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.

Submission Identification Number (SID)

Taxpayer's name

Taxpay	yer's name	Social security number				er			
BHA	BHANU PRASANTH YARLAGADDA 707-89-9729								
Spous	e's name	:	Spouse's social security number			rity number			
Par	t I Tax Return Information – Tax Year Ending December 31, (Er	nter y	/ear	you a	re aut	horizing.)			
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	82,234.			
2	Total tax				2	11,152.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	12,323.			
4	Amount you want refunded to you				4	1,171.			
5	Amount you owe				5				
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								

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

Taxpayer's PIN: check one box only

				FBO firm name	c ,	Ē
X	I authorize	GLOBAL '	TAXES	LLC	to enter or generate my PIN	
						1 9

9	9	7	2	9	00 mV
Ent don	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

Enter five digits, but don't enter all zeros

as mv

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date ►	
Practitioner PIN Method	Returns Only—continue below	
Part III Certification and Authentication – Practitic	ner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five	-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros	

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

ERO's signature >		Date 🕨	
	Instructions Requested To Do So		
Fax Denemicarly Deduction Act Nation and vous t		DEV/ 02/15/21 DBO	Earm 8879 (Payr 01 2021)

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

REV 02/15/21 PRO

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use Onl	y—Do not v	write or staple	in this space.
Filing Statu Check only one box.	lf yc	Single Married filing jointly Course of the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separate your spouse. If yo				. ,		, ,	dow(er) (QW) he qualifying
Your first name	e and m	iddle initial	Last na	me					Your so	ocial securi	ity number
BHANU P	RASA	NTH	YARL	AGADDA					707-	89-972	9
If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse	's social se	curity number
Home address		er and street). If you have a P.O. box, see T	instructio	ons.			A	pt. no.	Check	here if you,	
City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ite	ZIP cc	de			ntly, want \$3
SOUTH P	LAIN	FIELD			N	J	070	80		low will not	Checking a t change
Foreign countr	y name		F	oreign province/st	ate/coun	ty	Foreig	n postal code	-	x or refund	•
										You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	uire any	financial intere	est in a	ny virtual c	urrency?	Yes	X No
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur	•	— ·		a dependent					
Age/Blindnes	s You	: Were born before January 2, 1	956 🗌	Are blind	Spouse	: 🗌 Was bo	rn befo	ore January	2, 1956	Is b	lind
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh				or (see instru	uctions):
If more		irst name Last name		number	,	to you		Child tax			ther dependents
than four											
dependents,											
see instruction and check	IS —										
here 🕨 🗌											
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2					. 1		87,634.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t.		. 2t	5	
Sch. B if	3a	Qualified dividends	3a		b	Ordinary divide	nds .		. 3k	5	
required.	4a	IRA distributions	4a			axable amoun			. 41	2	
	5a	Pensions and annuities	5a		b	axable amoun	ıt		. 5k	5	
Standard	6a	Social security benefits	6a		b	axable amoun	ıt		. 6k	5	
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	required. If not i	required	l, check here		🕨	7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.						. 8		-5,400.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total	income				▶ 9		82,234.
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10	a				
widow(er),	b	Charitable contributions if you take the standard deduction. See instructions 10b									
\$24,800 • Head of	с	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	me			▶ 10	с	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross i	ncome				▶ 11	1	82,234.
If you checked	12	Standard deduction or itemized	•						. 12		12,400.
any box under Standard	13	Qualified business income deducti		,	,						
Deduction,	14										12,400.
see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ente						69,834.
		· · · · · · · · · · · · · · · · · · ·									1010 (

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	11,152	_
	17	Amount from Schedule 2, lir	ne3							17		_
	18	Add lines 16 and 17								18	11,152	
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	11,152	,
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0	
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	11,152	
	25	Federal income tax withheld	from:									_
	а	Form(s) W-2					25a	12	,323			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	12,323	
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)			N	٩ö	27					_
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	8, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refunda	able cr	edits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	12,323	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is tl	he amoui	nt you	overpaid		34	1,171	
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attacl	hed, cheo	ck here] 35a	1,171	
Direct deposit?	►b	Routing number 3 2 1	1 7 1 1	8 4	► c Ty	rpe: 🗙	Chec	king	Saving	s		_
See instructions.	►d	Account number 4 2 0	2 0 9 8	2 8 6 0	6			_				
	36	Amount of line 34 you want	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		-						or 🗌		
For details on		2020. See Schedule 3, line 1						lance yea	0.110 10			
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	he IRS?	See					_
Designee	ins	structions	· · · · ·					Yes. Co	omplete	e below.	🗙 No	
		signee's		Phone						ntification		
		me 🕨		no. 🕨					oer (PIN	'		_
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occ	•					nt you an Identity	
	. 10	u signature		Date		Jupation					IN, enter it here	
Joint return?					SOFT	WARE I	DEVE	LOPER	(se	ee inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse'	s occupati	ion				nt your spouse an	
Keep a copy for your records.	,									entity Prot ee inst.) ►	ection PIN, enter it he	re; re
				Empil oddroop					(50	ce inist.) 🕨		
		one no. eparer's name	Preparer's signat	Email address			Date		PTIN		Check if:	
Paid					CIIDUN	ጥ አ ተ ፣ እ ኦ /		20/2021		0 7 7 7 7	Self-employed	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA	таптащ	02/	20/2021		82703		
Use Only		m's name ► GLOBAL TA		n (1,	~ ~ ~ ^	20041					678)965-952	_
		m's address ► 2530 Pebb		un Cummin	-					rm's EIN ▶		_
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	AA	REV	02/15/21 PRC)		Form 1040 (20	20)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2020
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number				
BHANU PRASANTH YARLAGADDA	707-89-9729				
Part I Additional Income					

