Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)					
Taxpayer's name		Social security	number		
SRIKANTH VUPPUNUTHALA		336-90-	5099		
Spouse's name		Spouse's socia	al security	number	
Part I Tax Return Information — Tax Year Ending Dec	ember 31, (Enter y	year you ar	e autho	orizing.)	
Enter whole dollars only on lines 1 through 5.		<u> </u>			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5	blank.				
1 Adjusted gross income		[1	77,	049.
2 Total tax			2	10,	008.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 10	99		3	13,	541.
,			4	3,	533.
5 Amount you owe			5		
Part II Taxpayer Declaration and Signature Authorizat Under penalties of perjury, I declare that I have examined a copy of the incor	· · · · · · · · · · · · · · · · · · ·				
return (original or amended) I am now authorizing. I consent to allow my inte to send my return to the IRS and to receive from the IRS (a) an acknowledg for any delay in processing the return or refund, and (c) the date of any refur Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the payment of my federal taxes owed on this return and/or a payment of estima authorization is to remain in full force and effect until I notify the U.S. Treapayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-business days prior to the payment (settlement) date. I also authorize the fir taxes to receive confidential information necessary to answer inquiries an personal identification number (PIN) below is my signature for the income to	ement of receipt or reason for rejected. If applicable, I authorize the U.S are financial institution account indicated tax, and the financial institution assury Financial Agent to terminate the 4537. Payment cancellation requenancial institutions involved in the part of the part o	tion of the tra 5. Treasury an ated in the tax 1 to debit the the authorizates ests must be processing of yment. I furth	unsmission distributed its designation to the control of the contr	on, (b) the ignated Fation softwhis accourage of the ignaring the ignared on th	e reason inancial ware for int. This ancel) a than 2 ment of that the
Electronic Funds Withdrawal Consent.					
Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC		0	5 0	9 9	
X I authorize GLOBAL TAXES LLC ERO firm name	to enter or generate m	Ente	r five digi	its, but	as my
signature on the income tax return (original or amended) I a	m now authorizing.	don	't enter al	i zeros	
I will enter my PIN as my signature on the income tax retur if you are entering your own PIN and your return is filed us below.					
Your signature ▶	Date ▶				
Spouse's PIN: check one box only					
authorize	to enter or generate m	N PINI			as my
ERO firm name	to enter or generate in		er five diai	its. but	as my
signature on the income tax return (original or amended) I a	m now authorizing.	don	't enter al	l zeros	
I will enter my PIN as my signature on the income tax retur if you are entering your own PIN and your return is filed us below.					
Spouse's signature ▶	Date ►				
Practitioner PIN Method Ret	urns Only—continue below				
Part III Certification and Authentication — Practitioner	PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit	it self-selected PIN. 5 8	7 2 7 8 Don't enter		9 8	9
I certify that the above numeric entry is my PIN, which is my signature for t authorized to file for tax year indicated above for the taxpayer(s) indicated requirements of the Practitioner PIN method and Pub. 1345 , Handbook for A	above. I confirm that I am submit	ting this retur	n in acco	ordanće v	
ERO's signature ▶	Date ▶				
ERO Must Retain This Fo					
Don't Submit This Form to the IF	RS Unless Requested To Do	o So			

