## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

T.....

Taxpay	er's name	Social secur	ity numb	ber
ASH	WANTH REDDY DOKUR	690-25	-351	0
Spouse	's name	Spouse's so	cial secu	urity number
Part	<b>Tax Return Information – Tax Year Ending December 31,</b> (Ente	 r year you a	are au	thorizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	60,622.
2	Total tax		2	6,400.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,596.
4	Amount you want refunded to you		4	5,196.
5	Amount you owe			

#### 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		to enter or generate my PIN	L
				ERO firm name		

5	3	5	1	0	00 mV
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	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

#### 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 sig	gnature 🕨 🛛 🗖	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
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		8 nter a	 	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 <b>&gt;</b>		Date 🕨	
	ERO Must Retain This Form — See ubmit This Form to the IRS Unless		
For Denominarily Deduction Act Nation on		DEV 03/01/21 DDO	Earm 8870 (Bay, 01 2021)

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

Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying wirdow(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 microw dependent b       Pour soil acurity number         Your first rame and middle initial       Last name       Your social security number         ASHMANTH       REDDY       DOKUR       690-25-2510         Thome address (number and stree), If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         10952       ROXBUY PLAZA       130       Check here if you, or your         Chy, town, or post office. If you have a treign address, also complete spaces below.       State       ZiP code         Foreign country name       Foreign province/state/county       Foreign patal code       your as or refund.         Pediditions       Spouse itemizes on a separate return or you were a dual-status allen       You       Spouse         Dependents, see instructions:       (1) First name       Last name       You       Spouse       Cheid tor dependent         Age/Blindhess You:       Were bom before January 2, 1956       Are blind       Spouse       No       Spouse       No         Standard       Dependents, see instructions):	E1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		(99) <b>urn</b>	202	20	OMB No. 154	5-0074	IRS Use Only	y—Do not w	rite or staple	in this space.
ASHWANTH REDDY       DOKUR       690-25-3510         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address furnher and street, H you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         10952. ROXBURY PLAZA       130       Spouse's social security number       Spouse's colai security number         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       top office. If you have a foreign address, also complete spaces below.         ONAHA       NE       6811.8       Dox below will not change       you as or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       you as openeed not import to you as openeed not import to you as openeed not import to you as openeed not below will not change         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Import to you       Child tax credit       Import to you import to you credit or durin dependent         If more time for the first number       (9) Social security       (9) Relationship       (9) V' If qualifies for (see instructions);       Import to you       Import to you credit or durin dependent import to you credit or durin dependent import to you       Import to you credit or durin dependent import to you       Import to you       Import to you       Import to you <td< td=""><td>Check only</td><td>lf yo</td><td>ou checked the MFS box, enter the n</td><td>ame of</td><td>-</td><td></td><td>. ,</td><td></td><td></td><td>· · ·</td><td></td><td>, ,</td><td>. , . ,</td></td<>	Check only	lf yo	ou 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.       13.0         10952       ROXBURY PILAZA       13.0       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       NE       681.18       box below will not change of this fund. Checking a box below will not change or otherwise acquire any financial interest in any virtual currency?       Yes       Ne         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         Dependents       (see instructions):       (i) First name       (a) P adationship       (d) V if qualifies or (see instruction):         (if more than four dependents, see instructions):       (a) Bata name       (a) D adationship       (d) V if qualifies or (see instruction):         and check       a       a       b       Crait far other dependents       D         see instructions;       a       a       b       Crait far other dependents       D         and check       a       b       Crait far otherest       2b       O. <td>Your first name</td> <td>e and m</td> <td>iddle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial securit</td> <td>y number</td>	Your first name	e and m	iddle initial	Last na	me						Your so	cial securit	y number