i ai			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,400.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	F 400
Par	line 8	9	-5,400.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19		19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
Ear D-	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	4 (E 4040) 0000
LOL LA	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/15/21 PRO	schedule	1 (Form 1040) 2020

	ent of the Treasury Revenue Service (99)	Go to www.irs.gov/ScheduleE fo					informatior	۱.	Attach	hment ence No. 13
	shown on return							Your soci		ty number
BHAN	U PRASANTH YARL	AGADDA						707-8	9-972	9
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note	e: If you	are in th	e business	of renting pe	rsonal pr	roperty, use
		instructions. If you are an individual, rep	ort far	m rental i	income	or loss f	rom Form 4	835 on page	2, line 4	0.
A Dic	l you make any payme	nts in 2020 that would require you to	o file F	orm(s) 1	099?	See insti	ructions			Yes 🔀 No
		ou file required Form(s) 1099?								Yes 🗌 No
1a	Physical address of e	each property (street, city, state, ZIF	code	e)						
Α		ANDHRA PRADESH IN 5221		,						
В										
С										
1b	Type of Property	2 For each rental real estate prop	perty l	isted		Fair	Rental	Persona	l Use	QJV
	(from list below)	above, report the number of fa personal use days. Check the	ir rent	al and		[Days	Day	s	QUV
Α	3	if you meet the requirements to qualified joint venture. See inst	o file a	as a	Α		365		0	
В		qualified joint venture. See inst	tructio	ons.	В					
С					С					
Туре о	of Property:									
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental			
2 Mult	i-Family Residence	4 Commercial	6 Rc	oyalties		8 Othe	r (describe	e)		
Incom		Properties:			Α			В		С
3			3			550.				
4	Royalties received .		4							
Expen										
5			5			80.				
6		nstructions)	6			270.				
7		nance	7			100.				
8	Commissions		8							
9	Insurance		9							
10	Legal and other profe	ssional fees	10							
11	Management fees .		11							
12	Mortgage interest pai	d to banks, etc. (see instructions)	12							
13	Other interest		13		5	,500.				
14	Repairs		14							
15	Supplies		15							
16	Taxes		16							
17	Utilities		17							
18	Depreciation expense	or depletion	18							
19	Other (list) ►		19							
20	Total expenses. Add	lines 5 through 19	20		5	,950.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must								
			21	ļ	-5	,400.			<u> </u>	
22		estate loss after limitation, if any,		.						
		structions)	22	(-5,	400.)	()	()
23a		eported on line 3 for all rental prope			• •	23a		550.		
b		eported on line 4 for all royalty prop	erties		· ·	23b				
c		eported on line 12 for all properties			· ·	23c				
d		eported on line 18 for all properties			· ·	23d				
е		eported on line 20 for all properties				23e		5,950.		
24		e amounts shown on line 21. Do no		-				24		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from li	ne 22.	Enter tota	al losses he	re. 25	(5,400.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not								F 400
	Schedule 1 (Form 104	40), line 5. Otherwise, include this ar	moun	t in the t	otal oi	n line 41	on page 2	2. 26	1	-5,400.

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.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074



NJ-1040 2020 Page 1



2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

040

Your Social Security Number (required) 707899729

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) YARLAGADDA BHANU PRASANTH

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number) 121 FRANK CT

County/Municipality Code (See Table page 50) 1222

City, Town, Post Office	State	ZIP Code
SOUTH PLAINFIELD	NJ	07080

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			321171184
dd5. Account number		dd5.			42020982866

Note: This does not reduce your refund or increase your balance due.



			Name(s) as shown on H YARLAGADD		PRASANTH	I	
NJ- 1 2020 Page			Your Social Security N 707899729	lumber			1555
Part-	year residents, provide months/days you we		ent during 2020:		Fiscal year filers on	ılv:	
From		3120	C		Enter month of you	-	2021
	 g Status only one. X Single Married/CU Couple, filing joint re Married/CU Partner, filing separat 						
4.	Head of Household			Enter spouse'	s/CU partner's SSN		
5.	Qualifying Widow(er)/Surviving	CU Partner					
	Indicate the year of your spouse's	CU partner's death:	2018 20	19			
	nptions a the ovals that apply. You must enter a total in the	boxes to the right and con	mplete the calculation.				
6.	Regular X	Self	Spouse/CU Partner	Domestic P	Partner 1	x \$1,000 =	1000
7.	Senior 65+ (Born in 1955 or earlier)	Self	Spouse/CU Partner			x \$1,000 =	
8.	Blind/Disabled	Self	Spouse/CU Partner			x \$1,000 =	
9.	Veteran	Self	Spouse/CU Partner			x \$6,000 =	
10.	Qualified Dependent Children					x \$1,500 =	
11.	Other Dependents					x \$1,500 =	
12.	Dependents Attending Colleges (See instru-		10)			x \$1,000 =	1000 .
13.	Total Exemption Amount (Add totals from	the lines at 6 through	112)			13.	1000 .
14.	Dependent Information. Provide the follo	wing information for	each dependent.				
	Last Name, First Name, Middle Initial			Social Security	v Number	Birth Year	No Health Insurance
a.							
b.							
с.							
d.							



