E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		(99) urn	202	0	OMB No. 1545	-0074	IRS Use	Only	—Do not w	vrite or staple	in this space.
Filing Statu Check only one box.	lf yc	Single Married filing jointly Sou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately (use. If you	,				,		, 0	ow(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	me							Your so	cial securit	ty number
SUNITHA			YELI	APURA	DA						723-	46-848	7
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	s social sec	curity number
Home address		er and street). If you have a P.O. box, see DR	instructi	ons.				Å	Apt. no.		Check I	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP co	ode				ntly, want \$3 Checking a
PLANO						T	X	750	23		•	ow will not	•
Foreign countr	y name		1	Foreign pr	ovince/state	'count	ty	Foreig	n postal c	ode	your tax	k or refund.	
												You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherw	rise acquire	any	financial intere	est in a	any virtua	ıl cu	rrency?	Yes	X No
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are bl	ind Sp	ouse	: 🗌 Was bo	rn befo	ore Janua	ary 2	2, 1956	🗌 ls bl	ind
Dependent	s (see	instructions):		(2) S	ocial securit	V	(3) Relationsh	nip	(4) 🗸	if qu	ualifies fo	r (see instru	ictions):
If more		irst name Last name			number		to you		Child t				her dependents
than four									[[
dependents, see instruction									[[
and check	5								[
here 🕨 🗌									[
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1	1	14,051.
Attach	2a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2b)	
Sch. B if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .			. 3b)	
	4a	IRA distributions	4a			bΤ	axable amoun	t			. 4b	,	
	5a	Pensions and annuities	5a			bΤ	axable amoun	t			. 5b	,	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	t			. 6b	,	
Deduction for -	7	Capital gain or (loss). Attach Schee	dule D if	f required	d. If not req	uired	, check here				7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.								. 8		-6,650.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	⁻his is yo	ur total inc	ome				.	▶ 9	1(07,401.
 Married filing 	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10	а					
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard deo	duction. See	e inst	ructions 10	b					
Head of	с	Add lines 10a and 10b. These are	your to l	tal adjus	tments to	incor	me			.	► 10e	2	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted	gross inc	ome				.	▶ 11	10	07,401.
 If you checked 	12	Standard deduction or itemized	deduct	ions (froi	m Schedule	e A)					. 12	:	12,400.
any box under Standard	13	Qualified business income deduction	ion. Atta	ach Form	8995 or Fo	orm 8	995-A				. 13		
Deduction, see instructions.	14	Add lines 12 and 13								12,400.			
	15	Taxable income. Subtract line 14	from lin	ie 11. lf z	ero or less	ente	er-0				. 15	, .	95,001.
													1040 (

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	16,886.
	17	Amount from Schedule 2, lin	ie3					🗌	17	
	18	Add lines 16 and 17						🗋	18	16,886.
	19	Child tax credit or credit for	other dependen	ts				🗋	19	
	20	Amount from Schedule 3, lin	ie7					📘	20	
	21	Add lines 19 and 20						🔄	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				🔄	22	16,886.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			📘	23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨 🗌	24	16,886.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	20,2	215.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						2	25d	20,215.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .			🗆	26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	8. line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27 through 31. The					S		32	
	33	Add lines 25d, 26, and 32. T						-	33	20,215.
	34	If line 33 is more than line 24							34	3,329.
Refund	35a	Amount of line 34 you want				2	•		35a	3,329.
Direct deposit?	►b	Routing number 3 2 2			► c Type: ×				Ja	5,525.
See instructions.	►d	Account number 8 6 9					0a	Villigs		
	₽u 36	Amount of line 34 you want a			d tax	36				
Amount		· · · · · · · · · · · · · · · · · · ·							37	
You Owe	37	Subtract line 33 from line 24		-					51	
For details on		Note: Schedule H and Sch				of the taxe	es you ow	e for		
how to pay, see	20	2020. See Schedule 3, line 1								
instructions.	38	Estimated tax penalty (see in								
Third Party Designee		you want to allow another					Ves Com	nlete heli	าพ	× No
Designee		signee's		Phone		🗆		al identifica		
		me ►		no. ►				(PIN)	[
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	accompanying scl	hedules and	statements	, and to the	e best	t of my knowledge and
Here	bel	ief, they are true, correct, and com				ased on all ir	offormation of	of which pr	epare	er has any knowledge.
nere	Yo	ur signature		Date	Your occupation					t you an Identity
	Ν							Protecti (see inst		N, enter it here
Joint return? See instructions.				Data	SOFTWARE		:R		· _	
Keep a copy for	Sp	ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupa	tion				t your spouse an ction PIN, enter it here
your records.								(see inst		
	Ph	one no. (626)464-637	5	Email address	SUNITHA44	68@GMAT	L.COM			
		eparer's name	Preparer's signat			Date		TIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 09/16/	2021 P	020827	03	Self-employed
Preparer		m's name ► GLOBAL TAX				1	-			678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	a GA 30041			Firm's E		
Go to www.irc.or		1040 for instructions and the late			-		9/21 000	1		Form 1040 (2020)
GO 10 WWW.IIS.90	JVITOIT	TO TO INSTRUCTORS and the late	at mornation.		BAA	KEV 07/2	8/21 PRO			FORM 1040 (2020)

