Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(e) (QW) Check only Hyou 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 midow(e) (QW) Your first name and middle initial Last name Your social security number RAJESH HUPATHIRAJU 739-04-7348 Home address (number and street). If you have a Droign address, also complete spaces below. Apt. no. 2031 20401 N 19TH AVE 2031 Check here if you, or your 2031 Foreign country name Foreign province/state/county Foreign province/state/county Foreign postule code Foreign country name Foreign province/state/county Foreign postule code You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Spouse iternitizes on a separate return or you were a build-status alien Qualified dividends 3b Age/Blindness (1) First name Last name (2) Social security Cheid to receing) Cheid to receing) Beduction for- (1) First name Last name (2) S	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use	Only-	–Do not w	rite or staple	in this space.
RAJESH BHUPATHIRAJU 739-04-7348 If jont return, spouse's first name and middle initial Last name Spouse's social security number Jone address fumiber and street, if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, tewr, or post office. If you have a foreign address, also complete spaces below. State 2P code City, tewr, or post office. If you have a foreign address, also complete spaces below. State 2P code Foreign country name Foreign province/state/country Foreign postal code you tax or refund. You Spouse temizes on a separate return or you were a dual-status allen Dependents No Standard Someone can claim: You as a dependent You souse as a dependent Spouse: No Deduction Spouse temizes on a separate return or you were a dual-status allen Imore Imor	Check only	lf yo	ou checked the MFS box, enter the n	ame of y						,		, 0	
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. 2031 20401 N 19TH AVE 2031 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. Az 85027 Proceign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent You Spouse its mainters in any virtual currency? Yes No Standard Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Spouse itemizes for (see instructions); (a) First name (a) First name (a) First name (a) First or (see instructions); (b) First name (b) First name (b) First name (b) First name (c) First name <td>Your first name</td> <td>and m</td> <td>iddle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial securi</td> <td>ty number</td>	Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. 20401 N 19TH AVE 2031 City, town, or post office. If you have a foreign address, also complete spaces below. State 2D code Proceedings Az 85027 Correly of the diffice. If you have a foreign address, also complete spaces below. State 2D code Proceeding Az 85027 Foreign country name Foreign province/state/county Foreign postal code Vou Spouse Standard Someone can claim: You as dependent You refund. You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Use born before January 2, 1956 Is blind Dependents (9) Relationship (4) f/ if qualifies for (see instructions): (1) First name Last name Inumber Inumber <td>RAJESH</td> <td></td> <td></td> <td>BHUP</td> <td>ATHIRAJU</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>739-</td> <td>04-734</td> <td>8</td>	RAJESH			BHUP	ATHIRAJU						739-	04-734	8
20401 N 19TH AVE 2031 Check here if you, or your City, tow, or post office. If you have a foreign address, also complete spaces below. Xz 85.027 Proteign country name Foreign province/state/country Foreign postal code U You Standard Someone can claim: You as a dependent You you were a dual-status allen You Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You Ware born before January 2, 1956 Are blind Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You Ware born before January 2, 1956 Are blind Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You Ware born before January 2, 1956 Are blind Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You Wares, salaries, tips, etc. Attach Form(s) W-2 I 1 0.08, 818. Attach 2a Tax-exempt interest 2a 2b 3b Sch alfred drividends 3a b Dordinary drividends 3b Standard Ges adaries, tips, etc. Attach Form(s) W-2 1 1 0.08, 818. Standard <t< td=""><td>If joint return, s</td><td>pouse's</td><td>s first name and middle initial</td><td>Last nai</td><td>me</td><td></td><td></td><td></td><td></td><td></td><td>Spouse'</td><td>'s social se</td><td>curity number</td></t<>	If joint return, s	pouse's	s first name and middle initial	Last nai	me						Spouse'	's social se	curity number
Chiy, Wait, Disk Unit, Disk Unit, Your Tawa a holegin address, also bolingers spaces below. State 24 0.008 PHOENIX AZ 85027 Foreign country name Foreign province/state/country Foreign postal code 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 Your spouse as a dependent Yes No Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (a) Relationship (b) Yes Mo The dependents, see instructions): (a) Relationship (b) Yes The dependents, see instructions): Is blind required. 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 108,818. 2b 2b 2b 2b 2b 2b 2b 2b 2b 3b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				instructio	ons.								
PHOENIX AZ 95027 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You You Spouse 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 receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Age/Blindness You:: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): If more (1) First name Last name Immobility Immobility <td< td=""><td>City, town, or p</td><td>oost offi</td><td>ce. If you have a foreign address, also co</td><td>mplete s</td><td>paces below.</td><td>Sta</td><td>ate</td><td>ZIP co</td><td>ode</td><td></td><td></td><td></td><td></td></td<>	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode				
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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 1, line 9 51 7 30 • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 102, 408. • Head of household, \$18,860 11 Subtract line 10c from line 9. This is your adjusted gross income 10b 10c • If you checked ary box under Standard 12 12, 400. 12 12, 400. • If you checked ary box under Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 • Add lines 12 and 13 13 14 12, 400. 13 90, 008.		4a	IRA distributions	4a		bТ	axable amoun	t			4b	,	
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\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 102,408. • Married filing jointy or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointy or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 10b 10c • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, line	e9							8		
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see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 90,008.	Standard	13	Qualified business income deducti	ion. Atta	ich Form 8995 oi	Form 8	3995-A				13	;	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14											
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0				15		

