Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box. Previous a child but not your dependent b Your free have and middle initial Last name Your social security number SIVA RAMA KRISHNA HINNTA Spouse's social security number Home address (number and streed, If you have a P.O. box, see instructions. Apt. no. 202B Check here if you, or your Spouse's social security number Spouse's social security number SCOTTSDALE Presidential Election Campaign Check here if you, or your SCOTTSDALE Someone can claim: You as a dependent You You Spouse if filing ionity, want 33 is go to this fund. Checking a social security in anne Scotting Constructions: In any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You Spouse: You Spouse Periodine Stose instructions: In anne In anne In anne In anne	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not v	write or staple	in this space.
SIVA RAMA KRISHNA GHANTA 597-97-2706 If joint return, spouse's first name and middle initial Last name Spouse's social security number Hone address (number and street). If you have a P.O. box, see instructions. Apt. no. 202B City, town, or poor fiftice. If you have a foreign address, also complete spaces below. State 202B Foreign country name Foreign province/state/country Foreign post acide by or fifting joint/, want S3 to go to fils. fund. Checking a tox show will not change your tex or retund. ScotTSDALE Foreign country name Foreign province/state/country Foreign postal code by out fix or retund. Standard Someone can claim: You as a dependent You re pouse as a dependent You Spouse' Dependents (see instructions): (2) Social socurity (3) Relationship (4) ✓ fi qualifies for fee instructions): for dual day count 1 76, 117. Here b I Wages, salaries, tips, etc. Attach Form(S) W-2 1 76, 117. 2b 3a b 5b 5b 5b 5b 5b 5b 5b 5b 5b 5a 5b 5a 5b 5b 5b 5b 5b 5c	Check only	lf yo	u checked the MFS box, enter the n	ame of	-		. ,				,		, ,	
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 20.2B City, town, or post office. If you have a foreign address, also complete spaces below. State 20.2B SCOTTSDALE Az 85.251 op to this fund. Checking a box below will not change box will not change your tax or refund. is go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse Standard Someone can claim: You spouse as a dependent Your spouse as a dependent Dependents (see instructions): (g) Social security (a) Relationship (d) <fd instructions;<="" qualifies="" rise="" td="" to=""> If more (i) First name Last name in you b you charbor dependent It and check Image: salaries, tips, etc. Attach Form(s) W-2 Image: salaries, tips, etc. A</fd>	Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 4225 N 78TH ST 202B Chy, town, or post office. If you have a foreign address, also complete spaces below. Xz ZIP code SCOTTSDALE Presidential Election Campaign box below will not change pouse if filing jointly, want S3 Foreign country name Foreign province/state/county Foreign postal code you is or refund. You Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Wares born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (9) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) ¥ /f qualifies for see instructions): (1) 76, 117. Attach 2a Tax-exempt interest 2a b Taxable amount. 4b 5b Standard 2a Qualified dividends 3a b Taxable amount. 6b 7 -68. Attan four 1 76,	SIVA RAN	MA KI	RISHNA	GHAI	ATA							597-	97-270	б
4425 N 78TH ST 202B Check here if you, or your so or sold office. If you have a foreign address, also complete spaces below. State ZP code house if filling jointly, want \$3 to go to this fund. Checking a box below will not change Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country You a spouse if filling jointly, want \$3 to go to this fund. Checking a box below will not change At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: You Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more (1) First name Last name number is tracking is tracking ee instructions	lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Curry, Dask Duite, in your have a holegy radiuless, also both parts spaces balow. State 24 000e to go to this fund, checking a box below into change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code to go to this fund, checking a box below will not change your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You ropouse as a dependent You approace Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (1) First name Last name (2) Social security (3) Felationship (4) // It qualifies for (see instructions): (2) rodit tax credit Credit for othe dependents a dee instructions				instruct	ons.							Check	here if you,	or your
SCOTTSDALE IAZ 85251 box below will not change Foreign pounce/state/county Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Aze / Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 A re blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Megendents, see instructions: (1) First name Inumber Image and theck	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co	de				
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4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for- 6a 5a b Taxable amount 5b Standard Deduction for- 6a 5a b Taxable amount 5b Standard Deduction for- 6a 5a b Taxable amount 5b Standard Deduction for- 6a 5a b Taxable amount 5b Standard Separately, \$12,400 6a 0ther income from Schedule 1, line 9 5 7 -68. 8 Other income from Schedule 1, line 9 . . . 9 70,409. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . 9 70,409. 9 Add lines 1, line 22 . . . 10a 10b . 10 Adjustments to income: 10c 6a or household, \$18,660 11 Subtract line 10c from line 9. This is your adjusted gross income .		3a	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3b	>	
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -68. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -5, 640. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 70, 409. • Married filing jointly or Qualifying widow(er), \$24,800 • From Schedule 1, line 22 • • • Add lines 10a and 10b. These are your total adjustments to income 10b • 10c • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income • 11 70, 409. • I1 70, 409. 12 12, 400. 12 12, 400. • I1 70, 409. 12 12, 400. 13 14 12, 400.		4a	IRA distributions	4a			bТ	axable amoun	t			. 4t)	
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or les	s, ente	er-0				. 15	<u>i</u>	58,009.

