Filing Status Normal Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying on a box. Presens is a child but not your dependent ▶ Your fors name and middle initial Last name Vour social security number LOKANATHAVEERAVENKAT DI INDI 044-71-8182 Piont enting, spouse's finit name and middle initial Last name Spouse's social security number 10me address (number and street). If you have a P.O. box, see instructions. Apt. no. 202 Chy, town, or post office. If you have a toreign address, also complete spaces below. State 276 ocid security number Foreign country name Foreign province/state/country Foreign pastal code your as or refund. Foreign socurity name Foreign province/state/country Foreign pastal code You Spouse Aary time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Spouse itemizes on a separate return or you were a dual-status alien You Spouse Age/Bindness (1) Fist name </th <th>E1040</th> <th></th> <th>artment of the Treasury-Internal Revenue Servi S. Individual Income Tax</th> <th></th> <th>(99) urn</th> <th>20</th> <th>20</th> <th>OMB No. 1545</th> <th>-0074</th> <th>IRS Us</th> <th>e Only</th> <th>—Do not v</th> <th>vrite or staple</th> <th>in this space.</th>	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
LOKANATHAVEERAVENKAT PINDI 044-71-8182 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 202 Gott, town, or post office. If you have a foreign address, also complete spaces below. State 202 Foreign country name Foreign province/state/country Foreign post office. If you have a foreign address, also complete spaces below. State 202 Foreign country name Foreign province/state/country Foreign post office. If you have a foreign address, also complete spaces below. State 202 Check here if you, want Sa togott fore. If you have a foreign address, also complete spaces below. State 202 Check here if you want Sa togott fore. If you want Sa togott fore. If you want Sa togott fore. If you fore data space sp	Check only	lf yo	u checked the MFS box, enter the n	ame of	-						,			. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 20.2 9921 WALNUT DR 20.2 City, town, or post office. If you have a foreign address, also complete spaces below. State 20.2 KANSAS CITY MO 641.14 box below will not change to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse' Standard Someone can claim: You spouse as a dependent You spouse as a dependent You Spouse' Secondents (see instructions): (g) Social security (a) Relationship (d) <fd>(d) <fd>fd qualifies to rise instructions): If more (i) First name Last name in umber in you change find ohord (see instructions): (g) Social security (g) Relationship (d) <fd>(d) <fd>(d) <fd>(d) <fd>(d) <fd>(d) (d) find ohord (see instructions): (g) Social security (g) Relationship (d) <fd>(d) <fd>(d) <fd>(d) <fd>(d) (d) find ohord (g) Find name</fd></fd></fd></fd></fd></fd></fd></fd></fd></fd></fd>	Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 202 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code RANSAS CITY MO 64114 box below will not change you will not change you if milling jointly, want S3 Foreign country name Foreign province/state/county Foreign postal code You Spouse if milling jointly, want S3 Standard Someone can claim: \ou as a dependent You as a dependent You 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 (9) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) ¥/f fuullifies for see instructions): If more (1) First name Last name In University 2b 2b Attach 2a Tax-exempt interest 2a 2b 2b 2b Standard 2a Gualified dividends 3a b Taxable amount. 4b 5b Attach 2a	LOKANATI	HAVE	ERAVENKAT	PINI	DI							044-	71-818	2
9921 WALNUT DR 202 Check here if you, or your so gous if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code Spouse if filing jointly, want \$3 KANSAS CITY MO 64114 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: You Spouse Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Pelationship (4) \$4'\$ if qualifies for (see instructions): If more (1) First name Last name number I 114, 236. Standard Qualified dividends 3a b Tax-exempt interest 3a a Qualified dividends 5a b Taxable amount 5b 6b Deduction for Social security benefits 6a b Taxable amount 6b a Qualif	lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Chily, Wani, Di Dak Unie, in you have a holegin aduless, also bolhpare spaces balow. State 24" doce to go to this fund. Checking a box below into change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code 100 box below will not change your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You ropouse as a dependent You gouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (1) First name Last name (2) Social security (3) Felationship (4) // It qualifies for (see instructions): (4) // It qualifies for (see instructions): ese instructions 1 114, 236. 1 114, 236. Attach 2a b b Taxable interest 2b Sch. Bif 3a Qualified dividends 3a b Taxable amount 5b Sch. Bif 3a Other income from S				instructi	ons.							Check	here if you,	, or your
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Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) If dualifies for (see instructions): If more than four Image: conditional structure Image: conditional structure Image: conditional structure Image: conditional structure Attach 2a Tax-exempt interest 2a Image: conditional structure Image: conditional structure <td>KANSAS (</td> <td>CITY</td> <td></td> <td></td> <td></td> <td></td> <td>M</td> <td>C</td> <td>641</td> <td>14</td> <td></td> <td></td> <td></td> <td>0</td>	KANSAS (CITY					M	C	641	14				0
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or les	s, ente	er-0				. 15	<u>نا</u> ز	96,236.

