7,249. | | | | | |
| | b | Form(s) 1099 | | | 25b | | | | | | |
| | С | Other forms (see instructions) | | | 25c | | | | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 7,249. | | | |
| | е | Form(s) 8805 | | | | | 25e | | | | |
| | f | Form(s) 8288-A | | | | | 25f | | | | |
| | g | Form(s) 1042-S | | | | | 25g | | | | |
| | 26 | 2020 estimated tax payments and amour | t applied from 20 | 019 return | , <u></u> | | 26 | | | | |
| | 27 | Reserved for future use | | | 27 | | | | | | |
| | 28 | Additional child tax credit. Attach Schedu | le 8812 (Form 10 |)40) | 28 | | | | | | |
| | 29 | Credit for amount paid with Form 1040-C | | | 29 | | | | | | |
| | 30 | Reserved for future use | | | 30 | | | | | | |
| | 31 | Amount from Schedule 3 (Form 1040), lin | | | 31 | | | | | | |
| | 32 | Add lines 28 through 31. These are your t | . • | 32 | | | | | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. | These are your t | otal payments | | | 33 | 7,249. | | | |
| Refund | 34 | If line 33 is more than line 24, subtract lin | | | | ▶ □ | 34 | 4,209. | | | |
| | 35a | Amount of line 34 you want refunded to | 35a | 4,209. | | | | | | | |
| Direct deposit? | ▶b | Routing number 0 8 1 0 0 0 | Savings | | | | | | | | |
| See instructions. | ▶ d | Account number 3 5 5 0 1 0 | 1 9 0 2 | 7 3 | | | | | | | |
| | ►e | If you want your refund check mailed to a enter it here. | | | | | | | | | |
| | 36 | Amount of line 34 you want applied to yo | our 2021 estima | ted tax . | 36 | | | | | | |
| Amount | 37 | Amount you owe. Subtract line 33 from | ine 24. For detai | s on how to pay, | see instructions . | . ▶ | 37 | | | | |
| You Owe | 38 | Estimated tax penalty (see instructions) | | | | | | | | | |
| Third Party Designee | Do yo | below. | ⊠ No | | | | | | | | |
| (Other than paid preparer) | Designee's name ► Phone no. ► Personal identification number (PIN) ► | | | | | | | | | | |
| Sign Here | | penalties of perjury, I declare that I have examir they are true, correct, and complete. Declaration | | | | | | | | | |
| riere | Your | signature | Date | Your occupation | Prote | ection Pl | nt you an Identity N, enter it here | | | | |
| - | DI: | | F | SOFTWARE I | (see I | nst.) ▶ | | | | | |
| | Phone | | Email address signature | SS | Date | PTIN | 1. | Check if: | | | |
| Paid | | | o . | CIIDDA DATTAA | | | | | | | |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM SYAM PR | LIA KAM SAGAR | . GUPIA TALLAM | 09/14/2021 | | 2082703 Self-employed | | | | |
| Use Only | Firm's name ▶ CIODAI TAVEC IIC | | | | | | | none no. (678)965-9522 | | | |
| | 1 1111111 | IN ► 30-1017196 | | | | | | | | | |

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

| 2020 |
|--------------------------------------|
| Attachment Sequence No. 7B |

OMB No. 1545-0074

Name shown on Form 1040-NR TEJASWI AYYADAPU Your identifying number 845-52-3443

| Enter a | imount of income und | er the | appropriate rate of tax. See instructions. | | | | 1 | | + | |
|--|--|-------------------------------------|--|------------------------------|---------|-----------------------------|---------------------|-------------------------|--|--|
| | Nature of Income | | | | (a) 10% | (b) 15% | (c) 30% | | r (specify) | |
| | | | | | | | | | % | % |
| 1 | | Dividends and dividend equivalents: | | | | | | | | |
| a | Dividends paid by U.S. corporations | | | | | | | | | |
| b | Dividends paid by foreign corporations | | | | | | | | | |
| С | Dividend equivalent payments received with respect to section 871(m) transactions | | | | | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | | | | | 2a | | | | | |
| b | | | ns | | 2b | | | | | |
| С | | | | | 2c | | | | | |
| 3 | - | | s, trademarks, etc.) | | 3 | | | | | |
| 4 | • | | right royalties | | 4 | | | | | |
| 5 | | | , recording, publishing, etc.) | | 5 | | | | | |
| 6 | | | natural resources royalties | | 6 | | | | | |
| 7 | | | | | 7 | | | | | |
| 8 | Social security benef | fits . | | | 8 | | | | | |
| 9 | Capital gain from line 18 below | | | | | | | | | |
| 10 | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 | | | | | | | | | |
| а | Winnings | | | | | | | | | |
| b | Losses | | | | | | | | | |
| 11 | Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed | | | | 11 | | | | | |
| 12 | Other (specify) ▶ | | | | | | | | | |
| | | | | | 12 | | | | | |
| 13 | Add lines 1a through | 12 in | columns (a) through (d) | | 13 | | | | | |
| 14 | | | f tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not ef | fectiv | ely connected with a U.S. trade or business | | | | | | R, line 23a ► 15 | |
| | | | Capital Gains and | d Losses I | From | Sales or Excha | inges of Proper | ty | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D | | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (Form 1 | • | | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | | |
| connec | ted with a U.S. business | | | | | | | | () | |
| on Schedule D (Form 1040), Form 4797, or both. | | 18 | Capital gain. Combine columns (f) and | (g) of line 17 | 7. Ente | er the net gain her | e and on line 9 abo | ove. If a loss, ente | er -0- ► 18 | |

SCHEDULE OI (Form 1040-NR)

Other Information

► Go to www.irs.gov/Form1040NR for instructions and the latest information.

