Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social security number				
RAG	HU SEKHAR VANGALLU	731-78-4491				
Spouse	s's name	Spouse's soc	ial secu	urity number		
D						
Par	t I Tax Return Information — Tax Year Ending December 31, (Ente	r year you a	re au	(norizing.)		
Enter	whole dollars only on lines 1 through 5.					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	68,460.		
2	Total tax		2	8,118.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,195.		
4	Amount you want refunded to you		4	4,877.		
5	Amount you owe		5			

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN
	I ddffolizo	0202112 1111120 220	

8	4	4	9	1						
Enter five digits, but don't enter all zeros										

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's sign	ature 🕨 🛛 Da	ate 🕨						 		
Practitioner PIN Method Returns Only—continue below										
Part III C	ertification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7			6 all ze	 9	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨	
ERO Don't Submi	ö	
For Denominant's Deduction Act Nation and your		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		(99) urn 2	802	0	OMB No. 1545	-0074	IRS Use	Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly Checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing sepa your spouse.	• •	,	_			,		, ,	low(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	me							Your so	cial securi	ty number
RAGHU S	EKHA	R	VANG	ALLU							731-	78-449	1
lf joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse'	s social se	curity number
Home address		er and street). If you have a P.O. box, see ${ m T}$	instructio	ons.				Å	Apt. no.		Check h	nere if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.		Stat	e	ZIP co	ode				ntly, want \$3
HERNDON						VA	ł	201	70		Ŭ Ŭ	ow will not	Checking a change
Foreign countr	y name		F	oreign provin	ce/state/c	ount	у	Foreig	gn postal c	ode		or refund.	•
												You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise	acquire a	any 1	financial intere	est in a	any virtua	al cu	rrency?	Yes	🗙 No
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956 🗌	Are blind	Spo	use	Was bo	rn befo	ore Janua	ary 2	2, 1956	🗌 Is bl	lind
Dependent	s (see	instructions):		(2) Socia	l security		(3) Relationsh	nip	(4) 🗸	if q	ualifies for	r (see instru	ictions):
If more		irst name Last name		nun	nber		to you		Child t		1		her dependents
than four									[
dependents, see instruction									[
and check	5								[
here 🕨 🗌									[
	1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2							. 1		70,333.
Attach	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			. 2b		
Sch. B if required.	3a	Qualified dividends	3a	1	6.	b 0	rdinary divide	nds .			. 3b		16.
	4a	IRA distributions	4a			b Ta	axable amoun	t			. 4b		
	5a	Pensions and annuities	5a			b Ta	axable amoun	t			. 5b		
Standard	6a	Social security benefits	6a			b Ta	axable amoun	t			. 6b		
Deduction for -	7	Capital gain or (loss). Attach Schee	dule D if	required. If	not requ	ired,	check here			▶ [7		6,305.
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.								. 8		-8,194.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your t o	otal inco	me					▶ 9		68,460.
 Married filing 	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er), \$24,800	b	Charitable contributions if you take	the star	dard deduct	ion. See	instr	ructions 10	b					
Head of	с	Add lines 10a and 10b. These are your total adjustments to income								► 10c	>		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gro	oss inco	me					▶ 11		68,460.
 If you checked 	12	Standard deduction or itemized	deduct	i ons (from S	chedule	A)					. 12		12,400.
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								. 13			
Deduction, see instructions.	14	Add lines 12 and 13										12,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. If zero	or less, e	ente	r-0				. 15		56,060.
													1040 ()

