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

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

Filing Status	s 🗌 :	Single X Married filing jointly	Marrie	ed filing separately	(MFS) Hea	nd of hou	sehold (HOI	H) [Qua	lifying wid	dow(er)) (QW)
Check only one box.		ou checked the MFS box, enter the son is a child but not your depende		our spouse. If you	chec	ked the H	OH or Q\	N box, ente	er the	child's	name if t	:he qua	llifying
Your first name	iddle initial	Last na	me					١	Your social security number				
SRINIVASA REDDY KI				ARA					:	376-59-8436			
If joint return, spouse's first name and middle initial Last				me					8	Spouse's social security number			
PRANAVI			CHAN	IDY					9	977-92-5745			
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	F	reside	ntial Elect	ion Car	mpaign
5332 BO	ND S	T						309	- 1		nere if you		
City, town, or p	ost offi	ce. If you have a foreign address, also	complete s	paces below.	St	ate	ZIF	code		•	if filing joi		
IRVING				TX			7.				to go to this fund. Checking a box below will not change		
Foreign countr	y name		F	Foreign province/state/county			Fo	Foreign postal code		-			
											You		Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, c	r otherwise acquire	e any	financial i	nterest i	n any virtua	al curre	ency?	Yes	X	No.
Standard Deduction		neone can claim:	•				ent						
Age/Blindness	s You:	: Were born before January 2,	1956	Are blind Sp	ous	e: 🗌 Wa	s born b	efore Janua	ary 2,	1956	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relat	ionship	(4) 🗸	if qua	alifies for (see instructions):			
If more	(1) F	irst name Last name		number		to you		Child tax cred					
than four													
dependents, see instruction	. —												
and check													
here ►													
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1		94,3	372.
Attach	2a	Tax-exempt interest	2a		b ⁻	Γaxable int	erest			2b			
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary d	vidends			3b			
	4a	IRA distributions	4a		b Taxable amount					4b	,		
	5a	Pensions and annuities	5a		b T	Гахаble an	nount .			5b	,		
Standard Deduction for— • Single or	6a	Social security benefits	6a		b	Гахаble an	nount .			6b	,		
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □								7			80.
Married filing	8	Other income from Schedule 1, line 9											
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		94,4	152.
Married filing initial or	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
• Head of c Add lines 10a and 10b. These are your total adjustments to income								. ▶	100				
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				. ▶	11		94,4	152.
If you checked any box under	12	Standard deduction or itemized deductions (from Schedule A)								12		24,8	300.
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A							13	.			
Deduction, see instructions.	14	Add lines 12 and 13							14	14 24,800.			
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ent	er-0				15		69,6	52.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	7,966.
	17	Amount from Schedule 2, lir				_			17	
	18	Add lines 16 and 17							18	7,966.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	•						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	B. If zero or less.	enter -0					22	7,966.
	23	Other taxes, including self-e	*						23	0.
	24	Add lines 22 and 23. This is							24	7,966.
	25	Federal income tax withheld	-							. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	a	Form(s) W-2				25a	15.	301.		
	b	Form(s) 1099				25b				
	c	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	15,301.
	26	2020 estimated tax paymen							26	13,301.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27			20	
attach Sch. EIC.	28	Additional child tax credit. A				28			-	
If you have nontaxable	29									
combat pay,		American opportunity credit		•		30		100.		
see instructions.	30	Recovery rebate credit. See						100.		
	31	Amount from Schedule 3, line 13							-	100.
	32	Add lines 27 through 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments							32	
	33							. •	33	15,401.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	7,435.	
51	35a								35a	7,435.
Direct deposit? See instructions.	▶b					Checki	ng ∐ Sa ∷	avings		
	►d	Account number 4 8 3				+ +	_			
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. ▶	37	
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•				٦.,			
Designee		structions					Yes. Con	•		⊠ No
		signee's me ▶		Phone no. ▶				al identif r (PIN)		
Cian		der penalties of perjury, I declare	that I have examine		l accompanying sch	nedules ar				et of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature	Date Your occupation					IRS ser	nt you an Identity	
	k.	-	·					rotection PIN, enter it here		
Joint return?	L			SOFTWARE ENGINEER			<u> </u>	see inst.) ►		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	Date Spouse's occupation					the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.			HOME MAKER					see inst.)		
	———Ph	one no. (660)528-840	6	Email address	SRINIVASAREI		MATT. COM			
Paid Preparer Use Only		eparer's name	Preparer's signat		PICTIVIVADAREI	Date		PTIN		Check if:
		•	1 .		מווסדים דיםו.ד.או			02082	7703	Self-employed
		IPRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 09 m'sname ► GLOBAL TAXES LLC				. 0 / 0 .	,, <u>2021 E</u>			
		0500 - 117 - 1 00044						678)965-9522		
0-1				ur cummiti				Firm	s EIN 🕨	
GO TO WWW.Irs.go	υν/Forr	n1040 for instructions and the late	st information.		BAA	REV 0	7/28/21 PRO			Form 1040 (2020)