NJ-1040 2020

Page 3



Name(s) as shown on Form NJ-1040 YARLAGADDA BHANU PRASANTH

Your Social Security Number 707899729

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	44303	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		•
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.		•
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) 22.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
24.	Net Gambling Winnings (See instructions)	24.		•
25.	Alimony and Separate Maintenance Payments received	25.		•
26.	Other (Enclose documents) (See instructions)	26.		•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	44303	•
28a.	Retirement/Pension Exclusion (See instructions)	28a.		•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.		•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	44303	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	500	•
31.	Medical Expenses (See Worksheet F and instructions)	31.		•
32.	Alimony and Separate Maintenance Payments (See instructions)	32.		•
33.	Qualified Conservation Contribution	33.		•
34.	Health Enterprise Zone Deduction	34.		•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	•
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		•
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	500	•
38.	Taxable Income (Subtract line 37 from line 29)	38.	43803	•
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	864	•
39b.	Block .			
39b.	Lot .			
39b.	Qualifier Fill in if you co	mpleted Worksheet G		
39c.	County/Municipality Code			
39d.	Indicate your residency status during 2020 (fill in only one) Homeowner Tenant	Both		
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.	864	•
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	42939	•
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	879	•
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.		•
	Enter Code			
44.	Balance of Tax (Subtract line 43 from line 42)	44.	879	•
45.	Child and Dependent Care Credit (See instructions)	45.		•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46.	Sheltered Workshop Tax Credit	46.		•
47.	Gold Star Family Counseling Credit (See instructions)	47.		•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		•
49.	Total credits (Add lines 45 through 48)	49.		•
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	879	
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	•
52.	Interest on Underpayment of Estimated Tax	52.		•

Fill in if Form NJ-2210 is enclosed





NJ-1040 2020

Division Use:

Page 4



Name(s) as shown on Form NJ-1040 YARLAGADDA BHANU PRASANTH

Your Social Security Number 707899729

53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose S	chedule I	HCC and fi	ll in		53.	0.	
54.	Total Tax Due (Add lines 50 through 53)					54.	879 .	
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)					55.	1983 .	
56.	Property Tax Credit (See instructions page 23)					56.		
57.	New Jersey Estimated Tax Payments/Credit from 2019 tax return					57.		
58.	New Jersey Earned Income Tax Credit (See instructions)					58.		
	Fill in if you had the IRS calculate your federal earned income credit							
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit							
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instru	ctions)				59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See	e instructi	ons)			60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450)	(See instr	ructions)			61.		
62.	Wounded Warrior Caregivers Credit (See instructions)					62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)					63.		
64.	64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)						1983 .	
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 an	65.						
	If you owe tax, you can still make a donation on lines 68 through 75.							
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract li	ine 54 fro	m line 64 a	and enter th	ne overpayment	66.	1104 .	
67.	Amount from line 66 you want to credit to your 2021 tax					67.		
68.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other		68.	•	
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other		69.		
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other		70.		
71.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other		71.	•	
72.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other		72.		
73.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	73.		
74.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	74.	•	
75.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	75.		
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)					76.		
77.	Balance due (If line 65 is more than zero, add line 65 and line 76)					77.		
78.	Refund amount (If line 66 is more than zero, subtract line 76 from line 66)					78.	1104 .	

Under penalties of perjury, I declare that I have examined this Ince the best of my knowledge and belief, it is true, correct, and comple based on all information of which the preparer has any knowledge	Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payment PO Box 111			
Your Signature Date	Spouse's/CU Par	tner's Signature (required if filing jointly)	Date	Trenton, NJ 08645-0111 Include Social Security number and make check or
Paid Preparer's Signature		Federal Identification Number		money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR GUPT.	A TALLAM	P02082703		www.njtaxation.org Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification	on Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds
GLOBAL TAXES LLC		30-1017196	<u>,</u>	PO Box 555 Trenton, NJ 08647-0555

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2_

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Name(s) as shown on Form NJ-1040	Social Security Number
YARLAGADDA, BHANU PRASANTH	707-89-9729

Schedule NJ-BUS-1 (Form NJ-1040)

New Jersey Gross Income Tax Business Income Summary Schedule

2020

Pa	art I Net Profits From Business	List the net profit (loss) from business(es). See Instructions.							
	Business Name	Social Security Numbe Federal EIN	er/	Profit or (Loss)					
1.									
2.									
3.									
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (E line 18, NJ-1040. If loss, make no entry on line		4.						

Part II		Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.			
		Partnership Name	Federal EIN		Share of Partnership Income or (Loss)		
1.							
2.							
3.							
4.	(Add line	tive Share of Partnership Income or (Los es 1, 2, and 3.) (Enter here and on line 2 nake no entry on line 21.)		4.			

Pa	art III Net Pro Rata Share of S Corp			List the pro rata share of income (usable loss) from S corporation(s). See instructions.			
	S Corporation Name	Federal EIN		Pro Rata Share of S Corporation Income or (Usable Loss)			
1.							
2.							
3.							
4.	Net Pro Rata Share of S Corporation Income or (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 22.)		4.				

