## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	sission Identification Number (SID)				
Taxpay	er's name	Social security	y number		
PRA	SHANTH BANDLAMUDI	630-79-	-3359		
Spouse	's name	Spouse's soci	al security	number	
Par	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	∣ ∵year you aı	re author	rizing.)	
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	115,90	)1.
2	Total tax		2	18,92	20.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	19,68	32.
4	Amount you want refunded to you		4	76	52.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy	of you	r return)	
return to send for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial transplant of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I authorize Financial Withdrawal Consent.	itter, or electro ection of the tra S. Treasury ar cated in the ta in to debit the the authoriza- uests must be processing of ayment. I furti	nic return ansmission and its design and preparate entry to the tion. To re received the electro her ackno	originator (I n, (b) the rea gnated Fina tion softwar is account. evoke (cano no later the onic payme wledge that	ero) ason ancial refor This cel) a an 2 ent of
	ayer's PIN: check one box only				
> \( \)		my PIN 9	3 3 5	5 9 as	my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digit n't enter all	s, but	iiiy
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Your	signature ► <u>prashanth</u> Date ► <u>C</u>	03/05/20	021		
Spou	se's PIN: check one box only				
	I authorize to enter or generate	mv PIN		as	my
	ERO firm name	-	er five digit		,
	signature on the income tax return (original or amended) I am now authorizing.	dor	i't enter all	zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				_
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8		8 6 1 er all zeros	9 8 9	
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in acco	rdanće with	
EBO'	s signature ▶ Date ▶				
LNU	ERO Must Retain This Form — See Instructions				—
	LIO IVIUSI NELAHI HIIS FUHH — SEE HISHUCHONS				

Don't Submit This Form to the IRS Unless Requested To Do So

## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single  Married filing jointly [ ou checked the MFS box, enter the list on is a child but not your dependent	name of									
Your first name	and m	iddle initial	Last na	me					Your	r soc	ial security	y number
PRASHAN'	ГН		BAND	BANDLAMUDI					630-79-3359			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse's social security number			urity number
	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	1			n Campaign
7810 FI					101		715	<u> </u>	- 1		ere if you, f filina ioint	or your tly, want \$3
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code	to go	o to t	this fund. (	Checking a
RICHMON					V		+	3295			w will not or refund.	change
Foreign country	/ name			Foreign province/stat	e/coun	ity	For	eign postal cod	e your	lax	You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquir	e any	financial intere	est ir	any virtual	currenc	y?	Yes	<b>⋉</b> No
Standard Deduction		eone can claim:				•						
Age/Blindness	You:	Were born before January 2,	1956	Are blind S	pouse	: Was bo	rn be	efore Januar	y 2, 195	56	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relations	hip	(4) 🗸 it	qualifies	s for	(see instruc	ctions):
If more		irst name Last name		number	,	to you		Child tax		- 1		er dependents
than four												
dependents, see instruction									]			
and check	5 —								]			
here ▶ 🗌												
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1	12	23,244.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st			2b		
Sch. B if required.	3a	Qualified dividends	3a	1.	<b>b</b> (	Ordinary divide	ends			3b		1.
	4a	IRA distributions	4a		<b>b</b> T	axable amour	nt.			4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amour	nt.			5b		
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amour	nt.			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not re	quired	l, check here		•		7		7.
Married filing	8	Other income from Schedule 1, lii	ne 9 .							8	_	7,351.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total in</b>	come				<b>•</b>	9	11	5,901.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	)a					
widow(er), \$24,800	b	Charitable contributions if you take	Charitable contributions if you take the standard deduction. See instructions 10b									
Head of	С	Add lines 10a and 10b. These are your total adjustments to income								10c		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross in	come				<b>•</b>	11		5,901.
If you checked any box under	12	Standard deduction or itemized	deduct	ions (from Schedu	le A)				.	12	1 1	2,400.
Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A			.	13		
Deduction, see instructions.	14	Add lines 12 and 13							.	14		2,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	s, ente	er-0				15	10	3,501.