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	8,556.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	8,556.
	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	8,556.
	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	8,556.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	9	,593		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	9,593.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	019 return					26	
qualifying child,	27	Earned income credit (EIC)			N	ọ.	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30		200		
	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	refunda	ble cr	edits	. 🕨	32	200.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	9,793.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	. This is th	e amour	nt you	overpaid		34	1,237.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attach	ed, chec	ck here	э] 35a	1,237.
Direct deposit?	►b	Routing number 0 2 1			► c Typ		Chec		Saving	s	
See instructions.	►d	Account number 4 8 3	0 5 3 8	1 1 7 4	4 0			Ŭ	0		
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. ►	36	T			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now .				. •	37	
You Owe		Note: Schedule H and Sch		-						r	
For details on		2020. See Schedule 3, line 1			•	one an e		taxoo you	0110 10		
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another					See				
Designee		structions	•					Yes. C	omplet	e below.	X No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					ber (PIN	/	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here							1300 011	an informatio			nt you an Identity
	, TO	ur signature		Date	Your occu	lpation					IN, enter it here
Joint return?					SOFTW	ARE E	ENGI	NEER	(Se	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	occupati	on				nt your spouse an
Keep a copy for your records.	,										ection PIN, enter it here
your rocordo.									(50	ee inst.) 🕨	
		one no.	Duran and 1 i i i	Email address					עדח		Oh a shaife
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Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA T	'ALLAM	02/	25/2021		82703	Self-employed
Use Only		m's name GLOBAL TA									678)965-9522
		m's address ► 2530 Pebb		n Cummin	g GA 3	0041			Fi	rm's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	Α	REV	/ 02/15/21 PRO)		Form 1040 (2020)

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

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

soc	ial security number
	Attachment Sequence No. 01

Department of the Treasury	► Attacl
Internal Revenue Service	► Go to <i>www.irs.gov/F</i>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

SIVA RAMA KRISHNA GHANTA

Your social security num 597-97-2706

Part I Additional Income

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	-5,640.
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 640
Par	line 8	5	-5,640.
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	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 and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	Schedu	le 1 (Form 1040) 2020
		Joneuu	

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

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

Attachment Sequence No. **12**

20

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

Department of the Treasury

SIVA RAMA KRISHNA GHANTA

Your social security number

597-97-2706

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	es 🛛 🗙 No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your g	gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Form(s) 1000	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	954.	1,022.			-68.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6						()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back					7	-68.

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 lines below.		(d)	(e)	(g) Adjustmen	ts	(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12 13	 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions. See the instructions 					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	15				

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-68.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains?			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(68.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.			
	▼ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

REV 02/15/21 PRO

Schedule D (Form 1040) 2020

Form	8949
Form	0040

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

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

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

Filmes 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpaver identification number

Name(3) shown on return	Social security number of taxpayer identification number
SIVA RAMA KRISHNA GHANTA	597-97-2706

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		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)
APEX	CLEARING	01/01/20	12/31/20	954.	1,022.			-68.
neg Sch	als. Add the amounts in column ative amounts). Enter each tota nedule D, line 1b (if Box A above ove is checked), or line 3 (if Box (al here and inc is checked), lir	lude on your 1e 2 (if Box B	954.	1,022.			-68.

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.

