#### 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.

Submission Identification Number (SID)

Taxpay	er's name		Socia	l securit	y numb	ber
SAR	ATH KUMAR YANDURU		71	9-55-	-774	5
Spouse	s's name		Spous	se's soc	ial secu	urity number
Part	<b>Tax Return Information – Tax Year Ending December 31,</b> 2020 (E	Enter	year	you a	re aut	thorizing.)
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	43,638.
2	Total tax				2	3,550.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	6,270.
4	Amount you want refunded to you				4	3,320.
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

				FBO firm name		Ę
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
-			-			1 5

Ent	as my				
5	7	7	4	5	

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 🕨

Date 🕨

### Spouse's PIN: check one box only

I authorize

	to ente	r or gene	rate my PIN
--	---------	-----------	-------------

Enter five digits, but don't enter all zeros

as mv

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 E	ate					 		
Practitioner PIN Method Returns Only—continue	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 9	8 9	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 🕨								
ERO Must Retain This Fo Don't Submit This Form to the II									
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 08/30/21 PRO	Form 8879 (Rev. 01-2021)						

<b>104</b>	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	20	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly unchecked the MFS box, enter the national son is a child but not your dependent	ame of		separately ouse. If you				`	,		, ,	. , . ,
Your first name	and mi	iddle initial	Last na	ime							Your so	cial securi	ty number
SARATH 1	KUMA	R	YANI	DURU							719-	55-774	5
If joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Home address 450 NORI		er and street). If you have a P.O. box, see Y ST	instructi	ons.					Apt. no. 605		Check I	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co	ode				ntly, want \$3 Checking a
Houston						T	X	770	015		0	ow will not	0
Foreign countr	y name			Foreign pi	rovince/stat	e/coun	ty	Forei	gn postal	code		x or refund	0
At any time du	iring 20	020, did you receive, sell, send, exch	nange, c	or otherw	ise acqui	re any	financial intere	est in a	any virtu	al cu	rrency?	Ves	X No
Standard Deduction		eone can claim:	n or you		dual-statu			rn befe	ore Janı	Jary 2	2, 1956	Is bl	lind
Dependent				(2) 5	Social secu		(3) Relationsh					r (see instru	ictions):
If more	•	irst name Last name		(2)	number	ity	to you		Child			1	her dependents
than four										$\Box$			<u> </u>
dependents,													
see instruction and check	s ——												
here													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		52,318.
Attach	2a	· · · · ·	2a			bТ	axable interes	t.			. 2b		
Sch. B if	3a	Qualified dividends	3a				Ordinary divide				. 3b	,	
required.	4a	IRA distributions	4a				axable amoun				. 4b	,	
	5a	Pensions and annuities	5a			bТ	axable amoun	t			. 5b	,	
Standard	6a	Social security benefits	6a			bТ	axable amoun	t			. 6b	,	
Deduction for –	7	Capital gain or (loss). Attach Scheo	dule D i	f require	d. If not re	quired	, check here				7		-3,000.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line	e9.								. 8		-5,680.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. 1	This is yo	ur <b>total ir</b>	come					▶ 9		43,638.
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	the star	ndard de	duction. S	ee inst	ructions 10	b					
• Head of	с	Add lines 10a and 10b. These are	your <b>to</b> f	tal adjus	stments to	o incoi	me				▶ 10	0	
household, \$18,650	11	Subtract line 10c from line 9. This	-	-							▶ 11		43,638.
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized										1	12,400.
any box under Standard	13	Qualified business income deducti				,	8995-A				. 13		
Deduction, see instructions.	14	Add lines 12 and 13									. 14		12,400.
	15	Taxable income. Subtract line 14	from lin	ne 11. lf z	ero or les	s, ente	er-0	<u> </u>	<u> </u>		. 15		31,238.
													10.10

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

Form **1040** (2020)

Form 1040 (2020	D)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	3,550.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	3,550.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	3,550.
	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 <b>total tax</b>						24	3,550.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	6,2	270.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	6,270.
• If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20	19 return				26	
qualifying child,	27	Earned income credit (EIC)			. No	27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	6	500.		
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refund	lable credi	ts		32	600.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	6,870.
Defund	34	If line 33 is more than line 24							34	3,320.
Refund	35a	Amount of line 34 you want				•	-		35a	3,320.
Direct deposit?	►b	Routing number 1 1 1			► c Type: >			vings		
See instructions.	►d	Account number 5 8 6					, <u> </u>	Ŭ		
	36	Amount of line 34 you want a								
Amount	37	Subtract line 33 from line 24							37	
You Owe		Note: Schedule H and Sch		-						
For details on		2020. See Schedule 3, line 1				or the tax	.s you on			
how to pay, see instructions.	38	Estimated tax penalty (see ir				38				
Third Party	Do	you want to allow another								
Designee		structions					Yes. Com	plete be	elow.	× No
-		signee's		Phone				l identifie	cation	
		me 🕨		no. 🕨			number			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date				1		it you an Identity
	, 10	ui signature		Date	Tour occupation					N, enter it here
Joint return?					CHEMIST			(see ir	ist.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ation				it your spouse an			
Keep a copy for your records.	·							Identif (see ir	· .	ection PIN, enter it here
,		(000) (70, 110)						(566 1	ISI.)	
		one no. (832) 670-113		Email address	YANDURUSARAT					Chaoli ifi
Paid		eparer's name	Preparer's signat		011DER	Date		TIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLA	M 11/20/	ZUZI P	2082		Self-employed
Use Only		m's name ► GLOBAL TAX								678)965-9522
		m's address ► 2530 Pebbl		n Cummin				Firm's	EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 08/3	30/21 PRO			Form <b>1040</b> (2020)

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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

o www.irs.g	ov/Fo	rm1040	) for instru	actions and	d the latest	information.

