

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>TEJASWI VYALLA</b>	Social security number <b>854-75-6424</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	90,019.
<b>2</b> Total tax . . . . .	<b>2</b>	12,863.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	16,092.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	3,229.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	6	4	2	4
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. 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 person is a child but not your dependent ▶

Your first name and middle initial <b>TEJASWI</b>	Last name <b>VYALLA</b>	Your social security number <b>854-75-6424</b>
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. <b>1015 E UNIVERSITY DR</b>		Apt. no. <b>203</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>TEMPE</b>	State <b>AZ</b>	ZIP code <b>85281</b>	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			<b>1</b>	<b>96,989.</b>
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>		<b>2b</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>38.</b>	<b>3b</b>	<b>38.</b>
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>		<b>4b</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>		<b>5b</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>		<b>6b</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>7</b>	<b>242.</b>
	<b>8</b> Other income from Schedule 1, line 9 . . . . .			<b>8</b>	<b>-6,950.</b>
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .			<b>9</b>	<b>90,319.</b>
	<b>10</b> Adjustments to income:				
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>			
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	<b>300.</b>		
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .			<b>10c</b>	<b>300.</b>
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .			<b>11</b>	<b>90,019.</b>
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>12</b>	<b>12,400.</b>
	<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			<b>13</b>	
	<b>14</b> Add lines 12 and 13 . . . . .			<b>14</b>	<b>12,400.</b>
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	<b>77,619.</b>

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	12,863.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	12,863.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,863.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	12,863.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	16,092.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	16,092.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	16,092.

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,229.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,229.
b	Routing number 1 2 1 0 0 0 3 5 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 6 5 2 1 8 9 9 4		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

**Amount You Owe**

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes.** Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>IT EMPLOYEE</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Date <b>02/23/2021</b>	PTIN <b>P02082703</b>	Check if: <input type="checkbox"/> Self-employed
Firm's name <b>GLOBAL TAXES LLC</b>	Phone no. <b>(678) 965-9522</b>			
Firm's address <b>2530 Pebble Creek Ln Cumming GA 30041</b>	Firm's EIN <b>30-1017196</b>			

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
854-75-6424

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-6,950.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-6,950.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	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 . . . . .	<b>22</b>	

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

TEJASWI VYALLA

Your social security number

854-75-6424

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your 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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	3,965.	3,985.	262.	242.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> 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 . . . . .				242.

**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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	242.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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.

Name(s) shown on return

TEJASWI VYALLA

Social security number or taxpayer identification number

854-75-6424

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.

- (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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	07/31/20	08/08/20	3,965.	3,985.	W	262.	242.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				3,965.	3,985.		262.	242.

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

TEJASWI VYALLA

854-75-6424

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	H.NO:2-63 MUNJAMPALLI PEDDAPALLI ANDHRA PRADESH IN 505416					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
<b>A</b>	3		<b>A</b>	183	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>			<input type="checkbox"/>
<b>C</b>			<b>C</b>			<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:	A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>	400.		
<b>4</b>	Royalties received . . . . .	<b>4</b>			

**Expenses:**

<b>5</b>	Advertising . . . . .	<b>5</b>			
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	800.		
<b>8</b>	Commissions. . . . .	<b>8</b>			
<b>9</b>	Insurance . . . . .	<b>9</b>			
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b>	Management fees . . . . .	<b>11</b>	980.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b>	Other interest. . . . .	<b>13</b>			
<b>14</b>	Repairs. . . . .	<b>14</b>	2,250.		
<b>15</b>	Supplies . . . . .	<b>15</b>	1,320.		
<b>16</b>	Taxes . . . . .	<b>16</b>			
<b>17</b>	Utilities. . . . .	<b>17</b>	2,000.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	7,350.		

**21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** . . . . . **21** -6,950.

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** (-6,950.)

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	400.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	7,350.	

**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** (6,950.)

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -6,950.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020





DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2020 AND ENDING 66F

Your First Name and Middle Initial TEJASWI Last Name VYALLA Your Social Security Number 854 75 6424 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 1015 E UNIVERSITY DR 203 94 (818) 384-3225 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) TEMPE AZ 85281 97

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line: 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents 81 PM 80 RCVD

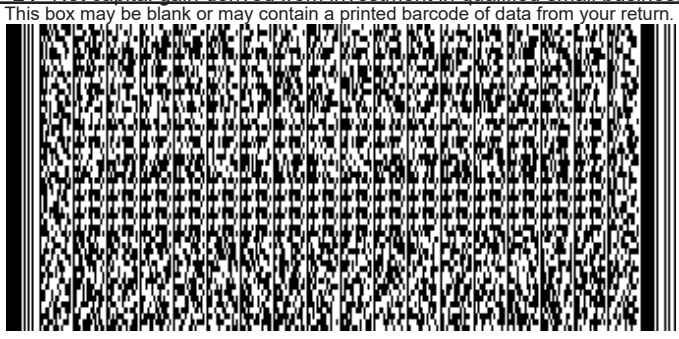
(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS.

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020.

Main tax return table with columns for line number, description, and amount. Includes sections for Additions (lines 12-18) and Subtractions (lines 19-35). Total amount shown as 90,019.00.



Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

Your Name (as shown on page 1) **TEJASWI VYALLA** Your Social Security Number **854-75-6424**

Exemptions	36	Other Subtractions from Income. Complete <i>Adjustments to Arizona Gross Income</i> schedule on page 5.....	36		00			
	37	Subtract line 36 from line 35 and enter the difference.....	37	90,019	00			
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00			
	39	Blind: Multiply the number in box 9 by \$1,500.....	39		00			
	40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00			
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00			
	42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	90,019	00			
	43	<b>Deductions: Check box and enter amount.</b> See instructions..... 43I <input type="checkbox"/> ITEMIZED...43S <input checked="" type="checkbox"/> STANDARD	43	12,400	00			
	44	If you checked box 43S and claim charitable deductions, check 44C <input checked="" type="checkbox"/> Complete page 3. See instructions.....	44	0	00			
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	77,619	00			
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46	2,580	00			
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31.....	47		00			
	48	Subtotal of tax: Add lines 46 and 47 and enter the total.....	48	2,580	00			
	49	Dependent Tax Credit. See instructions.....	49		00			
	50	Family income tax credit (from the worksheet - see instructions).....	50		00			
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61.....	51	2,354	00			
	52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	226	00			
	53	2020 AZ income tax withheld.....	53	401	00			
	54	2020 AZ estimated tax payments..54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b..	54c		00			
	55	2020 AZ extension payment (Form 204).....	55		00			
	56	Increased Excise Tax Credit (from the worksheet - see instructions).....	56		00			
	57	Property Tax Credit from Arizona Form 140PTC.....	57		00			
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00			
	59	<b>Total payments and refundable credits:</b> Add lines 53 through 58 and enter the total.....	59	401	00			
	Tax Due or Overpayment	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63.....	60		00		
61		<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment.....	61	175	00			
62		Amount of line 61 to be applied to 2021 estimated tax.....	62	0	00			
63		<b>Balance of overpayment:</b> Subtract line 62 from line 61 and enter the difference.....	63	175	00			
Voluntary Gifts	64 - 74 Voluntary Gifts to:		Solutions Teams Assigned to Schools..... 64 <input type="text" value="00"/>					
	Child Abuse Prevention..... 66 <input type="text" value="00"/>	Domestic Violence Services..... 67 <input type="text" value="00"/>	Arizona Wildlife..... 65 <input type="text" value="00"/>	Political Gift..... 68 <input type="text" value="00"/>				
	Neighbors Helping Neighbors.. 69 <input type="text" value="00"/>	Special Olympics..... 70 <input type="text" value="00"/>	Veterans' Donations Fund..... 71 <input type="text" value="00"/>	Spay/Neuter of Animals.. 74 <input type="text" value="00"/>				
	I Didn't Pay Enough Fund..... 72 <input type="text" value="00"/>	Sustainable State Parks and Road Fund..... 73 <input type="text" value="00"/>						
	75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican							
	76 Estimated payment penalty..... 76 <input type="text" value="00"/>							
	77 771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included							
Penalty	78 Add lines 64 through 74 and 76; enter the total.....					78		00
	79 <b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80.....					79	175	00
	<b>Direct Deposit of Refund: Check box 79A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. 79A <input type="checkbox"/>							
Refund or Amount Owed	<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: <input type="text" value="121000358"/> ACCOUNT NUMBER: <input type="text" value="325065218994"/>							
	80 <b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return.....					80		00

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OCCUPATION IT EMPLOYEE

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02232021 GLOBAL TAXES LLC  
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196  
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9522  
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

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

## 2020 Form 140 - Standard Deduction Increase for Charitable Contributions

**You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.**

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

**NOTE 1:** If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you **must** reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

**NOTE 2:** You **must** reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

**NOTE 3:** If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

<b>1C</b>	2020 Gifts by cash or check.....	<b>1C</b>	300	00
<b>2C</b>	2020 Other than by cash or check.....	<b>2C</b>		00
<b>3C</b>	Carryover from prior year.....	<b>3C</b>		00
<b>4C</b>	Add lines 1C through 3C and enter the total.....	<b>4C</b>	300	00
<b>5C</b>	If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See <b>Note 1</b> ).....	<b>5C</b>	300	00
<b>6C</b>	Total charitable contributions made in 2020 for which you are claiming a credit under Arizona law for the current (2020) or prior (2019) tax year.....	<b>6C</b>		00
<b>7C</b>	Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0".....	<b>7C</b>	0	00
<b>8C</b>	Multiply line 7C by 25% (.25) and enter the result.....	<b>8C</b>	0	00

- Enter the amount shown on line 8C on page 2, line 44.
- Be sure to check box **43S** for Standard Deduction on line 43.
- Check box **44C** for charitable deductions on line 44. If you do not check this box, you may be denied the increased standard deduction.



Your Name (as shown on page 1) TEJASWI VYALLA	Your Social Security Number 854-75-6424
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**Part 2 Application of Tax Credits and Recapture:** Enter tax, recapture tax, and tax credits used this taxable year.

