

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br><b>PUJITHA SRIRAMANENI</b> | Social security number<br><b>881-08-2129</b> |
| Spouse's name                                 | Spouse's social security number              |

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 70,904. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 8,666.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 11,585. |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 2,919.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 8 | 2 | 1 | 2 | 9 |
|---|---|---|---|---|

 as my 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 ▶ 03/17/2021

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

I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### 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 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

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 Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
Check only one box. 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 person is a child but not your dependent ▶

|   |                          |   |
|---|--------------------------|---|
| Your first name and middle initial<br>PUJITHA           | Last name<br>SRIRAMANENI | <b>Your social security number</b><br>881-08-2129 |
| If joint return, spouse's first name and middle initial | Last name                | <b>Spouse's social security number</b>            |

|  |                               |                     |   |
|--|-------------------------------|---------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions.<br>20 CORPORATE DR       |                               | Apt. no.<br>322     | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>BURLINGTON | State<br>MA                   | ZIP code<br>01803   |   |
| Foreign country name   | Foreign province/state/county | Foreign 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 Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 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):<br>If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): |                             |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |           |                            |                         | Child tax credit   | Credit for other dependents |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|   |  |   |            |                                       |            |         |
|---|--|---|------------|---------------------------------------|------------|---------|
| <b>Attach Sch. B if required.</b><br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,400<br>• Married filing jointly or Qualifying widow(er), \$24,800<br>• Head of household, \$18,650<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |            | <b>1</b>                              | 76,467.    |         |
|   | <b>2a</b>  | Tax-exempt interest . . . . .   | <b>2a</b>  | <b>b</b> Taxable interest . . . . .   | <b>2b</b>  |         |
|   | <b>3a</b>  | Qualified dividends . . . . .   | <b>3a</b>  | <b>b</b> Ordinary dividends . . . . . | <b>3b</b>  | 0.      |
|   | <b>4a</b>  | IRA distributions . . . . .   | <b>4a</b>  | <b>b</b> Taxable amount . . . . .     | <b>4b</b>  |         |
|   | <b>5a</b>  | Pensions and annuities . . . . .  | <b>5a</b>  | <b>b</b> Taxable amount . . . . .     | <b>5b</b>  |         |
|   | <b>6a</b>  | Social security benefits . . . . .  | <b>6a</b>  | <b>b</b> Taxable amount . . . . .     | <b>6b</b>  |         |
|   | <b>7</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |            |                                       | <b>7</b>   | -143.   |
|   | <b>8</b>   | Other income from Schedule 1, line 9 . . . . .  |            |                                       | <b>8</b>   | -5,420. |
|   | <b>9</b>   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |            |                                       | <b>9</b>   | 70,904. |
|   | <b>10</b>  | Adjustments to income:  |            |                                       |            |         |
|   | <b>a</b>   | From Schedule 1, line 22 . . . . .  | <b>10a</b> |                                       |            |         |
|   | <b>b</b>   | Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | <b>10b</b> |                                       |            |         |
|   | <b>c</b>   | Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    |            |                                       | <b>10c</b> |         |
|   | <b>11</b>  | Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                    |            |                                       | <b>11</b>  | 70,904. |
|   | <b>12</b>  | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  |            |                                       | <b>12</b>  | 12,400. |
| <b>13</b>   | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .             |   |            | <b>13</b>                             |            |         |
| <b>14</b>   | Add lines 12 and 13 . . . . .  |   |            | <b>14</b>                             | 12,400.    |         |
| <b>15</b>   | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . . |   |            | <b>15</b>                             | 58,504.    |         |

|    |   |     |         |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16  | 8,666.  |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 8,666.  |
| 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  | 8,666.  |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.      |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 8,666.  |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 11,585. |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 11,585. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |         |
| 27 | Earned income credit (EIC) <b>NO</b>  | 27  |         |
| 28 | Additional child tax credit. Attach Schedule 8812   | 28  |         |
| 29 | American opportunity credit from Form 8863, line 8  | 29  |         |
| 30 | Recovery rebate credit. See instructions  | 30  |         |
| 31 | Amount from Schedule 3, line 13   | 31  |         |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  |         |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 11,585. |

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

Refund

|     |   |   |        |
|-----|---|---|--------|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34  | 2,919. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a   | 2,919. |
| b   | Routing number 011000138  | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |        |
| d   | Account number 004661475494   |   |        |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |

Amount You Owe

For details on how to pay, see instructions.