Pa	art IV	Net Gains or Income From Rents, Royalties, Patents, and Copyrights	form of rents, royalties of Property:	, patents, and co	et loss, derived from or in the opyrights. See instructions. Type 3 – Patents 4 – Copyrights
	1	of Income or Loss. If rental real estate, nter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	BAPATL	A	707899729	1	-2,744.
2.					
3.					
4.		me or (Loss). (Add lines 1, 2, and 3.) ere and on line 23. NJ-1040. If loss. mal	ke no entry on line 23.)	4.	-2,744.

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040	Social Security Number
YARLAGADDA, BHANU PRASANTH	707-89-9729

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2020

			Column A			Column B			
PART I Income (Loss)			Reportable Regular Business Income			Alternative Business Income (Loss)			
1.	Net Profits From Business	1a.	0.		1b.	0.			
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.			
3.	Net Pro Rata Share of S Corporation Income	За.	0.		3b.	0.			
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-2,744.			
5.	Loss Carryforward From Tax Year 2019				5b.	()		
6.	Totals	6a.	0.		6b.	-2,744.			
PAR	RT II Adjustment Calculation								
7.	Total Regular Business Income	7.	0.						
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.						
9.	Business Increment (Line 7 minus line 8)	9.	0.						
10.	Adjustment Percentage	10.	(0.50					
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.						
PAR	TIII Loss Carryforward to Tax Year 202	21							
12.	Loss Carryforward to Tax Year 2021				12.	(2,744.)		

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule				
NJ-HCC				
(Form NJ-1040)				

2020

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
YARLAGADDA, BHANU PRASANTH	707-89-9729

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2019? (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

X Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Examplian Code													
Exemption Code		-		box if tl box if tl						•		nber .	
Exemption Code	 	_		box if ti box if ti						•		nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	ore than	n one e	xempti	on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl							on nun 	nber .	
Exemption Code		-		box if ti box if ti						•	on nun	nber .	
Exemption Code				box if t							on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl						•	on nun 		
Exemption Code		_		box if ti box if ti						•	on nun	nber	
Exemption Code				box if t							on nun	nber .	
Everation Cod-				box if t									
Exemption Code		_		box if tl box if tl						•			

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DEPARTMENT OF REVENUE

Income Tax Return Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

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Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account

1031

DEPARTMENT OF REVENUE	1001	
Income Tax Return Payment	Preparer Tax Identification Number:	P02082703
BHANU PRASANTH YARLAGADDA 121 FRANK CT SOUTH PLAINFIELD NJ 07080	Social Security Number (required): Spouse's Social Security Number:	707899729
Make check payable to: Minnesota Revenue	Tax-Year End:	123120
P.O. Box 64054, St. Paul, MN 55164-0054	Amount of Check:	9 00

DEPARTMENT OF REVENUE 2020 Form M1, Individual Income Tax



	U PRASANTH	YARLAGADDA Your Last Name		7899729 Social Security Number	(SSN) 05201992 Your Date of Birth
121	Return, Spouse's First Name and Initial FRANK CT Home Address	Spouse's Last Name SOUTH PLAINFIELD City		se's Social Security Numl 07080 ZIP Code	ber Spouse's Date of Birth Check if Address is:
2020	Federal Filing Status (pla	ace an X in one box):			
× (1)	Single (2) Married Filing Jointly	(3) Married Filing Separatel Spouse Name		(4) Head of Househo	old (5) Qualifying Widow(er)
Depe	ndents (see instructions)	Spouse SSN			
Depend	ent 1 First Name	Dependent 1 Last Name	Depe	ndent 1 SSN	Dependent 1 Relationship to You
Depend	ent 2 First Name	Dependent 2 Last Name	Depe	ndent 2 SSN	Dependent 2 Relationship to You
Depend	ent 3 First Name	Dependent 3 Last Name	Depe	ndent 3 SSN	Dependent 3 Relationship to You
	Your Federal Return (see in 87634		s/Legalize Cannabis—14 Libe		eral Campaign Fund—99 <u>69834</u> ederal taxable income
1	Federal adjusted gross income	(from line 11 of federal Form 10	40 and 1040-SR)		. 1 82234
2	Additions to Minnesota income				
3	Add lines 1 and 2				3 <u>82234</u>
4	Itemized deductions (from Sche	edule M1SA) or your standard d	eduction (see instructions)		412400
5	Exemptions (determine from ins	tructions)			5
6 7	State income tax refund from lin Other subtractions from Minnes (see instructions; enclose Schede	sota income from line 47 of Sch	edule M1M		
8	Total subtractions. Add lines 4 th	hrough 7			812400
9	Minnesota taxable income. Sub	tract line 8 from line 3. If zero or	less, leave blank		9 <u>69834</u>
10	Tax from the table in the Form N	M1 instructions			10 <u>4359</u>
11	Alternative minimum tax (enclos			11	

