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)

Taxnaver's name

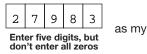
| Тахрау | /er's name | Social security number | | | | |
|---|---|---|--|--|--|--|
| HAR | SHAVARDHAN THADKAPALLY | 837-82-7983 | | | | |
| Spouse | e's name | Spouse's social security number | | | | |
| | | | | | | |
| Par | t I Tax Return Information – Tax Year Ending December 31, (E | nter year you 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 84,472. | | | | |
| 2 | Total tax | 2 11,647. | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | | |
| 4 | Amount you want refunded to you | 4 3,107. | | | | |
| 5 | Amount you owe | | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) | | | | | | |
| my kn | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I (original or amended) I am now authorizing. I consent to allow my intermediate service provider tra | 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

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN



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.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

| | | as |
|----------------|--|----|
| Enter don't | | |

my

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 | belo | w | | | | | | |
| Part III Certification and A | uthentication — Practitioner PIN Method Only | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-dig | git EFIN followed by your five-digit self-selected PIN. | 5 | 8 | 7 2 D | _ | 6 all ze | 9 | 8 | 9 |

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 🕨 | |
|---------------------------------|--|----------------------|--------------------------|
| | | | |
| | Don't Submit This Form to the I | | |
| For Donomicarly Deduction Act N | lation and varies tax entries in attractions | DEV 00/01/01 DDO | Earm 8870 (Day, 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/21/21 PRO

| 1040 | | rrtment of the Treasury—Internal Revenue Serv 5. Individual Income Tax | | (99) urn | 202 | | No. 1545 | -0074 | IRS Use Only | —Do not wi | rite or staple | in this space. |
|--|----------|---|---------------|--------------------|-------------------------|------------------|------------|----------------|---------------|----------------------|--------------------------|------------------------------|
| Filing Status Check only one box. | lf yo | Single D Married filing jointly U Married filing jointly U hecked the MFS box, enter the non is a child but not your dependen | ame of | - | | | | | | | | ow(er) (QW) ne qualifying |
| Your first name | and mi | ddle initial | Last na | ime | | | | | | Your so | cial securi | y number |
| HARSHAVA | RDH | AN | THAD | KAPALI | ĹΥ | | | | | 837-8 | 32-798 | 3 |
| lf joint return, sp | oouse's | first name and middle initial | Last na | ime | | | | | | Spouse's | s social see | curity numbe |
| | | r and street). If you have a P.O. box, see DLLOW BLVD 9204 | instructio | ons. | | | | A | ot. no. | Check h | ere if you, | |
| FRISCO | | ce. If you have a foreign address, also co | | | | State TX | | ZIP cod 750 | 34 | to go to box belo | this fund. w will not | • |
| Foreign country | name | | F | Foreign pro | vince/state/o | county | | Foreigr | n postal code | your tax | or refund. | Spouse |
| At any time du | ring 20 | 20, did you receive, sell, send, excl | hange, c | or otherwis | se acquire | any financ | ial intere | st in ar | ny virtual cu | rrency? | Yes | X No |
| Standard Deduction | _ | eone can claim: Vou as a de Spouse itemizes on a separate retur | • | | our spous ual-status | | endent | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 956 | Are blir | nd Spo | ouse: | Was bor | n befoi | re January 2 | 2, 1956 | 🗌 ls bl | ind |
| Dependents | (see | instructions): | | (2) Sc | cial security | (3) F | Relationsh | qip | (4) 🗸 if g | ualifies for | (see instru | ctions): |
| If more | | rst name Last name | | | number | | to you | | Child tax ci | 1 | • | her dependents |
| than four | | | | | | | | | | | [| |
| dependents, see instructions | | | | | | | | | | | | |
| and check | . | | | | | | | | | | [| |
| here 🕨 🗌 | | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach F | - orm(s) \ | W-2 . | | | | | | . 1 | (| 93,785. |
| Attach | 2a | Tax-exempt interest | 2a | | | b Taxable | e interes | t. | | 2b | | |
| Sch. B if | 3a | Qualified dividends | 3a | | | b Ordinar | | | | . 3b | | |
| required. | 4a | IRA distributions | 4a | | | b Taxable | | | | . 4b | | |
| | 5a | Pensions and annuities | 5a | | | b Taxable | amoun | t | | . 5b | | |
| Standard | 6a | Social security benefits | 6a | | | b Taxable | amoun | t | | . 6b | | |
| Deduction for – | 7 | Capital gain or (loss). Attach Sche | dule D if | f required. | If not requ | ired, chec | k here | | ► | 7 | | -63. |
| Single or Married filing | 8 | Other income from Schedule 1, lin | | | | | | | | . 8 | | -9,000. |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. T | his is vou | r total inco | ome. | | | | ▶ 9 | 1 | 84,722. |
| Married filing | 10 | Adjustments to income: | | | | | | | | | | |
| jointly or | а | From Schedule 1, line 22 | | | | | 10 | a | | | | |
| Qualifying widow(er), | b | Charitable contributions if you take | | | | | | | 25 | 2. | | |
| \$24,800 • Head of | c | Add lines 10a and 10b. These are | | | | | | ~ | | ► 10c | : | 250. |
| household, | 11 | Subtract line 10c from line 9. This | - | | | | | | | 11 | - | 84,472. |
| \$18,650 L If you checked | 12 | Standard deduction or itemized | ~ | | 0 | | | | | . 12 | | 12,400. |
| any box under | 13 | Qualified business income deduct | · · · · | ` | | , | | | | . 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | 0000 A | | • • | | . 14 | · · | 12,400. |
| see instructions. | 15 | Taxable income. Subtract line 14 | from lin | | | enter -0- | | | | | | 72,072. |
| For Disclosure. | | Act, and Paperwork Reduction Act N | | | | | | | | | | 1040 (2020) |