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <b>Note:</b> 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. |  |    |  |
| 38   | Estimated tax penalty (see instructions)                             | 38 |  |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |               |                     |   |
|---|---------------|---------------------|---|
| Your signature  | Date          | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| TEST AUTOMATION ENG   |               |                     |   |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|   |               |                     |   |
| Phone no.   | Email address |                     |   |

Paid Preparer Use Only

|                                       |                                   |            |           |  |
|---------------------------------------|-----------------------------------|------------|-----------|--|
| Preparer's name                       | Preparer's signature              | Date       | PTIN      | Check if:                              |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM     | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 03/16/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name                           | Phone no.                         |            |           |  |
| GLOBAL TAXES LLC                      | (678) 965-9522                    |            |           |  |
| Firm's address                        | Firm's EIN                        |            |           |  |
| 2530 Pebble Creek Ln Cumming GA 30041 | 30-1017196                        |            |           |  |

**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](http://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-NR  
PUJITHA SRIRAMANENI

Your social security number  
881-08-2129

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -5,420. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____<br>_____   | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -5,420. |

**Part II Adjustments to Income**

|            |   |            |  |
|------------|---|------------|--|
| <b>10</b>  | Educator expenses . . . . .   | <b>10</b>  |  |
| <b>11</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                 | <b>11</b>  |  |
| <b>12</b>  | Health savings account deduction. Attach Form 8889 . . . . .  | <b>12</b>  |  |
| <b>13</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>13</b>  |  |
| <b>14</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>14</b>  |  |
| <b>15</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>15</b>  |  |
| <b>16</b>  | Self-employed health insurance deduction . . . . .  | <b>16</b>  |  |
| <b>17</b>  | Penalty on early withdrawal of savings . . . . .  | <b>17</b>  |  |
| <b>18a</b> | Alimony paid . . . . .  | <b>18a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . . ▶ _____   |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____   |            |  |
| <b>19</b>  | IRA deduction . . . . .   | <b>19</b>  |  |
| <b>20</b>  | Student loan interest deduction . . . . .   | <b>20</b>  |  |
| <b>21</b>  | Tuition and fees deduction. Attach Form 8917 . . . . .  | <b>21</b>  |  |
| <b>22</b>  | 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 . . . . . | <b>22</b>  |  |

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://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.**

Name(s) shown on return

PUJITHA SRIRAMANENI

Your social security number

881-08-2129

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)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 2,467.                           | 2,610.                          |   | -143.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .   |                                  |                                 |   | -143.   |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 6.                               | 6.                              |  | 0.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .  |                                  |                                 |  | 0.  |

**Part III Summary**

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -143.    |
|           | <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> |           |          |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |          |
| <b>18</b> | 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 . . . . . ▶   | <b>18</b> |          |
| <b>19</b> | 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 . . . . . ▶   | <b>19</b> |          |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |          |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 143. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |          |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |          |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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 number

PUJITHA SRIRAMANENI

881-08-2129

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.

- (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)<br>Description of property<br>(Example: 100 sh. XYZ Co.)  | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |       |
|------------------|---|---|---|--|--|---|--------------------------------|--|-------|
|                  |   |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |       |
|                  | ROBINHOOD SECURITIES LLC  | 06/08/20                                | 09/18/20  | 2,467.   | 2,610.   |   |                                | -143.  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
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|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
|                  |   |   |   |  |  |   |                                |  |       |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |   |   |  | 2,467.   | 2,610.  |                                |  | -143. |

**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.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**PUJITHA SRIRAMANENI**

Social security number or taxpayer identification number  
**881-08-2129**

Before you check Box D, E, or F 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 II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1   | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
|   |  |   |  |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|   | ROBINHOOD SECURITIES LLC                                     | 09/09/19                                | 09/11/20   | 6.   | 6.   |   |                                | 0.   |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
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|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶ |  |   |  | 6.   | 6.   |   |                                | 0.   |