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 2 497	2 3	3			. 16	8	8,118.
	17	Amount from Schedule 2, lir	ne3							. 17		
	18	Add lines 16 and 17								. 18	8	8,118.
	19	Child tax credit or credit for	other dependent	ts						. 19		
	20	Amount from Schedule 3, lir	ne7							. 20		
	21	Add lines 19 and 20								. 21		
	22	Subtract line 21 from line 18	8. If zero or less,	enter -0						. 22	8	8,118.
	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	8	8,118.
	25	Federal income tax withheld	l from:									
	а	Form(s) W-2				.	25a	12	2,19	5.		
	b	Form(s) 1099				. [25b					
	с	Other forms (see instruction	s)			. [25c					
	d	Add lines 25a through 25c								. 25d	1:	2,195.
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	19 return .					. 26		
qualifying child,	27	Earned income credit (EIC)				.	27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		. Г	28					
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		. Г	29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			. Г	30		80	0.		
	31	Amount from Schedule 3, lir	ne 13			. Г	31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refu	ndab	le cr	edits		▶ 32	1	800.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments						▶ 33	1:	2,995.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the am	nount	you	overpaid		. 34		4,877.
neiuliu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, c	check	, k here			35a	4	4,877.
Direct deposit?	►b	Routing number 0 7 2			c Type:		Check		Savir	igs		
See instructions.	►d	Account number 8 3 3						Ĭ				
	36	Amount of line 34 you want			ed tax		36	<u> </u>				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now					▶ 37		
You Owe		Note: Schedule H and Sch								for		
For details on		2020. See Schedule 3, line 1					ino i	lance yea	0110			
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .				38					
Third Party	Do	you want to allow another				RS? S	See					
Designee		structions	•					🗌 Yes. C	omple	ete below.	🗙 No	
		signee's		Phone						dentification		
		me 🕨		no. 🕨					ber (P	/		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here					Your occupation			an informati			ent you an lo	
	, TO	ur signature		Date	Your occupatio	SH					PIN, enter it	
Joint return?					SOFTWARE	1	NGIN	VEER		(see inst.) 🕨	·	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occu	patio	n				ent your spo	
Keep a copy for your records.	·											enter it here
your rocordo.										(see inst.) ▶		
		one no.	Duene and the second	Email address			Del		DT1	1	Oha L.Y	
Paid		eparer's name	Preparer's signat				Date		PTI		Check if:	
Preparer		SSMANIKUMARAPPANA RVSSMANIKUMARAPPANA 03/15/2021 P020903							employed			
Use Only									(646)72			
		m's address ► 2530 Pebb		n Cummin	-	ŧΊ				Firm's EIN		017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA		REV	03/01/21 PR	С		Form	1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Part I

Additional Income and Adjustments to Income

OMB No. 1545-0074 20 20

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to *www.irs.gov/Form1040* for instructions and the latest information.

	Attachment Sequence No. 01								
Your social security number									
731-78-4491									

Name(s)	shown on	Form	1040,	1040-SR,	or 1040-NR
RAGHU	SEKHAR	VAN	IGALL	U	

Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2 a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,194.
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,		
Der		9	-8,194.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. **12**

20

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

Department of the Treasury

RAGHU SEKHAR VANGALLU

Your social security number

731-78-4491

Did you	I dispose of	any inves	tment(s) in	a qualified c	pportunity f	und during the	tax year?	Yes	🗡 No	
lf "Yes,	" attach For	m 8949 aı	nd see its i	nstructions f	or additiona	l requirements	for reporting	your gaiı	n or loss.	

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	98,489.	93,238.	9	26.	6,177.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	1,694.	1,566.			128.
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	•	.,		7	6,305.

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, I	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	le 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		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	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 6,305.
	• 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?	
	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?	
	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 03/01/21 PRO

Schedule D (Form 1040) 2020

Form	8949
Form	

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► 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.

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
RAGHU SEKHAR VANGALLU	731-78-4491

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 any, to gain or le If you enter an amount in column enter a code in column (f). See the separate instruction		g), (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 SECURITIES LLC	Various	07/10/20	98,489.	93,238.	W	926.	6,177.	
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) ►			98,489.	93,238.		926.	6,177.	

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

Form	8949
Form	

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

(0)**2**(0)

► 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.

Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
RAGHU SEKHAR VANGALLU	731-78-4491

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) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below			(g), (h) Gain or (loss). S. Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (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 SECURITIES LLC	01/15/20	03/09/20	1,694.	1,566.			128.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	1,694.	1,566.			128.	

