Form 8879
(Rev. January 2021)
Department of the Treesury

epartment of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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 nu	mber
BHA	NU TEJASVI TADIKONDA	301-69-33	51
Spouse	o's name	Spouse's social se	curity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2020 (Enter	r year you are a	uthorizing.)
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	110,825.
2	Total tax	2	17,702.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	18,169.
4	Amount you want refunded to you	4	467.
5	Amount you owe	5	

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

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	
				ERO firm name		

9	3	3	5	1	
Ent dor	er fiv n't er	/e di iter a	gits, all ze	but	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 signature ►	Date ►
Practitioner PIN Metho	d Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 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 🕨	
	etain This Form — See rm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	instructions.	REV 04/16/21 PRO	Form 8879 (Rev. 01-2021)

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		(99) urn 20	20	OMB No. 1545	-0074	IRS Use (Dnly-	–Do not w	rite or staple i	in this space.
Filing Statu Check only one box.	lf yc	Single Married filing jointly Sou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separat	•	· <u> </u>		•	<i>,</i> .		, ,	
Your first name	e and m	iddle initial	Last na	me						Your so	cial securit	y number
BHANU T	EJAS	VI	TADI	KONDA						301-6	69-335	1
lf joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse'	s social sec	curity number
6201 EP	TRU						4	pt. no. 304		Check h	nere if you,	on Campaign or your itly, want \$3
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code								Checking a				
							ow will not	0				
Foreign countr	y name			Foreign province/s	state/cour	nty	Foreigi	n postal co	de	your tax	or refund.	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acc	quire any	financial intere	est in a	ny virtual	cur	rrency?	Ves	🗙 No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•			a dependent n						
Age/Blindnes	s You	Were born before January 2, 1	956 🗌	Are blind	Spouse	e: 🗌 Was bo	rn befo	re Janua	ry 2	, 1956	🗌 ls bli	ind
Dependent		instructions): irst name Last name		(2) Social se numbe		(3) Relationsh to you	nip	(4) ✔ Child ta		1	r (see instrue Credit for oth	ctions): her dependents
lf more than four	(1) 1	Easthame				,				Suit		
dependents,								L	+		L	╡───
see instruction	IS ——							L	+		L	╡───
and check here ►								L	+		L	╡───
	1	Wages, salaries, tips, etc. Attach F	orm(s)	M-2						1	1 17	 13,493.
Attach			2a	VV Z	 	raxable interes	+		•••	2b		
Sch. B if	3a	· · -	3a	16.		Ordinary divide			• •	3b	-	21.
required.	√ 4a		4a	10.		Faxable amoun			• •	4b		<u> </u>
	5a		5a		-	Faxable amoun				5b	_	
Standard	6a		6a		-	Faxable amoun				6b		
Deduction for –	7	Capital gain or (loss). Attach Sched		f required. If not					•	7		1,713.
 Single or Married filing 	8	Other income from Schedule 1, lin			•					8	-	-4,402.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,								• 9		10,825.
\$12,400Married filing	10	Adjustments to income:		···· ·· , · · · · · · ·								
jointly or Qualifying	a	,				10	a					
widow(er),	b	Charitable contributions if you take										
\$24,800 • Head of	c	Add lines 10a and 10b. These are								► 10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This	,							▶ 11		10,825.
 If you checked 	12	Standard deduction or itemized								12		12,400.
any box under Standard	13	Qualified business income deducti			,							
Deduction,	14	Add lines 12 and 13										12,400.
see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or l	ess, ente	er-0				15		98,425.
												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	4972	3			16	17,	702.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	17,	702.
	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	17,	702.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	17,	702.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	18	,169			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	18,	169.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)			^N	IÒ .	27					
attach Sch. EIC.	28	Additional child tax credit. A					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 tot a	al other paym	ents and	refunda	able cr	edits	.)	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	18,	169.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	ne amoui	nt you	overpaid		34		467.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attacl	ned, cheo	ck here	ə		35 a		467.
Direct deposit?	►b	Routing number 2 1 1			► c Ty		Chec		Saving	s		
See instructions.	►d	Account number 4 1 5	2 3 2 8	3		·		-	•			
	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 am	ount vou owe	now .				. •	37		
You Owe		Note: Schedule H and Sch		-						or 🗌		
For details on		2020. See Schedule 3, line 1						latee jea	0.00.0			
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38					
Third Party	Do	you want to allow another					See	1				
Designee		tructions	•					Yes. Co	omplet	e below.	X No	
		signee's		Phone						ntification		
		ne 🕨		no. 🕨					ber (PIN	/		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here						•					nt you an Ider	0
	, TO	ur signature		Date	Your occ	supation					IN, enter it he	
Joint return?					SOFT	WARE E	ENGI	NEER	(s	ee inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	s occupati	ion				nt your spous	
Keep a copy for your records.	,										ection PIN, er	iter it here
your records.									(S	ee inst.) 🕨		
		one no.		Email address					D711		Q1	
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA	TALLAM	04/	28/2021		82703	Self-err	
Use Only		m's name 🕨 GLOBAL TA							Pl	none no. (678)965	
	Fin	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	30041			Fi	rm's EIN 🖡	30-10	17196
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BA	A	REV	/ 04/16/21 PRC)		Form 10)40 (2020)