Home address (number and street). If you have a P.O. box, see instructions.       130       130       Chy, town, or post office. If you have a foreign address, also complete spaces below.       State       120       Chy, town, or post office. If you have a foreign address, also complete spaces below.       NE       6811.8       Check here if you, or your spouse if filing jointly, want S3       to go to this fund. Checking a box below will not change         Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Varu       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       number       (9) Relationship       (4) If qualifies for (see instructions):       (1) First name       Cheid tax credit       Ceet to rehe dependent         than four       a       a       b       Tax-exempt interest       2a       b       0.       1       73, 849.         Standard       Gas Obalitie dividends       Gas       b       Tax-exempt interest       3b       0.       6b         If more       fina four       Gas Obalitie dividends       Gas       b       Tax-exempt interest       5b       6b	ASHWANT	H RE	DDY	DOKU	JR						690-	25-351	0
10952 ROXEURY PLAZA       130       Check here if you, or your         City, tow, or post office. If you have a foreign address, also complete spaces below.       Nz       68118       box below will not change a box below will a box below will not change a box below will not change a box bel	If joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse	s social sec	curity number
OMALA       NE       63118       to go to this fund. Checking a box leave status alian         Foreign country name       Foreign province/state/county       Foreign postal code       you is postal code         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes X No         Standard       Someone can claim:       You as a dependent       You reposuse 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       Is blind         Dependents       (see instructions):       (a) First name       (a) First name       Cal to did code	10952 R	OXBU	RY PLAZA							130	Check I	nere if you,	or your
Foreign country name       Foreign province/state/county       Foreign postal code       Your tax or refund.         Your tax or refund.		oost offi	ce. If you have a foreign address, also co	mplete s	paces belo	OW.							
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       (a) V if qualifies for (see instructions):         If more than four dependents, see instructions       (a) First name       Last name       (b) V if qualifies for (see instructions):         If more than four dependents, see instructions       (a) First name       Last name       (b) V if qualifies for (see instructions):         If more than four dependents, see instructions       (a) Child tax credit       Child tax credit       Credit for other dependents         see instructions       (a) Child tax credit													change
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       Yes       No         Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' It qualifies for (see instructions):       Credit for other dependents         if more than four       (1) First name       Last name       (1) First name       Credit for other dependents         ade intervelotions       and check       intervelotions       intervelotions       intervelotions         if more than four       1       73, 849.       intervelotions       intervelotions         ad check       intervelotions       intervelotions       intervelotions       intervelotions         if equired.       a       Tax-exempt interest       intervelotions       intervelotions         a Bocial security benefits       5a       b Taxable amount       istable amount       istable amount         if equired.       a Social security benefits       6a       istable amount	Foreign countr	y name		F	Foreign pr	ovince/state	/coun	ty	Forei	gn postal code	your tax		
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         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 qualifies for (see instructions):         If more than four       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       73, 849.         Attach       2a       2a       b       b       3b         required.       1       RA distributions       4a       b       b       3b         Standard Deduction for- Single or Married filing separately, siz, 200       6a       Sch. 8b, 5b       5b       5b         Standard Deduction for- Married filing separately, siz, 200       Add lines 10, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       b       7       58.         Standard Deduction for- Single or Married filing se	At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherw	ise acquire	any	financial inter	est in a	any virtual cu	urrency?		
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions and check here ▶		_		•		•		•		-	-		
If more than four dependents, see instructions and check       Image: task name       number       to you       Child tax credit       Credit for other dependents         see instructions and check       Image: task name       Ima	Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	956	Are bli	nd Sp	ouse	: 🗌 Was bo	rn bef	ore January	2, 1956	Is bl	ind
If more than four dependents, see instructions and check han four dependents, see instructions and check here        Image: the transmitted set in the transmitted set	Dependent	s (see	instructions):		(2) S	ocial securi	y	(3) Relations	nip	<b>(4) 🖌</b> if c	ualifies fo	r (see instru	ctions):
dependents, see instructions and check here       Image: selection of the selectic of the selection of the selectic of the selection of	If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax o	redit	Credit for oth	ner dependents
