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

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

Your first name and middle initial   Last name   KRISHNA MOHAN   CHILUVERU   221-53-4824     If joint return, spouse's first name and middle initial   Last name   Spouse's social security number   SHIRISHA   KONDLA   124-02-5113     Home address (number and street). If you have a P.O. box, see instructions.   Apt. no.   2071   Check here if you, or your   Spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change   Foreign country name   Foreign province/state/county   Foreign postal code   You   Spouse   Standard   Poduction   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   Dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit for other dependents   See instructions   Child tax credit   Credit f	Filing Status Check only one box.	If yo	Single X Married filing jointly Under the none on is a child but not your dependen	name of y									
If joint return, spouse's first name and middle initial  SHIRISHA  Home address (number and street). If you have a P.O. box, see instructions.  6467 TRANQUILO  City, town, or post office. If you have a foreign address, also complete spaces below.  IRVING  Foreign country name  Foreign province/state/county  Foreign province/state/county  Foreign postal code  TX  TS  TS  TS  TS  TS  TS  TS  TS  TS	Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial securi	ity number
SHIRISHA KONDLA 124-02-5113  Home address (number and street). If you have a P.O. box, see instructions. 6 467 TRANQUILO City, town, or post office. If you have a foreign address, also complete spaces below. IRVING TX 75039 Foreign country name  Foreign province/state/county  Foreign province/state/county  Foreign postal code TX 75039  Foreign postal code TY Tourispn postal code Ty Touri	KRISHNA	MOH	AN	CHIL	UVERU					2	221-	53-482	24
Home address (number and street). If you have a P.O. box, see instructions.  6467 TRANQUILO  City, town, or post office. If you have a foreign address, also complete spaces below.  IRVING  Foreign country name  Foreign province/state/county  Foreign province/state/county  Foreign postal code  Apt. no. 2071  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.  You Spouse  At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes No  Standard 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  Dependents (see instructions):  If more (1) First name Last name In unmber In your spouse in the four dependents and check here   1 Wages, salaries, tips, etc. Attach Form(s) W-2  Attach 2a Tax-exempt interest . 2a b Taxable interest	If joint return, s	pouse's	first name and middle initial	Last nar	me					S	Spouse'	s social se	curity number
City, town, or post office. If you have a foreign address, also complete spaces below.  IRVING  Foreign country name  Foreign province/state/county  Foreign province/state/county  Foreign postal code  You Spouse  At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No  Standard  Deduction  Someone can claim: You as a dependent Your spouse as a dependent  Deduction  Age/Blindness You: Were born before January 2, 1956 Are blind  Dependents (see instructions):  If more  (1) First name  Last name  Last name  Last name  Last name  1 Wages, salaries, tips, etc. Attach Form(s) W-2  Attach  Sch. B if  3a Qualified dividends  3a Qualified dividends  3a Qualified dividends  State  ZIP code  TX  75 0 39  State  ZIP code  TX  75 0 39  Foreign postal code  Your spouse at a dependent  In you spouse as a dependent  Your spouse itemizes in any virtual currency? Yes No  No  Standard  Someone can claim: You as a dependent  Your spouse as a dependent  Your sp	SHIRISH	A		KOND	LA						124-	02-511	.3
City, town, or post office. If you have a foreign address, also complete spaces below.  IRVING  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  Age/Blindness You: Were born before January 2, 1956 Are blind  Dependents (see instructions):  If more than four dependents, see instructions and check here     Attach  Attach  2a Tax-exempt interest . 2a  Delugiliged dividends . 3a  Qualified dividends . 3a  Augulgified dividends . 3	Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	F	reside	ntial Electi	ion Campaign
TRYING  Foreign country name  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign postal code  TX  TX  TS 039  box below will not change your tax or refund.  You Spouse  At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No  Standard  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  Dependents (see instructions):  If more (1) First name Last name number to you Child tax credit Credit for other dependents than four dependents, see instructions and check here   TX  75039  You Spouse  You Spouse  You Spouse: Was born before January 2, 1956 Is blind  Spouse: Was born before January 2, 1956 Is blind  Credit for other dependents to you Child tax credit Credit for other dependents and check here   TX  75039  TX  75039  TX  TX  75039  TX  TX  TX  TX  TX  TX  TX  TX  TX  T	6467 TR	ANQU:	ILO						2071				
TRY 175	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	ite	ZIP	code				
Foreign country name  Foreign province/state/county  Foreign postal code  Your tax or refund.  You Spouse  At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes No  Standard 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  Dependents (see instructions):  If more than four dependents, see instructions and check here   Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if 3a Qualified dividends  Age/Blindness You:  Foreign postal code  Your Spouse  You Shouse  Your Spouse as a dependent  Your Spouse  Your Yes No  No  1 1 195, 387.	IRVING					T	X	75	5039				
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  Dependents (see instructions):  If more than four dependents, see instructions and check here   1  Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if Ordinary dividends  3  Outslifted dividends  3  Outslifted dividends  4  Portinary dividends  3  Outslifted dividends	Foreign country	y name		F	oreign province/stat	e/coun	ty	For	eign postal co				•
Standard Deduction  Someone can claim:												You	Spouse
Deduction       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         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions and check here ▶       Image:	At any time du	ıring 20	020, did you receive, sell, send, exc	hange, o	or otherwise acquir	e any	financial in	terest ir	n any virtua	ıl curre	ency?	Yes	⊠ No
Dependents (see instructions):  If more than four dependents, see instructions and check here ▶      1   Wages, salaries, tips, etc. Attach Form(s) W-2   Market Sch. B if   Sa. Qualified dividends		_						nt					
Dependents (see instructions):  If more than four dependents, see instructions and check here ▶      1   Wages, salaries, tips, etc. Attach Form(s) W-2   Market Sch. B if   Sa. Qualified dividends	Age/Blindness	s You:	Were born before January 2 1	956	Are blind S	กดมระ		born be	efore Janua	arv 2	1956	□lsh	lind
If more than four dependents, see instructions and check here ▶ □  Mages, salaries, tips, etc. Attach Form(s) W-2		-											
than four dependents, see instructions and check here     1   Wages, salaries, tips, etc. Attach Form(s) W-2   1   195, 387.     Attach   2a   Tax-exempt interest   2a   b Taxable interest   2b     Sch. B if   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   6   b Ordinary dividends   3b   6     Attach   3a   Qualified dividends   3a   Chapter   3a   C	•	•	*			ity	` '		1				
dependents, see instructions and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		(1)	Tat name Last name				,		Orina ti		-	Orcait for or	
and check here ▶ □    The standard of the sta										_			<del> </del>
here ▶ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		s ——								_			Ħ
Attach  2a Tax-exempt interest										_			=
Attach  2a Tax-exempt interest		1	Wages salaries tips etc Attach F	Form(s) \	N-2						1	T 1	95 387
Sch. B if 3a Qualified dividends 3a 6 b Ordinary dividends 3h 6	Attach			1, ,		 h ]	avahla inte	roet			-		3373071
			· –		6						_		
required. 4a IRA distributions 4b	required.						•						
5a Pensions and annuities 5a b Taxable amount 5b			_										
Standard 6a Social security benefits 6a b Taxable amount 6b	Standard		_										
Deduction for—  7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			· -		required If not re					 •		_	9 918
• Single or Married filing 8 Other income from Schedule 1, line 9			,		•	quiroc	i, oriook rioi	О.				_	
separately, 0 Add lines 1.2h.2h.4h.5h.6h.7 and 2.This is your total income	separately,		·			come						2	05.311
\$12,400 • Married filing <b>10</b> Adjustments to income:				ana o. i	mo io your <b>total m</b>	001110							03/311.
jointly or Prom Chhadula 1 line 20	jointly or		•					10a					
widow(er), h. Charitable contributions if you take the standard deduction. See instructions.	widow(er),		·			 inst عد	ructions						
\$24,800  • Head of  • Add lines 10a and 10b. These are your total adjustments to income			•				-	100		_	100		
household, 11 Subtract line 10e from line 0. This is your adjusted gross income	household,			•	•								05 311
\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income				•								_	
any box under 40 Could the second and the second an	any box under [				,	,	 1995-А				_		21,000.
Jeduction, 14 Add lines 12 and 13	Deduction,					51111							24 . 800
see instructions.  15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	see instructions.			from line	e 11. If zero or les	 s. ente	er -0				_	_	