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
ur soc	ial security number
~ ~ ~ ~	2251

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NRYourBHANU TEJASVI TADIKONDA301

301-69-3351

Part 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	-6,100.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Gambling Winnings 1,683. Other Income from box 3 of 1099-Misc 15.	8	1,698.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,402.
Par			
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 04/16/21 PRO	Schedule	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 i	information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b,	9, and 10.

Attachment Sequence No. 12 Your social security number

20

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

Department of the Treasury

BHANU TEJASVI TADIKONDA

301-69-3351

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

lines This	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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(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 Box A checked	47,947.	46,625.	3	91.	1,713.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	24	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	1,713.

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and 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	b 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 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	. ,	12 13			
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	13	()			
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 1,713.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	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 04/16/21 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
BHANU TEJASVI TADIKONDA	301-69-3351

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	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	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	01/01/20	09/01/20	47,947.	46,625.	W	391.	1,713.		
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) ►			47,947.	46,625.		391.	1,713.		

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)	

Supplemental Income and Loss

OMB No. 1545-0074

	(From rental real estate, royalties,	partnerships, S corporations,	estates, trusts	, REMICs, e	etc.
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୭៣20 .)

Department of the Treasury					, 1040	-SR, 104	0-NR,	or 1041.						
	Revenue Service (99)		► Go	to www.irs.g	ov/ScheduleE fo	or inst	ructions	and th	e latest	information.		Attach Seque	ment nce No.	13
Name(s)	shown on return										Your socia			
BHAN	U TEJASVI 🗅	TADIK	ONDA								301-6	9-335	L	
Part	Income o	or Loss	From R	ental Real	Estate and Roy	yaltie	s Note	: If you	are in th	e business o	f renting pe	rsonal pr	operty,	use
	Schedule	C. See i	nstructior	ns. If you are	an individual, rep	ort farr	n rental i	ncome	or loss fi	om Form 48	35 on page	2, line 40).	
A Dic	l you make any	paymer	nts in 202	20 that woul	ld require you to	file F	orm(s) 1	099? 5	See instr	uctions .		. 🗌 Y	es 🛛	No
B If "	Yes," did you o	r will yc	ou file rec	quired Form	(s) 1099?							. 🗌 Y	'es 🗌	No
1a	Physical addre	ess of e	each prop	oerty (street	t, city, state, ZIF	, code	e)							
Α	SRI NAGAR	COLO	NY HYI	DERABAD '	TELANGANA I	IN 50	00045							
В														
C														
1b	Type of Prop		2 Fo	r each renta	l real estate prop	perty li	sted			Rental	Persona		QJ	VL
	(from list be	low)	ab	ove, report t rsonal use d	he number of fa ays. Check the	ir renta OJV b	al and ox onlv⊦			Days	Days	5		
A	2		if v	ou meet the	requirements to	o file a	sa	Α		365		0	<u>L</u>	<u> </u>
B			qu	aimed joint v	venture. See inst	ructio	ns.	В						_
С								С						<u> </u>
	of Property:									-				
	gle Family Resid				t-Term Rental				7 Self-					
	ti-Family Reside	ence	4 Co	ommercial	Duonoution	6 Ro	yalties		8 Othe	r (describe)				
Incom					Properties:			Α		B	,		С	
3	Rents received					3			650.					
4	Royalties received	ved .				4								
Expen						-								
5	Advertising .					5								
6	Auto and trave			,		6 7			0.0.0					
7 8	Cleaning and n					8			800.					
о 9	Commissions.					0 9								
9 10	Insurance Legal and othe					10								
11	Management fe					11			750.					
12	Mortgage inter					12			750.					
13	Other interest.				,	13								
14	Repairs					14		1	500.					
15	Supplies					15			200.					
16	Taxes					16		- /	200.					
17	Utilities					17		2.	500.					
18	Depreciation ex					18		_ /						
19			•			19								
20	Total expenses	s. Add I	ines 5 th	rough 19 .		20		б,	750.					
21	Subtract line 2			•										

result is a (loss), see instructions to find out if you must file Form 6198 Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions)

b

23a Total of all amounts reported on line 3 for all rental properties

c Total of all amounts reported on line 12 for all properties

Total of all amounts reported on line 4 for all royalty properties

d	Total of all amounts reported on line 18 for all properties	23d				
е	Total of all amounts reported on line 20 for all properties	23e	6,7	50.		
24	Income. Add positive amounts shown on line 21. Do not include any losses			24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .					
26	Total rental real estate and royalty income or (loss). Combine lines 24 and here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also en Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line	iter th	nis amount on	26		
	Schedule 1 (1 offit 1040), the S. Ctherwise, include this anothin the total of the	16 4 1	un page z .	20		

21

22

. .