Form 1040 (2020	))							Page <b>2</b>
	16	Tax (see instructions). Check if any from For	rm(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	18,920.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	18,920.
	19	Child tax credit or credit for other depende	ents				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	s, enter -0				22	18,920.
	23	Other taxes, including self-employment tax	x, from Schedule	e 2, line 10			23	0.
	24	Add lines 22 and 23. This is your total tax					24	18,920.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b>   19	,682.		
	b	Form(s) 1099			25b	,		
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	19,682.
	26	2020 estimated tax payments and amount					26	23,0021
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit. Attach Schedul			28			
If you have nontaxable	29	American opportunity credit from Form 88			29			
combat pay, see instructions.	30	Recovery rebate credit. See instructions .	•		30			
3cc instructions.	31	Amount from Schedule 3, line 13			31			
	32	Add lines 27 through 31. These are your <b>to</b>	32					
	33	Add lines 25d, 26, and 32. These are your					33	19,682.
	34	If line 33 is more than line 24, subtract line					34	762.
Refund	35a	Amount of line 34 you want <b>refunded to y</b>			•		35a	762.
Direct deposit?	<b>b</b> b	Routing number 0 8 1 0 0 0 0	JJa	702.				
See instructions.	►d	Account number 3 5 5 0 0 6 8						
	36	Amount of line 34 you want applied to you			36			
Amount	37	·					37	
You Owe	31	Subtract line 33 from line 24. This is the ar	-				01	
For details on		Note: Schedule H and Schedule SE filers 2020. See Schedule 3, line 12e, and its ins						
how to pay, see instructions.	38	Estimated tax penalty (see instructions)			38			
		you want to allow another person to di						
Third Party Designee		structions				omplete k	nelow.	X No
Designee		signee's	Phone			onal identi		
		me ►	no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare that I have exam						
Here	bel	ief, they are true, correct, and complete. Declaratio	n of preparer (othe	r than taxpayer) is ba	sed on all informati			,
11010	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?		prashanth	03/05/2021	   SOFTWARE E	NCINEED	I	inst.) ▶	IIV, enter it nere
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati		If the	IRS ser	nt your spouse an
Keep a copy for	J Gp	oudo o digitatato in a joint totam, <b>2011</b> must digit		opened o decapat.	<b></b>			ection PIN, enter it here
your records.						(see	inst.) ▶	
	Ph	one no.	Email address					
Paid	Pre	eparer's name Preparer's sign	nature		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	A RAM SAGAR	GUPTA TALLAM	05/04/2021	P0208	2703	Self-employed
Use Only	Fir	m's name ► GLOBAL TAXES LLC				Phor	ne no. (	678)965-9522
————	Fir	m's address ▶ 2530 Pebble Creek	Ln Cummin	g GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 04/16/21 PR	0		Form <b>1040</b> (2020)

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► 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** 

Your social security number

PRAS	SHANTH BANDLAMUDI	630-7	9-335	9
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	[	1	
2a	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 Sched	lule E	5	-7,351.
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		9	-7,351.
Par	t II Adjustments to Income		9	-7,351.
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis govern	- t		
• •	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 <b>adjustments to income.</b> Enter here on Form 1040, 1040-SR, or 1040-NR, line 10a		22	

#### SCHEDULE D (Form 1040)

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

### **Capital Gains and Losses**

► 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.