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name of y	ed filing separately your spouse. If you		_		, ,	_				
Your first name	and m	iddle initial	Last na	me					Your	social sec	urity n	umber	
SRIKANT	Н		VUPP	UNUTHALA					336	-90-50	ე99		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spous	Spouse's social security number			
	•	er and street). If you have a P.O. box, se N HILLS DR	e instruction	ons.				Apt. no. 2082	Checl	k here if y	ou, or	•	
City, town, or p	ost offi	ce. If you have a foreign address, also c	complete s	paces below.	Sta	te	ZIP	code		se if filing to this fur			
Phoenix					A	Z	85	050	box b	elow will i	not cha	•	
Foreign country	y name		F	Foreign province/state	e/coun	ty	Fore	eign postal cod	e your t	tax or refu	_	Spouse	
At any time du	ıring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	e any	financial intere	est in	any virtual	currency	? Y e	es [>	X No	
Standard Deduction		neone can claim: You as a d Spouse itemizes on a separate retu	•										
Age/Blindness	s You	: Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	fore Januar	y 2, 1956	i 🗌 ls	s blind	ĺ	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸 ii	qualifies	for (see ins	structic	ons):	
If more		irst name Last name		number		to you		Child tax		1		dependents	
than four													
dependents, see instruction	s ——												
and check	·												
here ▶ 📗									<u> </u>	Д,			
A 1	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	83	<u>,179.</u>	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2	2b			
required.	3a	Qualified dividends	3a		b (Ordinary divide	nds		. 3	3b			
	4a	IRA distributions	4a		b T	axable amour	nt .		. 4	4b			
	5a	Pensions and annuities	5a		b T	axable amour	nt .		. 5	5b			
Standard	6a	Social security benefits	6a		b T	axable amour	nt .		. 6	6b			
Deduction for— Single or	7	Capital gain or (loss). Attach School	edule D if	required. If not red	quired	, check here		▶	$\sqcup \perp$	7		-160.	
Married filing	8	Other income from Schedule 1, li	ne 9							8	<u>-5</u>	<u>,970.</u>	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come					9	77	,049.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	а						
widow(er), \$24,800	b	Charitable contributions if you take	e the stan	ndard deduction. Se	e inst	ructions 10	b						
Head of	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me			▶ 1	0с			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				> 1	11	77	,049.	
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)				. [1	12	12	,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	nch Form 8995 or F	orm 8	8995-A			. [1	13			
Deduction, see instructions.	14	Add lines 12 and 13							. [1	14	12	,400.	
550 monuotions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er-O			. 1	15	64	,649.	

Form 1040 (2020	0)										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌	:-		16	10	,008.
	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	10	,008.
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	ne 7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10	,008.
	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	10	,008.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	13	,541	.		
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c	,						25d	13	,541.
	26	2020 estimated tax payment							26		<u>, </u>
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit. A				28					
If you have nontaxable	29	American opportunity credit				29			\dashv		
combat pay, see instructions.	30	Recovery rebate credit. See		•		30			\dashv		
	31	Amount from Schedule 3. lin				31			\dashv		
	32	Add lines 27 through 31. The					dits	. •	32		
	33	Add lines 25d, 26, and 32. T	,							13	,541.
	34	If line 33 is more than line 24							34		,533.
Refund	35a	Amount of line 34 you want				-	-	· ·	-	+	,533.
Direct deposit?	⊳ b	Routing number 1 2 1				Checkii		Savings			, , , , , , ,
See instructions.	►d	Account number 3 2 5				U CHECKII	ig	avirige	'		
	36					36	_i				
Amarint		Amount of line 34 you want a							27		
Amount You Owe	37	Subtract line 33 from line 24		•					37		
For details on		Note: Schedule H and Sch	·	•		of the ta	xes you c	we fo	r		
how to pay, see		2020. See Schedule 3, line 1	-								
instructions.	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another	•				7 V C-	no n l o t o	halaur	X No	
Designee				Phone		. ▶ ∟	Yes. Co	•		_	
		signee's me ▶		no.				nai ider er (PIN)	ntification		\Box
Sign	Un	der penalties of perjury, I declare t	hat I have examine		d accompanying scl	hedules an	d statemen	ts. and	to the bes	st of my knov	wledge and
•		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If t	he IRS se	nt you an Ide	entity
	k							- 1		IN, enter it he	ere
Joint return?					IT EMPLOY			`	e inst.) ►	<u> </u>	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion				nt your spous ection PIN, e	
your records.									e inst.) 🕨		THE IT HETE
	———Ph	one no.		Email address							
-		eparer's name	Preparer's signat	l .		Date	T	PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	'		GIIDTA TAI.I.AN		0/2021		82703	Self-er	mploved
Preparer		m's name GLOBAL TA		TOTAL DECEME	COLITY TABLIAN	. 02/20	, 2021			(678)965	
Use Only		m's address > 2530 Pebb		n Cummin	a GA 30041				m's EIN ▶		17196
Co to ware to				Cummil			0/45/0/ 55 -	Fil	II S LIIN	-	
GO TO WWW.Irs.go	ov/rorr	n1040 for instructions and the late	st information.		BAA	REV 0	2/15/21 PRO			Form I	040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Your social security number