SCHE	DULE	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 ormati

Vour soc	ial security numb
ion.	Attachment Sequence No. 01
	2020

OMB No. 1545-0074

	Allach to Form	1 1040, 1040-5	R, 01 104	0-NR.
Go to www	.irs.gov/Form1040) for instruction	ns and th	ne latest info

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SUNITHA YELLAPURADA	723-46-8487

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,650.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
-		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,650.
Par	line 8	U	0,050.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	Schedule	e 1 (Form 1040) 2020

SCHEDULE	Ε
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074 20

20

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

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

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

Attachment Sequence No. 13

SUNTTRA YELLAPURADA 17.2-46-8.487 Cattle Income or Loss From Rental Real Estate and Reyaities Note: If you are in the busines of renting personal property, use is the busines of renting personal property, use is the busines of renting personal property. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Image: Comparison of the second property (street, city, state, ZIP code) A R. T. Nagar Post. Bangal Ore KARNATAKA IN 56003 Image: Comparison of the second personal use days. Check the QW box only in the second per	Name(s)	shown on return							Your so	cial securi	ty number	
Schedule C. See instructions if you are an individual, report farm rental income or loss from Form 4335 on page 2, line 40. A Dd you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Image: Colspan="2">Colspan="2"	SUNI	THA YELLAPURADA	A						723-	46-848	7	
A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions	Part			-		-				•		
B H*Yes," did you or will you file required Form(s) (0997 Yes No 1a Physical address of each property (stret, city, state, ZIP code) A R. T. Nagar Post Barga1ore KARNATAKA IN 560032 B C C C Days Days Days Quy A 3 . . Store ach rental real estate property listed above, report the rumber of fair rental and personal Use days. Check the QU box only fair rental and qualified point venture. See instructions. A 365 0 . . . Quy Quy A 3 . . Yes of Property: 1 Store fair rental and the requirements to file as a B C .												
1a Physical address of each property (street, city, state, ZP code) A R. T. Nagar Post Bangalore KARNATAKA IN 560032 B C Personal Use Days Days <thdays< th=""> <thdays< th=""> Days</thdays<></thdays<>			1 3		. ,							
A R.T. Nagar Post Bangalore KARNATAKA IN 560032 B C Fair Rental Personal Use QJV The Type of Property 2 For each rental real estate property listed qualified point venture. See instructions. Fair Rental Personal Use QJV A 3 Personal Use QJV G Image Second Property: 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental Personal Use QJV Type of Property: 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) Income: Properties: A 8 Other (describe) Image Second Second Second Second S Advertising Second Travel (see instructions) 6 Image Second Image										• 🗆		
B C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of far rental and/y provide the requirements of the same qualified joint venture. See instructions. Fair Rental Personal Use Days QuV A 3 3 3 3 3 0 0 Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 3 Rents received 4 Commercial 6 Royatiles 8 Other (describe) 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 3 65:0. 4 Horyatiles Rente (description) 3 Rents received - 4 Self-Rental - - - 4 Royatiles received - 4 Self-Rental - - - - - - - - - - - -					,							
C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and property is the set qualified joint venture. See instructions. Fair Rental Days Personal Use Days QuV A 3 3 3 65 0 □ C Image family		R.T Nagar Post	Bangalore KARNATAKA II	N 560	JU32							
Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and above, report the number of fair rental and qualified joint venture. See instructions. Fair Rental Personal Use Days QUV A 3 3 A 365 0												
Image: from list below) above, report the number of fair mental and personal use days. Check the QU box only A 365 Days Days QU A 3 above, report the number of fair mental and quarters. See instructions. A 365 0 0 B quarters the quarter of tail reprint and quarters. See instructions. A 365 0 0 C Image: family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 0 0 2 Multi-family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 0 0 0 3 Rents received . . 3 650. 0 0 0 4 Royatites received . . 3 650. 0 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>E - i</th><th>Dental</th><th>D</th><th></th><th></th><th></th></t<>							E - i	Dental	D			
A 3 3 2 2 if you meet the requirements to file as a qualified joint venture. See instructions. A 3 3 3 3 3 1	10			perty li	sted						QJV	
B qualified joint venture. See instructions. B □ Type of Property: 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royatties 8 Other (describe) Income: Properties: A B C 3 Rents received . 3 650. . 4 Royatties received . 4 . . 5 Advertising 6 Auto and travel (see instructions) . 6 . . . 7 Cleaning and maintenance 9 .		, ,	personal use days. Check the	QJV b	ox onlv⊦			-	Da			