**Note:** If you checked Box D 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.



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

PUJITHA SRIRAMANENI

881-08-2129

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |   |  |                         |                          |                          |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                         |                          |                          |
| <b>A</b>  | TIRUCHANOOR ROAD TIRUPATI TELANGANA IN 517503                     |  |                         |                          |                          |
| <b>B</b>  |   |  |                         |                          |                          |
| <b>C</b>  |   |  |                         |                          |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>Fair Rental Days</b> | <b>Personal Use Days</b> | <b>QJV</b>               |
| <b>A</b>  | 3   |  | 185                     | 0                        | <input type="checkbox"/> |
| <b>B</b>  |   |  |                         |                          | <input type="checkbox"/> |
| <b>C</b>  |   |  |                         |                          | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| <b>Income:</b>   |   | <b>Properties:</b> |  | <b>A</b>    | <b>B</b> | <b>C</b> |
|------------------|---|--------------------|--|-------------|----------|----------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>           |  | 380.        |          |          |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>           |  |             |          |          |
| <b>Expenses:</b> |   |                    |  |             |          |          |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>           |  |             |          |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>           |  |             |          |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>           |  | 600.        |          |          |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>           |  |             |          |          |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>           |  |             |          |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>          |  |             |          |          |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>          |  | 800.        |          |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>          |  |             |          |          |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>          |  |             |          |          |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>          |  | 1,500.      |          |          |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>          |  | 1,400.      |          |          |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>          |  |             |          |          |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>          |  | 1,500.      |          |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>          |  |             |          |          |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>          |  |             |          |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>          |  | 5,800.      |          |          |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b>          |  | -5,420.     |          |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>          |  | ( -5,420. ) | ( )      | ( )      |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>         |  | 380.        |          |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>         |  |             |          |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>         |  |             |          |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>         |  |             |          |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>         |  | 5,800.      |          |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>          |  |             |          |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>          |  | ( 5,420. )  |          |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>          |  |             |          | -5,420.  |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2020**  
**Massachusetts**  
**Department of**  
**Revenue**

**Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.**

|   |                                 |   |
|---|---------------------------------|---|
| Your first name and initial<br><b>PUJITHA SRIRAMANENI</b> | Last name<br><b>SRIRAMANENI</b> | Your Social Security number<br><b>881082129</b> |
| If a joint return, spouse's first name and initial        | Last name                       | Spouse's Social Security number                 |

|  |                    |                     |  |
|--|--------------------|---------------------|--|
| Present street address (and apartment number)<br><b>20 CORPORATE DR APT NO 322</b> |                    |                     |  |
| City/Town/Post Office<br><b>BURLINGTON</b>   | State<br><b>MA</b> | Zip<br><b>01803</b> | Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly<br><input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household |

**Part 1. Tax Return Information for Electronic Filing**

|          |  |          |       |
|----------|--|----------|-------|
| <b>1</b> | Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .                 | <b>1</b> | 71047 |
| <b>2</b> | Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .          | <b>2</b> | 3332  |
| <b>3</b> | Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .             | <b>3</b> | 0     |
| <b>4</b> | Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . . | <b>4</b> | 3786  |
| <b>5</b> | Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54) . . . . .                     | <b>5</b> | 454   |
| <b>6</b> | Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55) . . . . .                           | <b>6</b> |       |

**Part 2. Declaration and Signature of Taxpayer**

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

|                |      |   |      |
|----------------|------|---|------|
| Your signature | Date | Spouse's signature (if joint return, <b>both</b> must sign) | Date |
|----------------|------|---|------|

**Part 3. Declaration and Signature of Electronic Return Originator (ERO)**

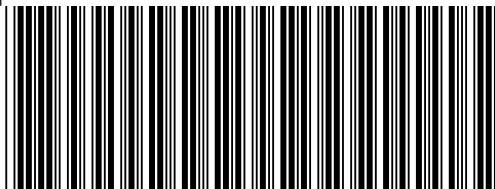
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

|  |                 |                  |  |
|--|-----------------|------------------|--|
| ERO's signature and SSN or PTIN                    | Date            | EIN              | <input type="checkbox"/> Check if self-employed      |
|  | <b>03162021</b> | <b>301017196</b> |  |
| Firm name (or yours, if self-employed) and address | City/Town       | State            | Zip  |
| <b>GLOBAL TAXES LLC 2530 PEBBLE CREEK LN</b>       | <b>CUMMING</b>  | <b>GA</b>        | <b>30041</b>   |
|  |                 |                  | <input type="checkbox"/> Check if also paid preparer |

**Part 4. Declaration and Signature of Paid Preparer (if other than ERO)**

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

|   |                           |                  |   |
|---|---------------------------|------------------|---|
| Paid preparer's signature and SSN or PTIN                     | Date                      | EIN              | <input type="checkbox"/> Check if self-employed |
|   | <b>P02082703 03162021</b> | <b>301017196</b> |   |
| Firm name (or yours, if self-employed) and address            | City/Town                 | State            | Zip   |
| <b>SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN</b> | <b>CUMMING</b>            | <b>GA</b>        | <b>30041</b>                                    |