336-90-5099

Department of the Treasury Internal Revenue Service

SRIKANTH VUPPUNUTHALA

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. 01

OMB No. 1545-0074

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 -5,970. 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 -5,970. 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

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 336-90-5099 SRIKANTH VUPPUNUTHALA

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

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 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 650. 849. -199. Totals for all transactions reported on Form(s) 8949 with Box B checked 39. 0. 39. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 13. 13. 0. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -160. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -160.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. Are lines 15 and 16 both gains? 17 ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 160.) 21 • (\$3,000), or if married filing separately, (\$1,500) 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

336-90-5099

SRIKANTH VUPPUNUTHALA

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.

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 F	orm 1099-B	·				
1 (a) Description of property	(b) (c) Date sold of disposed of		(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES	06/09/20	06/29/20	650.	849.			-199.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	650.	849.			-199.	

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 **8949**

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

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

Part I

Social security number or taxpayer identification number

336-90-5099

SRIKANTH VUPPUNUTHALA

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) 🗵 (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions ROBINHOOD SECURITIES 01/01/20 11/23/20 39. 0. 39. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

39.

39.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

0

8949

Sales and Other Dispositions of Capital Assets

▶ 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.

Attachment Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

336-90-5099

SRIKANTH VUPPUNUTHALA

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

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 broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions ROBINHOOD SECURITIES 06/30/20 07/20/20 13. 13. 0.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 13. above is checked), or line 3 (if Box C above is checked) ▶

13. Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2020

Attachment

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

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

Attachment Sequence No. 13

SRIK	ANTH VUPPUNUTHA									-509		
Part		From Rental Real Estate and Roy			-							
		instructions. If you are an individual, repo										_
		nts in 2020 that would require you to										
B If "	f "Yes," did you or will you file required Form(s) 1099?										′es	_
1a												_
A												_
В												_
C	Tune of Duenouty	0 = 1				Foir	Rental	Dor	sonal	Hoo		_
ID	Type of Property (from list below) 2 For each rental real estate property list above, report the number of fair rental above, report the number of fair rental above.						Days	rei	Days		QJV	
Α	1	personal use days. Check the of if you meet the requirements to	JŲV k	oox only	Α		365		Dayo	0	$\overline{}$	_
		qualified joint venture. See inst	ructic	ns a	В		303			0		-
C		,		-	С							-
	f Property:											-
	le Family Residence	3 Vacation/Short-Term Rental	5 La	ınd	7	7 Self-	Rental					
_	i-Family Residence			oyalties			r (describe)	١				
Incom	-	Properties:			A	2 0 1110	E				С	-
3	Rents received		3		(650.						_
4			4									-
Expen												
5	Advertising		5			90.						
6	Auto and travel (see in	nstructions)	6			350.						
7	•	ance	7									_
8			8									_
9			9									_
10	_	ssional fees	10									_
11			11									_
12		d to banks, etc. (see instructions)	12									_
13			13			000.						_
14			14		-	180.						_
15 16			15 16									-
16 17			17									_
18		or depletion	18									-
19	Other (list) ►	•	19									-
20	` ′	ines 5 through 19	20		6.6	620.						-
21		line 3 (rents) and/or 4 (royalties). If										-
4 1		instructions to find out if you must										
	file Form 6198		21		-5,9	970.						
22	Deductible rental real	estate loss after limitation, if any,										
	on Form 8582 (see in:		22	(-5,9	70.)	()()
		eported on line 3 for all rental prope				23a		6	50.			
		eported on line 4 for all royalty prope	erties			23b						
		eported on line 12 for all properties				23c						
		eported on line 18 for all properties				23d						
		eported on line 20 for all properties				23e		6,6				
24	•	e amounts shown on line 21. Do not		-					24			_
25		sses from line 21 and rental real estate							25 (5,970.)
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not a						on			E 070	
	Scriedule I (Form 104	10), line 5. Otherwise, include this an	noun	t in the to	otai on	iiiie 4 l	on page 2		26		-5,970.	