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.

SCHEDULE E	
(Form 1040)	(F

OMB No. 1545-0074

9

Supplemental Income and Loss From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Departme	partment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.												
Internal Revenue Service (99) Go to www.irs.gov/ScheduleE					or inst	ructions	and th	e latest	informatior	ı.		Attachr Sequer	nce No. 13
Name(s)	shown on return									Yo	ur social		
RAGH	U SEKHAR VAN	IGAL	LU							7	31-78	-4491	
Part	Income or	Loss	From Rental Real	Estate and Ro	yaltie	s Note	: If you	are in th	e business	of rent	ing pers	onal pro	perty, use
	Schedule C.	See i	nstructions. If you are	an individual, rep	ort farr	m rental i	ncome	or loss f	rom Form 4	835 or	n page 2	2, line 40	·-
A Dic	l you make any pa	avmer	nts in 2020 that wou	uld require you to	file F	orm(s) 1	099? 5	See inst	ructions				es 🛛 No
	•		u file required Forn			. ,							
1 a			ach property (stree										
A	MADHAPUR HY					- /							
В													
С													
1b	Type of Proper	rtv	2 For each renta	al real estate prop	oertv l	isted		Fair	Rental	Per	rsonal	Use	
	(from list below	-	above, report	the number of fa	ir rent	al and		C	Days		Days		QJV
Α	1	,	personal use of	the number of fa days. Check the e requirements to	QJV b	ox only	Α		365			0	
B	 		qualified joint	venture. See inst	ructio	ns.	B					<u> </u>	<u> </u>
	+					ł	<u>C</u>						
	of Property:						<u> </u>						
	le Family Resider	100	3 Vacation/Sho	ort-Term Rental	5 1 2	nd		7 Self-	Rental				
	ti-Family Residen		4 Commercial			valties							
Incom				Properties:		yanies	Α		er (describe	<u>;)</u> B			С
3				-	3		A	320.					<u> </u>
4					4			520.					
		u.			4								
Expen					-								
5					5								
6	•		structions)		6								
7	•		ance		7		1,	752.					
8					8								
9					9								
10			ssional fees		10								
11	•				11								
12			d to banks, etc. (se	,	12								
13	Other interest.				13								
14					14			450.					
15	Supplies				15		2,	456.					
16	Taxes				16								
17	Utilities				17		2,	856.					
18	Depreciation exp	ense	or depletion .		18								
19	Other (list)				19								
20	Total expenses. A	Add li	ines 5 through 19		20		8,	514.					
21	Subtract line 20 f	from	line 3 (rents) and/or	r 4 (royalties). If									
			nstructions to find										
				•	21		8 ,	194.					
22	Deductible rental	l real	estate loss after lir	mitation, if any.									
			structions)		22	(-8,2	L94.)	()()
23a			ported on line 3 for		rties			23a		3	20.		
b			ported on line 4 for					23b					
с			ported on line 12 f					23c					
d			ported on line 18 f					23d					
e			ported on line 20 f					23e		8,5	14.		
24			amounts shown o								24		
25			sses from line 21 and			-			al losses he	re .	25 (8,194.)
													<u> </u>
26			te and royalty inc										
											26		-8.194
20	here. If Parts II,	III, IN	/, and line 40 on 0), line 5. Otherwis	page 2 do not	apply	to you	, also	enter th	nis amount	t on	26		-8,194.