Form 1040 (2020	))							Page <b>2</b>
	16	Tax (see instructions). Check if any from Forn	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	31,481.
	17					_	17	
	18	Add lines 16 and 17					18	31,481.
	19	Child tax credit or credit for other depender	nts				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,					22	31,481.
	23	Other taxes, including self-employment tax,					23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>		•			24	31,481.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b> 34	1,057		
	b	Form(s) 1099			25b		-	
	c	Other forms (see instructions)			25c		-	
	d	Add lines 25a through 25c					25d	34,057.
	26	2020 estimated tax payments and amount a					26	31,037.
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)			27		20	
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule			28		-	
If you have nontaxable							-	
combat pay,	29	American opportunity credit from Form 886	-		29		-	
see instructions.	30	Recovery rebate credit. See instructions .			30		-	
	31	Amount from Schedule 3, line 13			31		-	
	32	Add lines 27 through 31. These are your tot					32	24 055
	33	Add lines 25d, 26, and 32. These are your to					33	34,057.
Refund	34	If line 33 is more than line 24, subtract line 2			•		34	2,576.
	35a	Amount of line 34 you want <b>refunded to yo</b>	and the second second				35a	2,576.
Direct deposit? See instructions.	►b	Routing number X X X X X X X X	<del></del>		Checking	Savings		
	►d	Account number X X X X X X X X			<del> </del>			
	36	Amount of line 34 you want applied to your						
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe	now		▶	37	
You Owe For details on		Note: Schedule H and Schedule SE filers,	•	•	of the taxes you	owe for		
how to pay, see		2020. See Schedule 3, line 12e, and its instr			1 1			
instructions.	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to dis						N.
Designee		structions			_			X No
		signee's ne ▶	Phone no. ▶			sonal iden ber (PIN)		
Cian		der penalties of perjury, I declare that I have examin						st of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation		If th	ne IRS ser	nt you an Identity
	k.	_						IN, enter it here
Joint return?	<b>L</b>			SOFTWARE 1	ENGINEER	(se	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	tion			nt your spouse an
your records.	,			SOFTWARE	FNCTNFFD		e inst.) ▶	ection PIN, enter it here
	————	one no. (603)858-5175	Email address	1	AN10@GMAIL.C			
		eparer's name Preparer's signa	1	CH.KKISHUH.	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		מווסיית ייתוד אות		P0208	   2702	Self-employed
Preparer			NADAG MAN	GUPIA TALLAM	1 09/10/2021			
Use Only		m's name ► GLOBAL TAXES LLC	n Cummin	~ C7 20041				678)965-9522
		m's address ▶ 2530 Pebble Creek I	TI CUIIIIIII				n's EIN ▶	
Go to www.irs.go	ov/Forn	11040 for instructions and the latest information.		BAA	REV 07/28/21 PR	0		Form <b>1040</b> (2020)