Arizona Form
AZ-8879

E-file Signature Authorization

2020

Do not mail this form to the Arizona Dep	partment of Revenue.	The ERO must retain this document a minimum of four years.
Your First Name and Initial	Last Name	Your Social Security Number*
SRIKANTH	VUPPUNUTHALA	Enter 336 90 5099
Your Spouse's First Name and Initial (if filed joint)	Last Name	your Spouse's Social Security No.*
PART 1 – PURPOSE		*Do Not Truncate
To certify the truthfulness, correctness, and complTo authorize the Electronic Return Originator (ERC) to affirm that the taxp	's electronic income tax return. ayer wishes to use the taxpayer's electronic signature to the taxpayer's payer's electronic Arizona individual income tax return.
PART 2 – TAX RETURN INFORMATION	3 S Signature to the tax	PART 3 – FINANCIAL INSTITUTION INFORMATION
PART 2 - TAX RETURN INFORMATION		Must be present when requesting direct debit or deposit.
1 Arizona Adjusted Gross Income 77, 04	49 00	Foreign Account Deposit/Debit: See instructions below.
•	39 00	TYPE OF ACCOUNT ROUTING NUMBER
	46 00	□ Checking □ Savings □ 1 2 1 0 0 0 3 5 8
Check box 4 or box 5:		ACCOUNT NUMBER
4⊠ REFUND: Enter the amount of refund	20	7 00 3 2 5 0 3 6 8 1 5 0 4 1
5 AMOUNT YOU OWE: Enter the amount owed		DIRECT DEBIT REQUEST DATE SIZE DIRECT DEBIT PAYMENT AMOUNT .00
Box 4 Checkbox – Refund: You are due a refund ba provided on your tax return. Your refund amount wa account listed in the Financial Institution Information Box 5 Checkbox – Amount You Owe: You own information provided on your tax return. You have for payment. The payment will be withdrawn from the date listed in the Financial Institution Information Se	vill be deposited in the a Section (Part 3). e taxes based on the elected to direct debit he account and on the	Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or comfrom a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit you account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue PO Box 29085, Phoenix, AZ 85038-9085.
PART 4 – DECLARATION AND SIGNATUR	E AUTHORIZATION	N (Sign only after completing Part 2)
Under penalties of perjury, I declare that I have exelectronic Arizona individual income tax return and ac and statements for the year ending December 31, 20 my knowledge and belief, it is true, correct, and compthat the amounts of Arizona adjusted gross incordincome tax withheld, and refund (or amount owed amounts shown on the copy of my electronic Arizona aliance electronic portion of my 2020 Arizona individed If I have filed a joint return, this is an irreventhe other spouse as an agent to receive the other spouse as an agent to receive the latenation of I authorize the Arizona Department of Reventhelmonth (direct debit) entry to the financial indicated in the tax preparation software for put taxes owed on this return. I also authorize the involved in the processing of the electronic receive confidential information necessary to resolve issues related to the payment. If I have filed a balance due return, I understand that receive full and timely payment of my tax liability be remain liable for the tax liability and all applicable in the tax in the state is an error on my federal and state tax that if there is an error on my federal return, my strejected.	companying schedules 020, and to the best of plete. I further declare me, total tax, Arizona 1) listed above are the ona income tax return. I cad as designated in the dual income tax return. I cable appointment of refund. I am not receiving a received a case of the electronic funds cial institution account payment of my Arizona me financial institutions to answer inquiries and that if the ADOR does not by April 15, 2021, I will interest and penalties. returns, I understand	I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income ta return and accompanying schedules and statements to ADOR, and consent to my ERO or OLSP sending such information to ADOR through transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and or transmitter the reason(s) for the delay, or when the refund was sent If ADOR contacts my ERO for a copy of my return, any documents of schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR. I authorize GLOBAL TAXES LLC (ELECTRONIC RETURN ORIGINATOR) to make the election that I want my electronic signature to my electronic federal individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return wi serve as my signature to my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		DATE
SPOUSE'S PEN AND INK SIGNATURE		DATE

