Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

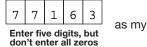
Submission Identification Number (SID)

Taxpayer's name	Social security number							
VIJAY PURMA	476-67-7163							
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.								
1 Adjusted gross income	1 47,460.							
2 Total tax	2 4,012.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 6,047.							
4 Amount you want refunded to you	· · · · 4 2,035.							
5 Amount you owe	5							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								

Under penalties of periury. 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

				EBO firm name		E E	ſ
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	-	
-		GT OD T	-			7	ľ



signature on the income tax return (original or amended) I am now authorizing.

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

03/04/2021 Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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 ►	Da	ate 🕨	•					 		
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Metho	d Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8				 6 all zer	 9	8 9	Э

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 F Don't Submit This Form to the I		
Fau Dan amount Daduation Ast		DEV 02/01/01 DDO	Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	ou checked the MFS box, enter the n	ame of	ed filing separately your spouse. If yo							
		son is a child but not your dependent	1						X		
Your first name VIJAY	e and m	Iddle Initial	Last na PURM							cial securi t 67−716	-
	00000	s first name and middle initial	Last na						-		curity number
n joint return, s	pouse		Lastina	ine .					Spouse	5 500101 500	
		er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.			on Campaign
		LAGO BLVD						1204		nere if you, if filing join	ntly, want \$3
	ost otti	ce. If you have a foreign address, also co	mplete s	paces below.		ate			to go to	this fund.	Checking a
DALLAS						X	-	234		ow will not	0
Foreign country	y name		r	Foreign province/sta	ile/cour	цу	Forei	gn postal code	your tax or refund.		
At any time du	urina 20	020, did you receive, sell, send, excl		or otherwise acqu	iro anv	financial inter	l et in	any virtual cu	rrency?	☐ Yes	
	0	neone can claim: You as a de	0 /	· _ ·	,	a dependent	551 111		inency:		
Standard Deduction		Spouse itemizes on a separate retur	•			•					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spous	e: 🗌 Was bo	rn bef	ore January 2	2, 1956	🗌 ls bl	lind
Dependent	s (see	instructions):		(2) Social secu	irity	(3) Relationsh	nip	(4) 🖌 if q	ualifies for	r (see instru	uctions):
If more		irst name Last name	number to you			Child tax c		redit Credit for other dependent			
than four										[
dependents, see instruction	s								[
and check										[
here 🕨 📃										[
	1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2					. 1	<u> </u>	55,339.
Attach Sch. B if	2a	Tax-exempt interest	2a		b	Taxable interes	t.		. 2b		
required.	3a	Qualified dividends	3a		b	Ordinary divide	nds .		. 3b		
	4a	IRA distributions	4a		b	Taxable amoun	ıt		. 4b		
	5a	Pensions and annuities	5a		b	Taxable amoun	ıt		. 5b		
Standard	6a	Social security benefits	6a		b	Taxable amoun	ıt		. 6b		
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	equired	d, check here		► [7		-129.
Married filing	8	Other income from Schedule 1, lin	e9.						. 8		-4,950.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total i	ncome	ə			▶ 9	ļ	50,260.
 Married filing 	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10	a	2,50	0.		
widow(er), \$24,800	b	Charitable contributions if you take	the star	dard deduction. S	See ins	tructions 10	b	30	0.		
 Head of 	С	Add lines 10a and 10b. These are	your tot	al adjustments t	o inco	me			► 10c	;	2,800.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross ir	ncome				▶ 11	4	47,460.
 If you checked 	12	Standard deduction or itemized	deduct	ions (from Sched	ule A)				. 12		12,400.
any box under Standard	13	Qualified business income deduct	ion. Atta	ch Form 8995 or	Form	8995-A			. 13		
Deduction, see instructions.	14	Add lines 12 and 13							. 14		12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or les	ss, ent	er-0		<u></u>	. 15		35,060.
									•		1010

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

Form **1040** (2020)

Form 1040 (2020))										Pag	e 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	4,012	_
	17	Amount from Schedule 2, lir	ne3							17		_
	18	Add lines 16 and 17								18	4,012	
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		_
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	4,012	
	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						. 1	▶ 24	4,012	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	6	,047	'.		
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	6,047	
• 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)			N	ọ.	27					_
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	ble cr	edits	. 1	▶ 32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 1	▶ 33	6,047	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the	e amour	nt you	overpaid		34	2,035	
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attach	ed, chec	ck here			35a	2,035	
Direct deposit?	►b	Routing number 1 1 1			► c Typ		Checł		Saving	IS		_
See instructions.	►d	Account number 8 2 9	0 2 1 5	9 1 5								
	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 vou owe	now .		·		. 1	37		_
You Owe		Note: Schedule H and Sch		-						or 🗌		
For details on		2020. See Schedule 3, line 1				0						
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with th	ne IRS?	See					
Designee	ins	structions	· · · · ·					Yes. Co	omplet	e below.	🗙 No	
		signee's		Phone						ntification		
		me 🕨		no. 🕨					oer (PIN	,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occu						nt you an Identity	0.
	. 10	ur signature			rour occu	араноп					IN, enter it here	
Joint return?				03/04/21	CIVIL	ENGI	NEEF	ર	(s	ee inst.) 🕨		٦
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	occupati	on				nt your spouse an	
Keep a copy for your records.	,									lentity Prot ee inst.) 🕨	ection PIN, enter it h	ere
jour rooordor									(5	ee mst.)		
		one no. eparer's name	Droporor's signat	Email address			Data		PTIN		Chook if:	
Paid			Preparer's signat			17 T 7 7 7	Date	1/2021		000000	Check if:	4
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA T	АЦТАМ	03/0	04/2021		82703		
Use Only		m's name ► GLOBAL TA		'		0.0.4.1					678)965-952	
		m's address ► 2530 Pebb		n Cummin	-				F	irm's EIN 🕨		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	Α	REV	03/01/21 PRC)		Form 1040 (2)	J20)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