For Paperwork Reduction Act Notice, see the separate instructions.

. . . .

. . . .

. . . .

-6,100.

-6,100.)

23a

23b

23c

6,100.

-6,100.

650.

		OMB No. 1545-1008	
Form	B582 Passive Activity Loss Limitations > See separate instructions.		20 20
Departm	► Attach to Form 1040, 1040-SR, or 1041.		Attachment
	► Go to <i>www.irs.gov/Form8582</i> for instructions and the latest information.		Sequence No. 858
Name(s	shown on return	Identifying	number
BHAN	NU TEJASVI TADIKONDA	301-69	9-3351
Par			
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation al Allowance for Rental Real Estate Activities in the instructions.)	n, see	
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a	0.	
b		100.)	
c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c ()	
d	Combine lines 1a, 1b, and 1c	, , 1d	-6,100.
	nercial Revitalization Deductions From Rental Real Estate Activities		0,100.
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a (
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,		
	column (b))	
с	Add lines 2a and 2b	2 c	()
	her Passive Activities		, , , , , , , , , , , , , , , , , , ,
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b ()	
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c ()	
d	Combine lines 3a, 3b, and 3c	3 d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with	n your	
	return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b,		
	Report the losses on the forms and schedules normally used	4	-6,100.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		
	 Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Pa 		
	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II a 	-	
	on: If your filing status is married filing separately and you lived with your spouse at any time du or Part III. Instead, go to line 15.	ring the yea	r, do not complete
Part	II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the smaller of the loss on line 1d or the loss on line 4	5	6,100.
6	Enter \$150,000. If married filing separately, see instructions	000.	
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 116,	925.	
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6	075.	
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instru	ctions 9	16,538.
10	Enter the smaller of line 5 or line 9	10	6,100.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part			Activities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the ins		
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instruction		
12	Enter the loss from line 4		
13	Reduce line 12 by the amount on line 10		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	
Part			-
15	Add the income, if any, on lines 1a and 3a and enter the total		0.
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instru-		C 100
F . F	to find out how to report the losses on your tax return		6,100. Form 8582 (2020)
For Pa	aperwork Reduction Act Notice, see instructions. BAA REV 04/16/21 PR	υ	Form 0302 (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)

	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss		
SRI NAGAR COLONY	0.	6,100.			6,100.		
Total Enter on Forme 0500 lines to th							
Total. Enter on Form 8582, lines 1a, 1b,		C 100					
and 1c	0.	6,100.					

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	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(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) oss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
SRI NAGAR COLONY	E Ln 22	6,100.	1.00000000	6,100.	0.
Total		6,100.	1.00	6,100.	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	

REVENUE

2020 IA 8453-IND Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

Social Security number 301-69-3351	Spouse's Social Security	number						
address, City, State, ZIP 6201 EP TRUE PKWY, 4304	WEST DES MOINES IA 50266							
Part I Tax Return Information		B. Spouse (filing status 3)			A. You or Joint			
1. Iowa Net Income (IA 1040, line 26 A & B)	1B_		.00	1A	<u>110,825</u> .0			
2. Total Tax (IA 1040, line 42 A & B)	2B_		.00	2A	5,723.0			
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B)	3B		.00	3A	<u>5,545</u> .0			
4. Amount to be Refunded (IA 1040, line 68)				4	.0			
5. Total Amount Due (IA 1040, line 73)				5	138.0			
Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)								
6. X I do not want direct deposit or direct debit.								
 I consent that my refund be directly deposited as designated b as an agent to receive the refund. 	elow. If I have filed a joint retu	urn, this is an irre	vocable	appointm	ent of the other spo			
Account Number	est that they allow a withdrawal	-			CH Company ID.			
Type of Account: Savings Checking								
Under penalties of perjury, I declare that I have examined the information of and statements for tax year ending December 31, 2020 and certify to the be the amounts in Part I above are the amounts shown on the copy of my electri attachments, and statements be sent to the Iowa Department of Revenue (I (ERO). In addition, by using software to prepare and transmit my return et transmission of my tax return electronically. I authorize IDR to inform my ERC is rejected, I authorize IDR to identify the reasons for rejection so that the understand that if IDR does not receive full and timely payment of my tax lia consent that my refund be directly deposited as designated in Part II and de refund, or direct debit is delayed, I authorize IDR to disclose to my ERO	est of my knowledge and belie ronic income tax return. I cons IDR) through the Internal Reve electronically, I consent to the D and/or transmitter when my d return can be corrected and ability I will remain liable for the eclare that the information sho and/or transmitter the reaso	ef, it is true, correct sent that my return enue Service (IR e disclosure to ID electronic return h d re-transmitted. I le tax liability and own in Part II is c	ct and c n, incluc S) by m R of al nas bee f I have all appl orrect.	complete. I ding accom y Electron I information accepted ifiled a bat icable pen If the proce	further declare that apanying schedules ic Return Originator on pertaining to the d. In the event that if alance due return, alties and interest. essing of my return			
understand that this declaration with required attachments must be forwarded								
understand that this declaration with required attachments must be forwarded Your Signature Date	Spouse Signature. If a							

taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer □	Check if self- employed □	ERO PTIN
Firm's name (or yours if _{GI} self-employed) Address, City, State, ZIP ₂	LOBAL TAXES LLC 530 PEBBLE CREEK LN CUM		FEIN 30-1017196 Phone Number (678)965-9522	
Paid Preparer	RIYA RAM SAGAR GUPTA TALLAM	Date 04/28/2021	Check if self- employed □	Preparer PTIN P02082703
Firm's name (or yours if	GLOBAL TAXES LLC			FEIN 30-1017196
self-employed) Address, City, State, ZIP	2530 PEBBLE CREEK LN C	UMMING GA 30041	Phone Number (678)965-9522	



tax.iowa.gov

Pay electronically using e-File & Pay on the Department's website: tax.iowa.gov

Instructions for Payment Vouchers

- 1. Complete using blue or black ink. Do not use gel pens on checks. Do not staple.
- 2. **SSN:** Enter the Social Security Number in the boxes provided below.
- **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit 3. month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2020, would be entered as: 123120.
- **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line 4. are for cents. Do not enter any punctuation or symbols (for example ", or \$").
- When paying by check, make checks payable to low Department of Revenue. 5.
- 6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue PO Box 9187 Des Moines IA 50306-9187

Des Moines IA 50306-9187

Note: Penalties can only be waived under limited circumstances, as described in Iowa Code section 421.27.

Failure to Timely File a Return: A penalty of 10% will be added to the tax due for failure to timely file a return if the return is filed after the original due date of the return and if at least 90% of the correct amount of tax is not paid by the original due date of the return.

Failure to Timely Pay the Tax Due or Penalty for Audit Deficiency: A penalty of 5% will be added to the tax due if the return is filed by the original due date and at least 90% of the correct amount of tax is not paid by the original due date of the return.

When the failure to file penalty and the failure to pay penalty are both applicable, only the failure to file penalty will apply.

Penalty for Willful Failure to File: A penalty of 75% will be added to the tax due for willful failure to file a return or for filing with intent to evade tax.

	CL	ıt here									
Iowa Department of Revenue	— NT	REV 04/06/21 PRO IA 104 Individual Income Tax Payment Voud									
200630764332757537508508 2											
		SSN:	3	0	1	6	9	3	3	5	1
Print name: (Last, first MI)											
Address: 6201 EP TRUE PKWY, 4304		Period ending:				1	2	3	1	2	0
City, state, ZIP: <u>WEST DES MOINES IA 50266</u>		Payment amount:	ount:						8	0	0
Phone: 607-232-7422											
Mail to: Iowa Department of Revenue PO Box 9187 Make checks payable Iowa Department of Revenue Bevenue to convert volume	nue. When you pay e Department of										

Revenue to convert your check to a one-time

electronic banking transaction. 41-137 (06/18/2020)