SCHEDULE D (Form 1040)

Capital Gains and Losses

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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.

Name(s) shown on return Your social security number 376-59-8436 SRINIVASA REDDY KEESARA & PRANAVI CHANDY 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) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 297. 217. 80. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 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 longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 80. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with

11

12

13

14

15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 80. • 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. 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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

Part I

Department of the Treasury

Social security number or taxpayer identification number

376-59-8436

SRINIVASA REDDY KEESARA & PRANAVI CHANDY

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

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 (sales price) from column (d) and disposed of and see Column (e) (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 (g) instructions Robinhood Securities LLC 03/30/20 09/02/20 297. 217. 80. 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.

297.

80.

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) ▶

217.



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Before you begin	taxpayer identification numb : is form if you have, or are eligib				-	X App	n type (check one box): ly for a new ITIN ew an existing ITIN			
must file a U.S. fe	ubmitting Form W-7. Read the ederal tax return with Form W alien required to get an ITIN to cla alien filing a U.S. federal tax return	/-7 unless you im tax treaty bene	meet one							
c U.S. residen	t alien (based on days present in of U.S. citizen/resident alien	the United State				tructions) ►				
e 🛭 Spouse of U		d or e, enter name RINIVASA R			en/resident	alien (see instr	ructions) ► 376-59-8436			
	alien student, professor, or resear spouse of a nonresident alien holdinstructions) ▶	_			an excepti	ion				
Additional information	on for a and f : Enter treaty country	<u> </u>		and treaty	article num	ıber ▶				
Name (see instructions)	1a First name PRANAVI	Midd				ast name CHANDY				
Name at birth if different ▶	1b First name		dle name		name					
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 5332 BOND ST Apt 309									
Address	City or town, state or province IRVING	· •		. I	A 75038					
Foreign (non- U.S.) Address (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number. City or town, state or province, and country. Include postal code where appropriate.									
Birth Information	4 Date of birth (month / day / year) 07/24/1996	Country of birth INDIA		City and state	or province	e (optional) 5	Male K Female			
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	D. number (it				nber, and expiration date			
	6d Identification document(s) sub USCIS documentation		, –	Passport	☐ Driver'	s license/State I.D. Date of entry into the United States				
	Issued by: INDIA No.: S7777032 Exp. date: 11/29/2028 (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6f Enter ITIN and/or IRSN ► 17 name under which it was issu	ıed ▶	t name	Niddl	IRSN e name	andLast name				
•	6g Name of college/university or company (see instructions) ▶									
Sign Here	City and state ► Length of stay ► Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanyi documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sha information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.									
Keep a copy for your records.	Signature of applicant (if dele	tions)	Date (month / d		Phone number	Phone number				
	Name of delegate, if applical	ole (type or print)	Delegate's relation to applicant		· •	Parent Description Power of a	Court-appointed guardian			
Acceptance	Signature			Date (month / d	ay / year)	Phone Fax				
Agent's Use ONLY	Name and title (type or print)		Name of co	ompany	EIN Office of	EIN PTIN Office code				
										