ORN.			Arizona Form 140	140 Resident Personal Income Tax R					FOR CALENDAR YEAR 2020		
REL	82F		Check box 82F filing under extension	OR FISCAL YEAR BEGINN	ING L L L	2,0,2,0	AND ENDING L			66F	
0 THE			First Name and Middle Initial		Last Name		Enter	Your S	Social Security Num	nber	
⊢ 0	1		IKANTH		VUPPUNUTH	ALA	your	336			
TEMS T	1	Spous	se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		SSN(s).	Spous	e's Social Security	No.	
Щ		Curre	nt Home Address - number and	street, rural route		Apt. No.	Daytime	Phone (with area code)		
AN	2		0 E UNION HILLS DR			2082		59)243			
Ā	$\overline{}$		Town or Post Office	State	ZIP Code		Last Names Used in	Last Four	Prior Year(s) (if differ	_	
DO NOT STAPLE	3		penix	AZ	85050		REVENUE USE ON	Y DO NO	T MARK IN THIS AR	97 F4	
ĬΖ	STATUS	4 5	Married filing joint return	_ , ,		zerbavment i	88	-11. DO 110	I MARKEN THIS ARE		
	ST/	э	Head of flousefiold. Enter	name of qualifying child or deper	ndent on next line:						
\geq	FILING	6	Married filing separate ret	urn. Enter spouse's name and S	Social Security Numl	per above.					
2	<u> </u> ≓	7	Single Si	·							
			♦ Enter the number claime	ed. Do not put a check mar	k.						
	Ω	8	Age 65 or over (you and/o	00	8, 9, and 11a, also con s 10a and 10b, also co	nplete lines 38,	81 PM		80 RCVD		
	d 10	9	Blind (you and/or spouse)			·	01]		80 1.012		
	a	10a 11a	Dependents: Under age of Qualifying parents and gra		dents: Age 17 and	over.					
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depende	•	ions For more s	nace check th	ne hox \square and cou	mplete p	age 4 Part 1		
	dent		(a)		(b)	(c)	(d)	(e)	(f)		
	ben		FIRST AND LAS (Do not list yourself		CIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS	included in	'- this person on y	claim our	
	- P		(= ,				HOME IN 2020	1 ox 10a) (Bo	2 federal return du educational cre		
	1 _a	10c									
		10d						무나			
	8, 9,	10e									
0.	ions		(Box 11a): Qualifying parents	s and grandparents. See inst	tructions. For mo (b)	re space, check (c)	the box and c	omplete p	page 4, Part 2.		
nts after Form 140	Exemptions		FIRST AND LAS	51 107 WIL	CIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS ✓	IF AGE 65	OR IF DIED	IN	
orn	Exe		(Do not list yourself	or spouse.)			HOME IN 2020	OVER	2020		
ř		11b									
afte		11c									
ıts		12	Federal adjusted gross incon	me (from your federal return	າ)			12	77,049	00	
			Non-Arizona municipal interest							00	
car	Additions		Partnership Income adjustment							00	
9	ddit		Total federal depreciation Net capital (loss) derived from the capital (loss) derived							00 00	
her	⋖	l .	Other Additions to Income: Co							00	
ġ			Subtotal: Add lines 12 through 1				=		77,049		
SOI			Total net capital gain or (loss).					60 00			
Ë			Total net short-term capital gair					50 00			
ed			Total net long-term capital gain					00			
sch			Net long-term capital gain from Multiply line 22 by 25% (.25) ar					0 00	0	00	
AZ										00	
p		This b	Net capital gain derived from in box may be blank or may contain a p	orinted barcode of data from your	return. 25 Net o	capital gain exc	hange of legal tend	der 25		00	
a E	ions				26 Rec	alculated Arizor	na depreciation	26		00	
ers	ract	 E			27 Part	nership Income	adjustment	27		00	
feo	Subtractions		box may be blank or may contain a		28 Inter		igations			00	
eq .eq					29a Exclus		ate or local govt. pension			00	
₫				aprigo, par gar par par par par par par par par par p	29b Pensi		vices retired/retainer particles retired/retainer retir			00	
re S					31 Certa		nerican Indians			00	
any					32 Pay r	_	an active service memb			00	
Place any required federal and AZ schedules or other docume			arnese et arnear de martires prope las de l'Albertan de martire de	erran ver ir die 1900e en 1900 ver die 1975 fil	33 Net	-	djustment			00	
<u>ă</u>						ollege Savings Plans		77.049	00		