**2020 Form 1**

MA20001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2020 or other taxable

Year beginning

Ending

PUJITHA

SRIRAMANENI

881082129

20 CORPORATE DR

BURLINGTON

MA 01803

Fill in if:  Original return       Amended return       Amended return due to federal change

Apt. no. 322

**State Election Campaign Fund:**

\$1 You      \$1 Spouse      TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

You      Spouse

Taxpayer deceased

You      Spouse

Fill in if under age 18

You      Spouse

a. Total federal income      70904

Name changed since 2019

b. Federal adjusted gross income      70904

Fill in if noncustodial parent

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

**2. Exemptions**

a. Personal exemptions

2a

4400

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

x \$1,000 = 2b

c. Age 65 or over before 2021      You +      Spouse =

x \$700 = 2c

d. Blindness      You +      Spouse =

x \$2,200 = 2d

e. Medical/dental

2e

f. Adoption

2f

g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

2g

4400

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

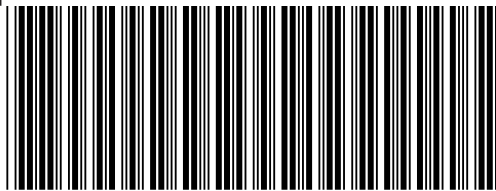
Date

Spouse's signature

Date

857-707-8526

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



**2020 Form 1, pg. 2**

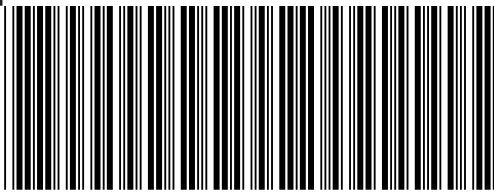
MA20001021555

Massachusetts Resident Income Tax Return

881082129

|   |                       |              |
|---|-----------------------|--------------|
| 3. Wages, salaries, tips  | 3                     | 76467        |
| 4. Taxable pensions and annuities   | 4                     |              |
| 5. Mass. bank interest: a. <span style="float: right;">- b. exemption</span>  | = 5                   |              |
| 6a. Business/profession income/loss   | 6a                    |              |
| 6b. Farming income/loss   | 6b                    |              |
| 7. Rental, royalty and REMIC, partnership, S corp., trust income/loss   | 7                     | -5420        |
| 8a. Unemployment  | 8a                    |              |
| 8b. Mass. lottery winnings  | 8b                    |              |
| 9. Other income from Schedule X, line 5   | 9                     |              |
| <b>10. TOTAL 5.0% INCOME</b>  | <b>10</b>             | <b>71047</b> |
| 11a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement  | 11a                   |              |
| 11b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement   | 11b                   |              |
| 12. Child under age 13, or disabled dependent/spouse care expenses  | 12                    |              |
| 13. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s)<br><b>Not more than two.</b> a. | $\times \$3,600 = 13$ |              |
| 14. Rental deduction. a.  | $\div 2 = 14$         |              |
| 15. Other deductions from Schedule Y, line 19   | 15                    |              |
| 16. <b>Total deductions.</b> Add lines 11 through 15  | 16                    |              |
| 17. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. Not less than "0"   | 17                    | 71047        |
| 18. Exemption amount  | 18                    | 4400         |
| 19. <b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. Not less than "0"   | 19                    | 66647        |
| 20. <b>INTEREST AND DIVIDEND INCOME</b>   | 20                    |              |
| 21. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 19 and 20   | 21                    | 66647        |