RAGHU SEKHAR VANGALLU									
1149 LISA CT									
HERNDON	VA 20170								
SSN - You VANG	731784491	Vendor ID 1555	XXXXX						
SSN - Spouse									
Fed Adj Gross Income (FAGI) 1.	68460.	Withholding (VA) - You	19A. 3524.						
Additions 2.		Withholding (VA) - Spouse	19B.						
Subtotal 3.	68460.	Estimated Payments	20.						
Age Deduction - You 4A.		2019 Overpayment	21.						
Age Deduction - Spouse 4B.		Extension Payments	22.						
Soc Sec & Tier 1 Railroad 5.		Credit - Low-Income or EIC	23.						
State Income Tax Overpayment 6.		Credit - Schedule OSC	24.						
Subtractions 7.		Credits - Schedule CR	25.						
Subtotal Subtractions 8.		Total Payments / Credits	26. 3524.						
Total VA Adj Gross Income (VAGI) 9.	68460.	Tax You Owe	27.						
Itemized Deductions - VA Sch A 10.		Tax Overpayment	28. 157.						
Standard Deduction 11.	4500.	Overpayment Credited to Next Year	29.						
Exemptions 12.	930.	VAC - Virginia 529 / ABLEnow	30.						
Deductions 13.		VAC - Other Contributions	31.						
Subtotal (Deductions & Exemptions) 14.	5430.	Addition to Tax, Penalty & Interest	32.						
VA Taxable Income 15.	63030.	Sales and Use Tax	33.						
Amount of Tax 16.	3367.	Amount You Owe							
Spouse Tax Adjustment (STA) 17.		Will Pay by Credit/Debit Card N Your Refund	157.						
VAGI - Spouse 17A.									
Net Amount of Tax 18.	3367.	Bank Routing #	C 072000326						
L		Bank Account #	833959005						

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731784491





- Filing Status, Age & License Information			Additional Filing Information			
Filing Status			1		Locality	600
Federal Head of H	Household				Name or Filing Status Change	
DOB - You		100	21991		Address Change	
VA Driver's License ID - You				VA Return Not Filed Last Year		
VA Driver's License - Iss. Date - You				Dependent on Another's Return		
Spouse Name (Filing Status 3 Only)				Farmer / Fisherman / Merchant Seaman		
					Amended	
DOB - Spouse VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse				Reason Code		
				Overseas on Due Date		
Exemptions (A)	36 - 133. Da	Exemptions (B)			Federal EIC & Amount	
You	1	65 & Over - You			Deceased Indicator	
Spouse		65 & Over - Spouse	9		No Sales & Use Tax Due Indicator	Х
Dependents		Blind - You			Obtain Electronic 1099G	
Total (A)	1	Blind - Spouse			ID Theft PIN	
		Total (B)				
		Contact Information				

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You	Date		Phone - You		91743	368242
Signature - Spouse	Date		Phone - Spouse			
Signature - Preparer <u>RVSSMANIKUMARAPPANA</u>	. Date C	031521	Phone - Preparer		64672	277157
The Tax Department may discuss my/our return with my/our preparer.			Preparer Information	7	P020	90332
File by May 1, 2021	GLOBAL TAXES LLC					1
Include Page 1, Page 2 and all supporting 760CG documents.		2530 CUMMI	PEBBLE CREEK LN NG	GA	30041	Page 2 of 2

2020 Schedule INC/CG 731784491

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

RAGHU SEKHAR VANGALLU



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
731784491	W	3524.	204938068	30204938068F001	70333.

Tatal VA Withhalding	SSN	VA Withholding
Total VA Withholding	331	VA Withholding
You	731784491	3524.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

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Virginia Individual Income Tax e-File Signature Authorization

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

Virginia Submission Identification Number (SID)						
Your Name	B Your Social Sec	5				
RAGHU SEKHAR VANGALLU	731-78-44					
Spouse's Name	A Spouse's Socia	Security Number				
Part I Tax Return Information	A Spouse	B Yourself				
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	•	68460.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		68460.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		63030.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3367.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3524.				
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)						
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		157.				
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying						
December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 8 4 4 9 1 as my signature on my 2020 e-filed Virginia individual income tax return. Do not enter all zeros						
GLOBAL TAXES LLC ERO Firm Name						
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this be and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are entering	your own e-File PIN				
Your Signature Date						
Spouse's e-File PIN: check one box only						
I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Do not enter all zeros						
ERO Firm Name						
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Spouse's Signature Date						
Part III Certification and Authentication – Practitioner PIN Method Only						
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8	6 1 9 8 9					
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
ERO's Signature Date Date	15-21					