ADOR 10413 (20) 1555

	Your	Name (as shown on page 1)		Your Social Security Nu	ımber	\neg
	SRI	KANTH VUPPUNUTHALA		336-90-5099	<u></u>	
	36	Other Subtractions from Income. Complete Adjustments to Arizona G	Gross Income schedule on	page 5	36	00
	37	Subtract line 36 from line 35 and enter the difference		. •		i
SL	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500				00
emp	40		n box 40E by \$2,300			00
Ä	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$		00		
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 3			77,049	
	43	Deductions: Check box and enter amount. See instructions		00		
	44	If you checked box 43 S and claim charitable deductions, check 44 ${f C}$		00		
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than				i
Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optio	nal Tax Tables			
of	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31				00
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total				
Bala	49	Dependent Tax Credit. See instructions				00
	50	Family income tax credit (from the worksheet - see instructions)				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			0 000	00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines	-			
Total Payments and Refundable Credits	53	2020 AZ income tax withheld				
	54		Right 54b			00
	55	2020 AZ extension payment (Form 204)				00
Payn ndab	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
otal	57	Property Tax Credit from Arizona Form 140PTC				00
o X	58 59	Other refundable credits: Check the box(es) and enter the total amount				
Tax Due or Overpayment	60	Total payments and refundable credits: Add lines 53 through 58 and 6 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and en				00
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 52 and en				00
	62	Amount of line 61 to be applied to 2021 estimated tax				00
Š	63	Balance of overpayment: Subtract line 62 from line 61 and enter the different			0.00	
ţ.		- 74 Voluntary Gifts to: Assigned to Schools	00 Arizona Wildlife		1	
' Gifts		Child Abuse Prevention	00 Political Gift		7	
tary		Neighbors Helping Neighbors 69 00 Special Olympics	00 Veterans' Donations		7	
Voluntary		Sustainable State Parks and Road Fund72 00 Sustainable State Parks and Road Fund	00 Spay/Neuter of Anim		7	
>	75	Political Party (if amount is entered on line 68 - check only one): 751 Demo				
nalty		Estimated payment penalty		•	. 76	00
Pena		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 include				
ш	l	Add lines 64 through 74 and 76; enter the total				00
ъ	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed			. 79 207	00
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately plant ROUTING NUMBER ACCOUNT NU		ee instructions. 79A		
fund unt (— CIXI Checking or	0 3 6 8 1 5 0 4 1			
Ref	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona D				
1	00	and include with your return				00
		Jnder penalties of perjury, I declare that I have read this return and any rue, correct and complete. Declaration of preparer (other than taxpaye				е
ш			,.		, ,	
SIGN HERE	→		I'	T EMPLOYEE		
出	1	OUR SIGNATURE	DATE	CCUPATION		_
Z	→					
36		SPOUSE'S SIGNATURE	DATE S	POUSE'S OCCUPATION		_
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02202021				
PLEASE	Ē	PAID PREPARER'S SIGNATURE DATE OZZUZUZI DATE	GLOBAL TAXES LI FIRM'S NAME (PREPARER'S I			-
Ē		2530 Pebble Creek Ln	•	30-1017	7196	
딥	Ē	PAID PREPARER'S STREET ADDRESS		PAID PREPARE		-
	(Cumming GA 30041		(678)96	55-9522	
		PAID PREPARER'S CITY STATE	ZIP CODE	PAID PREPARE	ER'S PHONE NUMBER	-

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).