OMB No. 1545-0074

2020

Attachment Sequence No. **12** 

Your social security number

PR.	ASHANTH BANDLAMUDI			630	-79-	3359
-	rou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for addition	_	•			
Pa	t I Short-Term Capital Gains and Losses—Ge	enerally Assets I	Held One Year	or Less (se	ee ins	tructions)
lines	nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustmento gain or los	s from	(h) Gain or (loss) Subtract column (e) from column (d) and
	e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colun		combine the result 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 <b>Box A</b> checked	28.	21.			7.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	loss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
6	6	(				
7	Worksheet in the instructions	a through 6 in colu	mn (h). If you have	e any long-		
	term capital gains or losses, go to Part II below. Otherwis				7	7.
Par	t II Long-Term Capital Gains and Losses—Ge	nerally Assets H	leld More Than	One Year	(see	instructions)
See lines	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustme to gain or los		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colun	Part II,	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 Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions		-		14	(
15	Net long-term capital gain or (loss). Combine lines 88	a through 14 in co	lumn (h). Then, go	o to Part III	15	

BAA

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

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 7. • 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.

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

630-79-3359

PRASHANTH BANDLAMUDI

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 11/12/20 12/12/20 28. 21. 7. 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.

28.

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) ▶

21.

#### **SCHEDULE E**

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

#### **Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

Attachment Sequence No. **13** 

Name(s) shown on return

Your social security number

	HANTH BANDLAMUL								30-79-3.		
Part		s From Rental Real Estate and Roy instructions. If you are an individual, repo	-		-						use
A Dic	d you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099? 8	See instr	uctions .		[	Yes X	No
		ou file required Form(s) 1099?									No
1a	Physical address of	each property (street, city, state, ZIP	code	e)							
Α		NAGAR, HANUMAKONDA, WARAN			IGANA	IN 5	06009				
В	- ,										
С											
1b	Type of Property	2 For each rental real estate prop	nerty I	isted		Fair	Rental	Per	sonal Use	- 01	
	(from list below)	above, report the number of fai	ir rent	al and			ays		Days	QJ	V
Α	3	personal use days. Check the of if you meet the requirements to	QJV b	ox only	Α		365		0	+	1
В	<del> </del>	qualified joint venture. See inst	ns.	В						1	
C				C						<u></u>	
	of Property:										1
	gle Family Residence	3 Vacation/Short-Term Rental	5 la	nd		7 Self-	Rental				
-	ti-Family Residence			yalties			r (describe)	١			
Incom		Properties:	1	Junioo	Α	O Othe	<u>r (describe)</u> E			С	
3			3			600.		-			
4			4			550.					
Expen			-								
5			5								
6		nstructions)	6								
7		nance	7		1	350.					
8			8			, 550.					
9			9								
10		essional fees	10		1	526.					
11			11			, 520.					
12		id to banks, etc. (see instructions)	12								
13			13								
14			14		1	608.					
15			15			717.					
16			16			, , _ , .					
17			17		1	750.					
18		e or depletion	18			, , , , , ,					
19	011 (11.1)	·	19								
20		lines 5 through 19	20		7	951.					
	•	· ·				, , , , , , ,					
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
	file <b>Form 6198</b>		21		-7	351.					
22		I estate loss after limitation, if any,				, , , , , ,					
22		estructions)	22	(	_7	351.)	(		)(		١
23a	,	eported on line 3 for all rental prope		1/	,,	23a	\	6	00.		
b		eported on line 4 for all royalty prope				23b			00.		
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e e		eported on line 20 for all properties				23e		7,9	51		
24		e amounts shown on line 21. <b>Do no</b> t						1,3	24		
25	•	e amounts shown on line 21. <b>Do no</b> t uses from line 21 and rental real estate		-				٠ .	25 (	7,3!	51 \
								ı	20 (	1,3	<u></u>
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not a		-					26	-7.	351

### **Passive Activity Loss Limitations**

► See separate instructions.