2020 IA 1040 Iowa Individual Income Tax Return

tep 1: Fill in our last nam		spaces. You must fill in your Social Security number (SSN). Your first name/middle initial:			i na shire	AXALS BRAN	Real Street	SLUks	sainse in the second	erekt	<u>8</u> 9
ADIKO					IN DOM					S EX NO	89, III
pouse's last					HS 136	K. D. K. M.		1 de la com	A GREEN	okaka	à: III
urrent mailir	20.20	ddress (number and street, apartment, lot, or suite number) or PO Box:	<u> </u>			-1.5.100 - 21991 - 619		T. P. B. B.	1.5 1995 111		1995 100
201 E	P	TRUE PKWY, 4304									
ty, State, Zl											
		G MOINES IA 50266	<u> </u>								
pouse SS	N:	Your SSN: 301-69-3351									
tep 2 Filing	Stat	tus: Mark one box only									
X Singl	le: W	Vere you claimed as a dependent on another person's lowa return? Yes No	× Em	ail Ado	dress:						
Marr	ied f	iling a joint return. (Two-income families may benefit by using status 3 or 4.)	Ch	eck thi	s box if you o	r your spouse were	e 65 or older as	of 12/31/	20.		1
Marri	ied f	iling separately on this combined return. Spouse use column B.	Re	sidenc	e on 12/31/20): County No. 25	S	chool Dist	trict No. 1	576	
		filing separate returns. Spouse's name:	▲ SSN:			. , 25	Net Inco			570	
		household with qualifying person. If qualifying person is not claimed as a dependent on this		o nor	on'o nomo o			πο. φ			
			s return, enter ti	ie pers		IG SSIN DEIOW.					
		g widow(er) with dependent child. Name:			SSN:						
tep 3 Exem	-			Filing	Status 3 ONL		A. You	or Joint	X 0 40	<u>^</u>	4.0
		edit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3			X \$ 40 =		- 1	1	X \$ 40 =		40
		Enter 1 for each dependent.			X \$ 20 = X \$ 40 =		- 🔺		X \$ 20 = X \$ 40 =	<u> </u>	
•		ames of dependents here			• • • • • • • • • • • • • • • • • • •		<u> </u>			= φ tal \$	40
				_			<u> </u>			···· ψ	
tep 4 Repoi	rtab	le Social Security benefits as calculated on line 13 of Iowa Social Security Workshee			se/Status 3			You or J	ioint 🔺		
ep 5			Spouse/Statu			ou or Joint	B. Spouse/S	itatus 3		A. You	or Join
ross				_	1	<u>13,493</u> .00					
come				.00		.00					
	3.	Ordinary dividend income. If more than \$1,500, complete Sch. B3.		.00		21.00					
	4.	Taxable alimony received4.		.00		.00					
	5.	Business income/(loss). See instructions5.		.00		.00			OTE: Use ue or blac		
	6.	Capital gain/(loss). See instructions6.		.00		<u>1,713</u> .00		ink	k, no pen		
	7.	Other gains/(losses). See instructions7.		.00		.00		or	red ink.		
	8.	Taxable IRA distributions8.		.00		.00					
	9.	Taxable pensions and annuities9.		.00		.00					
	10.	Rents, royalties, partnerships, estates, etc. See instructions10.		.00		<u>-6,100</u> .00					
	11.	Farm income/(loss). See instructions11.		.00		.00					
	12.	Unemployment compensation. See instructions		.00		.00					
	13.	Gambling winnings13.		.00		1,683.00	STM	T ING	С		
	14.	Other income, bonus depreciation, and section 179 adjustment14.		.00		15.00			-	110 0	0.5
	15.	Gross Income. Add lines 1-14				15		.00	<u> </u>	110,8	25.00
ep 6 djust-	16.	Payments to an IRA, Keogh, or SEP16.		.00		.00					
come	17.	Deductible part of self-employment tax17.		.00		.00					
	18.	Health insurance premium		.00		<u>0</u> .00					
	19.	Penalty on early withdrawal of savings19.		.00		.00					
	20.	Alimony paid		.00		.00					
	21.	Pension/retirement income exclusion		.00	▲	.00					
:	22.	Moving expense deduction from federal form 3903		.00		.00					
:	23.	Iowa capital gain deduction; Include corresponding IA 100 23.		.00	A	.00					
:	24.	Other adjustments24.		.00		.00					
:	25.	Total adjustments. Add lines 16-24		_				.00			0 .00
:	26.	Net Income. Subtract line 25 from line 15						.00	<u>ـ</u>	110,8	25.00
ep 7 deral	27.	Federal income tax refund/overpayment received in 202027.		.00	A	.00					
xes	28.	Self-employment/household employment/other federal taxes		.00		.00					
d Jalified	29.	Addition for federal taxes. Add lines 27 and 28						.00			0.0
duc-	30.	Total. Add lines 26 and 29						.00		110,8	
	31.	Federal tax withheld in 2020, federal estimated tax payments made			•	10 111		00		<u> </u>	0 <u>. ر ب ر</u>
		In 2020, and federal taxes paid in 2020 for 2019 and prior years		.00		<u>18,169</u> .00					
	JZ.	amount. See instructions		.00	A	.00					
:	33.	DPAD 199A(g) deduction. 25.0% (.25) of federal amount		.00	<u>ــــــــــــــــــــــــــــــــــــ</u>	.00					
	24	Total federal tax and other qualified deductions. Add lines 31, 32, and 33								18 -	169.0
:	34.	Total rederal tax and other qualified deductions. Add lifes 51, 52, and 55						.00		10.	