28 Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 35 .....	28	2,580	00
29 Tax from recapture of Credits for Healthy Forest Enterprises from Form 332, Part 9, line 39, and Part 10, line 45.....	29	00	
30 Tax from recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19.....	30	00	
31 Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 36.....	31		00
32 Subtotal: Add lines 28 and 31 .....	32	2,580	00
33 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, line 38a; <b>plus</b> Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 38b .....	33		00
34 Subtract line 33 from line 32. Enter the difference. If less than zero, enter "0" .....	34	2,580	00

**Nonrefundable Tax Credits Used This Taxable Year:** Enter amounts actually used from Part 1.

35 Military Reuse Zone Credit.....Form 306 ▶	35	00	
36 Credit for Increased Research Activities – Individuals..... Form 308-I ▶	36	00	
37 Credit for Taxes Paid to Another State or Country.....Form 309 ▶	37	2,354	00
38 Credit for Solar Energy Devices.....Form 310 ▶	38	00	
39 Agricultural Water Conservation System Credit.....Form 312 ▶	39	00	
40 Pollution Control Credit.....Form 315 ▶	40	00	
41 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets.....Form 319 ▶	41	00	
42 Credit for Employment of TANF Recipients.....Form 320 ▶	42	00	
43 Credit for Contributions to Qualifying Charitable Organizations.....Form 321 ▶	43	00	
44 Credit for Contributions Made or Fees Paid to Public Schools.....Form 322 ▶	44	00	
45 Credit for Contributions to Private School Tuition Organizations.....Form 323 ▶	45	00	
46 Agricultural Pollution Control Equipment Credit.....Form 325 ▶	46	00	
47 Credit for Donation of School Site.....Form 331 ▶	47	00	
48 Credit for Employment by Healthy Forest Enterprises.....Form 332 ▶	48	00	
49 Credit for Employing National Guard Members.....Form 333 ▶	49	00	
50 Credit for Business Contribution by an S Corporation to School Tuition Organization - Individual..... Form 335-I ▶	50	00	
51 Credit for Solar Energy Devices – Commercial and Industrial Applications.....Form 336 ▶	51	00	
52 Credit for Investment in Qualified Small Businesses.....Form 338 ▶	52	00	
53 Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 19 or Part 2, line 32.....Form 340 ▶	53	00	
54 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I ▶	54	00	
55 Renewable Energy Production Tax Credit.....Form 343 ▶	55	00	
56 Credit for New Employment.....Form 345 ▶	56	00	
57 Additional Credit for Increased Research Activities for Basic Research Payments..Form 346 ▶	57	00	
58 Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the maximum allowable credit on Arizona Form 323) ..Form 348 ▶	58	00	
59 Credit for Contributions to Qualifying Foster Care Charitable Organizations.....Form 352 ▶	59	00	
60 Reserved for future use.....	60		
61 <b>Total Tax Credits Used:</b> Add lines 35 through 59. <b>Total cannot be more than line 34.</b> Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60; or Form 140X, line 39.....	61	2,354	00



Your Name (as shown on page 1)  
TEJASWI VYALLA

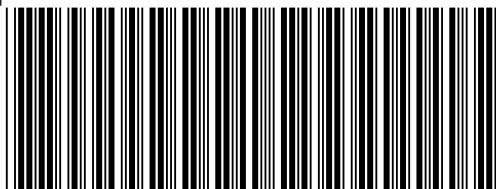
Your Social Security Number  
854-75-6424

### Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise skip this schedule. See pages 2 and 9 of the instructions.

	(a) Amount reported on your 2020 federal return	(b) Amount entered in column (a) reported on your 2020 Form 140	(c) Amount entered in column (a) reported on your 2020 return filed to your statutory state of residence	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
1 Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 00
2 Interest.....	\$ 00	\$ 00	\$ 00	\$ 00
3 Dividends.....	\$ 00	\$ 00	\$ 00	\$ 00
4 Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
5 Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 00
6 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 00
7 Other income reported on your federal return .....	\$ 00	\$ 00	\$ 00	\$ 00
8 Total Income: Add lines 1 through 7 .	\$ 00	\$ 00	\$ 00	\$ 00
9 Other federal adjustments: List on lines 9a through 9c:				
9a	\$ 00	\$ 00	\$ 00	\$ 00
9b	\$ 00	\$ 00	\$ 00	\$ 00
9c	\$ 00	\$ 00	\$ 00	\$ 00
9d Total adjustments: Add lines 9a through 9c for each column.....	\$ 00	\$ 00	\$ 00	\$ 00
10 Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00





**2020 Form 1-NR/PY**

MA20006011555

**Massachusetts Nonresident/Part-Year Resident  
Income Tax Return**

For the year January 1–December 31, 2020 or other taxable

Year beginning

Ending

TEJASWI

VYALLA

854756424

1015 E UNIVERSITY DR

TEMPE

AZ 85281

Fill in if:  Original return       Amended return       Amended return due to federal change

Apt. no. 203

**State Election Campaign Fund:**

\$1 You      \$1 Spouse      TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle  
or Sinai Peninsula

You      Spouse

Taxpayer deceased

You      Spouse

Fill in if under age 18

You      Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income      90319

b. Federal adjusted gross income      90019

1. Filing status (select one only):  Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From      To

3. Total days as Massachusetts resident      ÷ 365 =      3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

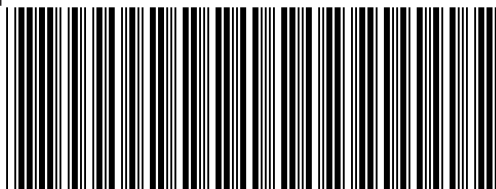
Date

Spouse's signature

Date

818-384-3225

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



# 2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

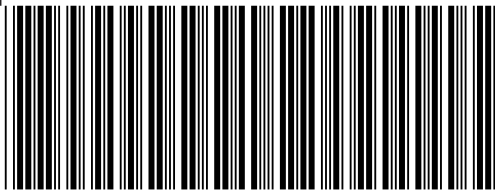
Part-Year Resident Income Tax Return

854756424

## 4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = 4b	
c. Age 65 or over before 2021	You + Spouse =	x \$700 = 4c	
d. Blindness	You + Spouse =	x \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	82124
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	-6950
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. <b>TOTAL 5.0% INCOME</b>		12	75174
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:			
	working days	miles	sales
	other:		
Working days (or other basis) outside Massachusetts			13a
Working days (or other basis) inside Massachusetts			13b
Total working days			13c
Nonworking days (holidays, weekends, etc.)			13d
Massachusetts ratio			13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f
Massachusetts income			13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2020 Form 1-NR/PY, pg. 3**