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1**



**2020 Form 1, pg. 3**

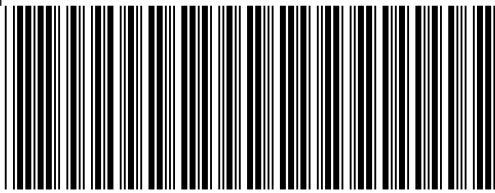
MA20001031555

Massachusetts Resident Income Tax Return

881082129

|   |                   |             |
|---|-------------------|-------------|
| <b>22. TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585                     | <b>22</b>         | <b>3332</b> |
| <b>23. 12% INCOME.</b> Not less than "0." a.  | <b>23</b>         |             |
|   | <b>x .12 = 23</b> |             |
| <b>24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS<br>Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 | <b>24</b>         |             |
| <b>25. Credit recapture amount</b> (from Credit Recapture Schedule)   | <b>25</b>         |             |
| <b>26. Additional tax on installment sale</b>   | <b>26</b>         |             |
| <b>27. If you qualify for No Tax Status, fill in and enter "0"</b> on line 28   |                   |             |
| <b>28. TOTAL INCOME TAX.</b> Add lines 22 through 26  | <b>28</b>         | <b>3332</b> |
| <b>29. Limited Income Credit</b>  | <b>29</b>         |             |
| <b>30. Income tax due to another state or jurisdiction</b>  | <b>30</b>         |             |
| <b>31. Other credits from Credit Manager Schedule</b>   | <b>31</b>         |             |
| <b>32. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 29 through 31 from line 28. <b>Not less than "0"</b>   | <b>32</b>         | <b>3332</b> |
| <b>33. Voluntary Contributions</b>  |                   |             |
| a. Endangered Wildlife Conservation   | <b>33a</b>        |             |
| b. Organ Transplant Fund  | <b>33b</b>        |             |
| c. Massachusetts Public Health HIV and Hepatitis Fund   | <b>33c</b>        |             |
| d. Massachusetts U.S. Olympic Fund  | <b>33d</b>        |             |
| e. Massachusetts Military Family Relief Fund  | <b>33e</b>        |             |
| f. Homeless Animal Prevention and Care  | <b>33f</b>        |             |
| Total. Add lines 33a through 33f  | <b>33</b>         |             |
| <b>34. Use tax due on Internet, mail order and other out-of-state purchases</b>   | <b>34</b>         |             |
| <b>35. Health care penalty</b> a. You + b. Spouse   | <b>35</b>         |             |
| <b>36. Amended return only.</b> Overpayment from original return  | <b>36</b>         |             |
| <b>37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 32 through 36   | <b>37</b>         | <b>3332</b> |





**2020 Schedule B**

MA20010011555

PUJITHA

SRIRAMANENI

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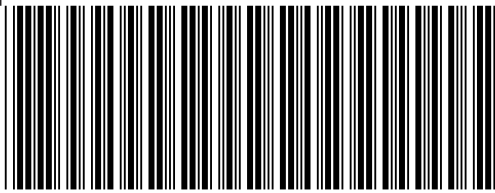
**Part 1. Interest and Dividend Income**

|   |    |
|---|----|
| 1. Total interest income                            | 1  |
| 2. Total ordinary dividends                         | 2  |
| 3. Other interest and dividends not included above  | 3  |
| 4. Total interest and dividends                     | 4  |
| 5. Total interest from Massachusetts banks          | 5  |
| 6a. Other interest and dividends to be excluded     | 6a |
| 6b. Part-year/Nonresidents only                     | 6b |
| 7. Subtotal   | 7  |
| 8. Allowable deductions from your trade or business | 8  |
| 9. Subtotal   | 9  |

**Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles**

|  |     |      |
|--|-----|------|
| 10. Massachusetts short-term capital gains   | 10  |      |
| 11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales   | 11  |      |
| 12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 12  |      |
| 13a. Add lines 10 through 12   | 13a |      |
| 13b. Part-year/Nonresidents only   | 13b |      |
| 13c. Subtract line 13b from line 13a. Not less than 0  | 13c |      |
| 14. Allowable deductions from your trade or business   | 14  |      |
| 15. Subtotal   | 15  |      |
| 16. Massachusetts short-term capital losses  | 16  | -143 |
| 17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 17  |      |
| 18. Prior short-term unused losses for years beginning after 1981  | 18  |      |





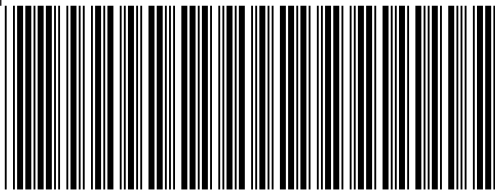
**2020 Schedule B, pg. 2**

881082129 MA20010021555

|  |     |      |
|--|-----|------|
| 19a. Combine lines 15 through 18                             | 19a | -143 |
| 19b. Part-year/Nonresidents only                             | 19b |      |
| 19c. Exclude line 19b losses from line 19a                   | 19c | -143 |
| 20. Short-term losses applied against interest and dividends | 20  |      |
| 21. Available short-term losses                              | 21  | -143 |
| 22. Short-term losses applied against long-term gains        | 22  |      |
| 23. Short-term losses available for carryover in 2021        | 23  | -143 |
| 24. Short-term gains and long-term gains on collectibles     | 24  |      |
| 25. Long-term losses applied against short-term gain         | 25  |      |
| 26. Subtotal   | 26  |      |
| 27. Long-term gains deduction                                | 27  |      |
| 28. Short-term gains after long-term gains deduction         | 28  |      |

**Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles**

|  |    |      |
|--|----|------|
| 29. Enter the amount from line 9                                 | 29 |      |
| 30. Short-term losses applied against interest and dividends     | 30 |      |
| 31. Subtotal interest and dividends                              | 31 |      |
| 32. Long-term losses applied against interest and dividends      | 32 |      |
| 33. Adjusted interest and dividends                              | 33 |      |
| 34. Enter the amount from line 28                                | 34 |      |
| 35. Adjusted gross interest, dividends and certain capital gains | 35 |      |
| 36. Excess exemptions  | 36 |      |
| 37. Subtract line 36 from line 35                                | 37 |      |
| 38. Interest and dividends taxable at 5.0%                       | 38 |      |
| 39. Taxable 12% capital gains                                    | 39 |      |
| 40. Available short-term losses for carryover in 2021            | 40 | -143 |



## 2020 Schedule D

MA20012011555

Long-Term Capital Gains and Losses

Excluding Collectibles

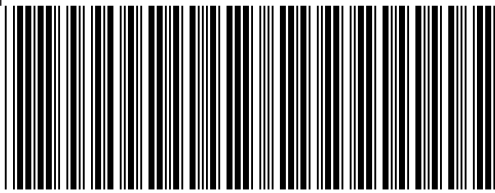
PUJITHA

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### Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

|   |     |
|---|-----|
| 1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h                          | 1   |
| 2. Enter amounts from U.S. Schedule D, line 9, col. h                                   | 2   |
| 3. Enter amounts from U.S. Schedule D, line 10, col. h                                  | 3   |
| 4. Enter amounts from U.S. Schedule D, line 11, col. h                                  | 4   |
| 5. Enter amounts from U.S. Schedule D, line 12, col. h                                  | 5   |
| 6. Enter amounts from U.S. Schedule D, line 13, col. h.                                 | 6   |
| 7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II | 7   |
| 8. Carryover losses from prior years  | 8   |
| 9. Combine lines 1 through 8  | 9   |
| 10a. Massachusetts adjustments  | 10a |
| 10b. Part-year/Nonresidents only  | 10b |
| 10c. Combine lines 10a and 10b  | 10c |
| 11. Massachusetts capital gains and losses  | 11  |
| 12. Long-term gains on collectibles and pre-1996 installment sales                      | 12  |
| 13. Subtotal  | 13  |
| 14. Capital losses applied against capital gains  | 14  |
| 15. Subtotal  | 15  |
| 16. Long-term capital losses applied against interest and dividends                     | 16  |
| 17. Subtotal  | 17  |
| 18. Allowable deductions from your trade or business                                    | 18  |
| 19. Subtotal  | 19  |
| 20. Excess exemptions   | 20  |
| 21. Taxable long-term capital gains   | 21  |
| 22. Tax on long-term capital gains  | 22  |
| 23. Massachusetts available losses for carryover  | 23  |



**2020 Schedule INC**

MA20INC011555

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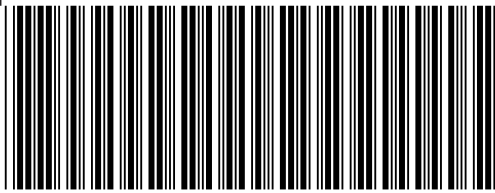
SRIRAMANENI

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**Form W-2 and 1099 Information**

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 042835488            | 3786                  | 76467                 |                         |                       | W2                       |

|        |      |       |  |  |  |
|--------|------|-------|--|--|--|
| TOTALS | 3786 | 76467 |  |  |  |
|--------|------|-------|--|--|--|



# 2020 Schedule HC

MA20029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

**Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

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1a. Date of birth    11291994    1b. Spouse's date of birth    1c. Family size    1