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3 Rents received					yalties		8 Othe					
4 Royalties received 4 Expenses: 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 8 6	Incom							В			С	
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5 Advertising 5 6 6 7 Cleaning and maintenance 7 1,650. 7 Cleaning and maintenance 7 1,650. 8 9 9 9 9 9 9 9 10 10 10 10 11 10 10 10 12 10 11 11 11 13 0 12 11 11 11 14 Repairs. 14 1,850. 15 1,800. 11 15 Supplies 15 1,800. 11	4	Royalties received .		4								
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7 1,650. 8	5	Advertising		5								
8 Commissions. 8	6	Auto and travel (see i	nstructions)	6								
9 Insurance 9	7	Cleaning and mainter	nance	7		1,	650.					
10Legal and other professional fees11011Management fees11112Mortgage interest paid to banks, etc. (see instructions)1213141,850.14Repairs14151,800.161517Utilities181619Other (list)207,300.21Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions)22C-6,650.23aTotal of all amounts reported on line 4 for all royalty properties23a23aTotal of all amounts reported on line 2 for all properties23a24Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.24Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.25Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.25Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.26Total of all announts reported on line 21 and rental real estate losses from line 22. Enter total losses here.26Cosses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.26Cosses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.27Costal of all announts reported on line 21 and rental real estate losses from line 22. Enter total losses here.27<	8	Commissions		8								
11Management fees1112Mortgage interest paid to banks, etc. (see instructions)13Other interest.14Repairs.15Supplies1614172,000.18Depreciation expense or depletion19Other (list)20Total expenses. Add lines 5 through 1921Subtract line 20 from line 3 (rents) and/or 4 (royatiles). If result is a (loss), see instructions to find out if you must file Form 619822Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)23Total of all amounts reported on line 3 for all rental properties24Total of all amounts reported on line 12 for all properties23Total of all amounts reported on line 12 for all properties24Income. Add positive amounts how on line 21 and rental real estate losses from line 22. Enter total losses here.25Cosses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.25Cosses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.25Costal of all areal estate and royalty income or (loss). Combine lines 24 and 25. Enter the result	9	Insurance		9								
12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest. 14 Repairs. 15 Supplies 16 14 17 2,000. 18 Depreciation expense or depletion 19 Other (list) ▶ 20 Total expenses. Add lines 5 through 19 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 22 Contal expenses 23 Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23a Total of all amounts reported on line 12 for all properties 23a Total of all amounts reported on line 21 for all properties 23a Total of all amounts reported on line 21 for all properties 23a Total of all amounts reported on line 21 for all properties 23a Total of all amounts reported on line 21 for all properties 23a Total of all amounts reported on line 21 for all properties 23a Total of all amounts reported on line 21 for all properties 23a Total of all amounts reported on line 21 for all pr	10			10								
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18 Depreciation expense or depletion 18 19 Other (list) ▶ 19 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royatties). If result is a (loss), see instructions to find out if you must file Form 6198 20 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 23a Total of all amounts reported on line 3 for all rental properties 23a 23a 650. 23a 650. 23b 23b c Total of all amounts reported on line 12 for all properties 23a c Total of all amounts reported on line 18 for all properties 23a c Total of all amounts reported on line 20 for all properties 23a c Total of all amounts reported on line 20 for all properties 23a d Total of all amounts reported on line 20 for all properties 23a e Total of all amounts reported on line 21. Do not include any losses 23e e Total of all amounts shown on line 21. Do not include any losses 24 25 C 6,650) 26 Total rental rea	16	Taxes		16								
19 Other (list) ▶ 19 19 20 Total expenses. Add lines 5 through 19 20 7,300. 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	17	Utilities		17		2,	000.					
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 Total expenses. Add lines 5 through 19	19	Other (list) ►										
result is a (loss), see instructions to find out if you must file Form 6198	20	Total expenses. Add	lines 5 through 19	20		7,	300.					
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26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result					-		ntor tot				6 650	
											0,050.)
hara If Parte II III IV and ling 10 on page 2 do not apply to your also anter this amount on	26											
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 -6,650.										6	-6,650	١.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