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

(Form 1	040)	(From	rental real estate, roya	alties, partnersl	hips, S	corpora	ations, e	estates,	trusts, REN	IICs, etc.)	M20		
Department of the Treasury Attach to Form 1040), 1040-SR, 1040-NR, or 1041.									
	Revenue Service (99)		► Go to www.irs.go	ov/ScheduleE f	or inst	ructions	and the	e latest	information		Seque	hment ence No. 13		
Name(s)	shown on return									Your se	ocial securit			
SIVA	RAMA KRISH	HNA G	HANTA							597-	-97-270	б		
Part	Income o	or Loss	s From Rental Real E	state and Ro	yaltie	s Note	e: If you	are in th	e business c	of renting	personal p	roperty, use		
	Schedule	C. See	instructions. If you are a	n individual, rep	ort farr	n rental i	income o	or loss fi	rom Form 48	8 35 on pa	ige 2, line 4	0.		
A Dic	l you make any	payme	nts in 2020 that would	l require you to	file F	orm(s) 1	099? S	ee instr	uctions .		🗆 `	Yes 🔀 No		
B If "	Yes," did you oi	r will yo	ou file required Form(s) 1099?							🗆	Yes 🗌 No		
1a			each property (street,											
Α	1-60 PATH	JRU K	AMAVARAPUKOTA	WEST GODAV	JARI	DT,AI	NDHRA	PRAD	ESH IN	534449)			
В														
C														
1b	Type of Prop		2 For each rental	real estate prop	oerty I	isted			Rental		nal Use	QJV		
	(from list be	low)	above, report th	le number of fa	ir rent	al and			Days	Da	ays	QUT		
Α	3		personal use da	requirements to	o file a	s a	Α		365		0			
В			qualified joint ve	enture. See inst	ructio	ns.	В							
С							С							
Туре о	of Property:													
1 Sing	gle Family Resid	lence	3 Vacation/Short	-Term Rental	5 La	nd		7 Self-	Rental					
	ti-Family Reside	ence	4 Commercial		6 Ro	yalties		8 Othe	r (describe))				
Incom				Properties:			Α		E	3		С		
3					3			370.						
4	Royalties received	ved.			4									
Expen														
5					5									
6			nstructions)		6									
7	-		nance		7			900.						
8					8									
9					9									
10	-	-	ssional fees		10									
11					11		1,	000.						
12		-	d to banks, etc. (see		12									
13					13			0 - 0						
14					14			270.						
15					15		⊥,	240.						
16	1.1.1.1.1.1				16		1	600						
17					17		⊥,	600.						
18	Depreciation ex	xpense	e or depletion		18									
19	Other (list) ►	Add	lines 5 through 19 .		19		<u> </u>	010						
20	-		-		20		ь,	010.						
21			line 3 (rents) and/or 4											
	file Form 6198	<i>, , , , , , , , , ,</i>	instructions to find ou		21		_5	640.						
00			estate loss after limi		21		, د	0 IU.						
22	on Form 8582			tation, if any,	22	(_5 6	(40.)	()	١		
23a		•	eported on line 3 for a			N	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23a	(370)		
zsa b			eported on line 4 for a			•••	• •	23b		570	·			
c			eported on line 4 for a					230 23c						
d			eported on line 12 for					23d						
e			eported on line 20 for			•••		23u		6,010				
24			e amounts shown on					200		. 24				
25		-	sses from line 21 and r			-		 nter tot:	al losses her			5,640.)		
												5,010.)		
26			ate and royalty inco V, and line 40 on pa											
			40), line 5. Otherwise,								6	-5,640.		

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

88 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 20

Sequence No. 52

Attachment

- 4 1 10 /

20

Attach to	Form	1040	1040-SR	or 1040-N	JR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service					Go to www.irs.gov/Form8889 for instructions ar	nd the latest inform
	() 1	-	10.10	1010.00		Coolel coouvity rev

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
SIVA RAMA KRISHNA GHANTA	have HSAs, see instructions ► 597-97-2706

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part				
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each s	spous	e.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.	_		_
	See instructions	Self	-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			7 100
		3		7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 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. If zero or less, enter -0	5		7,100.
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		7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage			
	under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		7,100.
9	Employer contributions made to your HSAs for 202091,000.			
10	Qualified HSA funding distributions 10			
11	Add lines 9 and 10	11		1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		6,100.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part		irate H	ISAs	complete
Ture	a separate Part II for each spouse.		10/13,	complete
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 withdrawa by the due date of your return. See instructions	4.46		
с	withdrawn by the due date of your return. See instructions	14b 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 -0 Also, include this			
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the			
		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% (0.20) 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	471		
Part	1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	oforo	
Turt	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.			,
18	Last-month rule	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), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21		