| Form 1040 (2020 |)) | | | Page 2 |
|-----------------------------------|-----------|---|-----------------------|--|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌 | 16 | 11,647. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 11,647. |
| | 19 | Child tax credit or credit for other dependents | 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, enter -0 | 22 | 11,647. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 11,647. |
| | 25 | Federal income tax withheld from: | | |
| | а | Form(s) W-2 | | |
| | b | Form(s) 1099 | | |
| | с | Other forms (see instructions) | | |
| | d | Add lines 25a through 25c | 25d | 14,754. |
| • If you have a | 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | |
| attach Sch. EIC. | 28 | Additional child tax credit. Attach Schedule 8812 | | |
| nontaxable combat pay, | 29 | American opportunity credit from Form 8863, line 8 | | |
| see instructions. | 30 | Recovery rebate credit. See instructions | | |
| | 31 | Amount from Schedule 3, line 13 | | |
| | 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 14,754. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,107. |
| neruna | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | 35a | 3,107. |
| Direct deposit? | ►b | Routing number 1 2 1 0 0 3 5 8 ► c Type: X Checking Savings | | |
| See instructions. | ►d | Account number 3 2 5 0 5 6 9 3 2 6 6 1 | | |
| | 36 | Amount of line 34 you want applied to your 2021 estimated tax | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| You Owe | | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for | | |
| For details on how to pay, see | | 2020. See Schedule 3, line 12e, and its instructions for details. | | |
| instructions. | 38 | Estimated tax penalty (see instructions) | | |
| Third Party | Do | you want to allow another person to discuss this return with the IRS? See | | |
| Designee | ins | structions | elow. | 🗙 No |
| | | signee's Phone Personal identit | | |
| | | ne ► no. ► number (PIN) ► | | |
| Sign | Un bel | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | the bes | it of my knowledge and er has any knowledge |
| Here | | | | nt you an Identity |
| | . 10 | | | N, enter it here |
| Joint return? | | SOFTWARE ENGINEER (see | inst.) 🕨 | |
| See instructions. | Sp | | | nt your spouse an |
| Keep a copy for your records. | , | | ity Prote inst.) 🕨 | ection PIN, enter it here |
| , | | | 1151.) | |
| | | one no. Email address eparer's name Preparer's signature Date PTIN | | Charlett |
| Paid | | | 1701 | Check if: |
| Preparer | | I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/27/2021 P02082 | | Self-employed |
| Use Only | | | | 678)965-9522 |
| | | | s EIN 🕨 | |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the latest information. BAA REV 02/21/21 PRO | | Form 1040 (2020) |

| SCHEDULE | 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.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