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	15,686.
	17	Amount from Schedule 2, lir	ne3							17	0.
	18	Add lines 16 and 17								18	15,686.
	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	15,686.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. Þ	24	15,686.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	17	,090.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	17,090.
• If you have a	26	2020 estimated tax payment					· · ·			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			· · · 1	٩ö	27				
If you have	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin	ne 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refunda	ble cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments					. 🕨	33	17,090.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is t	he amour	nt you	overpaid		34	1,404.
	35a	Amount of line 34 you want			3 is attac	hed, cheo	ck here			35a	1,404.
Direct deposit?	►b	Routing number 1 2 2			► c Ty	rpe: 🗙	Check	king 🗌 🗄	Savings		
See instructions.	►d	Account number 4 5 7	0 3 9 0	7 5 6 9	9 1						
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not repre	sent all c	of the	taxes you	owe for		
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.						
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party		you want to allow another	person to disc	cuss this retu	rn with t	the IRS?		_			_
Designee		structions						U Yes. Co	•		× No
		signee's me ▶		Phone no.					onal iden oer (PIN)	tification	
Ciara		der penalties of perjury, I declare t	hat I have examine			anvina sch	odulos		. ,		st of my knowledge and
Sign		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occ	cupation			lf th	ne IRS se	nt you an Identity
		·									IN, enter it here
Joint return?						WARE E		NEER		e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse'	s occupati	on				nt your spouse an ection PIN, enter it here
your records.										e inst.) 🕨	
	Ph	one no.		Email address							
		eparer's name	Preparer's signat				Date		PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			GUPTA	TALLAM		21/2021	P0208	32703	Self-employed
Preparer		m's name ► GLOBAL TA			501 111			/ 2021			(678)965-9522
Use Only		m's address > 2530 Pebb		n Cummin	a GA ,	30041				n's EIN 🖡	· /
Go to www.irc.or		n1040 for instructions and the late			-	AA	חבי	02/15/21 PRC			Form 1040 (2020)
ao to www.iis.go		THE REPORT OF THE PARTY OF THE	schnormation.		D/	4 A	KEV	UZ/IJ/ZIPRC			1000 IVTU (2020)

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

 Internal Revenue Service
 Go to www.irs.gov/Form1040 for instructions and the latest information.
 Attachment Sequence No. 01

 Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 Your social security number 739-04-7348

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2 a	
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	-6,440.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,	1 1	C 110
Par	line 8	9	-6,440.
		10	
10 11	Educator expenses	10	
	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		
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 on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/15/21 PRO	Schedu	le 1 (Form 1040) 2020

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

RAJESH BHUPATHIRAJU

Your social security number

739-04-7348

Did you	dispose of any investment(s) in a qualified opportunity fund during the tax year?		Yes	× No	
lf "Yes,'	attach Form 8949 and see its instructions for additional requirements for reporting	ng you	ur gain d	or loss.	

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fron	(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.	omplete if you round off cents to (sales price) (or other basis) Form(s) 8949, Pa		Form(s) 8949, Part line 2, 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	399.	403.	34	. 30.
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				
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover 6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	30.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen	ts	(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to le dollars.	may be easier to complete if you round off cents to (sales price) Proceeds (or other basis) Form(s)		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	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	12 13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	

Pari	III Summary	
16	Combine lines 7 and 15 and enter the result	16 30.
	 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 ()
	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.	
	X 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	8949	

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return Social set	Social security number or taxpayer identification number					
RAJESH BHUPATHIRAJU 739-0)4-7348					

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	(e) Cost or other basis. See the Note below	enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)			
Robinhood Securities LLC	01/01/20	12/31/20	399.	403.	W	34.	30.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	399.	403.		34.	30.			