222 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

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

Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
SUNITHA YELLAPURADA	have HSAs, see instructions ► 723-46-8487

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part				
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spous	e.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.			— —
		X Sel	f-only	Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from			
	January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you	~		0.
3	were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for			
	family coverage). All others, see the instructions for the amount to enter	3		3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853,			
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also			
_	include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family			2 550
7	coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,550.
9	Employer contributions made to your HSAs for 2020	-		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		250.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		3,300.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate H	-ISAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were			
-	withdrawn by the due date of your return. See instructions	14b		
C 15	Subtract line 14b from line 14a	14c 15		
15		15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the			
		16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional			
	20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that			
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form			
Deut	1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep			
	complete a separate Part III for each spouse.		1073	,
18		18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form	01		

For Paperwo	k Reduction Ac	t Notice, see	your tax re	turn instr	uctions.		BA	A REV C	7/28/21 PRC
1040)	, Part II, line 8;	check box c	and enter	"HDHP"	and the	amount on	the line r	next to t	he box

21

REV 07/28/21 PRO

	607	Passive Activity Loss Limitation	S		OMB No. 1545-1008		
	DJOZ > See separate instructions. nent of the Treasury > Attach to Form 1040, 1040-SR, or 1041. Revenue Service (99) > Go to www.irs.gov/Form8582 for instructions and the latest information.				2020 Attachment Sequence No. 858		
					entifying number		
SUNIT	HA YELLA			723-46	23-46-8487		
Part I	2020 P	assive Activity Loss					
	Cautior	a: Complete Worksheets 1, 2, and 3 before completing Part I.					
		e Activities With Active Participation (For the definition of active	participation,	see			
-		for Rental Real Estate Activities in the instructions.)	1				
		n net income (enter the amount from Worksheet 1, column (a)) .		0.			
		n net loss (enter the amount from Worksheet 1, column (b)) 1		0.)			
	-	nallowed losses (enter the amount from Worksheet 1, column (c))	c ()			
		s 1a, 1b, and 1c		. 1d	-6,650		
		lization Deductions From Rental Real Estate Activities	L				
		revitalization deductions from Worksheet 2, column (a)	a ()			
		allowed commercial revitalization deductions from Worksheet 2,					
	olumn (b)		b ()	(
	Add lines 2a			. 2c	(
	er Passive A		- 1				
		n net income (enter the amount from Worksheet 3, column (a)) .					
		n net loss (enter the amount from Worksheet 3, column (b)) 3)			
		nallowed losses (enter the amount from Worksheet 3, column (c))	C ()			
		s 3a, 3b, and 3c	· · · · ·	. 3d			
F	Report the lo	sses on the forms and schedules normally used	line 1c, 2b, or		-6,650		
ا Caution	f line 4 is a lo	 Line 2c is a loss (and line 1d is zero or more), skip Part II Line 3d is a loss (and lines 1d and 2c are zero or more), s g status is married filing separately and you lived with your spouse at 	and go to Part kip Parts II and	. 4 III. III and go	to line 15.		
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Caution Part II or Part II 5 E 6 E 7 E 7 E 8 S 9 M 10 E 11 E 12 E 13 F 14 E Part IV 15 A 16 T	f line 4 is a lo r If your filin r Part III. Inst Specia Note: E Inter the sm Inter \$150,00 Enter modifie Note: If line 7 Ine 10. Other Subtract line Multiply line 8 Enter the sm f line 2c is a Specia Note: E Enter \$25,000 Enter the loss Reduce line Total L Add the incol	 Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II Line 3d is a loss (and lines 1d and 2c are zero or more), s g status is married filing separately and you lived with your spouse at tead, go to line 15. I Allowance for Rental Real Estate Activities With Active Par nter all numbers in Part II as positive amounts. See instructions for an ealler of the loss on line 1d or the loss on line 4	and go to Part kip Parts II and any time durin rticipation example. 150,000 114,05 3 35,94 ely, see instruction rt II in the instru- see instructions 	. 4 III. III and gc g the year . 5 0. . 5	, do not compl 6,650 17,975 6,650		

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

	Current year		Prior years	Overall gain or loss	
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
R.T Nagar Post	0.	6,650.			6,650.
Total. Enter on Form 8582, lines 1a, 1b,					
and 1c	0.	6,650.			

Worksheet 2-For Form 8582, Lines 2a and 2b (see instructions)

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

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)		(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
R.T Nagar Post	E Ln 22	6,650.	1.00000000	6,650.	0.
Total		6,650.	1.00	6,650.	0.

Worksheet 5-Allocation of Unallowed Losses (see instructions)

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