INT 41-001 (08/27/2020)

2020 Step 8	1A 36.	1040, page 2 BALANCE. From side 1, line 35	B. Spouse/Status 3	A. You or Joint 36.	B. Spouse/Status 3 .00		A. You or Joint 92 , 656.00							
Taxable Income	37.		Standard X		.00		2,110.00							
lineenie	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36			.00		90,546.00							
Step 9	39.						207210.00							
Tax, Credits,	40.	Iowa lump-sum tax. See instructions40.	▲ 00.		_									
and Check-	41.		00 =		00									
off Contri-	42.	Total tax. ADD lines 39, 40, and 41.	.00		00		E 702 m							
outions	43.	Total exemption credit amount(s) from Step 3, side 143.				. –	5,723.00							
	44.	Tuition and textbook credit for dependents K-12.			<u>) .</u> 00									
	45.	Volunteer firefighter/EMS/reserve peace officer credit45.			00									
	46.	Total credits. ADD lines 43, 44, and 45.			00		40.00							
	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero			00	. –								
	48.	Credit for nonresident or part-year resident. Must include IA 126 and fe			00	<u> </u>	<u>5,683</u> .00							
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero			00		00							
	49. 50.	Out-of-state tax credit. Must include IA 130			.00		<u> </u>							
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero			00		.00							
	52.	Other nonrefundable lowa credits. Must include IA 148 Tax Credits Sch			.00		<u>5,683</u> .00							
					.00	_ _	.00							
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero			.00	_	<u> </u>							
	54.	School district surtax or EMS surtax. Take percentage from table; multi			.00	-	0.00							
	55.	Total state and local tax. ADD lines 53 and 54.			.00	^ _	<u>5,683</u> .00							
		56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here												
	57.	Contributions will reduce your refund or add to the amount you owe. Ar												
		Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Veterans 57d				—	.00							
Step 10		TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56				_	5,683 _{.00}							
Credits	59.	Iowa fuel tax credit. Include IA 4136	00 🔺		00									
	60.	Check One: Child and dependent care credit OR												
	61	Early childhood development credit 60. Iowa earned income tax credit. 15.0% (.15) of federal credit	00 🛋		.00		_							
	61. 62.	Other refundable credits. Include IA 148 Tax Credits Schedule62.	00 🗖		.00									
	63.	lowa income tax withheld.			00									
	64.	Estimated and voucher payments made for tax year 2020		5,545	_									
	65.	TOTAL. ADD lines 59 through 64 and enter here		E E 4 E	00									
	66.	TOTAL CREDITS. ADD columns A and B on line 65 and enter here					5,545 _{.00}							
Step 11	67.													
Refund		Amount of line 67 to be REFUNDED.	, ,			<u> </u>	.00							
						<u> </u>	.00							
	6	Ba. Routing number:	68b	. Type Checki	ng S	avings								
	6	8c. Account number:												
	69.	Amount of line 67 to be applied to your 2021 estimated tax	.00		00									
Step 12	70.	If line 66 is less than line 58, subtract line 66 from line 58. This is the A					138.00							
Pay	71.	Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or	A 2210F. Check if annualize	ed income method	d is used. ▲ 📃 71.		.00							
	72.	Penalty and interest 🔺 72a. Penalty .00	▲ 72b. Interest	.00 ADD.	Enter total 72.		.00							
	73.	TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here		PAY	THIS AMOUNT 73.		138.00							
Step 13		e undersigned, declare under penalties of perjury or false certificate, that plete.	I have examined this return,	, and, to the best o	of my knowledge and l	belief, it	t is true, correct, and							
SIGN														
HERE				SYAM PR	IYA RAM SAGAR GUPTA	TALLAM	04/28/2021							
	Your	signature Date Check if de	ceased Date of death		r's signature		Date							
SIGN HERE				P020	82703	30.	-1017196							
	Spou	use's signature Date Check if de	ceased Date of death	Prepare			Firm's FEIN							
		65-9												
		Dayt	ime telephone number		Daytime telep									
				NG ADDRESS: Io P	l 30, 2021. Sign, encl wa Income Tax Doci O BOX 9187, Des Mo eck payable to Iowa I	ument l ines IA	50306-9187							