OMB No. 1545-0074
2020
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SARATH KUMAR YANDURU	719-55-7745
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	<b>2</b> 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	-5,680.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,680.
Par	line 8	3	-3,000.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 08/30/21 PRO	Schedul	e 1 (Form 1040) 2020

# SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

n.

2020 Attachment Sequence No. 12

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

Department of the Treasury

SARATH KUMAR YANDURU

Your social security number

719-55-7745

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No 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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	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 <b>Box A</b> checked	309,797.	325,631.	3,011.		3,011.		-12,823.
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	oss) from Forms 4	684, 6781, and 88	324	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 <b>Worksheet</b> in the instructions	ſ	6	( )				
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	, ,	7	-12,823.				

#### Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (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 le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	ost to gain or loss f		(h) Gain or (loss) Subtract column (e) 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 <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 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions		12 13			
	Long-term capital loss carryover. Enter the amount, if any	Carryover				
	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		-12,823.
	• If line 16 is a <b>gain,</b> 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 <b>loss,</b> skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?			
	<b>No.</b> Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>			
	□ 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	(	3,000.)
	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 08/30/21 PRO

Schedule D (Form 1040) 2020

Department of the Treasury

Internal Revenue Service

## **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.



Name(s) shown on return	Social security number or taxpayer identification numb				
SARATH KUMAR YANDURU	719-55-7745				

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below			<b>(h)</b> Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	08/16/20	12/25/20	6,855.	6,746.			109.
Robinhood Securities LLC	09/26/20	12/25/20	257 <b>,</b> 788.	270,551.	W	2,097.	-10,666.
APEX CLEARING	08/18/20	12/20/20	45,154.	48,334.	W	914.	-2,266.
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 (	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	309,797.	325,631.		3,011.	-12,823.

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

SCHEDULE	Е
(Form 1040)	

Department of the Treasury

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

### **Supplemental Income and Loss**

OMB No. 1545-0074

40

2

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest informat

Your socia		al security number
tion.		Attachment Sequence No. <b>13</b>

SARA	TH KUMAR YANDUR	.U						71	L9-55	-774	5
Part	I Income or Loss	From Rental Real Estate and Roy	yaltie	s Note: If	you a	re in th	e business o	f renti	ing pers	sonal pr	operty, use
	Schedule C. See	instructions. If you are an individual, repo	ort farı	m rental inco	ome o	r loss fr	om <b>Form 48</b>	<b>35</b> or	n page 2	2, line 40	Э.
A Dic	d you make any payme	nts in 2020 that would require you to	file F	orm(s) 109	9? Se	e instr	uctions .			_ Υ	′es 🔀 No
<b>B</b> If "	Yes," did you or will yo	ou file required Form(s) 1099?								<b>Y</b>	′es 🗌 No
1a	Physical address of e	each property (street, city, state, ZIP	, code	e)							
Α	4-138 NEARSIVA	LAYAM VIJAYAWADA VELVAD	DAM 2	ANDHRA I	PRAD	DESH	IN 52123	30			
В											
С											
1b	Type of Property (from list below)	above report the number of fair rental and <b>Dave</b>							sonal Davs		QJV
Α	3	personal use days. Check the o if you meet the requirements to	QJV b	ox only	A		365			0	
B		qualified joint venture. See inst	ructio		B		505				
C	+				c						
-	of Property:										
	gle Family Residence	3 Vacation/Short-Term Rental	5 I a	nd	7	′ Self-l	Rental				
	ti-Family Residence			valties			r (describe)				
Incom	,	Properties:		í	A		B				С
3	Rents received		3	-	2	100.					
4			4								
Expen											
5			5								
6		nstructions)	6								
7		nance	7		1,2	200.					
8	-		8								
9	Insurance		9								
10	Legal and other profe	ssional fees	10								
11	Management fees .		11		1,2	220.					
12	Mortgage interest pai	d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		1,2	240.					
15	Supplies		15		1,0	)00.					
16	Taxes		16								
17			17		1,4	120.					
18		or depletion	18								
19	Other (list) ►		19								
20	Total expenses. Add	lines 5 through 19	20		6,0	080.					
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	file Form 6198		21	-	-5,6	b80.					
22		estate loss after limitation, if any,	00	(	5 6	۰ <u>،</u>	(				`
00-	on Form 8582 (see in		<b>22</b>			80.)	l	Л	)(		)
23a		eported on line 3 for all rental prope				23a		4	00.		
b		eported on line 4 for all royalty properties				23b					
C d		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d 23e		6,0			
е 24		eported on line 20 for all properties		 Ide anv los		∠Je		0,0	80. 24		
24 25		e amounts shown on line 21. <b>Do no</b> sses from line 21 and rental real estate		-		· ·		·	24 25 (		5 600 1
									23 (		5,680.)
26		<b>ate and royalty income or (loss).</b> ( V, and line 40 on page 2 do not a									
		10), line 5. Otherwise, include this ar							26		-5,680.
		-,,						-			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020