2020 Attachment Sequence No. 01

OMB No. 1545-0074

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your social security number |
|---|-----------------------------|
| HARSHAVARDHAN THADKAPALLY | 837-82-7983 |
| Part I Additional Income | |

| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | 0. |
|--------|---|--------|-----------------------|
| 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 Schedule E | 5 | -9,000. |
| 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, | 0 | |
| 5 | | 9 | -9,000. |
| Par | t II Adjustments to Income | | |
| 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 | 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 | 22 | le 1 (Form 1040) 2020 |
| u | | Soncau | 10 1 10 10 10 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

837-82-7983

20

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

HARSHAVARDHAN THADKAPALLY

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes 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) Adjustment to gain or loss Form(s) 8949, F line 2, column | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and 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 Box A checked | 527. | 590. | | | -63. |
| 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 | 24 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | | | 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 | -63. |

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

| | instructions for how to figure the amounts to enter on the below. | (d) | (e) | (g) Adjustmen | ts | (h) Gain or (loss) Subtract column (e) |
|----|--|---------------------------|--------------------------|---|----------|--|
| | form may be easier to complete if you round off cents to e dollars. | Proceeds (sales price) | Cost (or other basis) | to gain or loss Form(s) 8949, I line 2, colum | Part II, | from column (d) and combine the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with 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 Form from Forms 4684, 6781, and 8824 | | 11 | | | |
| 12 | Net long-term gain or (loss) from partnerships, S corpora | | 12 | | | |
| 13 | Capital gain distributions. See the instructions | | | | 13 | |
| 14 | Long-term capital loss carryover. Enter the amount, if an 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 | | -63. |
| | • 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 | (| 63.) |
| | 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. | | | |
| | No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | | |
| | REV 02/21/21 PRO | Scł | nedule D (Form 1 | 040) 2020 |
| | | | | |

| Form | 8949 |
|------|------|
| | |

Namo(s) shown on roturn

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

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.

hes 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

| Name(3) shown on retain | Social security number of taxpayer identification number |
|---------------------------|--|
| HARSHAVARDHAN THADKAPALLY | 837-82-7983 |
| | |

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 <i>Column (e)</i> in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | | |
| ROBINHOOD SECURITIES LLC | 09/01/20 | 11/06/20 | 527. | 590. | | | -63. | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | lude on your 1e 2 (if Box B | 527. | 590. | | | -63. | | |