see instructions       Image: see instructions       Image: see instructions       Image: see instructions         and check       Image: see instructions												[	
and check       here       image: state in the		s										[	
Attach       2a       1       73,849.         Attach       2a       b       Tax-exempt interest       2b       0.         Sch. B if       3a       Qualified dividends       3a       b       0.       3b         Attach       3a       Qualified dividends       3a       b       0.       3b       0.         Attach       3a       Qualified dividends       3a       b       0.       3b       0.         Attach       4a       IRA distributions       4a       IRA distributions       5a       b       0.       3b       0.         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       5b       0.         Standard       Ga       Social security benefits       6a       b       Taxable amount       5b       0.       6b         Standard       Other income from Schedule 1, line 9       5a       b       Taxable amount       5b       0.       6b       0.       7       58.       58.       58.       58.       58.       58.       58.       58.       58.       58.       58.       58.       58.       58.       58.       58.       58. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>[</td><td></td></td<>												[	
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       0.         Sch. B if       a       Qualified dividends        3a       b       Ordinary dividends        3b         required.       4a       IRA distributions        4a       b       Ordinary dividends        3b         Standard       Deduction for-       6a       Social security benefits        6a       b       Taxable amount        5b         Standard       Deduction for-       6a       Social security benefits        6a       b       Taxable amount         6b         Single or       Married filing       separately,       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         8      8,985.       9       64,922.        9       64,922.        9       64,922.         9       64,922.           9       64,922.	here 🕨 📃												
Sch. B if required.       2a       2a       2a       2a       0.         3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       3b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       58.         8       Other income from Schedule 1, line 9       5       64. 9.22.       9         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64, 922.         9       Add lines 1, 1, 1ine 22       10a       4, 000.       10b       300.         9       Add lines 10a and 10b. These are your total adjustments to income       10c       4, 300.         11       60, 622.       11       60, 622.       11       60, 622.         14       0ualifying widow (er), see instructions       12       12, 400.       13       14       12, 400.         13       Qualified business income deduction or itemized deductions (from Schedule A) <td< td=""><td></td><td>1</td><td>Wages, salaries, tips, etc. Attach F</td><td>orm(s)</td><td>W-2 .</td><td></td><td></td><td></td><td></td><td></td><td>. 1</td><td></td><td>73,849.</td></td<>		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .						. 1		73,849.
required.       3a       Gualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here            7          58.          9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income            9          64, 922.          9       Add lines 10a and 10b. These are your total adjustments to income          10a          4,000.           10c          4,300.          9       Add lines 10a and 10b. These are your total adjustments to income           11          60,622.            9       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A                 9       G44, 222.		2a	Tax-exempt interest	2a			bΤ	axable interes	st.		. 2b		0.
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for - Single or Married filing separately, S12,400       6a       Social security benefits       6a       b       Taxable amount       7       58.         8       Other income from Schedule 1, line 9       6a       b       7       58.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       b       7       58.         9       64, 922.       10       Adjustments to income:       9       64, 922.         9       64 yout total adjustments to income:       10a       4,000.       10b       300.         9       64 yout total adjustments to income:       10b       300.       10c       4,300.         9       64 yout total adjustments to income:       10b       300.       11       60,622.         11       Subtract line 10c from line 9. This is your adjusted gross income       12       12,400.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.       14       12,400.         14       12,400. </td <td></td> <td><u>3a</u></td> <td>Qualified dividends</td> <td>3a</td> <td></td> <td></td> <td>bС</td> <td>ordinary divide</td> <td>nds .</td> <td></td> <td>. 3b</td> <td></td> <td></td>		<u>3a</u>	Qualified dividends	3a			bС	ordinary divide	nds .		. 3b		
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not require		) 4a	IRA distributions	4a			bΤ	axable amour	nt		. 4b		