2. Federal adjusted gross income    2    70904

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

|                   |   |  |                                      |
|-------------------|---|--|--------------------------------------|
| <b>3a</b> You:    | <input checked="" type="checkbox"/> Full-year MCC | <input type="checkbox"/> Part-year MCC | <input type="checkbox"/> No MCC/None |
| <b>3a</b> Spouse: | <input type="checkbox"/> Full-year MCC            | <input type="checkbox"/> Part-year MCC | <input type="checkbox"/> No MCC/None |

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

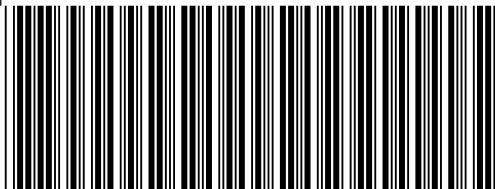
|  |   |                                 |
|--|---|---------------------------------|
| <b>4a.</b> Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)   | <input type="checkbox"/> You            | <input type="checkbox"/> Spouse |
| <b>4b.</b> MassHealth. Fill in and go to line 5  | <input checked="" type="checkbox"/> You | <input type="checkbox"/> Spouse |
| <b>4c.</b> Medicare (including a replacement or supplemental plan). Fill in and go to line 5   | <input type="checkbox"/> You            | <input type="checkbox"/> Spouse |
| <b>4d.</b> U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5  | <input type="checkbox"/> You            | <input type="checkbox"/> Spouse |
| <b>4e.</b> Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage. | <input type="checkbox"/> You            | <input type="checkbox"/> Spouse |

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.    Fill in if you were not issued Form MA 1099-HC.

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.    Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



# 2020 Schedule HC, pg. 2

881082129 MA20029021555

## Your Health Insurance

6. Was your income in 2020 at or below 150% of the federal poverty level? 6 Yes No

If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2020, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

## Months Covered By Health Insurance

|         |      |      |       |       |     |      |      |      |       |      |      |      |
|---------|------|------|-------|-------|-----|------|------|------|-------|------|------|------|
| You:    | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
| Spouse: | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

## Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No  
Spouse Yes No

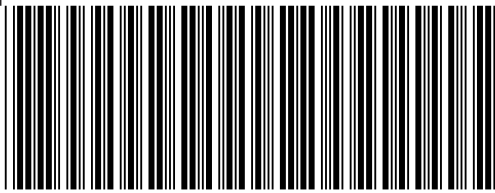
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year? 8b You Yes No  
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2020 tax year? 9 You Yes No  
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2020 Schedule HC, pg. 3

MA20029031555

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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? 10 You Yes No Spouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? 11 You Yes No Spouse Yes No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? 12 You Yes No Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

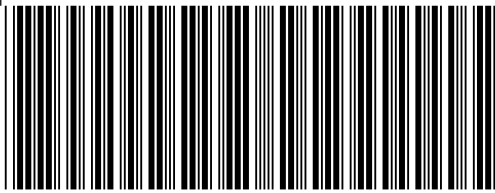
You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.



**2020 Schedule E**

MA20013041555

PUJITHA

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**Income or Loss from Real Estate and Royalties**

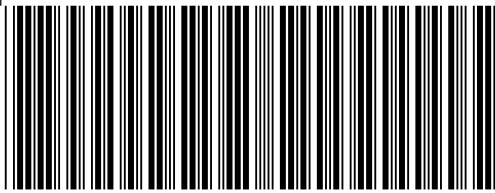
**Income**

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 380 |
| 2. Royalties received | 2 |     |

**Expenses**

|   |    |       |
|---|----|-------|
| 3. Advertising  | 3  |       |
| 4. Auto and travel  | 4  |       |
| 5. Cleaning and maintenance   | 5  | 600   |
| 6. Commissions  | 6  |       |
| 7. Insurance  | 7  |       |
| 8. Legal and other professional fees  | 8  |       |
| 9. Management fees  | 9  | 800   |
| 10. Mortgage interest paid to banks, etc.                                       | 10 |       |
| 11. Other interest  | 11 |       |
| 12. Repairs   | 12 | 1500  |
| 13. Supplies  | 13 | 1400  |
| 14. Taxes   | 14 |       |
| 15. Utilities   | 15 | 1500  |
| 16. Other expenses  | 16 |       |
| 17. Add lines 3 through 16  | 17 | 5800  |
| 18. Depreciation expense or depletion   | 18 |       |
| 19. Total expenses. Add lines 17 and 18   | 19 | 5800  |
| 20. Income or loss from rental real estate or royalty properties                | 20 | -5420 |
| 21. Deductible rental real estate loss  | 21 | -5420 |
| 22. Income. Enter positive amounts shown on line 20                             | 22 |       |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -5420 |
| 24. Rental real estate and royalty income or loss                               | 24 | -5420 |