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

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

PRASHANTH BANDLAMUDI

Identifying number 630-79-3359

Par	t I 2020 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see		
Spec	ial Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 0.	.	
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) <b>1b</b> ( 7,351.)	.	
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))		
d	Combine lines 1a, 1b, and 1c	1d	-7,351.
	mercial Revitalization Deductions From Rental Real Estate Activities		
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a ( )	-	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,		
	column (b)		,
C	Add lines 2a and 2b	2c	( )
	ther Passive Activities		
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a	-	
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) Brior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c (	-	
c d	Combine lines 3a, 3b, and 3c	3d	
		Su	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c.		
	Report the losses on the forms and schedules normally used	4	-7,351.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		7,331.
	Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.		
	• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III a	nd ao	to line 15.
Cauti	ion: If your filing status is married filing separately and you lived with your spouse at any time during the	_	
	I or Part III. Instead, go to line 15.		·
Par	Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4	5	7,351.
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 123, 252.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	9	13,374.
10	Enter the <b>smaller</b> of line 5 or line 9	10	7,351.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part			ctivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction		
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions .	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14 Port	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	
Part		45	
15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	<b>Total losses allowed from all passive activities for 2020.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	7,351.
	TO THE COLUMN TO PROOF THE TOSSES OF VOID TAX THUITI	i in	/ . 17

Caution: The worksheets must be filed Worksheet 1—For Form 8582, Lines 1				y for your	record	S.		
		nt year	0110)	Prior	/ears		Overall ga	ain or loss
Name of activity	(a) Net income (line 1a)	(b) Net I		(c) Unallowed loss (line 1c)		(d	) Gain	(e) Loss
2-2-182, NAIM NAGAR,	0.	-	351.	1033 (111	10 10)			7,351.
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	7,	351.					
Worksheet 2—For Form 8582, Lines 2	1							
Name of activity	(a) Current deductions (		unall	<b>(b)</b> Pri lowed ded	or year uctions (	line 2b)	(c)	Overall loss
Total Fator on Form 0500 lines 20 and			-					
<b>Total.</b> Enter on Form 8582, lines 2a and 2b								
Worksheet 3—For Form 8582, Lines 3	<b>a, 3b, and 3c</b> (se	ee instructi	ons)					
	Currer	nt year		Prior y	/ears		Overall ga	ain or loss
Name of activity	(a) Net income (line 3a)	(b) Net I		(c) Una loss (lir		(d	) Gain	(e) Loss
		,	,	`	,			
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c ▶								
Worksheet 4—Use This Worksheet if a	an Amount Is Sh	own on F	orm 8	582, Line	e 10 or	<b>14.</b> See	e instruction	ons.
Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Los	SS	( <b>b)</b> R	atio	1	Special owance	(d) Subtract column (c) from column (a)
2-2-182, NAIM NAGAR,	E Ln 22	7,	351.	1.000	00000		7,351.	0.
		7,	351.	1.0	00		7,351.	0.
Worksheet 5-Allocation of Unallowe	,							
Name of activity	Form or schedule and line number to be reported on (see instructions)  (a		(a) Lo	(a) Loss (		(b) Ratio		Unallowed loss
Total						1 00		

## $\begin{array}{c} \textbf{2020 VA760CG} \\ \textbf{Individual Income Tax Return} \end{array} \textbf{Page 1} \hspace{0.1cm} \Big[$





PRASHANTH

BANDLAMUDI

7810 FITZGERALD CT

RICHMOND	VΑ	23295
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SSN - You BAND		630793359	Vendor ID	1555		xxxxx	┐
SSN - Spouse		115001					
Fed Adj Gross Income (FAGI)	1.	115901.	Withholding (VA) - Yo	ou	19A.	(	6327.
Additions	2.		Withholding (VA) - Sp	pouse	19B.		
Subtotal	3.	115901.	Estimated Payments		20.		
Age Deduction - You	4A.		2019 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payments		22.		
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.		
Subtractions	7.		Credits - Schedule CI	R	25.		
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	(	6327.
Total VA Adj Gross Income (VAGI)	9.	115901.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		232.
Standard Deduction	11.	4500.	Overpayment Credite	d to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLEnow	30.		
Deductions	13.		VAC - Other Contribu	utions	31.		
Subtotal (Deductions & Exemptions	s) 14.	5430.	Addition to Tax, Pena	lty & Interest	32.		
VA Taxable Income	15.	110471.	Sales and Use Tax		33.		
Amount of Tax	16.	6095.	Amount You Owe Will Pay by Credit/Debit	t Cord NT			
Spouse Tax Adjustment (STA)	17.		Your Refund	t Card N	- 1		232.
VAGI - Spouse	17A.		Pank Pauting #		<b>–</b>	001	000032
Net Amount of Tax	18.	6095.	Bank Routing #				
L			Bank Account #		3550(	0686969!	ð

