Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying midow(er) (QW) Your first name and middle initial Last name Your social security number YH you checked the MFS box, enter the name and middle initial Last name Your social security number Your, or post office. If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 661 ERIC CT Presidential Election Campaign Check here if you, or your City, town, or post office. If you have a toreign address, also complete spaces below. VA 20170 box below will not chenge Foreign country name Foreign province/ristate/country Foreign postul code your as or refund. You Spouse Age/Blindhess Your You before January 2, 1956 In blind Spouse is a dependent You you before instructions; If more than four dependents, see instructions (1) First name Last name (2) Social security Preside instructions; You Spouse Spouse Spouse Spouse Spouse Spouse	E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		(99) Jrn 20	20	OMB No. 1545	5-0074	IRS Use Onl	y—Do not w	vrite or staple	in this space.
SHIVA_KUMAR KASANAGOTTU 703-51-5989 If joint return, spouse's first name and middle initial Last name Spouse's social security number Idone address furnible and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign G61_ERIC_CT CT Crown post office. If you have a foreign address, also complete spaces below. State 21P code to go to fils fund. Checking a box below will not change Foreign country name Foreign province/state/country Foreign postal code You Spouse 's more filling jointly, want 33 Standard Someone can claim: You as dependent You spouse as a dependent Poreign postal code You No Standard Someone can claim: You as a dependent You spouse as a dependent Popendents No Dependents (see instructions): (a) Fista ascurity (a) Relationally (b) V ^{II} (gualifies for (see instructions): (a) Population (see instructions): (b) Ordinary dividends 3b 21. Attach 3a 21. b Ordinary dividends 3b 21. Attach 3a 21. b Ordinary dividends 3b 21. 90, 875.	Check only	lf yo	ou checked the MFS box, enter the n	ame of y	• ·	• •	,		· ,		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 661 ERIC CT Check here if you, or your Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. VA 20170 cove will not change box will not change box below will not c	Your first name	and m	iddle initial	Last na	me					Your so	cial securit	y number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 651 ERIC CT Check here if you, or your spouse if filing jointly, want S3 Check here if you, or your spouse if filing jointly, want S3 Check here if you, or your spouse if filing jointly, want S3 Check here if you, or your spouse if filing jointly, want S3 Check here if you, or your spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Someone can claim: You as a dependent You spouse a dependent You Spouse: Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (i) First name Last name number Immediate Check here if you, drough dividends 2b Someone can claim: 2b Someone can claim: Immediates can claim: 1 90, 875. If more tan four dependents (see instructions): (i) First name Last name Immediates 2b Someone can claim: 2b Someone can claim: 2b Someone can claim: 2b Someone can claim: Chait a can chait a can chait a can chait a ca	SHIVA K	UMAR		KASA	NAGOTTU					703-	51-598	9
661 ERIC CT Check here if you, or your City, tow, or post office. If you have a foreign address, also complete spaces below. VIA 20170 Foreign country name Foreign province/state/country Foreign postal code UN 20170 Foreign country name Foreign province/state/country Foreign postal code UN 20170 Standard Someone can claim: You as a dependent You respouse as a dependent You respouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse itemizes or endual; If more than four dependents, see instructions;: (2) Social security (3) Pelationship (4) 4/ if qualifies for (see instructions;: 1 90, 875. If more than four dependents, see instructions Interest I 90, 875. 3a 21. Attach 2a Tax-exempt interest 2a 1 90, 875. 3b 21. Sandard Deduction 4a IRA distributions 4a b Tax-axable amount 4b 5b Sandard Concoli for equalified dividends 3a 21. </td <td>lf joint return, s</td> <td>pouse's</td> <td>s first name and middle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td>Spouse</td> <td>'s social sec</td> <td>urity number</td>	lf joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse	's social sec	urity number
Cuty, Out, or post mixer a holegin address, and compare spuces below. State 20 'Ode to go to this fund. Checking a box below into change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code you is postal code At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You You Spouse Age/Blindness You: Ware born before January 2, 1956 Is blind Check of the dependents If more (I) First name Last name (2) Social security (2) Relationship (4) 4// If qualifies for (see instructions); required. 1 Wages, salaries, tips, etc. Attach Form(s) W-2 - 1 90,875. Standard 2a 2a b Taxable amount 4b - 2b Standard 3a 21. b Taxable amount 4b - 5b 5b Standard Social security benefits			er and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	Check I	here if you,	or your
Herndon VA 20170 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your so a dependent Your so a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes No Dependents (see instructions): (f) First name Last name (g) Social security (g) Relationship (h) V' I qualifies for (see instructions): If more (1) First name Last name inumber inumber inumber and check ind ind ind ind ind ind see instructions ind ind ind ind ind ind and check ind ind ind ind ind ind ind set and ind ind ind ind ind ind	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	St	ate	ZIP co	de			
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dependents, see instructions and check here Image: selection of the selectic of the selection of the selectic of the selection of		(1) F	irst name Last name	number		er	to you		Child tax cre		Credit for oth	1er dependents
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\$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 85, 560. • Married filing jointy or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointy or Qualifying widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 10c • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 10c 11 85,560. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 14 Add lines 12 and 13 . . 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 73,160.	Married filing	8	,							. 8		
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see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 73,160.	Standard	13	Qualified business income deduction	on. Atta	ch Form 8995	or Form	8995-A			. 13	3	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14										
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or	less, ent	er -0			. 15	5 .	