REV 02/16/21 PRO



12 13	Add lines 10 and 11	12	4359
	Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)	13	2343
14	$13a \blacksquare$ 44201 $13b \blacksquare$ 82234 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS	14	
15	Tax before credits. Add lines 13 and 14	15	2343
16	Amount from line 17 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16	
17 18	Subtract line 16 from line 15 (<i>if result is zero or less, leave blank</i>) Nongame Wildlife Fund contribution (<i>see instructions</i>)	17	2343
	This will reduce your refund or increase the amount you owe	18	
19	Add lines 17 and 18	19	2343
20	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (<i>do not send</i>)	20	2334
21	Minnesota estimated tax and extension payments made for 2020	21	
22	Amount from line 9 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF)	22 🔳	
23 24	Total payments. Add lines 20 through 22 REFUND . If line 23 is more than line 19, subtract line 19 from line 23 (<i>see instructions</i>).	23	2334
25	For direct deposit, complete line 25 Direct deposit of your refund (you must use an account not associated with a foreign bank):	24 🔳	
	Checking Savings Routing Number Account Number		
26 27	AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) Penalty amount from Schedule M15 (see instructions). Also subtract		
	this amount from line 24 or add it to line 26 <i>(enclose Schedule M15)</i>	27 🔳	
28	Amount from line 24 you want sent to you	28	
29	Amount from line 24 you want applied to your 2021 estimated tax	29	
Тахр	ayer: I declare that this return is correct and complete to the best of my knowledge and belief.		

Date (MM/DD/YYYY) Your Signature Spouse's Signature (If Filing Jointly) <u>5104229345</u> YARLAGADDABHANU999@GMAIL.COM Daytime Phone **Email Address** P02082703 SYAM PRIYA RAM SAGAR GUPTA TALLAM 02202021 Date (MM/DD/YYYY) PTIN or VITA/TCE # (required) Paid Preparer's Signature 6789659522 SYAM@GTAXFILE.COM Preparer's Daytime Phone Preparer's Email Address I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return. Include a copy of your 2020 federal return and schedules. Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010 1031 REV 02/16/21 PRO

DEPARTMENT OF REVENUE



2020 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

	ANU PRASANTH	YARLAGADDA		70789	
Your	^r First Name and Initial	Your Last Name		Your Social	Security Number
Spou	use's First Name and Initial	Spouse's Last Name		Spouse's So	ocial Security Number
You:		Year Resident from 01012020 to 0628	D/YYYY)	tate of Residency:	J
		(MM/DD/YYYY) (MM/D			
			A.	Total Amount	B. Minnesota Portion
1	Wages, salaries, tips, etc. (from line 1 of	federal Form 1040 or 1040-SR)	1	87634	44201
2	Taxable interest and ordinary dividend i	ncome (lines 2b and 3b of Form 1040 or 10	940-SR). 2		
3	Business income or loss (from line 3 of f	federal Schedule 1)	3		
4	Capital gain or loss (from line 7 of Form	1040 or 1040-SR)	4		
5 6	IRA distributions, pensions, and annuition Net income from rents, royalties, partne	es (from lines 4b and 5b of Form 1040 or 10 erships S corporations	040-SR). 5		
U	estates, and trusts (from line 5 of federa	al Schedule 1)	6	-5400	0
7 8	Other income (add lines 6b of Form 104	eral Schedule 1)			
9		sota state or municipal bonds	9		
10	Bonus depreciation addition from line 3	of Schedule M1M			
11	This line intentionally left blank		11		
12	Suspended loss from line 8 of Schedule	M1M	12		
13	Other required additions from Schedule	M1M and M1AR (see instructions)			
14	Federal adjustments from Schedule M1	NC (See instructions)	14		
15	Add lines 1 through 14 for each column		15	82234	44201
lf yo	our Minnesota gross income is below \$12	2,400, see instructions.			
16		penses, and Armed Forces moving expense			
<i></i>		edule 1)	16		
17					
40		(1)	17		
18		deductions (add line 12 and Archer MSA	40		
40		chedule 1)			
19	1,7		40		
20		? 1)			
20	Deductions for alimony paid and studen	it loan interest	20		
	(see instructions for inte 20, column B) .		20		•
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2020 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 17 of federal Schedule 1) 21		
22	Net operating loss carryover adjustment from line 35 of Schedule M1M (see instructions) 22		L
23	Social Security benefit from line 39 of Schedule M1M (see instructions)		L
24 25	Subtraction for federal bonus depreciation from line 21 of Schedule M1M 24 Net U.S. bond interest and active military pay received while a nonresident (add lines 18 and 29 of Schedule M1M) 25		
26	Subtraction for federal section 179 expensing (from line 22 of Schedule M1M)		
27	Add lines 16 through 26 for each column	0	
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,400 or the result is zero or less, enter 0		0
28 29	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,400 or the result is zero or less, enter 0 Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1		0
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,400 or the result is zero or less, enter 0 Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1	28	0 44201
28 29 30	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,400 or the result is zero or less, enter 0 Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1		0 44201 .53750

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.