REV 04/06/21 PRO

Form IA 1040 Line 14

Iowa Other Income Statement Attach to return

2020 Statement INC

Name Social Security No. 301-69-3351 BHANU TEJASVI TADIKONDA Spouse/Status 3 You or Joint Baby-sitting income not reported on fed Schedule C or C-EZ . . . а b Bonus Depreciation / Section 179 adj. from IA Form 4562A С d College Savings Iowa or Iowa Advisor 529 Plan Director's fees е f Drilling: Intangible drilling costs on fed form 6251 less g Executor's fees. h First-time homebuyers account non-qualifying withdrawals to the extent previously deducted on the IA 1040 Partnership and/or S corporation income i j Refundable lowa credits. k Refunds: State income tax refunds other than lowa L Wells: Percentage depletion oil, gas, geothermal on federal Other income reported on Schedule 1, line 8 of federal 1040 . . . 15. m n ο Iowa ABLE Savings Plan х Other nonconformity adjustments. See 2019 Iowa 15.

IAIW1502.SCR 12/23/19

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		(99) urn 20	20	OMB No. 1545	-0074	IRS Use (Dnly-	–Do not w	rite or staple i	in this space.
Filing Statu Check only one box.	lf yc	Single Married filing jointly Sou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separat	•	· <u> </u>		•	<i>,</i> .		, ,	
Your first name	e and m	iddle initial	Last na	me						Your so	cial securit	y number
BHANU T	EJAS	VI	TADI	KONDA						301-6	69-335	1
lf joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse'	s social sec	curity number
6201 EP	TRU						4	pt. no. 304		Check h	nere if you,	on Campaign or your itly, want \$3
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta		ZIP co					Checking a
WEST DE		INES			I		502				ow will not	0
Foreign countr	y name			Foreign province/s	state/cour	nty	Foreigi	n postal co	de	your tax	or refund.	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acc	quire any	financial intere	est in a	ny virtual	cur	rrency?	Ves	🗙 No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•			a dependent n						
Age/Blindnes	s You	Were born before January 2, 1	956 🗌	Are blind	Spouse	e: 🗌 Was bo	rn befo	re Janua	ry 2	, 1956	🗌 ls bli	ind
Dependent		instructions): irst name Last name		(2) Social se numbe		(3) Relationsh to you	nip	(4) ✔ Child ta		1	r (see instrue Credit for oth	ctions): her dependents
lf more than four	(1) 1	Easthame				,				Suit		
dependents,								L	+		L	╡───
see instruction	IS ——							L	+		L	╡───
and check here ►								L	+		L	╡───
	1	Wages, salaries, tips, etc. Attach F	orm(s)	M-2						1	1 17	 13,493.
Attach			2a	VV Z	 	raxable interes	+		•••	2b		
Sch. B if	3a	· · -	3a	16.		Ordinary divide			• •	3b	-	21.
required.	√ 4a		4a	10.		Faxable amoun			• •	4b		<u> </u>
	5a		5a		-	Faxable amoun				5b	_	
Standard	6a		6a		-	Faxable amoun				6b		
Deduction for –	7	Capital gain or (loss). Attach Sched		f required. If not					•	7		1,713.
 Single or Married filing 	8	Other income from Schedule 1, lin			•					8	-	-4,402.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,								• 9		10,825.
\$12,400Married filing	10	Adjustments to income:		···· ·· , ··· ·· ···								
jointly or Qualifying	a	,				10	a					
widow(er),	b	Charitable contributions if you take										
\$24,800 • Head of	c	Add lines 10a and 10b. These are								► 10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This	,							▶ 11		10,825.
 If you checked 	12	Standard deduction or itemized								12		12,400.
any box under Standard	13	Qualified business income deducti			,							
Deduction,	14	Add lines 12 and 13										12,400.
see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or l	ess, ente	er-0				15		98,425.
												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	4972	3			16	17,	702.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	17,	702.
	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	17,	702.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	17,	702.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	18	,169			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	18,	169.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)			^N	IÒ .	27					
attach Sch. EIC.	28	Additional child tax credit. A					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 tot a	al other paym	ents and	refunda	able cr	edits	.)	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	18,	169.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	ne amoui	nt you	overpaid		34		467.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attacl	ned, cheo	ck here	ə		35 a		467.
Direct deposit?	►b	Routing number 2 1 1			► c Ty		Chec		Saving	s		
See instructions.	►d	Account number 4 1 5	2 3 2 8	3		·		-	•			
	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 amo	ount vou owe	now .				. •	37		
You Owe		Note: Schedule H and Sch		-						or 🗌		
For details on		2020. See Schedule 3, line 1						latee jea	0.00.0			
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38					
Third Party	Do	you want to allow another					See	1				
Designee		tructions	•					Yes. Co	omplet	e below.	X No	
		signee's		Phone						ntification		
		ne 🕨		no. 🕨					ber (PIN	/		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here						•					nt you an Ider	0
	, TO	ur signature		Date	Your occ	supation					IN, enter it he	
Joint return?					SOFT	WARE E	ENGI	NEER	(s	ee inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	s occupati	ion				nt your spous	
Keep a copy for your records.	,										ection PIN, er	iter it here
your records.									(S	ee inst.) 🕨		
		one no.		Email address					D711		a	
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA	TALLAM	04/	28/2021		82703	Self-err	
Use Only		m's name 🕨 GLOBAL TA							Pl	none no. (678)965	
	Fin	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	30041			Fi	rm's EIN 🖡	30-10	17196
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BA	A	REV	/ 04/16/21 PRC)		Form 10)40 (2020)