RETURN.			Arizona Form 140	Resident	Perso	nal Inco	ome Tax	Return	F	OR CALENDAR Y	EAR
RE	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG	INNING		2,0,2,0	AND ENDIN	GIII		66F
Η̈́	`		First Name and Middle Initial			t Name			Your	Social Security	Number
E	1	SIV	/A RAMA KRISHNA		GHZ	ANTA		Ent	59	7 97 2	2706
01 S		Spous	se's First Name and Middle In	itial (if box 4 or 6 checked)	Las	t Name		you ss	N(s).	se's Social Sec	urity No.
ANY ITEMS	1									1 1	
Ë		Curre	nt Home Address - number a	nd street, rural route			Apt. No.			(with area cod	e)
≿.	2		25 N 78TH ST				202B	94			
			own or Post Office	State		ZIP Code		Last Names U	sed in Last Fou	r Prior Year(s) (i	
DO NOT STAPLE	3	SCO	DTTSDALE	AZ		85251					97
ΤĀ	Ĩ	4	Married filing joint return				rerpayment	188	E ONLY. DO NO	OT MARK IN TH	S AREA.
IS	STA	5	Head of household. En	ter name of qualifying child or o	lependent c	on next line:					
0	Ű	•		· · · ·							
0	FILINGSTATUS	6 7		eturn. Enter spouse's name a	and Social S	Security Numb	ber above.				
	100	/	 ✓ Single ✓ Enter the number claim 	ned. Do not put a check	mark.						
		8	Age 65 or over (you and			d 11a. also com	nplete lines 38.				
	q	9	Blind (you and/or spous	00		nd 10b, also coi		81 PM		80 RCVD	
	and 10b	10a	Dependents: Under age	·	pendents:	Age 17 and	over.				
	10a a	11a	Qualifying parents and		·						
	ts 1((Box 10a and 10b): Deper	ndent Information. See inst	ructions.	For more s	pace, check t	he box 🗌 an	d complete p	oage 4, Part 1.	
	and 11a - Dependents		(a)			(b)		(d) P NO. OF MONT	(e) ✓ Dependent		(f)
	ben		FIRST AND L (Do not list yours		SUCIAL SE	ECURITY NO.	RELATIONSHI	LIVED IN YOU	JR included	in: this pers	did not claim on on your turn due to
	ĕ							HOME IN 202	20 1 (Box 10a) (Bo	² educatio	nal credits
	11a	10c									
	and	10d									<u> </u>
	8, 9,	10e									
o.	suc		(Box 11a): Qualifying pare						()		
after Form 140	Exemptions		(a) FIRST AND L			(b) ECURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONT	(e) HS ✓ IF AGE 6	5 OR VIEI	(f) DIED IN
E	Exen		(Do not list yours					LIVED IN YOU HOME IN 202	JR OVE	R 20	020
R	-										
fel		11b							<u> </u>		╡───
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ents			Federal adjusted gross inc	· · ·						70,4	09 <u>00</u> 00
Ĕ	s		Non-Arizona municipal intere Partnership Income adjustme								00
001	Additions		Total federal depreciation								00
rd	Add		Net capital (loss) derived fror								00
the			Other Additions to Income: (00
LO L		18	Subtotal: Add lines 12 through	17 and enter the total				·····		70,4	09 00
S O			Total net capital gain or (loss						-68 00		
ule			Total net short-term capital g						-68 00		
led			Total net long-term capital ga						00 0		
sch			Net long-term capital gain fro Multiply line 22 by 25% (.25)								0 00
A											00
p	ľ	This b	Net capital gain derived from box may be blank or may contain	a printed barcode of data from	your return	25 Net c	apital gain ex	change of lega	l tender 25		00
lar	suc					11	. –	ona depreciatio			00
era	actio	:				11		e adjustment			00
ede	Subtractions				n Mill	28 Inter	est on U.S. of	oligations	28		00
d f	S	l K	<u>Cienenenenen</u> en			29a Exclus	sion for fed., AZ s	tate or local govt.	pensions. 29a		00
lire		Ĭ			ir skale i l	11		ervices retired/reta			00
equ						11		or Railroad Retire			00
N L					<u>7,975</u>	11	-	merican Indiar			00
an			ar a chair an	Portal Conference States (Conference States)	o/3£)€∎∥	11		an active service			00
Place any required federal and AZ schedules or other docume								adjustment College Savings			00
Pl						35 Subtra	act lines 23 thro	ugh 34 from line		70,4	09 00
		ADOR	10413 (20) 1555		AZ F	orm 140 (20)20)	REV	02/02/21 PRO	P	age 1 of 5