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

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 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 Your social security number 221-53-4824 KRISHNA MOHAN CHILUVERU & SHIRISHA KONDLA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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 (h) Gain or (loss) (g) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . 65,210. 56,181. 889. 9,918. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-9,918. term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7

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

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

Schedule D (Form 1040) 2020 Page **2** 

#### Part III **Summary** 9,918. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

# Form **8949**

### **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

221-53-4824

KRISHNA MOHAN CHILUVERU & SHIRISHA KONDLA

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC | 01/01/20 | 07/14/20 9,918. 65,210. 56,181. W 889 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

**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.

65,210.

9,918.

889.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) ▶

56,181.

<b>D-40</b> < Stapic	le All		of Yo	our	2020	_		<u>i</u> na C	ncome Departmer	nt of Re		DOR Use Only			
For ca KRIS 6467 IRVI Filing S Were y	HNA TRA NG Status  you a our sp	MOHA ANQUI TX 7 TX 7 resident	020, c N LO 5039 1. Sing 4. Hea of N.( reside	CHI  GHI  GHI  GHI  GHI  GHI  GHI  GHI	LUVERU  X  old  ire year?  ntire year?	2. Marri 5. Quali	ed Filing fying Wid Yes	20 HIRIS 2071  Jointly low(er) No	and ending SHA Your S Spouse's S 3. Mar	KON SN: 221 SN: 124 ried Filing S Return for Return for	JDLA .534824 .025113 Separately deceased ta	Were you gra your 2020 fe Year spous xpayer. oouse.	se a veteran? anted an autor deral income Yes se died: Date of de Date of de	Yes matic extension tax return (Form No X	n 1040)?
to the	Fund, elect b	enter the	ne am u, or it	nount of you f married fili	r designati ng jointly, y	on on Pa	age 2, L ouse wer	ine 31. re out c	NC-EDU and (See instruction of the country or Court-App	on April 1	<i>information a</i> 15, 2021, and	l a U.S. citiz	ınd.)	ate your overpa	ayment
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Last Name (First 10 Characters) CHILUVERU 221534824 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 205311 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 205311 9. Deductions From Federal Adjusted Gross Income 9. 0 10. Child Deduction a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. 0 b. Enter the amount of the child deduction 10b. 0 11. N.C. Standard Deduction 11. Υ N.C. Itemized Deduction 11 11. Ν Deduction amount 11. 21500 11. 12a. 12. a. Add Lines 9, 10b, and 11 21500 b. Subtract amount on Line 12a from Line 8 12b. 183811 Part-year Residents and Nonresidents Taxable Percentage 13. 13. 0.0828 14. N.C. Taxable Income 14. 15220 15. N.C. Income Tax 15. 799 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 17. 799 17. Consumer Use Tax 18. 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 799 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 468 20b. Spouse's tax withheld 20b. 393 Other Tax Payments 21a. 2020 estimated tax 21a. 0 Paid with extension 21b. 21b. 0 0 21c. Partnership 21c. 21d. S Corporation 21d. 0 22. Amended Returns Only - Previous payments 22. 0 23. **Total Payments** 23. 861 24. Amended Returns Only - Previous refunds 0 24. 25. Subtract Line 24 from Line 23 25. 861 Tax Due 26a. 26a. 0 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU Exception to Underpayment of Estimated Tax EU Interest on the Underpayment of Estimated Income Tax 26e. 26e. 0 27. Pay this Amount 27. 0 62 28. Overpayment 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2021 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31. 31. N.C. Education Endowment Fund 0 0 32. N.C. Breast and Cervical Cancer Control Program 32. 0 33. Add Lines 29 through 32 33. 34. 62 34. Amount to be Refunded