Deduction for- • Single or Married filing separately, \$12,400       7       58.         9       Other income from Schedule 1, line 9       7       58.         9       64,922.       8       -8,985.         9       64,922.       9       64,922.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income: a From Schedule 1, line 22       10       10a       4,000.         • Head of household, \$18,650       C Add lines 10a and 10b. These are your total adjustments to income       10b       300.       10c       4,300.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       60,622.       11       12       12,400.         14       12,400.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       48,222.		5a	Pensions and annuities	5a			bΤ	axable amour	nt		. 5b		
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>In the second deduction or itemized time 14 from line 11. If zero or less, enter -0-</li> </ul>		6a	Social security benefits	6a			bΤ	axable amour	nt		. 6b		
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -8,985         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64,922         9       64,922       9       64,922         9       64,922       9       64,922         9       64,922       9       64,922         9       64,922       9       64,922         9       64,922       9       64,922         9       64,922       9       64,922         9       64,922       9       64,922         9       64,922       9       64,922         9       64,922       9       64,922         9       64,922       9       64,922         9       64,922       9       9         9       64,922       9       9         9       64,922       9       9         9       64,922       9       9         9       64,922       9       9         9       64,923       9       9         9       64,923       9       9         9       64,923       9       9		7	Capital gain or (loss). Attach Schee	dule D if	f requirec	I. If not rec	luired	, check here		🕨	_ 7		58.
\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64, 922.         • Married filing jointy or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       4,000.         • Deduction, see instructions       • C       Add lines 10a and 10b. These are your total adjustments to income       10b       300.         • Head of household, \$18,650       • C       Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.							. 8		
jointly or Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a       4,000.         b       Charitable contributions if you take the standard deduction. See instructions       10b       300.         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .       .       .         11       Subtract line 10c from line 9. This is your adjusted gross income       .       .       .       .         14       Builting Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .       .       .       .         14       12,400.       14       12,400.       .       .       .       .       .         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       .		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur <b>total in</b> e	ome				▶ 9	e	54,922.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22	1.1.1.1	10	Adjustments to income:										
\$24,800       ID       Chantable contributions if you take the standard deduction. See instructions       IDI       500.         • Head of household, \$18,650       I1       Subtract line 10c from line 9. This is your adjusted gross income       IDI       10c       4,300.         • If you checked any box under Standard deduction, see instructions, see instructions, see instructions, see instructions, see instructions       II       60,622.         • If you checked any box under Standard deduction, see instructions, see instructions, see instructions, see instructions, see instructions, see instructions       II       60,622.         • If you checked any box under Standard deduction, see instructions, see instructions in you take the standard deduction. Attach Form 8995 or Form 8995-A       II       60,622.         • If Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •	Qualifying	а	From Schedule 1, line 22					10	а	4,00	0.		
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>If you checked any box under Standard Deductions.</li> <li>If you checked any box under Standard Deduction.</li> <li>If you checked any box under Standard Deduction.</li> <li>If you checked any box under Standard.</li> <li>If you check</li></ul>		b	Charitable contributions if you take	the star	ndard dec	luction. Se	e inst	ructions 10	b	30	0.		
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       60,622.         • If you checked any box under Standard       12       12,400.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       12,400.       14       12,400.       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       48,222.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>tot</b>	al adjus	tments to	incor	me			▶ 100		4,300.
any box under Standard Deduction, see instructions.13Qualified business income deduction. Attach Form 8995 or Form 8995-A1314Add lines 12 and 131412,400.15Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-1514		11	Subtract line 10c from line 9. This	is your a	adjusted	gross inc	ome				► <u>11</u>	6	50,622.
Standard Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       15		12	Standard deduction or itemized	deduct	i <b>ons</b> (fror	n Schedul	e A)				. 12		L2,400.
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduction	ion. Atta	ach Form	8995 or F	orm 8	995-A			. 13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14											
		15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	, ente	r-0			. 15	4	

