

(Rev. August 2020)

Department of the Treasury Internal Revenue Service

IRS effle Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go towww.irs.gov/Form8879for the latest information

OMB No 1545-0074

Submission Identification Number (SID)	
Taxpayer's name GOWTHAM VEERA SHANKE KALAVA Spouce's name	Social security number 015-31-2566 Spouse's social security number
	The second secon
Part I Tax Return Information — Tax Year Ending December 31,	(Enteryearyouare authorizing.)
Enterwholeddlarsonlyon lines 1 through 5	<u> </u>
Note: Farm 1040SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank	
1 Adjusted grass income	
2 Total tax	
3 Federal income tax withheld from Farm(s) W-2and Farm(s) 1099	
4 Amountyouwentrefunded toyou	
5 Amountyou ove	
Under penalties of perjury, I dedare that I have examined a copy of the income tax return (original or am	1 13 3 7
to send my return to the IRS and to receive from the IRS (a) an advinowedgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution according to the properties of the financial institution according federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treesury Financial Agent to the payment in full force and effect until I notify the U.S. Treesury Financial Agent at 1-888-333-4537. Payment cancellated business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	e the U.S. Treasury and its designated Financial untindicated in the tax preparation software for stitution to debit the entry to this account. This minate the authorization. To revoke (cancel) a on requests must be received no later than 2 in the processing of the electroric payment of the payment. I further advnowledge that the
Taxpayer's PIN: check one box only	1 2 5 6 6
I authorize GLOBAL TAXES LLC to enter or gen FRO 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 fyou are entering your own PIN and your return is filled using the Practitioner PIN below.	em row authorizing Check this box only
Your signature Date	e >
Spouse's PIN: check ane box only I authorize to enter organ ERO firm name signature on the income tax return (original or amended) I am now authorizing	Enter five digits, but don't enter all zeros
I will entermy PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	
Spouse's signature▶ Dat	e >
Practitioner PINMethod Returns Only—continue k	relow
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN Enteryoursix-digit EFIN followed by your five-digit self-selected PIN	5 8 7 2 7 8 6 1 9 8 9 Don'tenterall zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided	submitting this return in accordance with the
ERO's signature ▶ Dat	
ERO Must Retain This Farm — See Instruction Dan't Submit This Farm to the IRS Unless Requested	

£104		artmentoftheTressuy-Inlemal RevenueSav S. Indvidual Income Ta		etun 20	20	OMB No 1545	5-0074 IRS Us	eOnly-	-Donatw	viteorstaple	inthisspace
Filing Statu Checkonly one box	Ifyc	Single Married filingjointly [outheaked the MFS box, enter the r con is a child but not your depender	ame								
Yourfirstname	eandm	iddeirital	Læst	name					Yourso	cial securi	tynumber
GOWTHAM	VEE	RA SHANKE	KA	LAVA					015-	31-256	6
Ifjantretum s	pouæs	s first name and middle in ital	Last	rame					Spouse'	ssocial se	curity number
	•	erandstreet). If you have a P.O. box, sec ERRY COURT	einstru	uctions			Apt no		Check l	reeifyou	
City, town, ark EDISON	oostoffi	ice. If you have a foreign address, also o	amplet	te spaces below.		tate IJ	ZIPcccde 08817		togo to		ntly, want\$3 Checking a tchange
Fareignaountr	yname			Fareignprovince/st	ate⁄co.	nty	Foreign postal o	code	your tax	xarrefund You	l Spouse
Atanytimed	ring 2	020, did you receive, sell, send, exc	hange	e, arotherwise acq	Jirean	yfinancial intere	estinanyvintu	al cun	rency?	☐ Yes	X No
Standard Deduction		neone candaim: 🗌 Youæsack Spouse itemizes on a separate retu									
Age/Blindnes	s You	: WerebornbeforeJanuary 2	1956	Areldind	Spous	e Wasbo	mbefareJan.	.ary2,	, 1956	☐ lsb	lind
Dependent Ifmare		instructions): irstrame Lætname	(2) Social security rumber		(3) Relations ¹ toyou	' ' '	(4) V if qu Child taxare		pudlifies for (see instructions): credit Credit for other dependent		
thanfour											
dependents, see instruction											
andcheck	Ь —										
here▶ 🗌											
	1	Wages, salaries, tips, etc. Attach	Fam((s)W-2					1		68,055.
Attach	2a	Tax-exemptinterest	2a		b	Taxable interes	st		20		
Sch Bif	(a	Qualified dividends	3a		b	Ordinarydivide	nds		30		
required 	4a	IRAdistributions	4a		b	Taxableamour	nt		40		
	5a	Pensions and annuities	5a		b	Taxable amour	nt		510		
Standard	6 a	Social security benefits	6 a		b	Taxable <i>a</i> mour	nt		бa		
Deduction for—	7	Capital gainor (loss). Attach Scha	æUe l	Difrequired Ifnoti	require	ed, check here		▶ □	7		
 Single or Married filling 	8	Other income from Schedule 1, lin	ne 9.						8	3	-2,250.
separately, 5 \$12,400	9	Add lines 1, 2a, 3a, 4a, 5a, 6a, 7,	and 8	3 Thisisyourtotal	incom	e		. ▶	9		65,805.
Married filing	10	Adjustments to income									
jaintlyar Qualifying	а	From Schedule 1, line 22				10	≥ a				