MA20006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

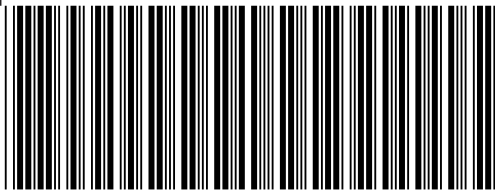
TEJASWI

VYALLA

854756424

<b>14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO</b>		
a. Total 5.0% income	14a	75174
b. Interest income	14b	
c. Total capital gain income	14c	242
d. Total income this return	14d	75416
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	14903
f. Total income	14f	90319
g. Deduction and exemption ratio	14g	0.8350
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	2000
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Child under age 13, or disabled dependent/spouse care expenses	16	
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) <b>Not more than two.</b> a. $\times \$3,600 = b.$ Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	17	
18. Rental deduction. a. Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future	$\div 2 = 18$	
19. Other deductions from Schedule Y, line 19	19	
20. <b>Total deductions.</b> Add lines 15 through 19	20	2000
21. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	21	73174
22. Exemption amount. a. 4400	22	3674
23. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	23	69500
24. <b>INTEREST AND DIVIDEND INCOME</b>	24	
25. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24	25	69500
26. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	3475

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



**2020 Form 1-NR/PY, pg. 4**

MA20006041555

Massachusetts Nonresident/

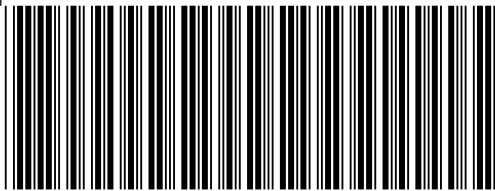
Part-Year Resident Income Tax Return

854756424

27.	12% INCOME. Not less than "0." a.	242	x .12 =27	29
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS		28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
29.	Credit recapture amount (from Credit Recapture Schedule)		29	
30.	Additional tax on installment sale		30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	TOTAL INCOME TAX. Add lines 26 through 30.		32	3504
33.	Limited Income Credit		33	
34.	Income tax due to another state or jurisdiction		34	
35.	Other credits (from Credit Manager Schedule)		35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"		36	3504
37.	<b>Voluntary Contributions</b>			
	a. Endangered Wildlife Conservation		37a	
	b. Organ Transplant Fund		37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		37c	
	d. Massachusetts U.S. Olympic Fund		37d	
	e. Massachusetts Military Family Relief Fund		37e	
	f. Homeless Animal Prevention and Care		37f	
	Total. Add lines 37a through 37f		37	
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	
39.	Health care penalty a. You + b. Spouse		39	
40.	Amended return only. Overpayment from original return		40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40		41	3504

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





# 2020 Schedule B

MA20010011555

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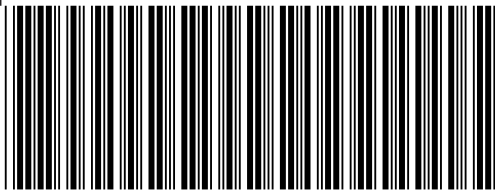
854756424

## Part 1. Interest and Dividend Income

1. Total interest income	1	
2. Total ordinary dividends	2	38
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	38
5. Total interest from Massachusetts banks	5	
6a. Other interest and dividends to be excluded	6a	
6b. Part-year/Nonresidents only	6b	38
7. Subtotal	7	
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	

## Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	242
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a. Add lines 10 through 12	13a	242
13b. Part-year/Nonresidents only	13b	
13c. Subtract line 13b from line 13a. Not less than 0	13c	242
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	242
16. Massachusetts short-term capital losses	16	
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	



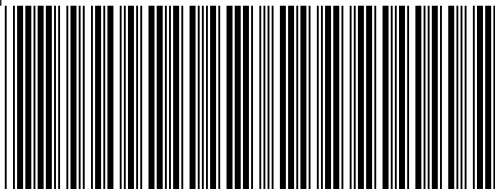
**2020 Schedule B, pg. 2**

854756424 MA20010021555

19a. Combine lines 15 through 18	19a	242
19b. Part-year/Nonresidents only	19b	
19c. Exclude line 19b losses from line 19a	19c	242
20. Short-term losses applied against interest and dividends	20	
21. Available short-term losses	21	
22. Short-term losses applied against long-term gains	22	
23. Short-term losses available for carryover in 2021	23	
24. Short-term gains and long-term gains on collectibles	24	242
25. Long-term losses applied against short-term gain	25	
26. Subtotal	26	242
27. Long-term gains deduction	27	
28. Short-term gains after long-term gains deduction	28	242

**Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles**

29. Enter the amount from line 9	29	
30. Short-term losses applied against interest and dividends	30	
31. Subtotal interest and dividends	31	
32. Long-term losses applied against interest and dividends	32	
33. Adjusted interest and dividends	33	
34. Enter the amount from line 28	34	242
35. Adjusted gross interest, dividends and certain capital gains	35	242
36. Excess exemptions	36	
37. Subtract line 36 from line 35	37	242
38. Interest and dividends taxable at 5.0%	38	
39. Taxable 12% capital gains	39	242
40. Available short-term losses for carryover in 2021	40	



**2020 Schedule INC**

MA20INC011555

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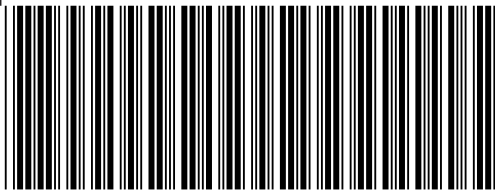
854756424

**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
272524034	4006	82124	6283		W2

TOTALS	4006	82124	6283		
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## 2020 Schedule NTS-L-NRPY

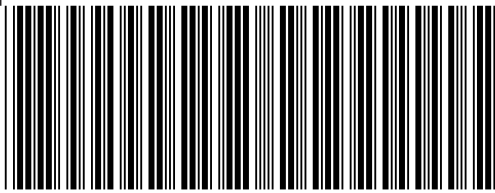
MA20021011555

No Tax Status and Limited Income Credit

854756424

### Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	75174
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	75174
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	242
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	14903
8. Total income. Combine lines 3 through 7	8	90319
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	90319
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



**2020 Schedule E**

MA20013041555

TEJASWI

VYALLA

854756424

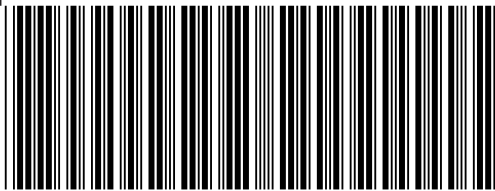
**Income or Loss from Real Estate and Royalties**

**Income**

1. Rents received	1	400
2. Royalties received	2	

**Expenses**

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	980
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	2250
13. Supplies	13	1320
14. Taxes	14	
15. Utilities	15	2000
16. Other expenses	16	
17. Add lines 3 through 16	17	7350
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7350
20. Income or loss from rental real estate or royalty properties	20	-6950
21. Deductible rental real estate loss	21	-6950
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-6950
24. Rental real estate and royalty income or loss	24	-6950



## 2020 Schedule E, pg. 2

MA20013051555

854756424

### Income or Loss from Partnerships and S Corporations

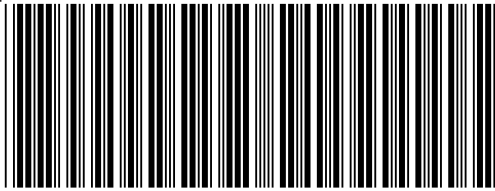
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

### Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

### Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



**2020 Schedule E, pg. 3**

MA20013061555

854756424

**Farm Income**

54. Net farm rental income or loss

54

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-6950

56. Massachusetts differences Enclose statements

56

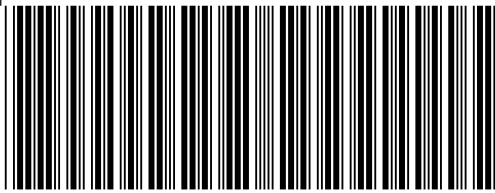
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-6950



**2020 Schedule E-1**

MA20013011555

TEJASWI

VYALLA

854756424

H.NO: 2-63

H.NO: 2-63 MUNJAMPALLI PEDDAPALLI

Check one:  Real estate  Royalty  Rental property used for short-term rentals

**Income or Loss from Real Estate and Royalties**

**Income**

1. Rents received	1	400
2. Royalties received	2	

**Expenses**

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	980
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	2250
13. Supplies	13	1320
14. Taxes	14	
15. Utilities	15	2000
16. Other expenses	16	
17. Add lines 3 through 16	17	7350
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7350
20. Income or loss from rental real estate or royalty properties	20	-6950
21. Deductible rental real estate loss	21	-6950
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-6950
24. Rental real estate and royalty income or loss	24	-6950
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

**Other Interest and Dividends  
 Excluded Statement**

**2020**

▶ Attach to your return

**Statement** EXCL

Name as Shown on Return TEJASWI VYALLA		Social Security No. 854-75-6424
<b>1</b>	Any interest on U.S. debt obligations (including its territories or dependencies) . . . . .	<b>1</b> _____
<b>2</b>	Any interest and dividends taxed directly to Massachusetts estates and trusts . . . . .	<b>2</b> _____
<b>3</b>	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2 . . . . .	<b>3</b> _____
<b>4</b>	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3 . . . . .	<b>4</b> _____
<b>5</b>	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions . . . . .	<b>5</b> _____
<b>6</b>	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F. . . . .	<b>6</b> _____
<b>7</b>	Any interest on pre-retirement distributions from state and municipal contributory pension plans . . . . .	<b>7</b> _____
<b>8</b>	Other: _____ _____ _____	<b>8</b> _____ _____ _____
<b>9</b>	<b>Total to Schedule B, line 6a</b> . . . . .	<b>9</b> _____