	Your	Name (as shown on page 1)	Your Social Security Nu	ımber					
	SIVA RAMA KRISHNA GHANTA 597-97-2706								
	26	Other Subtractions from Income Complete Adjustments to Avizone Crees Income eshedule on	noro F	26	00				
		 36 Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on page 5							
(0)					70,409 00				
ions	38	6 1 3 1 1 1							
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500			00				
Exer	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00				
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			70,409 00				
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			12,400 00				
	43	Deductions: Check box and enter amount. See instructions			00				
	44 45	If you checked box 43 S and claim charitable deductions, check 44 C Complete page 3. See inst			58,009 00				
×	45 46	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			1,762 00				
Balance of Tax		Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00				
ie o	47				1,762 00				
lanc	48	Subtotal of tax: Add lines 46 and 47 and enter the total Dependent Tax Credit. See instructions			00				
Ba	49	Family income tax credit (from the worksheet - see instructions)			00				
	50 51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			00				
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater that			1,762 00				
	53	2020 AZ income tax withheld			609 00				
ts	54	2020 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b.		00				
Total Payments and Refundable Credits	55	2020 AZ extension payment (Form 204)			00				
men ole C	56	Increased Excise Tax Credit (from the worksheet - see instructions)			00				
l Pay	57	Property Tax Credit from Arizona Form 140PTC			00				
Total Refu	58	Other refundable credits: Check the box(es) and enter the total amount			00				
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total			609 00				
or ent	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lin			1,153 00				
Tax Due or Overpayment	61								
ax D /erp;	62	Amount of line 61 to be applied to 2021 estimated tax			00				
۲ó	63				00				
fts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	65 00						
ē		Child Abuse Prevention	68 00						
ntar		Neighbors Helping Neighbors 69 00 Special Olympics	Fund 71 00						
Voluntary Gifts		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations I Didn't Pay Enough Fund	als 74 00						
>	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican						
enalty	76	Estimated payment penalty		.76	00				
Pen	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			I				
_	78	Add lines 64 through 74 and 76; enter the total	.78	00					
p	79			79	00				
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se	e Instructions. 79A						
ant		98 C C Checking or S S Savings C C Checking or C C C Checking or C C C Checking or C C C C C C C C C C C C C C C C C C C							
Re Amc	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write	vour SSN on payment:						
		and include with your return	, ,	80	1,153 00				
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my know	vledne a	nd helief they are				
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informat							
ш	→								
HERE	-		OFTWARE ENGI	NEER					
ーエ		YOUR SIGNATURE DATE O	CCUPATION						
N N	→								
SIGN		SPOUSE'S SIGNATURE DATE S	POUSE'S OCCUPATION						
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02252021 GLOBAL TAXES L	LC						
AS		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I							
PLEASE		2530 Pebble Creek Ln	30-1017	196					
Б	Ī	PAID PREPARER'S STREET ADDRESS	PAID PREPAR	ER'S TIN					
		Cumming GA 30041	(678)96						
	Ī	PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR	ER'S PHON	E 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).

Arizona Individual Income Tax Payment Voucher for Electronic Filing

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20	20

					<u> </u>
Your First Name and Middle Initial		Last Name		Enter	Your Social Security Number
1 SIVA RAMA KRISHNA		GHANTA			597 97 2706
Spouse's First Name and Middle Initia		Last Name		your	Spouse's Social Security No.
1				SSN(s).	
Current Home Address - number and s	street, rural route		Apt. No.	Daytime P	hone (with area code)
2 4425 N 78TH ST			202B	94	
City, Town or Post Office	State	ZIP Code			. DO NOT MARK IN THIS AREA.
3 SCOTTSDALE	AZ	85251		88	
Please indicate the filing status Married filing joint return Head of household: Enter name Married filing separate return:					
Single			DOVE	81 PM	80 RCVD
Enter the amount of payment	enclosed				\$ 1,153 00

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do not send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2020 Tax" on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- \checkmark Click on "Make a Payment" and select "140V" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2021. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.