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

b Charitable contributions if you take the standard deduction See instructions C Add lines 10a and 10b. These are your total adjustments to income . .

Qualified business income deduction. Attach Farm 8995 or Farm 8995 A.

Taxable income. Subtractline 14 from line 11. If zero or less, enter-O.

Subtractline 10c from line 9. This is your adjusted gross income .

Standard deduction or itemized deductions (from Schedule A)

widow(er), \$24,800

\$18650 • Ifyouchecked

Standard Deduction see instructions

anyboxunder

11

13

14

15

12

 Head of household,

> 53,405. Fam 1040(2020)

65,805.

12,400.

12,400.

100

11

12

13

14

15

Form 1040(202)									Page 2
	16	Tax (see instructions). Check	ifany from Form	n(s): 1 🗌 881	4 2 4972	3 🗌	<u> </u>	. 16	7	7,544.
	17	Amount from Schedule 2 lin	ne3					. 17		
	18	Add lines 16and 17						. 18	7	7,544.
	19	Child tax areal tarareal tfar	other dependen	nts				. 19		
	20	Amount from Schedule 3 lin	ne7					. 20		609.
	21	Add lines 19and 20						. 21		609.
	22	Subtractline 21 from line 18	3 Ifzeroarless	enter-O .				. 22	6	5,935.
	23	Other taxes, including self-c	mployment tax,	from Schedul	e2, line 10			. 23		0.
	24	Add lines 22 and 23 This is	your total tax				1	2 4	6	5,935.
	25	Federal income tax withheld	d from:							
	а	Fam(s)W-2				25a 10	,133	3.		
	b	Fam(s) 1099				25b				
	С	Other fams (see instruction				25c				
	d	Add lines 25a through 25c						. 25d	10	,133.
• Ifyouhavea	26	2020estimated tax paymen	ntsandamounta	applied from 2	019retum			. 26		
qualifying child,	<u>2</u> 7	Earned income arealt (EIC)				27				
attachSch EIC. • If you have	28	Additional child tax credit A				28				
nontaxable	29	American apparturity areali	tfrom Form 886	3 line 8		29				
combatpay, see instructions	30	Recovery rebate credit See				30 1	1,800) .		
	31	Amount from Schedule 3 lin				31				
	32	Add lines 27 through 31. Th				ble arealits.	1	32	1	,800.
	33	Add lines 25d, 26, and 32 7	hese are your to	otal payments	S		1	▶ 33		,933.
Refund	34	Ifline 33 is more than line 2						. 34		,998.
Reiu u	35a	Amount of line 34 you want refunded to you. If Farm 8888 is attached, check here ▶ □								,998.
Directoleposit?	▶b	Routing number X X X X X X X X X X X X X X X X X X X								
Sæinstructions	▶d	Account number X X X X X X X X X								
	36	Amount of line 34 you want applied to your 2021 estimated tax > 36								
Amount	37	Subtractline 33 from line 2	4 This is the amo	ountyouowe	now)	3 7		
YouOwe		Note: Schedule H and Sch		_				for T		
Fordetailson		2020 See Schedule 3 line								
how to pay, see instructions	38	Estimated tax penalty (see i	nstructions) .		•	38				
Third Party	Do	you want to allow another	person to disc	cues this retu	m with the IRS?	See				
Designee	ins	structions				Yes. C	àmple	te below.	X No	
		signæs		Phone				entification		
		me ▶		na ▶			iber (PI)			
Sign		der penalties of perjury, I declare: ief, they are true, correct, and corr								
Here		ursignature	ipota badadan	Date	Your accupation				ntyouanld	_
	, 10	u sy alue		Late	Tal augusta				ingwania iN, enterith	
Jaintretum?					QUALITY EN	GINEER	(6	seeinst)▶		
Seeinstructions	Sp	ousessignature Ifajointretum	bothmustsign	Date	Spousescooupation	on .			ntyarspa	
Keepacopyfor yourrecords	,							dentityProt sæinst)▶	ection PIN (enterithere
3				E				3C BC)		
		one no.	Danamic descri	Email address		Dato	PIIN	<u> </u>	Check if:	
Paid		eparer's name	Preparer's signar		OTTOMA MATTAL	Date 01 / 02 / 0001			l	mola sal
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GOPIA TALLAM	01/23/2021		082703		employed
UseOnly		m′sname ► GLOBAL TA		C	a. Ch. 20041				(678)96	
	Firr	Firm's activess ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's							<u> 30-10</u>	017196