<b>Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends</b>	
Note: Only use this worksheet if you are not filing as a full year Massachusetts resident.	
<b>A</b>	Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 . . . . . <u>38</u>
<b>B</b>	Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts . . . . . <u>0</u>
<b>C</b>	Massachusetts excludable interest and dividends (A minus B). Also enter amount on Schedule B, line 6b. . . . . <u>38</u>



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2020**  
**Massachusetts**  
**Department of**  
**Revenue**

**Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.**

Your first name and initial <b>TEJASWI VYALLA</b>	Last name <b>VYALLA</b>	Your Social Security number <b>854756424</b>
--	----------------------------	---

If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
--	-----------	---------------------------------

Present street address (and apartment number)  
**1015 E UNIVERSITY DR APT NO 203**

City/Town/Post Office <b>TEMPE</b>	State <b>AZ</b>	Zip <b>85281</b>	Filing status: <input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly
			<input type="checkbox"/> Married filing separately	<input type="checkbox"/> Head of household

### Part 1. Tax Return Information for Electronic Filing

<b>1</b> Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .	<b>1</b>	75174
<b>2</b> Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .	<b>2</b>	3504
<b>3</b> Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .	<b>3</b>	
<b>4</b> Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . .	<b>4</b>	4006
<b>5</b> Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54) . . . . .	<b>5</b>	502
<b>6</b> Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55) . . . . .	<b>6</b>	

### Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, <b>both</b> must sign)	Date
----------------	------	---	------

### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
	<b>02232021</b>	<b>301017196</b>	

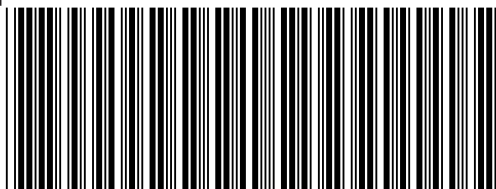
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	<input type="checkbox"/> Check if also paid preparer
<b>GLOBAL TAXES LLC 2530 PEBBLE CREEK LN</b>	<b>CUMMING</b>	<b>GA</b>	<b>30041</b>	

### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
	<b>P02082703</b>	<b>02232021</b>	<b>301017196</b>

Firm name (or yours, if self-employed) and address	City/Town	State	Zip
<b>SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN</b>	<b>CUMMING</b>	<b>GA</b>	<b>30041</b>



**2020 Form 1-NR/PY**

MA20006011555

**Massachusetts Nonresident/Part-Year Resident  
Income Tax Return**

For the year January 1–December 31, 2020 or other taxable

Year beginning

Ending

TEJASWI

VYALLA

854756424

1015 E UNIVERSITY DR

TEMPE

AZ 85281

Fill in if:  Original return       Amended return       Amended return due to federal change

Apt. no. 203

**State Election Campaign Fund:**

\$1 You      \$1 Spouse      TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

You      Spouse

Taxpayer deceased

You      Spouse

Fill in if under age 18

You      Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income      90319

b. Federal adjusted gross income      90019

1. Filing status (select one only):  Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From      To

3. Total days as Massachusetts resident      ÷ 365 =      3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

Date

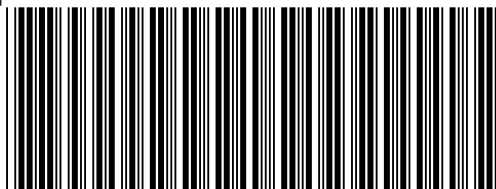
Spouse's signature

Date

818-384-3225

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





# 2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

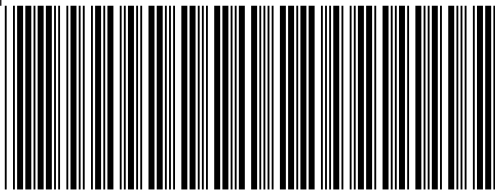
Part-Year Resident Income Tax Return

854756424

## 4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = 4b	
c. Age 65 or over before 2021	You + Spouse =	x \$700 = 4c	
d. Blindness	You + Spouse =	x \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	82124
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	-6950
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. <b>TOTAL 5.0% INCOME</b>		12	75174
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:			
Working days (or other basis) outside Massachusetts		13a	
Working days (or other basis) inside Massachusetts		13b	
Total working days		13c	
Nonworking days (holidays, weekends, etc.)		13d	
Massachusetts ratio		13e	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	
Massachusetts income		13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2020 Form 1-NR/PY, pg. 3**

MA20006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

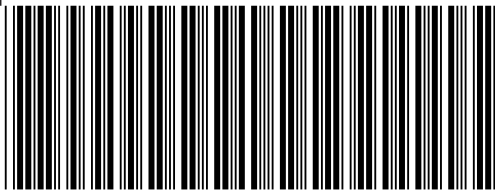
TEJASWI

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854756424

<b>14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO</b>		
a. Total 5.0% income	14a	75174
b. Interest income	14b	
c. Total capital gain income	14c	242
d. Total income this return	14d	75416
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	14903
f. Total income	14f	90319
g. Deduction and exemption ratio	14g	0.8350
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	2000
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Child under age 13, or disabled dependent/spouse care expenses	16	
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) <b>Not more than two.</b> a. $\times \$3,600 = b.$ Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	17	
18. Rental deduction. a. Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future	$\div 2 = 18$	
19. Other deductions from Schedule Y, line 19	19	
20. <b>Total deductions.</b> Add lines 15 through 19	20	2000
21. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	21	73174
22. Exemption amount. a. 4400	22	3674
23. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	23	69500
24. <b>INTEREST AND DIVIDEND INCOME</b>	24	
25. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24	25	69500
26. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	3475