DEPARTMENT OF REVENUE



2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

BHANU PRASANTH Your First Name and Initial	YARLAGADDA Last Name	707899729 Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

Α	B—Box 13	C—Box 15	D—Box 1	6	E—Box 17	
If the Form W-2 i	s for: If Retirement Plan	Employer's seven-digit	: Minnesota State wag	es, tips, etc.	Minnesota ta	ax withheld
• you, enter	1 box is checked,	Tax ID Number	(round to	nearest whole dollar)	(round to ne	arest whole dollar)
 spouse, ent 	ter 2 mark an X below.					
a1 <u>1</u>	b1	c1 MN194	47443 d1	44201	e1	2334
a2	b2	c2 MN	d2		e2	
a3	b3	c3 MN	d3		e3	
a4	b4	c4 MN	d4		e4	
a5	b5	c5 MN	d5		е5	
Subtotal for ac	dditional Forms W-2 (from	m line 5 on page 2)				
Total Minneso	ta tax withheld on all Fo	orms W-2 (add amounts	in line 1, column E)	:	1	2334
2 Minnesota tax	withheld on Forms 1099	9, W-2G, and 1042-S. If y	ou have more than four	forms, complete line	6 on the back.	
А		В	С		D	
If the Form 1099,	, W-2G, or 1042-S is for:	Payer's seven-digit Mir	nnesota Tax ID Income a	mount (see the table on	Minnesota	a tax withheld
• you, enter 1		Number (if unknown, o	contact the payer) the back j	for amounts to include)	(round to	nearest whole dollar
spouse, ente	er 2					
a1		b1 MN	c1		d1	
a2		b2 MN	c2		d2	
a3		b3 MN	c3		d3	
a4		b4 MN	c4		d4	
Subtotal for ac	dditional 1099, W-2G, an	d 1042-S (from line 6 on	page 2)			
Total Minneso	ta tax withheld on all 1	099, W-2G, and 1042-S (add amounts in line 2, cc	olumn D)	2	
	ta tax withheld by parti					
-					3	
	Minnesota tax withheld here and on line 20 of F				4	2334
			chedule with your Form			
		If required, incl	ude Schedules KPI, KS, a	nd KF.		
RE	V 02/16/21 PRO		1031			

104		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or staple	in this space.
Filing Statu Check only one box.	lf yc	Single Arried filing jointly source of the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separate your spouse. If yo				()		, 0	low(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	me					Your so	cial securit	ty number
BHANU P	RASA	NTH	YARI	AGADDA					707-	89-972	9
If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse	's social sec	curity number
Home address		er and street). If you have a P.O. box, see ${ m T}$	instructio	ons.			A	Apt. no.	Check	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			ntly, want \$3 Checking a
SOUTH P	LAIN	FIELD			N	J	070	80		ow will not	0
Foreign countr	y name		F	oreign province/st	ate/coun	ity	Foreig	n postal code	-	x or refund.	•
										You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	uire any	financial intere	est in a	iny virtual c	urrency?	Yes	X No
Standard Deduction		eone can claim:	•	— ·		a dependent					
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956 🗌	Are blind	Spouse	: 🗌 Was bo	rn befo	ore January	2, 1956	🗌 ls bl	lind
Dependent		•		(2) Social sec	uritv	(3) Relationsh	ain	(4) ✔ if c	ualifies fo	r (see instru	uctions):
If more		irst name Last name		number	,	to you		Child tax of			her dependents
than four										[
dependents,											
see instruction and check	s —										
here											
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2					. 1	5	87,634.
Attach	2a	Tax-exempt interest	2a		ь т	axable interes	t.		. 2b	,	
Sch. B if	3a	Qualified dividends	3a		b	Ordinary divide	nds .		. 3b	,	
required.	4a	IRA distributions	4a		b	axable amoun	t		. 4b	,	
	5a	Pensions and annuities	5a		b⊺	axable amoun	t		. 5b	,	
Standard	6a	Social security benefits	6a		b⊺	axable amoun	t		. 6b	,	
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	required. If not i	required	l, check here		🕨	7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.						. 8		-5,400.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your total	income				▶ 9	{	82,234.
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10	a				
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction.	See inst	tructions 10	b				
Head of	с	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	me			▶ 10	C	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross i	ncome				▶ 11	{	82,234.
 If you checked 	12	Standard deduction or itemized	deducti	ions (from Sched	dule A)				. 12		12,400.
any box under <i>Standard</i>	13	Qualified business income deducti	ion. Atta	ch Form 8995 o	r Form 8	3995-A			. 13		
Deduction, see instructions.	14	Add lines 12 and 13							. 14	,;	12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ente	er-0		<u> </u>	. 15	; (69,834.
											1040

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	11,152	
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	11,152	
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0						22	11,152	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0	
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	11,152	
	25	Federal income tax withheld	l from:									
	а	Form(s) W-2					25a	12	,323			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	12,323	
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)			P	٩ö	27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	8, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refunda	able cr	edits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	12,323	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is t	he amoui	nt you	overpaid		34	1,171	
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attacl	hed, cheo	ck here			35a	1,171	
Direct deposit?	►b	Routing number 3 2 1	1 7 1 1	8 4	► c Ty	rpe: 🗙	Chec	king	Saving	s		
See instructions.	►d	Account number 4 2 0	2 0 9 8	2 8 6 0	б			_				
	36	Amount of line 34 you want	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		-						r		
For details on		2020. See Schedule 3, line 1										
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	he IRS?	See					
Designee	ins	structions						Yes. Co	omplete	e below.	🗙 No	
		signee's		Phone						ntification		
		me 🕨		no. 🕨					per (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occ	•					nt you an Identity	0.
	. 10	ur signature		Date		Supation					IN, enter it here	
Joint return?					SOFT	WARE I	DEVE	LOPER	(se	ee inst.) 🕨		Π
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse'	s occupati	ion				nt your spouse an	
Keep a copy for your records.	,									entity Prot ee inst.) 🕨	ection PIN, enter it h	ere
,									(50	ee mst.)		
		one no.	Dremensula alar	Email address			D-+				Chaols if:	
Paid		eparer's name	Preparer's signat		a		Date		PTIN	00000	Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA	тагга	02/	20/2021		82703	Self-employed	
Use Only		m's name ► GLOBAL TA		~ '	~						678)965-952	
		m's address ► 2530 Pebb		n Cummin	-				Fir	m's EIN 🖡		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BA	AA	REV	02/15/21 PRC)		Form 1040 (20)20)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