SCHEDULE 1 (Farm 1040)

Additional Income and Adjustments to Income

▶ Attach to Farm 1040, 1040-SR, or 1040-NR. Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown an Farm 1040 1040 SR, at 1040 NR

▶ Go towww.irs.gov/Form1040for instructions and the latest information

Sequence No OI Your social security number

OMB No 1545-0074

GOWI	GOWTHAM VEERA SHANKE KALAVA 015-31			
Par	tl Additional Income			
1	Taxable refunds, credits, croffsets 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 ar (loss). Attach Schedule C		3	
4	Othergains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, Scorporations, trusts, etc. Attach Sched	UeE	5	-2,250.
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 an Form 1040, 1040 SR, or 1040 line 8		9	0.050
Par	tll Adjustments to Income		9	-2,250.
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis govern	T T		
	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 3908		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	Penaltyon early with drawal of savings		17	
18a	Alimany paid		18a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions)			
19	IRA deduction		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 on Farm 1040, 1040-SR, or 1040-NR, line 10a	and 	22	

SCHEDULE 3 (Farm 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on Farm 1040, 1040SR, or 1040NR

Additional Credits and Payments

Your social security number

▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go towww.irs.gov/Farm1040for instructions and the latest information Attachment Sequence No C3

OMB No 1545-0074

GOW'	ГНАМ VEERA SHANKE KALAVA	015-3	31-25	666
Par	tl Nanrefundable Credits			
1	Fareign tax area it Attach Farm 1116 if required		1	
2	Oreditifandrillal and dependent care expenses Attach Farm 2441		2	
3	Education ared its from Farm 8863 line 19		3	609.
4	Retirement savings contributions area (t Attach Farm 8880)		4	
5	Residential energy area its Attach Form 5695		5	
6	Other a = 3800 b = 8801 c =		6	
7	Add lines 1 through 6 Enterhere and on Farm 1040, 1040SR, or 1040NR, lin		7	609.
Par	t II Other Payments and Refundable Credits			
8	Net premium tax aredit Attach Farm 8962		8	
9	Amount paid with request for extension to file (see instructions)		9	
10	Excess social security and tier 1 RRTA tax withheld		10	
11	Oredition feederal tax on fuels Attach Form 4136		11	
12	Other payments arrefundable arealits			
а	Form 2439			
b	Qualified sick and family leave area to from Schedule(s) H and			
	Form(s) 7202			
	Health coverage tax aredit from Farm 8885			
d	Other: 12d			
е	Deferral for certain Schedule Har SE filers (see instructions) . 12e			
f	Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enterhere and an Farm 1040, 1040 SR, or 1040 NR, li	ire 31	13	
Far Pa	perwork Reduction Act Notice, see your tax return instructions BAA REV 01/15/21 PRO	o 9	Schedu	le 3 (Form 1040) 2020

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royal ties, partnerships, Scorporations, estates, trusts, REMICs, etc.)