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

SCHEDULE	Ε
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

20

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ► Go to www.irs.gov/ScheduleE for instructions and the latest information.

20 Attachment Sequence No. 13

Name(s)	shown on return								You	r social	security	number	
RAJE	SH BHUPATHIRAJU	J							73	9-04	-7348	3	
Part	Income or Loss	s From Rental Real	Estate and Roy	yalties	Note:	If you a	re in th	e business of	renti	ng pers	onal pr	operty, use	
	Schedule C. See	instructions. If you are	an individual, repo	ort farm	n rental in	come o	r loss fr	om Form 483	35 on	page 2	, line 40).	
A Dic	l you make any payme	nts in 2020 that wou	Ild require you to	file Fo	orm(s) 10	99? Se	e instr	uctions .			Υ	es 🛛 No	<u>,</u>
	Yes," did you or will yo				. ,							es 🗌 No	
1a													
Α	Physical address of each property (street, city, state, ZIP code) H.no:C-177, APUROOPA COLONY IDA JEEDIMETLA HYDERABAD, TELANGANA IN 500055												
В						,					-		
С													
1b	Type of Property	2 For each renta	al real estate prop	orty lie	stad		Fair	Rental	Per	sonal	Jse		
	(from list below)	above report	the number of fai	ir renta	land		C	Days		Days		QJV	
Α	3	personal use of	days. Check the e requirements to	QJV bo	ox only	Α		365		(<u>с</u>		
B	5	gualified joint	venture. See inst	ruction	is.	B		303			<u> </u>		
C					F	C							
	of Property:					•							
	le Family Residence	3 Vacation/Sho	rt-Term Rental	5 I an	d	7	Solf_	Rental					
-	ti-Family Residence	4 Commercial		6 Rov				r (describe)					
Incom			Properties:		anies	A	Othe	B				С	
3	Rents received			3			10.					•	
4	Royalties received .			4									
Expen				-									
5	Advertising			5									
6	Auto and travel (see in			6									
7	Cleaning and mainter			7		1.1	.00.						
8	Commissions			8									
9	Insurance			9									
10	Legal and other profe			10									
11	Management fees .			11		1.4	80.						
12	Mortgage interest pai			12									
13	Other interest		,	13									
14	Repairs			14		1,3	20.						
15	Supplies			15			50.						
16	Taxes			16									
17	Utilities			17		2,0	00.						
18	Depreciation expense			18		, -							
19	Other (list) ►	·		19									
20	Total expenses. Add			20		7,0	50.						
21	Subtract line 20 from	-											
	result is a (loss), see												
	file Form 6198			21		-6,4	40.						
22	Deductible rental real	l estate loss after lir	nitation, if anv.										
	on Form 8582 (see in			22 ((-6,44	10.)	()()
23a	Total of all amounts re	eported on line 3 for	r all rental prope	rties			23a		61	LO.			
b	Total of all amounts re	eported on line 4 for	r all royalty prope	erties			23b						
С	Total of all amounts re	eported on line 12 fe	or all properties				23c						
d	Total of all amounts re	eported on line 18 f	or all properties				23d						
е	Total of all amounts re	eported on line 20 fe	or all properties				23e		7,05	50.			
24	Income. Add positive	e amounts shown o	n line 21. Do no t	t inclue	de any lo	osses				24			
25	Losses. Add royalty lo	sses from line 21 and	l rental real estate	losses	from line	e 22. En	ter tota	al losses here		25 (6,440	.)
26	Total rental real esta	ate and royalty inc	ome or (loss).	Combii	ne lines	24 and	l 25. E	nter the res	ult				
	here. If Parts II, III, I												
	Schedule 1 (Form 104	40), line 5. Otherwis	e, include this ar	nount	in the to	tal on I	ine 41	on page 2		26		-б,44	Ο.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

88 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

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

Internal Revenue Service	Go to www.irs.gov/Form8889 for instructions and the generation of the second	ne latest informati
Name(s) shown on Form 10	40, 1040-SR, or 1040-NR	Social security numb