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



**2020 Form 1-NR/PY, pg. 4**

MA20006041555

Massachusetts Nonresident/

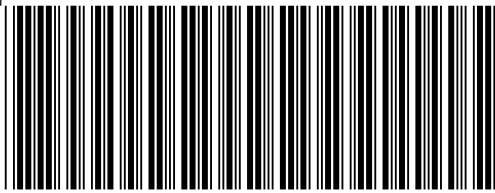
Part-Year Resident Income Tax Return

854756424

27.	12% INCOME. Not less than "0."	a.	242	x .12 =	27	29
28.	<b>TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS				28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28					
29.	Credit recapture amount (from Credit Recapture Schedule)				29	
30.	Additional tax on installment sale				30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32					
32.	<b>TOTAL INCOME TAX.</b> Add lines 26 through 30.				32	3504
33.	Limited Income Credit				33	
34.	Income tax due to another state or jurisdiction				34	
35.	Other credits (from Credit Manager Schedule)				35	
36.	<b>INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. <b>Not less than "0"</b>				36	3504
37.	<b>Voluntary Contributions</b>					
	a. Endangered Wildlife Conservation				37a	
	b. Organ Transplant Fund				37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund				37c	
	d. Massachusetts U.S. Olympic Fund				37d	
	e. Massachusetts Military Family Relief Fund				37e	
	f. Homeless Animal Prevention and Care				37f	
	Total. Add lines 37a through 37f				37	
38.	Use tax due on Internet, mail order and other out-of-state purchases				38	
39.	Health care penalty a. You + b. Spouse				39	
40.	<b>Amended return only.</b> Overpayment from original return				40	
41.	<b>INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 40				41	3504

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





# 2020 Schedule B

MA20010011555

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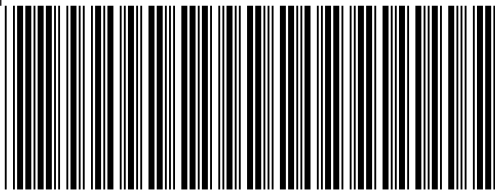
854756424

## Part 1. Interest and Dividend Income

1. Total interest income	1	
2. Total ordinary dividends	2	38
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	38
5. Total interest from Massachusetts banks	5	
6a. Other interest and dividends to be excluded	6a	
6b. Part-year/Nonresidents only	6b	38
7. Subtotal	7	
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	

## Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	242
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a. Add lines 10 through 12	13a	242
13b. Part-year/Nonresidents only	13b	
13c. Subtract line 13b from line 13a. Not less than 0	13c	242
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	242
16. Massachusetts short-term capital losses	16	
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	



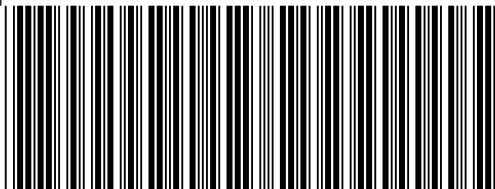
**2020 Schedule B, pg. 2**

854756424 MA20010021555

19a. Combine lines 15 through 18	19a	242
19b. Part-year/Nonresidents only	19b	
19c. Exclude line 19b losses from line 19a	19c	242
20. Short-term losses applied against interest and dividends	20	
21. Available short-term losses	21	
22. Short-term losses applied against long-term gains	22	
23. Short-term losses available for carryover in 2021	23	
24. Short-term gains and long-term gains on collectibles	24	242
25. Long-term losses applied against short-term gain	25	
26. Subtotal	26	242
27. Long-term gains deduction	27	
28. Short-term gains after long-term gains deduction	28	242

**Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles**

29. Enter the amount from line 9	29	
30. Short-term losses applied against interest and dividends	30	
31. Subtotal interest and dividends	31	
32. Long-term losses applied against interest and dividends	32	
33. Adjusted interest and dividends	33	
34. Enter the amount from line 28	34	242
35. Adjusted gross interest, dividends and certain capital gains	35	242
36. Excess exemptions	36	
37. Subtract line 36 from line 35	37	242
38. Interest and dividends taxable at 5.0%	38	
39. Taxable 12% capital gains	39	242
40. Available short-term losses for carryover in 2021	40	



**2020 Schedule INC**  
MA20INC011555

TEJASWI

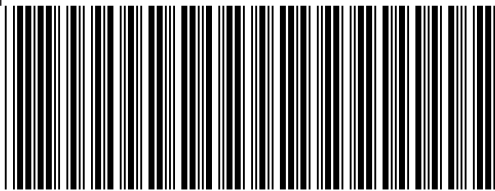
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**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
272524034	4006	82124	6283		W2

TOTALS	4006	82124	6283		
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# 2020 Schedule NTS-L-NRPY

MA20021011555

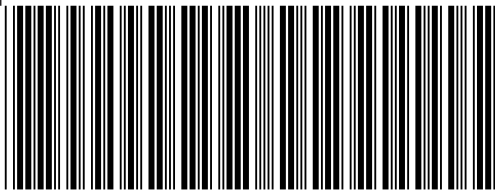
No Tax Status and Limited Income Credit

854756424

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	75174
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	75174
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	242
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	14903
8. Total income. Combine lines 3 through 7	8	90319
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	90319
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	