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

| Department of the Treasury | | (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | | | 2 | $\bigcirc 20$ | | | |
|---|---|---|--------------------------|----------------------|---|----------|------------|-----------------------|---------------|-------|---------------|--------|--------------------|----|
| | | | | Attach to Form 1 | | | | | | | | Attack | hment | |
| Internal Revenue Service (99) Go to www.irs.gov/ScheduleE fo | | | | | E for inst | ructions | and the | e latest | information | | | Seque | ence No. 13 | |
| . , | shown on return | | | | | | | | | | | | ty number | |
| HARSHAVARDHAN THADKAPALLY Part Income or Loss From Rental Real Estate and Royalties | | | | | | | | | | | | 2-798 | | |
| Part | | | | are an individual, I | - | | 2 | | | | 0. | • | | |
| A Did | l you make any | payme | nts in 2020 that v | would require you | u to file F | orm(s) 1 | 099? S | ee inst | ructions . | | | . 🗆 ۱ | Yes 🛛 No | c |
| B If "" | Yes," did you o | r will yo | ou file required F | orm(s) 1099? | | | | | | | | . 🗆 ۱ | Yes 🗌 No | c |
| 1a | Physical addre | ess of e | each property (st | treet, city, state, | ZIP code | e) | | | | | | | | |
| Α | USHODAYA (| COLON | Y,JEEDIMETI | LA HYDERABAD |) TELAI | NGANA | IN 5 | 00055 | | | | | | |
| В | | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | | |
| 1b | Type of Prop (from list be | | 2 For each re above, rep | property li | perty listed F ir rental and QJV box only | | | Fair Rental P Days | | | Use | QJV | | |
| Α | 3 | | I If you meet | t the requirements | s to file a | sa | Α | 365 | | | | 0 | | |
| В | | | qualified jo | oint venture. See i | nstructio | ns. | В | | | | | | | |
| С | | | | | | | С | | | | | | | |
| Туре с | of Property: | | | | | | | | | | | | | |
| 1 Sing | le Family Resid | lence | 3 Vacation/S | Short-Term Renta | al 5 La | nd | | 7 Self- | Rental | | | | | |
| | i-Family Reside | ence | 4 Commerc | | | yalties | | 8 Othe | r (describe) | | | | | |
| Incom | - | | | Propertie | s: | | A | | E | \$ | | | С | |
| 3 | | | | | 3 | | | 400. | | | | | | |
| 4 | | ived . | | | 4 | | | | | | | | | |
| Expen | | | | | | | | | | | | | | |
| 5 | - | | | | 5 | | | · · · | | | | | | |
| 6 | | • | nstructions) . | | 6 | | | | | | | | | |
| 7 | • | | nance | | 7 | | 1, | 600. | | | | | | |
| 8 | | | | | 8 | | | | | | | | | |
| 9 | | | | | 9 | | | | | | | | | |
| 10 | | | ssional fees . | | 10 | | | | | | | | | |
| 11 | - | | | | 11 | | 1, | 500. | | | | | | |
| 12 | | | | (see instructions) | | | | | | | | | | |
| 13 | | | | | 13 | | | | | | | | | |
| 14 | - | | | | 14 | | | 900. | | | | | | |
| 15 | | | | | 15 | | ۷, | 300. | | | | | | |
| 16 | Utilities | • • | | | 16 | | 2 | 100 | | | | | | |
| 17 10 | • | · · | | | 17 | | ۷, | 100. | | | | | | |
| 18 19 | Other (list) | xpense | or depletion | | 10 | | | | | | | | | |
| 20 | | | lines 5 through 1 | 0 | 20 | | Q | 400. | | | | | | |
| | | | | d/or 4 (royalties). | | | <i>, ,</i> | 100. | | | | | | |
| 21 | | | | nd out if you mu | | | | | | | | | | |
| | file Form 6198 | | | | 21 | | -9. | 000. | | | | | | |
| 22 | | | | r limitation, if an | | | - , | | | | | | | |
| | | | structions) . | | 22 | (| -9.0 | 000.) | (| |)(| , | |) |
| 23a | | | | for all rental pro | | <u>`</u> | | 23a | x | 4 | .00. | | | , |
| b | | | | | | | | 23b | | | | | | |
| С | Total of all amounts reported on line 4 for all royalty properties23bTotal of all amounts reported on line 12 for all properties23c | | | | | | | | | | | | | |
| d | | tal of all amounts reported on line 18 for all properties | | | | | | | | | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | | | | 23e | | 9,4 | 00. | | | |
| 24 | | | | | | | | 24 | | | | | | |
| 25 | | | | | | | | 25 (| (| 9,000 | .) | | | |
| 26 | Total rental re | eal esta | ate and rovaltv | income or (loss | s). Comb | ine line | s 24 an | d 25. E | Enter the rea | sult | | | | |
| | | | | on page 2 do no | | | | | | | | | | |
| | | | | wise, include this | | | | | | | 26 | | -9,00 | 0. |

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2020

OMB No. 1545-0074