Name(s) shown on Form 1040. 1040-SR. or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
RAJESH BHUPATHIRAJU	have HSAs, see instructions ► 739-04-7348

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	spouse	Э.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.			
		× Se	f-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,			0
-	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 Form 8853,			5,555.
	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		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 older at the end of 2020, married, and you or your spouse had family coverage			0
0	under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.3,550.
8 9	Add lines 6 and 7 .	0		3,550.
10	Qualified HSA funding distributions 1 1 10			
11	Add lines 9 and 10	11		208.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		3,342.
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.			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	arate I	HSAs, d	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			
	withdrawn by the due date of your return. See instructions	14b		
C	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 -0 Also, include this 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			
Part	1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	-fore	
Fart	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct 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 For Paperwork Reduction Act Notice, see your tax return instructions.

21

\$	2522	Passive Activity Loss Limitat	ons		OMB No. 1545-1008		
Form	See separate instructions.						
Departm	ent of the Treasury	► Attach to Form 1040, 1040-SR, or 1041.			Attachment Sequence No. 858		
	► Go to www.irs.gov/Form8582 for instructions and the latest information.						
. ,) shown on return			Identifying			
-	SH BHUPATH			739-04	1-7348		
Part		ssive Activity Loss					
. .		Complete Worksheets 1, 2, and 3 before completing Part I.					
		Activities With Active Participation (For the definition of ac	tive participation,	see			
-		or Rental Real Estate Activities in the instructions.)	10	_			
		net income (enter the amount from Worksheet 1, column (a)) . net loss (enter the amount from Worksheet 1, column (b))	1a 1b (6,44	0.			
		allowed losses (enter the amount from Worksheet 1, column (c))	1c ()			
	-	1a, 1b, and 1c		, . 1d	-6,440.		
		zation Deductions From Rental Real Estate Activities		. 10	-0,440.		
		evitalization deductions from Worksheet 2, column (a)	2a (
		llowed commercial revitalization deductions from Worksheet 2,	20				
D	column (b)		2b (
с	Add lines 2a a			. 2c	()		
	her Passive Ac						
		net income (enter the amount from Worksheet 3, column (a)) .	3a				
		net loss (enter the amount from Worksheet 3, column (b))	3b ()			
с		allowed losses (enter the amount from Worksheet 3, column (c))	3c ()			
d	-	3a, 3b, and 3c		. 3d			
4	Combine lines	1d, 2c, and 3d. If this line is zero or more, stop here and inclu-	de this form with v	our			
		es are allowed, including any prior year unallowed losses entered	•				
	Report the loss	ses on the forms and schedules normally used		. 4	-6,440.		
	If line 4 is a los	s and: • Line 1d is a loss, go to Part II.					
		 Line 2c is a loss (and line 1d is zero or more), skip Pa 	rt II and go to Part	III.			
		 Line 3d is a loss (and lines 1d and 2c are zero or more 		•			
		status is married filing separately and you lived with your spous	e at any time durin	g the yea	r, do not complete		
		ad, go to line 15.					
Part		Allowance for Rental Real Estate Activities With Active	-				
		ter all numbers in Part II as positive amounts. See instructions for	an example.				
5		ller of the loss on line 1d or the loss on line 4		. 5	6,440.		
6		0. If married filing separately, see instructions	6 150,00 7 100,00				
7		adjusted gross income, but not less than zero. See instructions	7 108,84	.8.			
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on vise, go to line 8.					
8	Subtract line 7		8 41,15	2			
9		by 50% (0.50). Do not enter more than \$25,000. If married filing sepa			20,576.		
10		ller of line 5 or line 9	•				
10		oss, go to Part III. Otherwise, go to line 15.		. 10	0,440.		
Part		Allowance for Commercial Revitalization Deductions Fr	om Rental Real	Estate A	Activities		
	-	ter all numbers in Part III as positive amounts. See the example fo					
11		reduced by the amount, if any, on line 10. If married filing separat					
12		from line 4					
13		2 by the amount on line 10					
14		llest of line 2c (treated as a positive amount), line 11, or line 13					
Part		osses Allowed		· · ·			
15	Add the incom	e, if any, on lines 1a and 3a and enter the total		. 15	0.		
16	Total losses a	Illowed from all passive activities for 2020. Add lines 10, 14, an	d 15. See instructi	ons			
	to find out how	v to report the losses on your tax return		. 16			
For Pa	perwork Reduct	ion Act Notice, see instructions. BAA	REV 02/15/21 PRO		Form 8582 (2020)		