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

OMB No 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 13

Name(s)	shown on return					Your	rsocial security	ynumber
GOWT	HAM VEERA SHANKE KALAVA					01!	5-31-2566	5
Part		-	_					
	Schedule C. See instructions I flyau are an individual, repo							
	dyoumake any payments in 2020 that would require you to							
	Yes," did yauar will yau file required Farm(s) 1099?						<u> </u> Y	es ∐ No
1a	Physical address of each property (street, city, state, ZIF	occep)						
Α	KPHB HYDERABAD TELANGANA IN							
В								
С								
1b	Type of Property 2 For each rental real estate property (from list below) above, report the number of fail	ir rental ar	rd		rRental Days		conal Use Days	QV
Α	personal use days. Check the 0 if you meet the requirements to	JUV box o ofileasa	ny A		365		0	
В	qualified joint venture. See inst	ructions	В				-	
С			С					
	of Property.							
	gle Family Residence 3 Vacation/Short-Term Rental	51aml		7 Self	-Rental			
		6 Royalt	ies		er (desaribe	3)		
Incom	3		A	0011		<u>)</u> 3		С
3	Rentsreceived	3		400.				
<u></u>		4		400.				
	Royalties received	4						
Exper		_		100				
	Advertising	5		100.				
	Auto and travel (see instructions)	6		250.				
7	Clearing and maintenance	7						
8	Cammissians	8						
9	Insurance	9						
10	Legal and other professional fees	10						
11	Management fees	11						
12	Montgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13	2	,200.				
14	Repairs	14		100.				
15	Supplies	15						
16	Taxes	16						
17	Utilities	17						
18	Depreciation expense or depletion	18						
19	Other (list) ▶	19						
20	Total expenses Additines 5through 19	20	2	,650.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If							
	resultis a (loss), see instructions to find out if you must							
	file Form 6198	21	-2	,250.				
22	Deductible rental real estate loss after limitation if any,	~ (2	250	(16	,
~-	on Form 8582 (see instructions)	22 (-2,	250.		4.0		
	Total of all amounts reported on line 3 for all rental proper			23a		40	0.	
b	Total of all amounts reported on line 4 for all royal typroported in the 4 for all roy			230			_	
С.	Total of all amounts reported on line 12 for all properties			230				
d	Total of all amounts reported on line 18 for all properties			23d				
е	Total of all amounts reported on line 20 for all properties			23e		2,65		
24	Income. Add positive amounts shown on line 21. Do no		_				24	
25	Losses. Add royalty losses from line 21 and rental real estate	losses fro	m line 22	Enter tol	al losses he	re. L	25 (2,250.
26	Total rental real estate and royal ty income or (loss). (
	here If Parts II, III, IV, and line 40 on page 2 do not a							_
	Schedule 1 (Form 1040), line 5 Otherwise, include this ar	mountin 1	he total o	mline4	lonpage 2	2 .	26	-2,250.



Department of the Tiresury Internal Revenue Service (99) Name(s) shown on ireturn

GOWTHAM VEERA SHANKE KALAVA

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040or 1040SR.

Attachment Sequence No. 50

OMB No 1545-0074

▶ Go towww.irs.gov/Form2863for instructions and the latest information.

Yoursocial security number

015-31-2566

CAUTION

Complete a separate Part III on page 2 for each student for whom you're daiming either arealit before you complete Parts I and II.

Par	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all F	Partsl	II, line30	1	
2	Enter: \$180,000 if married filing jointly, \$90,000 if single, head of household,				
	arqualifying widow(er)	2			
3	Enter the amount from Farm 1040 or 1040 SR, line 11. If you're filing Farm				
	2555 or 4563, or you're excluding income from Puerto Rica, see Pub. 970 for				
	the amount to enter	3			
4	Subtract line 3 from line 2 If zero or less, stop, you can't take any education				
	aredit	4			
5	Enter: \$20,000 if married filling jointly, \$10,000 if single, head of household, or				
	qualifying widow(er)	5			
6	Ifline4is				
	• Equal to armore than line 5 enter 1.000 an line 6		l l		
	• Less than line 5 divide line 4 by line 5 Enter the result as a decimal (ro			6	
	atleast three places)				
7	Multiply line 1 by line 6 Caution If you were under age 24 at the end of the				
	canditions described in the instructions, you can't take the refundable America			_	
	skipline 8 enter the amount from line 7 and check this box			7	
8	Refundable American opportunity credit Multiply line 7 by 40% (040). Enter			8	
Part	an Fam 1040ar 1040sR, line 29. Then go to line 9 below			O	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Workshee	t (ssss	inetra etione)	9	
10	After completing Part III for each student, enter the total of all amounts from	-	•		
.0	zero, skip lines 11 through 17, enter -0 an line 18 and go to line 19			10	9,516.
11	Enter the smaller of line 10 or \$10,000			11	9,516.
12	Multiplyline 11 by 20% (0.20)			12	1,903.
13	Enter: \$138,000 if married filling jaintly, \$69,000 if single, head of household, an	1			,,,,,,
	qualifying widow(er)	13	69,000.		
14	Enter the amount from Farm 1040 or 1040 SR, line 11. If you're filing Farm				
	2555 ar 4563; ar you're excluding income from Puerto Rica, see Pub. 970 far				
	the amount to enter	14	65,805.		
15	Subtract line 14 from line 13 Ifzero or less, skip lines 16 and 17, enter -O on				
	line 18 and go to line 19	15	3,195.		
16	Enter: \$20000ifmarried filingjointly, \$10000ifsingle, head of household, or				
	qualifying widow(er)	16	10,000.		
17	Ifline 15is				
	Equal to armore than line 16, enter 1.000 an line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16 Enter the result as a decimal (rou	nded	to at least three		
	places)			17	0.320
18	Multiply line 12 by line 17. Enterhere and an line 1 of the Oredit Limit Worksheet	-	•	18	609.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit				
	instructions) here and an Schedule 3 (Farm 1040), line 3			19	609.