► Attach to Form 1040-NR. Attachment Sequence No. 7C ► Answer all questions.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR Your identifying number 845-52-3443 TEJASWI AYYADAPU Α Of what country or countries were you a citizen or national during the tax year? INDIA In what country did you claim residence for tax purposes during the tax year? United States В C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: X No Yes 1. A U.S. citizen? X No Yes If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. Ε immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change ▶ G List all dates you entered and left the United States during 2020. See instructions. Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2018 ______, 2019 ______, and 2020 ______365 ___. Did you file a U.S. income tax return for any prior year? X Yes No Т X No Ves J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a Yes No Κ Yes X No No If "Yes," did you use an alternative method to determine the source of this compensation? L Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. M Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

TEJASWI AYYADAPU

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. Sequence No. 01

Your social security number

845-52-3443

Additional Income Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -4,000. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -4,000. Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 13 Moving expenses for members of the Armed Forces, Attach Form 3903 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 Self-employed SEP, SIMPLE, and qualified plans 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction 20 20 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a 22

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

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

Department of the Treasury

Your social security number

| TEJA | SWI AYYADAPU | | | | | | 84 | 5-52-3 | 344 | 3 | |
|----------|--|---|-----------|----------------|--------------|----------------|------------------|------------|----------|------------|----------|
| Part | Income or Loss | s From Rental Real Estate and Ro | yalties | Note: If y | ou are in | the business | of rentir | ng persor | al pr | operty, | use |
| | Schedule C. See | instructions. If you are an individual, rep | ort farn | n rental incor | ne or los | s from Form 4 | 835 on | page 2, li | ne 4 | ٥. | |
| A Dic | d you make any payme | ents in 2020 that would require you to | o file Fo | orm(s) 1099 | ? See in | structions . | | | <u> </u> | ′es ⊠ | No |
| B If " | Yes," did you or will y | ou file required Form(s) 1099? | | | | | | | <u> </u> | es 🗌 | No |
| 1a | | each property (street, city, state, ZII | | | | | | | | | |
| Α | BANJARA HILLS | RD NO:2 HYDERABAD TELAN | GANA | IN 5000 | 45 | | | | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| 1b | Type of Property | sted | F | air Rental | Personal Use | | | QJV | | | |
| | (from list below) | above, report the number of fa | al and | | Days | | Days | | | | |
| Α | 3 | personal use days. Check the if you meet the requirements t | s a A | | 365 | | | | |] | |
| В | | qualified joint venture. See ins | truction | ns. B | , | | | | | | |
| С | | | | С | ; | | | | | | <u> </u> |
| Type o | of Property: | | | | | | | | | | |
| - | gle Family Residence | 3 Vacation/Short-Term Rental | 5 Lar | nd | 7 Se | lf-Rental | | | | | |
| | ti-Family Residence | 4 Commercial | | yalties | 8 Ot | her (describe | <u>:</u>) | | | | |
| Incom | | Properties: | | Α | | | 3 | | | С | |
| 3 | | | 3 | | 650 | | | | | | |
| 4 | Royalties received . | | 4 | | | | | | | | |
| Expen | | | | | | | | | | | |
| 5 | | | 5 | | | | | | | | |
| 6 | • | nstructions) | 6 | | | | | | | | |
| 7 | | nance | 7 | | 250 | • | | | | | |
| 8 | | | 8 | | | | | | | | |
| 9 | | | 9 | | | | | | | | |
| 10 | - | essional fees | 10 | | | | | | | | |
| 11 | | | 11 | | | | | | | | |
| 12 | | id to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | | | 13 | | | | | | | | |
| 14 | | | 14 | | 1,000 | _ | | | | | |
| 15 | | | 15 | | 900 | • | | | | | |
| 16 | | | 16 | | | | | | | | |
| 17 | | | 17 | | 2,500 | • | | | | | |
| 18 | | e or depletion | 18 | | | | | | | | |
| 19 | | | 19 | | 4 650 | | | | | | |
| 20 | • | lines 5 through 19 | 20 | | 4,650 | • | | | | | |
| 21 | | line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | result is a (loss), see file Form 6198 | instructions to find out if you must | | | 4,000 | | | | | | |
| 00 | | | 21 | | 4,000 | • | | | | | |
| 22 | on Form 8582 (see in | l estate loss after limitation, if any, estructions) | 22 | (1 | 1,000. |)(| |)/ | | | \ |
| 23a | · · | eported on line 3 for all rental prope | | _4 | 23 | | 65 | 50. | | |) |
| 23a b | | eported on line 3 for all rental prope eported on line 4 for all royalty prop | | | 23 | | 0.5 | , , , | | | |
| C | | eported on line 4 for all properties | | | 23 | | | | | | |
| d | | eported on line 12 for all properties | | | 23 | _ | | | | | |
| e | | eported on line 20 for all properties | | | - | _ | 4,65 | 50 | | | |
| 24 | | e amounts shown on line 21. Do no | | | | | 1 ,00 | 24 | | | |
| 25 | • | e amounts shown on line 21. Both osses from line 21 and rental real estate | | - | | otal losses ha | re | 25 (| | <u>д</u> (| 000.) |
| | | | | | | | | (| | |) |
| 26 | | ate and royalty income or (loss). IV, and line 40 on page 2 do not | | | | | | | | | |
| | | 40), line 5. Otherwise, include this a | | | | | | 26 | | -4, | 000. |