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
H.no:C-177, APUROOPA COLONY	0.	6,440.			6,440.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	6,440.				
Worksheet 2-For Form 8582, Lines 2	a and 2b (see ins	structions)				

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
2b			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Currer	nt year	Prior years	Overall gain or loss		
	(a) Net income (line 3a)	(a) Net income (line 3a)(b) Net loss (line 3b)(c) Unallowed loss (line 3c)		(d) Gain	(e) Loss	
Total. Enter on Form 8582, lines 3a, 3b, and 3c						

Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) oss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
H.no:C-177, APUROOPA COLONY	E Ln 22	6,440.	1.00000000	6,440.	0.
Total		6,440.	1.00	6,440.	0.

Worksheet 5-Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

REV 02/15/21 PRO

RETURN.			Arizona Form 140	F	lesident P	ersoi	nal Inco	ome Tax	Return	F	-	ENDAR YEAR	
	82F		heck box 82F	on OR FISCA	L YEAR BEGINI	NING L		12.0.2.0	AND ENDING				66F
Ξ		Your F	First Name and Middle Ini	tial		Last	t Name		Ente	r		Security Nu	
01	<u>1</u>		JESH se's First Name and Midd	lo Initial (if box 4 c	or 6 chockod)		IPATHIRA t Name	AJU	your			04 734 ocial Security	
. SN	٦Ì	spous			n o checkeu)	Las	Iname		SSN	(s).	150 5 50		y INU.
ANY ITEMS		Curre	nt Home Address - numb	er and street, rura	l route	I		Apt. No.	Dayt	ime Phone	(with a	irea code)	
ĭ,	2		01 N 19TH AVE					2031		480)38			
	3		own or Post Office DENIX	St	ate z		ZIP Code 85027		Last Names Use	d in Last Fou	ur Prior Y	'ear(s) (if diffe	erent) 97
DO NOT STAPLE		4	Married filing joint re		ured Spouse Pr	otection		ernavment	REVENUE USE	ONLY. DO N	OT MAR	K IN THIS AI	
ST/	TAT	5	Head of household.	-				страутист	88				
IOT	FILINGSTATUS			-									
0	L	6	Married filing separa	ate return. Enter s	pouse's name and	Social S	ecurity Numb	per above.					
	ΙĽ	7	Single	claimed. Do not	out a check ma	rk.							
		8	Age 65 or over (you	ı and/or spouse)	If completing lines	s 8, 9, and	l 11a, also con	nplete lines 38,					
	and 10b	9	Blind (you and/or sp	,	39, and 41. For lin				81 PM		80 F	CVD	
		10a 11a	Dependents: Under Qualifying parents a	-	10b Depe	ndents:	Age 17 and	over.					
	s 10a	110	(Box 10a and 10b): De		ion. See instruc	tions F	For more s	nace check	the box \Box and	complete	nage 4	Part 1	
	- Dependents			(a)		(b)	(C)	(d)	(e)		(f)	
	epen			ND LAST NAME yourself or spouse.)	S	OCIAL SE	CURITY NO.	RELATIONSH	LIVED IN YOUR	included	l in:	 if you did no this person on federal return of 	t claim your due to
	a - D			1					HOME IN 2020	1 (Box 10a) (E	2 3ox 10b)	educational cr	edits
	and 11a	10c								╞╞╡┼	⊢⊢	<u> </u>	
	9, ar	10d 10e									⊢⊢		
	ns 8,	(Box 11a): Qualifying parents and grandparents. See instru					ns. For mo	re space, cheo	k the box 🗌 an	d complete	e page 4	, Part 2.	
14(Exemptions			(a) ND LAST NAME		(b) CURITY NO.	(c) RELATIONSH	(d)	(e)		(f) ✓ IF DIED	
rm	Exen			yourself or spouse.)					LIVED IN YOUR HOME IN 2020	OVE	R	2020	
L F													
after Form 140		11b 11c											
its a			Federal adjusted gross	income (from yo	our federal retu	rn)				12		102,408	00
mer			Non-Arizona municipal ir										00
DCU	Additions		Partnership Income adjust Total federal depreciation							(00
r do	Addi		Net capital (loss) derived							ſ			00
the		17	Other Additions to Incom	e: Complete Adju	stments to Arizo	ona Gro	ss Income s	chedule on p	age 5	17			00
orc			Subtotal: Add lines 12 thr Total net capital gain or (18 30 00		102,408	00
les			Total net short-term capit							30 00			
npe			Total net long-term capita							00			
che			Net long-term capital gai							0 00		0	
AZ S			Multiply line 22 by 25% (0	00
pu/		This b	<u>Net capital gain derived f</u> box may be blank or may con	tain a printed barco	de of data from you	ur return.	25 Net o	apital gain ex	change of legal t	ender 25			00
al ai	ions	Ŭ	A THE PARAMETER AND A HIGH T	enere enere		14 III			ona depreciation				00
dera	Subtractions		C MALERINA DE LA 1		Cual La Da La Ca		1		e adjustment				00
fec	Sub				DHUHUHUHU DHUHUHUHU		1		bligations tate or local govt. pe				00
ired							1		ervices retired/retain				00
inb							30 U.S. S	Social Security	or Railroad Retirem	ent Act 30			00
y re		8				<u>0</u>	1	-	merican Indians				00
an			arden and a start a st	en and an	era Mandi	R)Ê I II	1		an active service m adjustment				00
Place any required federal and AZ schedules or other docume								· -	College Savings Pl				00
Р		ADOR	3 10413 (20)			A7 Fc	35 Subtra		ugh 34 from line18			102,408 Page	