## D-400 Sch PN (50)

8-12-20

#### 2020 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

DOR Use Only			
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If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

221534824 Last Name (First 10 Characters) CHILUVERU Your Social Security Number

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form. 22 16995 NRT Υ PYT Ν NRS PYS 23 205311 Part A. **Residency Status** Taxpayer is: (Select applicable box) Spouse is: (Select applicable box) Full-Year Resident X Nonresident ☐ Full-Year Resident ☐ Nonresident ☐ Part-Year Resident ☐ Part-Year Resident Date N.C. residency began Date N.C. residency ended Date N.C. residency began Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

1. 2. 3.	Wages, Salaries, Tips, Etc.		rom all sources	Amount of Column A subject to N.C. tax
	· ·	1.	195387	16995
3.	Taxable Interest	2.	0	0
	Taxable Dividends	3.	6	0
4.	Taxable Refunds, Credits, or Offsets			
	of State and Local Income Taxes	4.	0	0
5.	Alimony Received	5.	0	0
6.	Business Income or (Loss)	6.	0	0
7.	Capital Gain or (Loss)	7.	9918	0
8.	Other Gains or (Losses)	8.	0	0
9.	Taxable Amount of IRA Distributions	9.	0	0
10.	Taxable Amount of Pensions			
	and Annuities	10.	0	0
11.	Rental Real Estate, Royalties, Partnerships,			
	S-Corps, Estates, Trusts, Etc.	11.	0	0
12.	Farm Income or (Loss)	12.	0	0
13.	Unemployment Compensation	13.	0	0
14.	Taxable Amount of Social Security Benefits			
	or Railroad Retirement Benefits	14.	0	0
15.	Other Income	15.	0	0
16.	Total Income	16.	205311	16995
			COLUMN A	COLUMN B
lorth	Carolina Adjustments	Ente	er the amount from	Amount of Column A
		Forn	n D-400 Schedule S	subject to N.C. tax
17.	Additions			
	a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
	b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2		0	0
	c. Bonus Depreciation	17c.	0	0
	d. IRC Section 179 Expense	17d.	0	0
18.	e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income Total Additions	17e. 18.	0	0

Last Name (First 10 Characters) CHILUVERU Your Social Security Number 221534824

			COLUMN A	COLUMN B
		Enter	the amount from	Amount of Column A
		Form I	D-400 Schedule S	subject to N.C. tax
19.	Deductions			
	State or Local Income Tax Refund	19a.	0	0
	b. Interest From Obligations of the United States			
	or United States' Possessions	19b.	0	0
	c. Taxable Portion of Social Security or			
	Railroad Retirement Benefits	19c.	0	0
	d. Bailey Retirement Benefits	19d.	0	0
	e. Bonus Depreciation	19e.	0	0
	f. IRC Section 179	19f.	0	0
	g. Recognized IRC Section 1400Z-2 Gain	19g.	0	0
	h. Other Deductions From Federal Adjusted Gross			
	Income That Relate to Gross Income	19h.	0	0
20.	Total Deductions	20.	0	0
21.	Total Income Modified by N.C. Adjustments	21.	205311	16995
Part (	C. Part-Year Residents and Nonresidents Taxable Percentage	)		
22.	Enter the Amount From Column B, Line 21		22	2. 16995
23.	•		23	
23. 24.	Enter the Amount From Column A, Line 21 Part-Year Residents and Nonresident Taxable Percentage		23	

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