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 4	972	3			16	17,174.
	17	Amount from Schedule 2, lin	e3							17	
	18	Add lines 16 and 17								18	17,174.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	e7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	17,174.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 10					23	0.
	24	Add lines 22 and 23. This is	your total tax						. Þ	24	17,174.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	17	,335.		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	17,335.
• If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20)19 return .					26	
qualifying child,	27	Earned income credit (EIC)			_. No		27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin	e13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and re	funda	able cr	redits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	17,335.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the	amour	nt you	overpaid		34	161.
neiuliu	35a	Amount of line 34 you want I	refunded to you	J. If Form 8888	3 is attached	d, cheo	ck here	ə		35a	161.
Direct deposit?	►b	Routing number 0 8 1	0 0 0 0	3 2	► c Type:	: 🗙	Chec	king 🔲 :	Savings		
See instructions.	►d	Account number 3 5 5	0 0 4 4	9 7 3 9	9 3				-		
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax		36				
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe	now				. 🕨	37	
You Owe		Note: Schedule H and Sch		-							
For details on		2020. See Schedule 3, line 1			•			lance yea			
how to pay, see instructions.	38	Estimated tax penalty (see in	structions) .				38				
Third Party	Do	you want to allow another					See	•			
Designee		structions						Yes. Co	omplete	below.	× No
		signee's		Phone						tification	
		me 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com									
Here		· · · · · ·					iseu on		1		, ,
	YO	ur signature		Date	Your occup	ation					nt you an Identity IN, enter it here
Joint return?					SOFTWA	RE E	ENGI	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's or	ccupati	ion				nt your spouse an
Keep a copy for your records.	,										ection PIN, enter it here
your records.									,	e inst.) 🕨	
		one no. (940)312-810		Email address	LOKANAT	HA.P]	1	GMAIL.CC			
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TA	LLAM	09/	23/2021	P0208		Self-employed
Use Only		m's name 🕨 GLOBAL TAX				:			Pho	one no. (678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30	041			Firr	n's EIN 🖡	
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA		RE\	/ 08/30/21 PRC			Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

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 soc	ial security number
044-71	-8182

 Department of the Treasury
 ► Attach

 Internal Revenue Service
 ► Go to www.irs.gov/F

 Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Part I	Additional Inc	ome
LOKANAT	HAVEERAVENKAT	PINDI

Pa	rt I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,600.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
_		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,600.
Par	line 8	J	-3,000.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a		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 08/30/21 PRO		1 (Form 1040) 2020