	Your	Name (as shown on page 1)	Your Social Security Nur	nber				
	RAJ	RAJESH BHUPATHIRAJU 739-04-7348						
	20	Other Subtractions from Income Complete Adjustments to Adjust Complete Adjust	F	20		00		
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on			102,408	00		
suo	37	Subtract line 36 from line 35 and enter the difference			102,400			
	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00		
npti	39	Blind: Multiply the number in box 9 by \$1,500				00		
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00		
	41							
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"		İ	102,408 12,400			
Balance of Tax	43	Deductions: Check box and enter amount. See instructions			12,400	1		
	44	If you checked box 43 S and claim charitable deductions, check 44 C Complete page 3. See instr			00 000	00		
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			90,008 3,096			
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables				00		
	47							
	48							
	49	Dependent Tax Credit. See instructions				00		
	50	Family income tax credit (from the worksheet - see instructions)				00		
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			3,096			
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			2,938			
d s	53	2020 AZ income tax withheld	00 Add 54a and 54b		2,930	00		
s an redit	54					00		
nent le C	55	2020 AZ extension payment (Form 204)				00		
Payr	56	Increased Excise Tax Credit (from the worksheet - see instructions) Property Tax Credit from Arizona Form 140PTC				00		
Total Payments and Refundable Credits	57 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			2,938			
_ t	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			158			
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay				00		
erpa	62	Amount of line 61 to be applied to 2021 estimated tax				00		
О Та	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference				00		
Voluntary Gifts		- 74 Voluntary Gifts to:Assigned to Schools		00		100		
	•••	Child Abuse Prevention						
tary								
lunt		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations I I Didn't Pay Enough Fund						
Š	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian 753 Republican						
Ity		Estimated payment penalty		76		00		
enalty	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				100		
₽		Add lines 64 through 74 and 76; enter the total		78		00		
-		REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79		00		
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A						
und int C		C Checking or Chec						
Ref mou						1		
A	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write and include with your return		80	158	00		
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to				are		
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						
RE	➔	SOFTWARE ENGINEER						
Ē	Ī		CCUPATION			_		
Ī								
SIGN	→							
S			POUSE'S OCCUPATION			-		
EASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02212021 GLOBAL TAXES LI						
A		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I	,					
L L		2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS	30-1017					
	(F	Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	(678)96 PAID PREPARE		MBER	—		

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

EF	٧٧
20	20

Your First Name and Middle Initial	Last Name	Your Social Security Number
1 RAJESH	BHUPATHIRAJU	Enter 739 04 7348
Spouse's First Name and Middle Initial	Last Name	Spouse's Social Security No.
1		SSN(s).
Current Home Address - number and street, rural route	Apt. No.	Daytime Phone (with area code)
2 20401 N 19TH AVE	2031	94 (480)385-8052
City, Town or Post Office State	ZIP Code	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
3 PHOENIX AZ	85027	88
Please indicate the filing status below: Married filing joint return Head of household: Enter name of qualifying child or Married filing separate return: Enter spouse's name		
Single		81 PM 80 RCVD
Enter the amount of payment enclosed	\$ 158 <mark>00</mark>	

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.