E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

| Filing Status<br>Check only<br>one box. | If yo    | Single  Married filing jointly [ u checked the MFS box, enter the roon is a child but not your dependent | name of y   |  |            |                 |        |                       |             |  |                    |              |  |
|---|----------|--|---|--|------------|-----------------|--------|-----------------------|-------------|--|--------------------|--------------|--|
| Your first name                         | and mi   | ddle initial   | Last na   | me   |            |                 |        |                       | Your        | Your social security number                              |                    |              |  |
| JOSEPH DEVENDRANATH                     |          |  |   | VARAPU   |            |                 |        |                       | 831         | 831-27-4775  |                    |              |  |
| If joint return, s                      | pouse's  | first name and middle initial  | Last na   | me   |            |                 |        |                       | Spous       | Spouse's social security number                          |                    |              |  |
| ANURADH                                 | A        |  | KODA  | MANCHILI   |            |                 |        |                       | 971-94-1583 |  |                    |              |  |
| Home address                            | (numbe   | er and street). If you have a P.O. box, see  | instruction   | ons.   |            |                 |        | Apt. no.              | Presid      | dential E  | lection            | Campaign     |  |
| 4980 US                                 | AA B     | LVD  |   |  |            |                 |        | 714                   | - 1         | k here if  |                    | •            |  |
| City, town, or p                        | ost offi | ce. If you have a foreign address, also co   | omplete s   | paces below.   | Sta        | te              | ZIP    | code                  |             |  |                    | y, want \$3  |  |
| SAN ANTO                                | OINC     |  | TX  |  |            | Χ               |        |                       |             | to go to this fund. Checking a box below will not change |                    |              |  |
| Foreign country                         | y name   |  | F   | Foreign province/state/county F  |            |                 |        | oreign postal code yo |             | ax or ref  | und.<br><b>'ou</b> | Spouse       |  |
| At any time du                          | ring 20  | 020, did you receive, sell, send, exc  | hange, c  | or otherwise acquir  | e any      | financial inter | est ir | any virtual o         | currency    | ? <b>\_ Y</b>  | es                 | X No         |  |
| Standard<br>Deduction                   | _        | eone can claim:  You as a de Spouse itemizes on a separate retu  |   | •  |            | -               |        |                       |             |  |                    |              |  |
| Age/Blindness                           | You:     | Were born before January 2, 1  | 956   | Are blind S  | pouse      | : Was bo        | orn be | efore January         | , 2, 1956   |  | Is bline           | d            |  |
| Dependents                              |          |  | _   | (2) Social secur   |            | (3) Relations   |        |                       | -           | alifies for (see instructions):                          |                    |              |  |
| If more                                 |          | irst name Last name  | number  |  | ,          | to you          |        | Child tax credi       |             | 1  |                    | r dependents |  |
| than four                               |          |  |   |  |            |                 |        |                       |             |  |                    |              |  |
| dependents,                             |          |  |   |  |            |                 |        |                       |             |  |                    | ]            |  |
| see instruction<br>and check            | s ——     |  |   |  |            |                 |        |                       |             |  |                    | ]            |  |