Go to	www.irs.g	gov/Form104	0 for i	nstructions	and th	e latest	information.
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OMB No. 1545-0074
2020
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
BHANU PRASANTH YARLAGADDA	707-89-9729
	•

Part I Additional Income 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 -5,400. 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 line 8. 9 -5,400. Part II Adjustments to Income 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces. Attach Form 3903 13 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) ► 19 IRA deduction 19 20 Student loan interest deduction 20 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and 22 For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/15/21 PRO Schedule 1 (Form 1040) 2020

Internal Revenue Service (s9) ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence Name(s) above or neturn Your social security m Your social security m Your social security m BHANU PRASANTH YARLACADDA 707-89-9729 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions □ Ves B if "Yes," did you or will you file required Form(s) 1099? 10 □ 1 Physical address of each property (street, city, state, ZIP code) A A 3 A 3 50 ce ach rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only A 365 0 A 3 gravatilerements to file as a qualified joint venture. See instructions. B Days Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Autor and maintenance 3 3 550. 4 3 550. 4 Expenses: 5 80. 6 270. 7 100. 10 10 Legal and other professional fees 10 11	t No. 13
Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal prop. Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4855 on page 2, line 40. A A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Image 2, line 40. B If "Yes," did you or will you file required Form(s) 1099? Image 2, line 40. A BAPATLA GUNTUR ANDERA PRADESH IN 522101 Image 2, line 40. B C Image 2, line 40. C Image 2, line 40. Image 2, line 40. G Image 2, line 40. Image 2, line 40. B Physical address of each property (street, city, state, ZIP code) Image 2, line 40. A B Image 2, line 40. Image 2, line 40. C Image 2, line 40. Image 2, line 40. Image 2, line 40. A 3 Image 2, line 40. Image 2, line 40. Image 2, line 40. B Image 2, line 40. Image 2, line 40. Image 2, line 40. Image 2, line 40. C Image 2, line 40. Image 2, line 40. Image 2, line 40. Image 2, line 40. A 3 Image 2, line 40. Image	
Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes B If "Yes," did you or will you file required Form(s) 1099? Yes 1a Physical address of each property (street, city, state, ZIP code) Fair Rental Personal Use B C C A 3 Personal Use Days Days A 3 C A 3 (a 55 0) Days Days Days Days A 3 C C A 3 (a 55 0) Days	
Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes Ia Physical address of each property (street, city, state, ZIP code) Yes A BAPATLA GUNTUR ANDHRA PRADESH IN 522101 Fair Rental Personal Use B C C A 3 Personal Use Days A 3 C A 3 above, report the number of fair rental and personal use days. Check the QV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 3 a 55 0 B Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Metric (describe) Income: Properties: A B 0 0 0 0 0 3 Rents received	rty, use
B fr"Yes," did you or will you file required Form(s) 1099? ✓ ✓ ✓ ✓ ✓ ✓ 1a Physical address of each property (street, city, state, ZIP code) A BAPATLA Sapatra ✓ Ø	
B fr"Yes," did you or will you file required Form(s) 1099? ✓ ✓ ✓ ✓ ✓ ✓ 1a Physical address of each property (street, city, state, ZIP code) A BAPATLA Sapatra ✓ Ø	X No
1a Physical address of each property (street, city, state, ZIP code) A BAPATLA GUNTUR ANDHRA PRADESH IN 522101 B C C 1b Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the Q/V box only of you meet the requirements to file as a qualified joint venture. See instructions. A 3 4 365 0 Personal Use Days Days C C C A 3 65 0 C Days Days Days C Station Short-Term Rental 5 Land S Land 7 Self-Rental Empty (describe) C <	
B Fair Rental Personal Use 1b Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QuV box only a qualified joint venture. See instructions. A 3.65 0 A 3	
C Image: Constraint of the state state in the state state property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days A 3 above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 365 0 B C C C C C Type of Property: 1 State of Property: C C C 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental C 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) C Income: Properties: A B C 4 Royalties received 1 4 Expenses: 5 80. 5 Advertising 5 80. 6 2770. 7 100. 7 6 Legal and dother professional fees 10 11 11 11 11 11 11 11 11 11 11 11 11 11 1	
1b Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days C	
Image: The second s	
A 3 personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 365 0 B qualified joint venture. See instructions. C B 0 0 Type of Property: 1 365 0 B 0 Isingle Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Income: Properties: A B 0 Income: Properties: A B 0 A Rents received . 3 550. 4 A divertising . . 3 550. 4 Expenses: 5 80. 6 270. 7 7 Cleaning and maintenance . . 9 10 20 9 Insurance . . 10 11 11 11 10 11 13 5, 500. 13 5, 500. 14 11 13 5, 500. 14 14 15 16 17 18	QJV