(Form 1	040)	(From	rental real estate, roya	lties, partnersł	nips, S	corpora	ations, e	states,	trusts, REM	ICs, etc.)	9	
D			Attack	h to Form 1040	, 1040	-SR, 104	10-NR, o	r 1041.				
	ent of the Treasury evenue Service (99)		► Go to www.irs.go	v/ScheduleE fo	or inst	ructions	and the	latest	nformation.		Attack Seque	nment ence No. 13
	shown on return		•							Your soci		y number
LOKAI	NATHAVEERAV	/ENKA	T PINDI							044-7	1-818	2
Part	Income o	r Loss	From Rental Real E	state and Ro	yaltie	s Note	: If you a	are in th	e business o	f renting pe	rsonal pi	roperty, use
		C. See i	instructions. If you are an	individual, rep	- ort farr	n rental i	ncome c	or loss fr	om Form 48	35 on page	2, line 4	0.
A Did	vou make anv p	bavme	nts in 2020 that would	require vou to	file F	orm(s) 1	099? Se	ee instr	uctions .		. 🗆 🔪	res 🛛 No
		-	ou file required Form(s			. ,						
1a			each property (street, o									
Α			WEST GODAVARI				v 5342	269				
В												
С												
1b	Type of Prop	erty	2 For each rental r	eal estate prop	perty li	sted		Fair	Rental	Persona	l Use	QJV
	(from list belo	ow)	above report the	number of fa	ir ront	al and		C	ays	Day	S	QU V
Α	1		personal use day if you meet the re	equirements to	o file a	s a	Α		365		0	
В			qualified joint ver	nture. See inst	ructio	ns.	В					
С							С					
	f Property:											
	le Family Reside		3 Vacation/Short-	Term Rental	5 La	nd	7	7 Self-	Rental			
-	i-Family Reside	nce	4 Commercial		6 Ro	yalties	8	3 Othe	r (describe)			
Incom	-			Properties:			Α		B			С
					3		(600.				
		/ed .			4							
Expen					_							
					5							
			nstructions)		6							
			nance		7		5	800.				
					8							
					9							
	-	-	ssional fees		10							
	-		d to banks, etc. (see ir		11			500.				
		•		,	12							
					14		1 1	500.				
					15			200.				
					16		±,,	200.				
					17		2 '	200.				
	Depreciation ex				18							
	Other (list)	1			19							
		. Add I	lines 5 through 19 .		20		6,2	200.				
			line 3 (rents) and/or 4									
			instructions to find out									
	file Form 6198				21		-5,6	600.				
22	Deductible rent	al real	estate loss after limit	ation, if any,								
	on Form 8582 ((see in	structions)		22	(-5,6	00.)	()	(
23a	Total of all amo	unts re	eported on line 3 for al	ll rental prope	rties			23a		600.		
			eported on line 4 for al		erties			23b				
			eported on line 12 for a					23c				
			eported on line 18 for a					23d				
			eported on line 20 for a					23e		6,200.		
			e amounts shown on li							. 24		
25	Losses. Add roy	yalty lo	sses from line 21 and re	ntal real estate	losse	s from lii	ne 22. Er	nter tota	l losses her	e. 25	(5,600.
			ate and royalty incon									
			V, and line 40 on page									
	Schedule 1 (For	rm 104	10), line 5. Otherwise, i	nclude this ar	nount	in the t	otal on	line 41	on page 2	. 26		-5,600.

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

888 Form Department of the Treasury

Health Savings Accounts (HSAs)

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

Na	ame(s) shown on Form 1040. 1040-SR. (or 1040-NR	Social security number of HSA	
			beneficiary. If both spouses	
I	OKANATHAVEERAVENKAT		have HSAs, see instructions	044-71-8182

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.		
•	See instructions	× Sel	f-only Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,550.
9	Employer contributions made to your HSAs for 2020		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	167.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,383.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	Irate I	HSAs, complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
с	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	
Part		L 1	efore
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		

21

OMB No. 1545-0074

2020
Attachment Sequence No. 52

ocial security number of hoa	
eneficiary. If both spouses	
ave HSAs, see instructions	044-7