| here ▶                                  |          |  |   |  |            |                 |        |                       |             |  |                    |              |  |
|   | 1        | Wages, salaries, tips, etc. Attach   | Form(s) \   | N-2  |            |                 |        |                       |             | 1  | 76                 | 5,829.       |  |
| Attach                                  | 2a       | Tax-exempt interest  | 2a  |  | b T        | axable interes  | st     |                       | . 2         | 2b   |                    |              |  |
| Sch. B if required.                     | За       | Qualified dividends  | 3a  | 3a <b>b</b> Ordinary divide  |            |                 |        |                       | . 3         | Bb   |                    |              |  |
| required.                               | 4a       | IRA distributions  | 4a  | <b>b</b> Taxable amount .  |            |                 |        |                       | . 4         | lb   |                    |              |  |
|   | 5a       | Pensions and annuities   | 5a  |  | <b>b</b> T | axable amou     | nt .   |                       |             | ib   |                    |              |  |
| Standard                                | 6a       | Social security benefits   | 6a  |  | <b>b</b> T | axable amou     | nt .   |                       | . 6         | ib   |                    |              |  |
| Deduction for— Single or                | 7        | Capital gain or (loss). Attach Sche  | dule D if   | dule D if required. If not required, check here $\ \ . \ \ . \ \ .$ $\ lacksquare$ |            |                 |        |                       |             | 7  |                    |              |  |
| Married filing                          | 8        | Other income from Schedule 1, lir  | ne 9  |  |            |                 |        |                       |             | 8  | -6                 | 5,600.       |  |
| separately,<br>\$12,400                 | 9        | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,  | and 8. T  | his is your <b>total in</b>  | come       |                 |        |                       | <b></b>     | 9  | 70                 | 0,229.       |  |
| Married filing                          | 10       | Adjustments to income:   |   |  |            |                 |        |                       |             |  |                    |              |  |
| jointly or<br>Qualifying                | а        | From Schedule 1, line 22   |   |  |            |                 |        |                       |             |  |                    |              |  |
| widow(er),<br>\$24,800                  | b        | Charitable contributions if you take the standard deduction. See instructions 10b                        |   |  |            |                 |        |                       |             |  |                    |              |  |
| Head of                                 | С        | Add lines 10a and 10b. These are   | . These are your <b>total adjustments to income</b> |  |            |                 |        |                       |             | 0с   |                    |              |  |
| household,<br>\$18,650                  | 11       | Subtract line 10c from line 9. This is your adjusted gross income  |   |  |            |                 |        |                       | <b>•</b>    | 11   | 7(                 | 0,229.       |  |
| If you checked                          | 12       | Standard deduction or itemized   | deducti   | i <b>ons</b> (from Schedu  | le A)      |                 |        |                       |             | 12   | 24                 | 4,800.       |  |
| any box under<br>Standard               | 13       | Qualified business income deduct   | tion. Atta  | ich Form 8995 or F   | orm 8      | 995-A           |        |                       |             | 13   |                    |              |  |
| Deduction, see instructions.            | 14       | Add lines 12 and 13  |   |  |            |                 |        |                       |             | 14   |                    | 4,800.       |  |
|   | 15       | Taxable income. Subtract line 14   | from lin  | e 11. If zero or less  | s, ente    | r-0             |        |                       |             | 15   | 45                 | 5,429.       |  |