A 3 if you meet the requirements to file as a qualified joint venture. See instructions. A 365 0 B C B C C B C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 C C C C Income: Properties: A B C C 4 Rents received . . 3 550. A 4 Rents received . . 3 550. A 5 Advertising . . 6 270. 7 100. 6 Auto and travel (see instructions) . . 6 270. 7 100. 8 Ommissions. . . 9 . . 11 . 10 Legal and other professional fees . . 11 . . 12 11 Legal and other professional fees	GUV
B qualified joint venture. See instructions. B C C C C C Type of Property: C C C Isingle Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental Income: Properties: A B C Income: Properties: A B C 4 Royalties received C C C C 5 Advertising A B C 6 Auto and travel (see instructions) 4 C C 7 Cleaning and maintenance 7 100 C C 8 Commissions B C C C C 9 Insurance	
Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: A B 0 3 Rents received 3 550. 4 4 Royalties received 4 4 4 Expenses: 5 80. 6 270. 7 Cleaning and maintenance 7 100. 8 8 Commissions. 8 9 9 10 Legal and other professional fees 10 11 11 Management fees 11 12 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 15 15 16 Taxes 16 17 18 Depreciation expenses or depletion 18 19 19 20 Other (list) ▶ 20 5,950. 20 5	
1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: A B 3 Rents received 3 550. 4 4 Royalties received 3 550. 4 5 Advertising 4 6 5 Advertising 5 80. 6 Auto and travel (see instructions) 6 270. 7 Cleaning and maintenance 7 100. 8 Commissions. 8 9 9 Insurance 9 1 10 Legal and other professional fees 11 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 15 14 Repairs. 14 15 Supplies 15 16 Taxes 17 18 Depreciation expense or depletion 18 19 Other (list) ▶ 19 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royatlties). If	
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: A B 0 3 Rents received 3 550. 4 4 Royalties received 3 550. 4 Expenses: 4 4 6 5 Advertising 5 80. 6 6 Auto and travel (see instructions) 6 270. 7 7 Cleaning and maintenance 7 100. 8 9 Insurance 9 10 10 10 Legal and other professional fees 11 11 11 11 Management fees 11 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 5,500. 13 Other interest. 15 14 14 14 15 Supplies 15 16 17 17 18 Depreciation expenses or depletion 18 19 19 19 20 Total expenses. Add lines 5 through 19 20 5,950. 20 5,950. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	
Income: Properties: A B 3 Rents received	
3 Rents received	
4 Royalties received	;
Expenses: 5 80. 5 Advertising 6 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 10 Legal and other professional fees 9 10 Legal and other professional fees 10 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 14 15 15 16 17 16 17 17 18 Depreciation expense or depletion 18 19 Other (list) ▶ 19 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 19	
5 Advertising 5 80. 6 Auto and travel (see instructions) 6 270. 7 Cleaning and maintenance 7 100. 8 9 9 9 9 10 10 10 10 11 Management fees 10 11 11 Management fees 11 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 12 13 5, 500. 14 13 5, 500. 14 15 Supplies 11 11 15 15 16 17 11 16 17 18 19 19 20 5, 950. 20 5, 950. 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 19 19 11	
6 Auto and Tavel (see instructions) 6 270. 7 Cleaning and maintenance 7 100. 8 0 9 0 9 10 10 10 10 Legal and other professional fees 10 10 11 Management fees 11 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 12 13 Other interest. 14 14 14 15 11 15 16 17 17 Utilities. 17 18 19 19 20 5,950. 20 5,950. 20 5,950. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 19 19 19	
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8 Commissions.	
9 Insurance	
10 Legal and other professional fees 11 10 11 11 Management fees 11 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 12 13 Other interest. 13 5,500. 14 14 Repairs. 14 14 15 15 Supplies 15 16 17 16 Taxes 17 16 17 17 Utilities. 17 18 19 19 20 Total expenses. Add lines 5 through 19 20 5, 950. 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 19 10 11	
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13 Other interest. 13 5,500. 14 Repairs. 13 5,500. 15 Supplies 14 15 16 Taxes 15 16 17 Utilities. 16 17 18 Depreciation expense or depletion 18 19 20 Total expenses. Add lines 5 through 19 19 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 17	
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17 Utilities	
18 Depreciation expense or depletion 18 19 19 Other (list) ▶ 19 19 20 Total expenses. Add lines 5 through 19 20 5,950 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 10	
19 Other (list) ▶ 19 19 20 Total expenses. Add lines 5 through 19 20 5,950. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 19	
20Total expenses. Add lines 5 through 19205,950.21Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	
result is a (loss), see instructions to find out if you must	
file Form 6198	
22 Deductible rental real estate loss after limitation, if any,	
on Form 8582 (see instructions))
23a Total of all amounts reported on line 3 for all rental properties 23a 550.	
b Total of all amounts reported on line 4 for all royalty properties 23b	
c Total of all amounts reported on line 12 for all properties	
d Total of all amounts reported on line 18 for all properties	
e Total of all amounts reported on line 20 for all properties	
24 Income. Add positive amounts shown on line 21. Do not include any losses	100
	,400.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result	
here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26	5,400.

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.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074