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

Form **1040** (2020)

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		. 16	11,881.
	17	Amount from Schedule 2, lin	ie3					. 17	
	18	Add lines 16 and 17						. 18	11,881.
	19	Child tax credit or credit for	other dependen	ts				. 19	
	20	Amount from Schedule 3, lin	ie7					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	11,881.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					▶ 24	11,881.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	13,43	30.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25 d	13,430.
• If you have a	26	2020 estimated tax payment						. 26	
qualifying child,	27	Earned income credit (EIC)			. _. No	27			
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28			
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29			
see instructions.	30	Recovery rebate credit. See	instructions .			30	74	44.	
	31	Amount from Schedule 3, lin	ie 13			31			
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able credits .		▶ 32	744.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				▶ 33	14,174.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you overpa i	d.	. 34	2,293.
neruna	35a	Amount of line 34 you want			is attached, che	eck here	. 🕨	35a	2,293.
Direct deposit?	►b	Routing number 1 1 1				Checking	Savi	ngs	
See instructions.	►d	Account number 1 0 8	5 4 1 9	2 9 7					
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			▶ 37	
You Owe									
For details on how to pay, see		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.							
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See			
Designee	ins	structions				. 🕨 🗌 Yes.	. Comp	lete below.	× No
		signee's		Phone				identification	
		me 🕨		no. 🕨			umber (F	/	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	1,,,				ent you an Identity
		ar signature		Duic					PIN, enter it here
Joint return?					SOFTWARE	DEVELOPER		(see inst.) ►	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.	,							(see inst.) ►	tection PIN, enter it here
,								(500 1150.)	
		one no. (940)312-277: eparer's name	9 Preparer's signat	Email address	KASASHIVA	K@GMAIL.C	OM PTI	INI	Check if:
Paid									
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 09/22/202	T 50;	2082703	Self-employed
Use Only								(678)965-9522	
				n Cummin	-			Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 08/30/21	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.

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NRYour social security numberSHIVA KUMAR KASANAGOTTU703-51-5989Part LAdditional Income

Pa	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 Schedule E	5	-6,000.
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, line 8	9	-6,000.
Par	line 8	J	-0,000.
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 adjustments to income. Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	Schedule	1 (Form 1040) 2020
		20	

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

20

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

Department of the Treasury

SHIVA KUMAR KASANAGOTTU

Your social security number

703-51-5989

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes X 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	nstructions 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 f Form(s) 8949, P line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	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	27,594.	26,930.		0.	664.
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	
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	e any long-	7	664.		

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

lines	instructions 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 (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result		
	e dollars.	(sales price)		line 2, colum		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	ions, estates, and	trusts from Scheo	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	15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back .							

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 664.
	• 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 ()
	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?	
	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.	

REV 08/30/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
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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.

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

Name(s) shown on return	Social security number of taxpayer identification number							
SHIVA KUMAR KASANAGOTTU	703-51-5989							

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	Adjustment, if If you enter an enter a co See the sep	(h) 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	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Crypto LLC	01/01/20	11/17/20	53.	73.			-20.	
Robinhood Securities LLC	01/01/20	12/24/20	27,541.	26,857.	W	0.	684.	
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) ►			27,594.	26,930.		0.	664.	

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

	ent of the Treasury Revenue Service (99)	► Go to www.irs.gov/ScheduleE f	or inst	ructions	and the	e latest	information		Attac	hment ence No	13
	shown on return							Your soci			
SHIV	A KUMAR KASANAG	OTTU						703-5	1-598	9	
Part	Income or Loss	s From Rental Real Estate and Ro	yaltie	s Note	: If you	are in th	e business c	of renting pe	rsonal p	roperty	, use
		instructions. If you are an individual, rep	ort farı	m rental	ncome o	or loss f	rom Form 48	335 on page	2, line 4	0.	
A Dic	l you make any payme	nts in 2020 that would require you to	o file F	orm(s) 1	099? S	ee insti	ructions .		. 🗆 '	Yes 🛛	< No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							. 🗆 '	Yes [No
1a	Physical address of e	each property (street, city, state, ZIF	code	e)							
Α	KUKATPALLY HYD	DERABAD TELANGANA IN 5000)72								
В											
С											
1b	Type of Property	2 For each rental real estate prop	perty l	isted			Rental	Persona		G	JV
	(from list below)	above, report the number of fa personal use days. Check the	ur rent OJV b	al and			Days	Day	S		
A	3	if you meet the requirements to	o file a	is a	A		365		0		
<u> </u>		qualified joint venture. See inst	ructio	ns.	В						
					С						
	of Property:						_				
	le Family Residence	3 Vacation/Short-Term Rental				7 Self-					
Incom	ti-Family Residence	4 Commercial Properties:	6 KC	yalties		8 Othe	r (describe		1	С	
3	-		3		Α	<u> </u>	E	5		C	
4			4			600.					
Expen			4								
5			5								
6		nstructions)	6								
7	·		7			800.					
8	-		8			000.					
9			9								
10		essional fees	10								
11			11			800.					
12	-	d to banks, etc. (see instructions)	12								
13	·		13								
14	Repairs		14		1,	500.					
15			15		1,	000.					
16	Taxes		16								
17	Utilities		17		2,	500.					
18		e or depletion	18								
19	Other (list) ►		19								
20	Total expenses. Add	lines 5 through 19	20		б,	600.					
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must			-						
			21		-6,	000.					
22	Deductible rental real on Form 8582 (see in	l estate loss after limitation, if any, structions)	22	(6 0	00.)	()	(1
23a		eported on line 3 for all rental prope		N N	-0,0	23a	(600.	(,
23a b		eported on line 4 for all royalty prop		• •	• •	23a					
c		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e		6,600.			
24		e amounts shown on line 21. Do no						. 24			
25		sses from line 21 and rental real estate		-		nter tota	al losses her		(б,	000.)
26		ate and royalty income or (loss).									,
-*		V, and line 40 on page 2 do not									

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.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

-6,000.

OMB No. 1545-0074

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