| Form 1040 (2020   | 0)       |  |                       |                          |                       |          |                |                             |  | Page 2                 |  |
|---|----------|--|-----------------------|--------------------------|-----------------------|----------|----------------|-----------------------------|--|------------------------|--|
|   | 16       | Tax (see instructions). Check  | if any from Form      | ı(s): <b>1</b> 881       | 4 <b>2</b> 4972       | 3 🗌      |                |                             | 16   | 5,056.                 |  |
|   | 17       | Amount from Schedule 2, lin  | e3                    |                          |                       |          |                |                             | 17   |                        |  |
|   | 18       | Add lines 16 and 17  |                       |                          |                       |          |                |                             | 18   | 5,056.                 |  |
|   | 19       | Child tax credit or credit for   | other dependen        | ts                       |                       |          |                |                             | 19   |                        |  |
|   | 20       | Amount from Schedule 3, lin  | e7                    |                          |                       |          |                |                             | 20   |                        |  |
|   | 21       | Add lines 19 and 20  |                       |                          |                       |          |                |                             | 21   |                        |  |
|   | 22       | Subtract line 21 from line 18  | . If zero or less,    | enter -0                 |                       |          |                |                             | 22   | 5,056.                 |  |
|   | 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 <b>total tax</b> |                          |                       |          |                | . •                         | 24   | 5,056.                 |  |
|   | 25       | Federal income tax withheld  | from:                 |                          |                       |          |                |                             |  |                        |  |
|   | а        | Form(s) W-2  |                       |                          |                       | 25a      | 5              | , 559                       |  |                        |  |
|   | b        | Form(s) 1099   |                       |                          |                       | 25b      |                |                             |  |                        |  |
|   | С        | Other forms (see instructions  | s)                    |                          |                       | 25c      |                |                             |  |                        |  |
|   | d        | Add lines 25a through 25c  | •                     |                          |                       |          |                |                             | 25d  | 5,559.                 |  |
| . 16  | 26       | 2020 estimated tax payment   |                       |                          |                       |          |                |                             | 26   |                        |  |
| <ul> <li>If you have a L<br/>qualifying child,</li> </ul> | 27       | Earned income credit (EIC)   |                       |                          |                       | 27       |                |                             |  |                        |  |
| attach Sch. EIC.   If you have                            | 28       | Additional child tax credit. A   |                       |                          |                       | 28       |                |                             |  |                        |  |
| nontaxable  | 29       | American opportunity credit  |                       |                          |                       | 29       |                |                             | _  |                        |  |
| combat pay, see instructions.                             | 30       | Recovery rebate credit. See  |                       | -                        |                       | 30       | 1              | ,200                        |  |                        |  |
|   | 31       | Amount from Schedule 3. lin  |                       |                          |                       | 31       | _              | , _ 0 0                     | -  |                        |  |
|   | 32       | Add lines 27 through 31. The   | 32                    | 1,200.                   |                       |          |                |                             |  |                        |  |
|   | 33       | Add lines 25d, 26, and 32. T   | •                     |                          |                       |          |                |                             |  | 6,759.                 |  |
|   | 34       | If line 33 is more than line 24  | -                     |                          |                       |          |                |                             | 34   | 1,703.                 |  |
| Refund  | 35a      | Amount of line 34 you want   |                       |                          |                       | -        | =              | · ·                         | , —  | 1,703.                 |  |
| Direct deposit?   | ⊳ b      | Routing number 1 1 1   |                       |                          |                       | Chec     |                | Savings                     |  | 1,703.                 |  |