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

Form **1040** (2020)

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3	]		16	6,400.
	17	Amount from Schedule 2, lir	ne3					· · · ·	17	
	18	Add lines 16 and 17							18	6,400.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	6,400.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					🕨	24	6,400.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	n 11	.,596		
	b	Form(s) 1099				25b	)			
	с	Other forms (see instruction	s)			250	;			
	d	Add lines 25a through 25c							25d	11,596.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return				26	
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)			. No .	27				
If you have	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, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refun	dable c	redits .	🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	11,596.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amo	ount you	overpaid		34	5,196.
Horana	35a	Amount of line 34 you want			is attached, ch	eck he	re		<b>35</b> a	5,196.
Direct deposit?	►b	Routing number 0 8 1				X Che	cking 🗌	Saving	s	
See instructions.	►d	Account number 1 5 2	3 1 9 4	7 5 6 7	7 8					
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax 🕨	· 36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now				37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	ot represent al	l of the	taxes you	owe fo	r	
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instru	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another	person to disc	cuss this retu	m with the IRS	S? See	_			_
Designee	ins	structions				. 🕨	Yes. C	omplete	e below.	X No
		signee's me ►		Phone no.				onal ide ber (PIN	ntification	
0.			hat I have avancing			a badular				
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation	1		lift	he IRS se	nt you an Identity
				Dato	real eccapation					IN, enter it here
Joint return?					SOFTWARE	ENGI	NEER	(se	ee inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occup	ation				nt your spouse an
your records.	,								e inst.) 🕨	ection PIN, enter it here
-	Dh	000.00		Email address				(0)	, , , , , , , , , , , , , , , , , , ,	
		one no. eparer's name	Preparer's signat			Dat	۵	PTIN		Check if:
Paid			RVSSMANIK		тл		/19/2021		90332	Self-employed
Preparer		SSMANIKUMARAPPANA		UMARAPPAI	NA	03,	19/2021	<u> </u>		
Use Only		m's name ► GLOBAL TA m's address ► 2530 Pebb		n Cummin	- CA 2004	1				(646)727-7157
					-				m's EIN Ⅰ	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	RE	V 03/01/21 PR	C		Form <b>1040</b> (2020)

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. <b>01</b>

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
ASHWANTH REDDY DOKUR	690-25-3510
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	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	-8,985.
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	-8,985.
Par	line 8	3	-0,905.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19		19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	4,000.
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	Schedule	4,000. 1 (Form 1040) 2020

## SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20**20** Attachment Sequence No. **12** 

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

Department of the Treasury

ASHWANTH REDDY DOKUR

Your social security number

690-25-3510

Dic	d you	dispose of	any inve	stment(s) i	n a qualified	opportuni	ty fund o	during the t	tax year?	☐ Yes	🗡 No	
lf "	Yes,"	attach For	m 8949 a	and see its	instructions	for additic	nal requ	uirements f	or reporting	g your gain	or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	1,639.	1,578.			61.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	Carryover	6	( )		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	61.			

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

See lines	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustmen 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, I line 2, colum	Part II,	combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked						
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.	0.	3.			-3.	
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11		
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12		
13 Capital gain distributions. See the instructions							
14	14	( )					
15	Worksheet in the instructions						

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 58.
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ( )
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/01/21 PRO

Schedule D (Form 1040) 2020

Form	8949
Form	8949

### **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

20

(0)

Attachment

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) snown on return	Social security number or taxpayer identification number
ASHWANTH REDDY DOKUR	690-25-3510

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	V See the separate instructions.			
(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				
Robinhood Securities LLC	c 01/07/20	08/28/20	1,639.	1,578.			61.	
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abor above is checked), or line 3 (if Box	otal here and inc ve is checked), <b>li</b>	lude on your ne 2 (if Box B	1,639.	1,578.			61.	

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 (2020)	Attachment Sequence No. 12A	Page <b>2</b>
------------------	-----------------------------	---------------

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ASHWANTH REDDY DOKUR

Social security number or taxpayer identification number 690-25-3510

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

K (F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, in If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Ćo.)	(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	<b>(g)</b> Amount of adjustment	combine the result with column (g)
Robinhood Securities LLC	09/23/19	08/28/20	0.	3.			-3.
2 Totals Add the amounts in actimum	(d) (a) (a) cos	h (b) (subtract					
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	al here and inc	lude on your					
above is checked), or line 10 (if Box			0.	3.			-3.