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_\_

Page 1 of 2

630793359





						_		
Filing Status, Age	& License	Information		Additio	onal Filing Info	rmation		
Filing Status			1	Locality		087		
Federal Head of	Household			Name or Filing Status Cl	hange			
DOB - You		092619	992	Address Change				
VA Driver's Licer	nse ID - You			VA Return Not Filed Last	t Year			
VA Driver's Licer	nse - Iss. Da	te - You		Dependent on Another's	Return			
Spouse Name (F	Filing Status	3 Only)	Farmer / Fisherman / Me	erchant Seaman				
				Amended				
DOB - Spouse				Reason Code				
VA Driver's Licer				Overseas on Due Date				
VA Driver's Licer	nse - Iss. Da	te - Spouse		Federal EIC & Amount				
Exemptions (A) You	1	Exemptions (B) 65 & Over - You		Deceased Indicator				
Spouse		65 & Over - Spouse		No Sales & Use Tax Due	e Indicator	X		
Dependents		Blind - You		Obtain Electronic 1099G				
Total (A)	1	Blind - Spouse		ID Theft PIN				
		Total (B)						
		Contact Information er penalty of law that I (we) have examine eank information on your return, you are c			·	• • •		
Signature - You	pras	Shanth Dat	te 03/05/2021	Phone - You		8167260871		
Signature - Spouse _		Dat	e	Phone - Spouse				
Signature - Preparer	_SYAM PRIY	A RAM SAGAR GUPTA TALLAM Dat	te 050421	Phone - Preparer		6789659522		
The Tax Department	may discuss	s my/our return with my/our prepare	er.	Preparer Information	7	P02082703		
			GLOBA	L TAXES LLC				

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

CUMMING

1555 REV 04/06/21 PRO

File by May 1, 2021 Include Page 1, Page 2 and all

supporting 760CG documents.

#### 2020 Schedule INC/CG

630793359

Report all W-2s, 1099s & VK-1s with VA Withholding

PRASHANTH

BANDLAMUDI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
630793359	W	6327.	134309337	30134309337F001	123244.

 Total VA Withholding
 SSN
 VA Withholding

 You
 630793359
 6327.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879
Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2020

## DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)				
Your Name		B Your Social Security Number		
PRASHANTH BANDLAMUDI		630-79-3359		
Spouse's Name		A Spouse's Social Security Number		
Part	I Tax Return Information	A Spouse	B Yourself	
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		115901.	
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		115901.	
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		110471.	
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		6095.	
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		6327.	
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)			
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		232.	
Part	II Declaration of Taxpayer and Signature Authorization  penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so			
December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.				
Taxpayer's e-File PIN: check one box only				
X	I authorize the ERO named below to enter my e-File PIN 9 3 3 5 9 as my signature on my 2020 e-filed Virginia individual income tax return.  Do not enter all zeros			
GLOBAL TAXES LLC				
	ERO Firm Name			
	I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your	Your Signature Date			
Spouse's e-File PIN: check one box only				
I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return.  Do not enter all zeros				
	ERO Firm Name			
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.				
Spouse's Signature Date				
Part III Certification and Authentication – Practitioner PIN Method Only				
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.  5 8 7 2 7 8 6 1 9 8 9				
Do not enter all zeros  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.				
ERO's Signature Date				