| See instructions.   | ►d       | Account number 5 8 6   |                       |                          |                       |          | Killy C        | aviilys                     | '  |                        |  |
|   | 36       | Amount of line 34 you want a   |                       |                          |                       | 36       | ┌              |                             |  |                        |  |
| Amount  |          | ·  |                       |                          |                       |          |                |                             | 37   |                        |  |
| You Owe   | 37       | Subtract line 33 from line 24  |                       | -                        |                       |          |                |                             |  |                        |  |
| For details on  |          | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for                    |                       |                          |                       |          |                |                             |  |                        |  |
| how to pay, see   | 00       | 2020. See Schedule 3, line 12e, and its instructions for details.  Estimated tax penalty (see instructions) ▶   38 |                       |                          |                       |          |                |                             |  |                        |  |
| instructions.   | 38       |  |                       |                          |                       |          |                |                             |  |                        |  |
| Third Party   |          | o you want to allow another structions   | •                     |                          |                       |          | Yes. Co        | mploto                      | , bolow  | X No                   |  |
| Designee  |          | esignee's  |                       | Phone                    |                       |          |                | •                           | ntification                                    | ∠ NO                   |  |
|   |          | me ►   |                       | no.                      |                       |          |                | er (PIN)                    |  |                        |  |
| Sign  | Un       | der penalties of perjury, I declare t  | hat I have examine    | ed this return and       | d accompanying sc     | hedules  | and statemen   | ts, and                     | to the bes                                     | st of my knowledge and |  |
| •   | be       | lief, they are true, correct, and com  | plete. Declaration of | of preparer (othe        | r than taxpayer) is t | pased on | all informatio | n of whi                    | ch prepar                                      | er has any knowledge.  |  |
| Here  | Yo       | our signature  |                       | Date                     | Pate Your occupation  |          |                |                             |  | nt you an Identity     |  |
|   | <b>k</b> |  |                       |                          |                       |          |                | otection PIN, enter it here |  |                        |  |
| Joint return?<br>See instructions.                        |          |  | SOFTWARE ENGINEER     |                          |                       |          | `              | e inst.)                    |  |                        |  |
| Keep a copy for   | Sp       | ouse's signature. If a joint return, I   | Date                  | Date Spouse's occupation |                       |          |                |                             | nt your spouse an<br>ection PIN, enter it here |                        |  |
| your records.   |          |  | HOME MAKER            |                          |                       |          |                | (see inst.)                 |  |                        |  |
|   | ———Ph    | one no. (210)740-786   | <br>б                 | Email address            | DEVENDRANATH          |          | H@GMATI CO     | M                           |  |                        |  |
|   |          | eparer's name  | Preparer's signat     |                          | 21,11,21(11,1111      | Date     |                | PTIN                        |  | Check if:              |  |
| Paid  | SYAN     | M PRIYA RAM SAGAR GUPTA TALLAM   |                       |                          | GUPTA TALLAN          |          |                | P020                        | 82703  | Self-employed          |  |
| Preparer  |          |  |                       |                          |                       |          |                |                             | ne no. (678)965-9522                           |                        |  |
| Use Only  |          | m's address ► 2530 Pebb  |                       | n Cummin                 | a GA 30041            |          |                |                             | m's EIN ▶                                      |                        |  |
| Go to want ire a  |          | m1040 for instructions and the late  |                       |                          |                       |          | 07/00/04 DD0   | 1                           | 0 בווע   | Form <b>1040</b> (2020 |  |
| ao to www.iis.go  | JV/1-011 | more in manucions and the late   | at milornidilon.      |                          | BAA                   | KEV      | 07/28/21 PRO   |                             |  | FOIIII 1040 (2020      |  |

## SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

J RAMAVARAPU & A KODAMANCHILI

► 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 Your social security number 831-27-4775

| Par | t I Additional Income  |     |         |
|-----|--|-----|---------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes   | 1   |         |
| 2a  | 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   | -6,600. |
| 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 9  | 0   | C C00   |
| Par | t II Adjustments to Income   | 9   | -6,600. |
|     |  |     |         |
| 10  | Educator expenses  | 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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22  |         |

## **SCHEDULE E**

(Form 1040)

**Supplemental Income and Loss** 

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

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

OMB No. 1545-0074

Attachment Sequence No. **13** 

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.

Your social security number

| J RAMAVARAPU & A KODAMANCHILI 83 |   |   |          |           |        |          |                | 31-27-4775 |                      |   |          |
|----------------------------------|---|---|----------|-----------|--------|----------|----------------|------------|----------------------|---|----------|
| Part                             |   | From Rental Real Estate and Roynstructions. If you are an individual, repo              |          |           | -      |          |                |            |                      |   |          |
| A Dic                            | you make any paymen   | its in 2020 that would require you to   | file F   | orm(s) 10 | 99? Se | ee instr | uctions .      |            |                      | Y | ′es ⊠ No |
| B If "                           | If "Yes," did you or will you file required Form(s) 1099?   |   |          |           |        |          |                |            |                      |   |          |
| 1a                               |   | ach property (street, city, state, ZIP  |          |           |        |          |                |            |                      |   |          |
| Α                                | KUKATPALLY HYDI   | ERABAD TELANGANA IN 5000  | 72       |           |        |          |                |            |                      |   |          |
| В                                |   |   |          |           |        |          |                |            |                      |   |          |
| C                                |   |   |          |           |        |          |                |            |                      |   |          |
| 1b                               | Type of Property (from list below)  2 For each rental real estate property listed above, report the number of fair rental and percental use days. Check the O.W. how only |   |          |           |        |          | Rental<br>Days | Per        | Personal Use<br>Days |   | QJV      |
| A                                | 3   | personal use days. Check the QJV box only if you meet the requirements to file as a 365 |          |           |        |          |                |            |                      | 0 |          |
| B                                |   | qualified joint venture. See inst   | ructio   | ons.      | В      |          |                |            |                      |   |          |
| C                                |   |   |          |           | С      |          |                |            |                      |   |          |
|                                  | of Property:  |   |          |           |        |          |                |            |                      |   |          |
| -                                | gle Family Residence  | 3 Vacation/Short-Term Rental  |          |           |        | 7 Self-  |                |            |                      |   |          |
|                                  | ti-Family Residence   |   | 6 Ro     | yalties   |        | 3 Othe   | r (describe)   |            |                      |   |          |
| Incom                            |   | Properties:   | <u> </u> |           | Α      |          | В              | 5          |                      |   | С        |
| 3                                |   |   | 3        |           | (      | 600.     |                |            |                      |   |          |
| 4                                |   |   | 4        |           |        |          |                |            |                      |   |          |
| Expen                            |   |   | 5        |           |        |          |                |            |                      |   |          |
| 5<br>6                           | =   | structions)   | 6        |           |        |          |                |            |                      |   |          |
| 7                                | ,   | ance  | 7        |           | 1 (    | 000.     |                |            |                      |   |          |
| 8                                | •   |   | 8        |           | Ι,     | 000.     |                |            |                      |   |          |
| 9                                |   |   | 9        |           |        |          |                |            |                      |   |          |
| 10                               |   | ssional fees  | 10       |           |        |          |                |            |                      |   |          |
| 11                               | _   |   | 11       |           |        | 500.     |                |            |                      |   |          |
| 12                               | _   | to banks, etc. (see instructions)   | 12       |           |        | 300.     |                |            |                      |   |          |
| 13                               |   |   | 13       |           |        |          |                |            |                      |   |          |
| 14                               |   |   | 14       |           | 1,5    | 500.     |                |            |                      |   |          |
| 15                               | •   |   | 15       |           |        | 200.     |                |            |                      |   |          |
| 16                               |   |   | 16       |           |        |          |                |            |                      |   |          |
| 17                               | Utilities   |   | 17       |           | 3,0    | 000.     |                |            |                      |   |          |
| 18                               |   | or depletion  | 18       |           |        |          |                |            |                      |   |          |
| 19                               | Other (list)  |   | 19       |           |        |          |                |            |                      |   |          |
| 20                               | •   | nes 5 through 19  | 20       |           | 7,2    | 200.     |                |            |                      |   |          |
| 21                               | Subtract line 20 from I   | ine 3 (rents) and/or 4 (royalties). If  |          |           |        |          |                |            |                      |   |          |
|                                  |   | nstructions to find out if you must   |          |           | _      |          |                |            |                      |   |          |
|                                  | file <b>Form 6198</b>   |   | 21       |           | -6,6   | 600.     |                |            |                      |   |          |
| 22                               | on Form 8582 (see ins   |   | 22       | (         | -6,6   | 00.)     | (              |            | )(                   |   | )        |
| 23a                              |   | ported on line 3 for all rental proper  |          |           |        | 23a      |                | 6          | 00.                  |   |          |
| b                                |   | ported on line 4 for all royalty prope  | erties   |           |        | 23b      |                |            |                      |   |          |
| C                                |   | ported on line 12 for all properties  |          |           |        | 23c      |                |            |                      |   |          |
| d                                | Total of all amounts reported on line 18 for all properties   |   |          |           |        |          |                |            |                      |   |          |
| e<br>04                          |   |   |          |           |        |          |                |            |                      |   |          |
| 24                               | ·   |   |          | -         |        |          |                |            | 24                   |   | 6 600 \  |
| 25                               |   | ses from line 21 and rental real estate   |          |           |        |          |                |            | 25 (                 |   | 6,600.)  |
| 26                               |   | te and royalty income or (loss).  |          |           |        |          |                |            |                      |   |          |
|                                  |   | /, and line 40 on page 2 do not a 0), line 5. Otherwise, include this an                |          |           |        |          |                |            | 26                   |   | -6,600.  |