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					<b>ipplementa</b>								OMB	No. 1545	-0074	
(Form 1	040)	(From	rental r				ips, S corporations, estates, trusts, REMICs, etc.)						2020			
Departm	ent of the Treasury						, 1040-SR, 1040-NR, or 1041.						Attachment			
	Revenue Service (99)		►Go	o to www.irs.g	ov/ScheduleE f	or instructions and the latest information.							Sequence No. 13 ial security number			
( )	shown on return													-	ŧr	
	ANTH REDDY	DOK	-	Dentel Deel I	Estate and De	voltie	n Nata						5-351	-		
Part					Estate and Ro an individual, rep	-		-							use	
	you make any															
	Yes," did you oi															
1a					city, state, ZIF											
Α	RAMCHANDRA	APURA	M HYD	ERABAD TE	LANGANA II	N 502	2032									
В																
C			-													
1b	Type of Prop (from list be		al	hove report th	real estate properties of fa	ir renta	al and			Rental Days	Pe	rsonal Days		Q.	JV	
Α	1	,	p if	ersonal use da	ays. Check the requirements to	QJV b	ox only	Α		365			0	Г	<u></u>	
B	+-=		q	ualified joint v	enture. See inst	tructio	ns.	B		303			0		1	
C	+							C							<u>-</u>	
Туре	of Property:						I	_								
1 Sing	gle Family Resid	lence	3 V	acation/Short	-Term Rental	5 Lai	nd	7	7 Self-	Rental						
2 Mul	ti-Family Reside	ence	4 C	ommercial		6 Ro	yalties	8	3 Othe	r (describe)						
Incom	-				Properties:			Α		В				С		
3	Rents received					3			320.							
	Royalties received	ved.				4										
Expen						-										
5	Advertising .					5										
6 7	Auto and trave	-				6 7		2 4	500							
8	Cleaning and n Commissions.					8		۷, ۵	589.							
0 9	Insurance					9										
9 10	Legal and othe					10										
11	Management fe	-				11										
12	Mortgage inter					12										
13	Other interest.	-				13										
14	Repairs					14		1.0	997.							
15	Supplies					15			550.							
16	-					16										
17						17		3,0	069.							
18	Depreciation ex					18										
19	Other (list) ►	•				19										
20	Total expenses					20		9,3	305.							
21	Subtract line 2	0 from	line 3 (r	ents) and/or	4 (rovalties). If											
	result is a (loss															
	file Form 6198					21		-8,9	985.							
22	Deductible ren					00	/	0 0		(		,	(		,	
222	on Form 8582	-				22	(		85.) <b>23a</b>	(	2	20.	(		)	
23a b	Total of all amo		-				• •		23a 23b		3	20.				
b C	Total of all amo		-				· · · ·		230 23c							
d	Total of all amo		•						23d							
e	Total of all amo		•						23u		9 2	05.				
24	Income. Add		•						200		د, ر	<b>24</b>				
2 <del>4</del> 25	Losses. Add ro								ter tota	l losses her		25	(	8.9	85.)	
	Total rental re												<b>\</b>	.,,		
26	here. If Parts I															
	Schedule 1 (Fo											26		-8.	985.	

For Paperwork Reduction Act Notice, see the separate instructions.

(Form 1040)

Schedule E (Form 1040) 2020

#### **Tuition and Fees Deduction**

OMB No. 1545-0074

Attach to Form 1040 or 1040-SR.
 Go to www.irs.gov/Form8917 for the latest information.

Attachment Sequence No. 60

ASHWANTH REDDY DOKUR

Your social security number 690-25-3510



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

Before you begin:

- ✔ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
  - / If you file Form 1040 or 1040-SR, figure any write-in adjustments.
  - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
  - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
  - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social secur number (as shown on pa 1 of your tax return)	,	(c) Adjusted qualified expenses (see instructions)
	ASHWANTH REDDY DOKUR			13,000.
	ASHWANIH REDDI DOKOK	090-25-3510		
2	Add the amounts on line 1, column (c), and enter the total		2	13,000.
3	Enter the amount from your <b>"total income"</b> line of Form 1040 or 1040-SR	<b>3</b> 64,922.		
4	• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.			
	• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.			
	• For later years: See <i>www.irs.gov/Form8917</i> to find out if the line references above for 2019 have changed	4		
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 <b>stop</b> ; you can't take the deduction for tuition and fees	•••••	5	64,922.
	* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding incom <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> amount to enter on line 5.			
6	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,0 filing jointly)?	000 (\$130,000 if married		
	<b>Yes.</b> Enter the smaller of line 2, or \$2,000.			
	Image: No. Enter the smaller of line 2, or \$4,000.         Image: State of the smaller of the small		6	4,000.

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.