**2020 Schedule E**

MA20013041555

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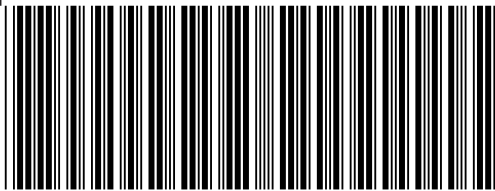
**Income or Loss from Real Estate and Royalties**

**Income**

1. Rents received	1	400
2. Royalties received	2	

**Expenses**

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	980
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	2250
13. Supplies	13	1320
14. Taxes	14	
15. Utilities	15	2000
16. Other expenses	16	
17. Add lines 3 through 16	17	7350
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7350
20. Income or loss from rental real estate or royalty properties	20	-6950
21. Deductible rental real estate loss	21	-6950
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-6950
24. Rental real estate and royalty income or loss	24	-6950



## 2020 Schedule E, pg. 2

MA20013051555

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### Income or Loss from Partnerships and S Corporations

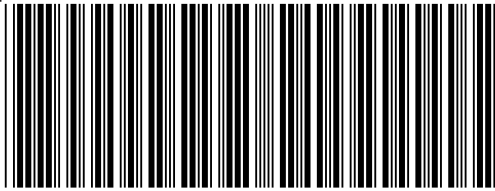
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

### Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

### Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



**2020 Schedule E, pg. 3**

MA20013061555

854756424

**Farm Income**

54. Net farm rental income or loss

54

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-6950

56. Massachusetts differences Enclose statements

56

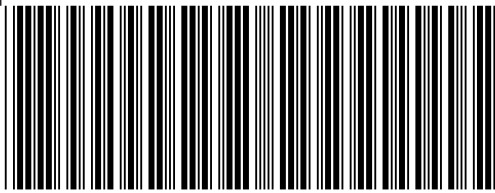
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-6950



2020 Schedule E-1

MA20013011555

TEJASWI

VYALLA

854756424

H.NO: 2-63

H.NO: 2-63 MUNJAMPALLI PEDDAPALLI

Check one: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	400
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	980
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	2250
13. Supplies	13	1320
14. Taxes	14	
15. Utilities	15	2000
16. Other expenses	16	
17. Add lines 3 through 16	17	7350
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7350
20. Income or loss from rental real estate or royalty properties	20	-6950
21. Deductible rental real estate loss	21	-6950
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-6950
24. Rental real estate and royalty income or loss	24	-6950
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

**Other Interest and Dividends  
 Excluded Statement**

**2020**

▶ Attach to your return

**Statement** EXCL

Name as Shown on Return TEJASWI VYALLA		Social Security No. 854-75-6424
<b>1</b>	Any interest on U.S. debt obligations (including its territories or dependencies) . . . . .	<b>1</b> _____
<b>2</b>	Any interest and dividends taxed directly to Massachusetts estates and trusts . . . . .	<b>2</b> _____
<b>3</b>	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2 . . . . .	<b>3</b> _____
<b>4</b>	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3 . . . . .	<b>4</b> _____
<b>5</b>	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions . . . . .	<b>5</b> _____
<b>6</b>	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F. . . . .	<b>6</b> _____
<b>7</b>	Any interest on pre-retirement distributions from state and municipal contributory pension plans . . . . .	<b>7</b> _____
<b>8</b>	Other: _____ _____ _____	<b>8</b> _____ _____ _____
<b>9</b>	<b>Total to Schedule B, line 6a</b> . . . . .	<b>9</b> _____

<b>Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends</b>	
Note: Only use this worksheet if you are not filing as a full year Massachusetts resident.	
<b>A</b>	Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 . . . . . <u>38</u>
<b>B</b>	Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts . . . . . <u>0</u>
<b>C</b>	Massachusetts excludable interest and dividends (A minus B). Also enter amount on Schedule B, line 6b. . . . . <u>38</u>

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

TEJASWI VYALLA

Your social security number

854-75-6424

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your 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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	3,965.	3,985.	262.	242.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> 242.

**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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	242.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

TEJASWI VYALLA

854-75-6424

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	H.NO:2-63 MUNJAMPALLI PEDDAPALLI ANDHRA PRADESH IN 505416					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>	
<b>A</b>	3		<b>A</b>	183	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>			<input type="checkbox"/>
<b>C</b>			<b>C</b>			<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>	400.		
<b>4</b>	Royalties received . . . . .	<b>4</b>			

**Expenses:**

<b>5</b>	Advertising . . . . .	<b>5</b>			
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	800.		
<b>8</b>	Commissions. . . . .	<b>8</b>			
<b>9</b>	Insurance . . . . .	<b>9</b>			
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b>	Management fees . . . . .	<b>11</b>	980.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b>	Other interest. . . . .	<b>13</b>			
<b>14</b>	Repairs. . . . .	<b>14</b>	2,250.		
<b>15</b>	Supplies . . . . .	<b>15</b>	1,320.		
<b>16</b>	Taxes . . . . .	<b>16</b>			
<b>17</b>	Utilities. . . . .	<b>17</b>	2,000.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	7,350.		

**21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** . . . . . **21** -6,950.

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** (-6,950.)

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	400.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	7,350.	

**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** (6,950.)

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -6,950.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020