	Attachment Sequence No. 01
ur soc	ial security number
76-67	-7163

 Department of the Treasury Internal Revenue Service
 ► Go to www.irs.gov/F

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

VIJAY PURMA

Your social se
476-67-71

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2 a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,950.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Dor		9	-4,950.
Par	•		
10	Educator expenses	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		19	
20	Student loan interest deduction	20	2,500.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,500.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO		e 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

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

Attachment Sequence No. 12 Your social security number

20

Name(s) shown on return

Department of the Treasury

Internal Revenue Service (99)

VIJAY PURMA

476-67-7163

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

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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Part line 2, column (g	m t I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	10,657.	10,781.	-5	5.	-129.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 4	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		6 ()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	-129.

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	 -129.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? 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.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (129.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		

☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.

X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

REV 03/01/21 PRO

Schedule D (Form 1040) 2020

Form	8949	
Form	8949	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

20

Department of the Treasury Internal Revenue Service ► 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. Attachment Sequence No. 12A

Name(s) shown on returnSocial security number or taxpayer identification numberVIJAY PURMA476-67-7163

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment		
ROBINHOOD SECURITIES LLC	06/05/20	06/15/20	10,657.	10,781.	EW	-5.	-129.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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) ►			10,657.	10,781.		-5.	-129.	

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

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

	Revenue Service (99)	► Go	o to <i>www.irs.g</i>	ov/ScheduleE f	or inst	ructions	and the	atest	informatior	۱.		Seque	nment ence No.	13	
Name(s)	ne(s) shown on return										Your social security number				
VIJA	Y PURMA									4	76-67	7-716	3		
Part	Income or Los	s From	Rental Real I	Estate and Ro	yaltie	s Note	: If you a	are in th	e business	of ren	ting per	sonal p	roperty,	use	
	Schedule C. See	instructio	ons. If you are a	an individual, rep	ort farı	m rental i	ncome o	or loss fi	rom Form 4	835 o	n page	2, line 4	0.		
A Dic	you make any payme		-											No	
	Yes," did you or will y												Yes ∏	No	
1a	Physical address of														
Α	KHANAJIGUDA, TR					,	A IN !	50001	5						
В															
С															
1b	Type of Property	2 Fo	or each rental	real estate prop	nertv I	isted		Fair	Rental	Pe	rsonal	Use	0.11/		
	(from list below)	l at	oove, report th	he number of fa	iir rent	al and			Days	Days			QJV		
Α	3	- pe	ersonal use da	ays. Check the requirements to	QJV b o file a	ox only	Α		185			0	Γ	7	
В		- qi	ualified joint v	enture. See inst	tructions. B							-		 7	
С		-													
Type o	of Property:														
	le Family Residence	3 V	acation/Shor	-Term Rental	5 La	nd	-	7 Self-	Rental						
	ti-Family Residence	4 C	ommercial		6 Ro	valties	1	B Othe	r (describe)					
Incom				Properties:			Α			<u>,,</u> B			С		
3	Rents received				3			350.							
4	Royalties received .				4										
Expen															
5	Advertising				5										
6	Auto and travel (see i				6										
7	Cleaning and mainter	7			650.										
8	Commissions	8													
9	Insurance				9										
10	Legal and other profe				10										
11	Management fees .	11			850.										
12	Mortgage interest pa				12										
13	Other interest				13										
14	Repairs				14		1,	350.							
15	Supplies				15			200.							
16	Taxes	16													
17	Utilities				17		1,	250.							
18	Depreciation expense				18										
19	Other (list)				19										
20	Total expenses. Add	lines 5 t	hrough 19 .		20		5,	300.							
21	Subtract line 20 from		0												
	result is a (loss), see		,												
	file Form 6198			-	21		-4,	950.							
22	Deductible rental rea	l estate	loss after lim	itation, if any,											
	on Form 8582 (see in	nstructio	ns)		22	(-4,9	50.)	()(r L)	
23a	Total of all amounts r	reported	on line 3 for	all rental prope	rties			23a		3	350.				
b	Total of all amounts r	reported	on line 4 for	all royalty prop	erties			23b							
С	Total of all amounts r	reported	on line 12 for	r all properties				23c							
d	Total of all amounts r	reported	on line 18 for	r all properties				23d							
е	Total of all amounts reported on line 20 for all properties														
24	Income. Add positiv	e amour	nts shown on	line 21. Do no	t inclu	ide any	losses				24				
25	Losses. Add royalty lo	osses fror	m line 21 and r	ental real estate	e losse	s from lir	ne 22. E	nter tota	al losses he	re.	25 (4,9	950.)	
26	Total rental real est	ate and	royalty inco	me or (loss).	Comb	ine lines	s 24 an	d 25. E	Enter the re	sult					
	here. If Parts II, III, I														
	Schedule 1 (Form 10-	40). line	5. Otherwise.	include this a	mount	in the t	otal on	line 41	on page 2		26		-4	,950.	

Supplemental Income and Loss

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

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