## 2020 Schedule E, pg. 2

MA20013051555

881082129

### Income or Loss from Partnerships and S Corporations

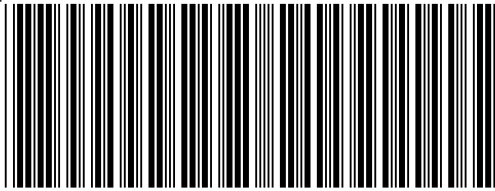
|   |    |
|---|----|
| 25. Passive loss allowed  | 25 |
| 26. Passive income  | 26 |
| 27. Non-passive loss  | 27 |
| 28. Section 179 expense deduction   | 28 |
| 29. Non-passive income  | 29 |
| 30. Combine lines 26 and 29   | 30 |
| 31. Combine lines 25, 27 and 28   | 31 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31   | 32 |
| 33. Interest (other than MA banks) and dividends if included in line 32   | 33 |
| 34. Interest from Massachusetts banks if included in line 32  | 34 |
| 35. Total income or loss from partnerships and S corporations   | 35 |
| 36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses |    |

### Income or Loss from Estates and Trusts

|  |    |
|--|----|
| 37. Passive deduction or loss allowed                                | 37 |
| 38. Passive income   | 38 |
| 39. Non-passive deduction or loss                                    | 39 |
| 40. Non-passive other income   | 40 |
| 41. Add lines 38 and 40  | 41 |
| 42. Add lines 37 and 39  | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42         | 43 |
| 44. Estate or non-grantor-type trust income                          | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45                    | 46 |
| 47. Adjustments to 5.0% income                                       | 47 |
| 48. Subtotal. Combine lines 46 and 47                                | 48 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

### Income or Loss from REMICs

|                             |    |
|-----------------------------|----|
| 50. Excess inclusion        | 50 |
| 51. Taxable income or loss  | 51 |
| 52. Income                  | 52 |
| 53. Combine lines 51 and 52 | 53 |



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MA20013061555

881082129

**Farm Income**

54. Net farm rental income or loss

54

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-5420

56. Massachusetts differences Enclose statements

56

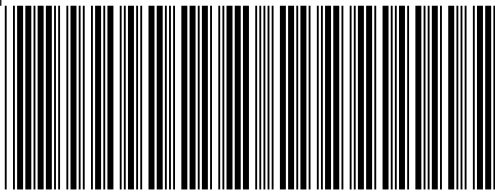
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-5420



# 2020 Schedule E-1

MA20013011555

PUJITHA SRIRAMANENI 881082129  
1-4-15, SRINIVASAPURAM  
TIRUCHANOOR ROAD TIRUPATI

Check one:  Real estate  Royalty  Rental property used for short-term rentals

## Income or Loss from Real Estate and Royalties

### Income

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 380 |
| 2. Royalties received | 2 |     |

### Expenses

|  |    |       |
|--|----|-------|
| 3. Advertising   | 3  |       |
| 4. Auto and travel   | 4  |       |
| 5. Cleaning and maintenance  | 5  | 600   |
| 6. Commissions   | 6  |       |
| 7. Insurance   | 7  |       |
| 8. Legal and other professional fees   | 8  |       |
| 9. Management fees   | 9  | 800   |
| 10. Mortgage interest paid to banks, etc   | 10 |       |
| 11. Other interest   | 11 |       |
| 12. Repairs  | 12 | 1500  |
| 13. Supplies   | 13 | 1400  |
| 14. Taxes  | 14 |       |
| 15. Utilities  | 15 | 1500  |
| 16. Other expenses   | 16 |       |
| 17. Add lines 3 through 16   | 17 | 5800  |
| 18. Depreciation expense or depletion  | 18 |       |
| 19. Total expenses. Add lines 17 and 18  | 19 | 5800  |
| 20. Income or loss from rental real estate or royalty properties   | 20 | -5420 |
| 21. Deductible rental real estate loss   | 21 | -5420 |
| 22. Income. Enter positive amounts shown on line 20  | 22 |       |
| 23. Losses. Enter royalty losses from line 20 or rental real estate losses from line 21  | 23 | -5420 |
| 24. Rental real estate and royalty income or loss  | 24 | -5420 |
| 25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value |    |       |