- 4 1 10 /

	2592	Passive Activity Loss Limitations		OMB No. 1545-1008
Form	JJUZ	See separate instructions.		20 20
Departm	nent of the Treasury	Attach to Form 1040, 1040-SR, or 1041.		Attachment
	Revenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the latest infor		Sequence No. 858
Name(s) shown on return			ying number
_		VENKAT PINDI	044-	-71-8182
Par		ssive Activity Loss		
		Complete Worksheets 1, 2, and 3 before completing Part I.		
		Activities With Active Participation (For the definition of active par or Rental Real Estate Activities in the instructions.)	ticipation, see	
-		net income (enter the amount from Worksheet 1, column (a)) . 1a	0.	
b		net loss (enter the amount from Worksheet 1, column (b)) 1b (5,600.)	
С		allowed losses (enter the amount from Worksheet 1, column (c)))	
d		1a, 1b, and 1c		1d -5,600.
Comr	nercial Revitali	zation Deductions From Rental Real Estate Activities		
2 a	Commercial re	evitalization deductions from Worksheet 2, column (a) 2a ()	
b	Prior year una	Ilowed commercial revitalization deductions from Worksheet 2,		
	column (b) .	2b ()	
c	Add lines 2a a	nd 2b		2c ()
All Ot	her Passive Ac	tivities		
3a		net income (enter the amount from Worksheet 3, column (a)) . 3a		
b		net loss (enter the amount from Worksheet 3, column (b)) 3b ()	
С		allowed losses (enter the amount from Worksheet 3, column (c)))	
d		3a, 3b, and 3c		3d
4		a 1d, 2c, and 3d. If this line is zero or more, stop here and include this t		
		es are allowed, including any prior year unallowed losses entered on line		
	-	ses on the forms and schedules normally used	· · · · · L	4 -5,600.
	If line 4 is a los			
		• Line 2c is a loss (and line 1d is zero or more), skip Part II and	-	l ere te line 10
Couti	on: If your filing	• Line 3d is a loss (and lines 1d and 2c are zero or more), skip status is married filing separately and you lived with your spouse at any		•
		ead, go to line 15.	time during the	year, do not complete
Part	Special	Allowance for Rental Real Estate Activities With Active Partici	pation	
	Note: En	ter all numbers in Part II as positive amounts. See instructions for an exan	nple.	
5	Enter the sma	ller of the loss on line 1d or the loss on line 4		5 5,600.
6		0. If married filing separately, see instructions 6	150,000.	
7		adjusted gross income, but not less than zero. See instructions 7	114,236.	
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
_		vise, go to line 8.		
8	Subtract line 7		35,764.	
9		by 50% (0.50). Do not enter more than \$25,000. If married filing separately, s		9 17,882.
10		Iller of line 5 or line 9	· · · · · L	10 5,600.
Dort		oss, go to Part III. Otherwise, go to line 15.	ntal Daal Estat	• Activition
Part		Allowance for Commercial Revitalization Deductions From Re ter all numbers in Part III as positive amounts. See the example for Part II		
11		reduced by the amount, if any, on line 10. If married filing separately, see		<u>.</u> 11
12				12
13		2 by the amount on line 10		13
14		llest of line 2c (treated as a positive amount), line 11, or line 13		14
Part		osses Allowed		<u> </u>
15		ie, if any, on lines 1a and 3a and enter the total		15 0.
16		allowed from all passive activities for 2020. Add lines 10, 14, and 15. Se	-	
		v to report the losses on your tax return		16 5,600.
			08/30/21 PRO	Form 8582 (2020)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1-For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
ACHANTA MANDAL	0.	5,600.			5,600.
Total. Enter on Form 8582, lines 1a, 1b,					
and 1c	0.	5,600.			

Worksheet 2-For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
ACHANTA MANDAL	E Ln 22	5,600.	1.00000000	5,600.	0.
Total		5,600.	1.00	5,600.	0.

Worksheet 5-Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	