Yoursocial security number 015-31-2566



Camplete Part III for each student for whom you're daiming either the American apportunity aredit or lifetime learning aredit. Use additional appies of page 2 as needed for each student

G 1011						
Part	Student and Educational Institution Information					
20	Student name (as shown on page 1 of your tax return) GOWTHAM VEERA SHANKE	21 Studentsocial security rumber (as shown on page 1 of your tax return)				
	KALAVA	015-31-2566				
_22	Educational institution information (see instructions)					
а	. Name offirsteducational institution UNIVERSITY OF THE POTOMAC	b. Name of second educational institution (if any)				
	1) Address Numberand street (ar P.O. box). City, town ar	(1) Address Numberand street (or P.O. box). City, town or				
	postoffice, state, and ZIPcoole. If a foreign address, see instructions instructions 7799 LEESBURG PIKE SUITE 200					
	FALLS CHURCH VA 22043					
(2	2) Did the student receive Form 1098T X Yes \(\text{IN} \) No from this institution for 2020?	(2) Did the student receive Farm 1098T _ Yes _ No from this institution for 2020?				
(0	3) Did the student receive Fam 1098-T from this institution for 2019 with box 🗵 Yes 🗌 No 7 checked?	(3) Did the student receive Fam 1098T from this institution for 2019 with box [] Yes [] No 7 checked?				
(4	4) Enter the institution's employer identification number (EIN) if you're daiming the American apportunity ared to if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution	(EIN) if you're daiming the American apportunity arealitar				
	83-0497458					
23	Has the Hope Scholarship Credit or American apportunity arealit been daimed for this student for any 4 tax years before 2020?					
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postecondary degree, certificate, or other recognized postecondary educational credential? See instructions	X Yes—Gotoline 25				
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions	Yes— Stop! X Go to line 31 far this No— Go to line 26 student				
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?					
CAUTI	you complete lines 27 through 30 for this student, don't don't	fetime lærring aredit for the same student in the same year. If complete line 31.				
	American Opportunity Credit					
	Adjusted qualified education expenses (see instructions). Dar					
	Subtract \$2,000 from line 27. If zero ar less, enter -0					
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result Skip line 31. Include the total of all amounts f					
	Lifetime Learning Credit	anan abiii, iii baya Ifati, iii b 1 . 30				
31	Adjusted qualified education expenses (see instructions). Ind III, line 31, on Part III, line 10					



Health Savings Accounts (HSAs)

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ Attach to Farm 1040, 1040-SR, or 1040-NR. ▶ Go towww.irs.gov/Form8889 for instructions and the latest information

Attachment Sequence No. 52

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions > 015-31-2566 Name(s) shown an Farm 1040, 1040-SR, at 1040-NR GOWTHAM VEERA SHANKE KALAVA

Befa	re you begin: Complete Form 8853; Archer MSAs and Long-Term Care Insurance Contracts, i	frequ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions.	X Se	If-only Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020 Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Farm 8853 lines 1 and 2 If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3 Ifzero or less, enter-O	5	3,550.
6	Enter the amount from line 5 But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	3,550.
7	If you were age 55 or doler at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enteryour additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,550.
9	Employer contributions made to your HSAs for 2020		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	775.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,775.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	7 -	
Part		rate l	HSAs, complete
	a separate Part II for each spouse		
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -Q. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8 and enter "HSA" and the amount on the cotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (O20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8 check box cand enter "HSA" and the amount on the line next to the box	17 ₀	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi	ansk	pefore
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	parate	eHSAs
18	Last-monthrule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10), Include this amount in the total on Schedule 2 (Form. 1040), PartII, line 8 check box candenter "HDHP" and the amount on the line next to the box.	21	