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
ur soc	ial security number
~ ~ ~ ~	2251

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NRYourBHANU TEJASVI TADIKONDA301

301-69-3351

Part 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	-6,100.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Gambling Winnings 1,683. Other Income from box 3 of 1099-Misc 15.	8	1,698.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,402.
Par			
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 04/16/21 PRO	Schedule	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 i	information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b,	9, and 10.

Attachment Sequence No. 12 Your social security number

20

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

Department of the Treasury

BHANU TEJASVI TADIKONDA

301-69-3351

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

lines This	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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	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 Box A checked	47,947.	46,625.	3	91.	1,713.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	24	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 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7	1,713.	

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and 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 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 corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions. See the instructions 				12 13		
	 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 				13	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back .					15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 1,713.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	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 04/16/21 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
BHANU TEJASVI TADIKONDA	301-69-3351

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	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(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 <i>Column (e)</i> 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	01/01/20	09/01/20	47,947.	46,625.	W	391.	1,713.
2 Totals. Add the amounts in column negative amounts). Enter each tot: 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 1e 2 (if Box B	47,947.	46,625.		391.	1,713.

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)	

Supplemental Income and Loss

OMB No. 1545-0074

	(From rental real estate, royalties,	partnerships, S corporations,	estates, trusts	, REMICs, etc.
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Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or					or 1041.								
	Attachment of the Treasury nal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.												
Name(s)	ame(s) shown on return Your social security number												
BHAN	U TEJASVI T	ADIKC	NDA							301-6	9-3352	1	
Part	Income or	r Loss	From Rental	Real Estate and F	Royaltie	s Note	: If you	are in th	e business c	of renting pe	rsonal pr	operty,	use
	Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.												
A Dic	A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions												
B If "	B If "Yes," did you or will you file required Form(s) 1099?												
1a													
Α	SRI NAGAR	COLON	IY HYDERA	BAD TELANGANA	IN 5	00045							
В													
С													
1b	Type of Prope		2 For each	rental real estate p	roperty	listed		Fair	Rental	Persona	l Use	Q	IV
	(from list belo	ow)	above, r	eport the number of use days. Check th	fair rent	tal and			Days	Days	5		
Α	2		if vou me	eet the requirements	s to file a	asa	Α		365		0]
В			qualified	joint venture. See ir	nstructio	ons.	В						
С							С]
Туре с	of Property:												
	gle Family Reside		3 Vacation	n/Short-Term Renta	ıl 5 La	and		7 Self-	Rental				
	ti-Family Resider	nce	4 Comme			oyalties		8 Othe	r (describe)				
Incom				Properties	5:		Α		E	3		С	
3					3			650.					
4		ved.			4								
Expen													
5	•				5								
6			,		6								
7	•				7			800.					
8	Commissions.				8								
9					9								
10					10								
11	0				11			750.					
12				c. (see instructions)	12								
13	Other interest.				13								
14					14			500.					
15	Supplies				15		1,	200.					
16					16								
17	Utilities				17		2,	500.					
18	B Depreciation expense or depletion				18								
19	Other (list) ►				19								
20	Total expenses.	. Add lir	nes 5 through	19	20		б,	750.					
21	Subtract line 20) from li	ne 3 (rents) a	nd/or 4 (royalties).	If								

result is a (loss), see instructions to find out if you must file Form 6198 Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions)

b

23a Total of all amounts reported on line 3 for all rental properties

c Total of all amounts reported on line 12 for all properties

Total of all amounts reported on line 4 for all royalty properties

d	Total of all amounts reported on line 18 for all properties	23d					
е	Total of all amounts reported on line 20 for all properties	23e	6,7	50.			
24	Income. Add positive amounts shown on line 21. Do not include any losses			24			
25	5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .						
26	Total rental real estate and royalty income or (loss). Combine lines 24 and here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also en Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line	ter th	nis amount on	26			
	Schedule 1 (Form 1040), the S. Otherwise, include this amount in the total of the	16 4 1	on page 2 .	20			

21

22

. .

For Paperwork Reduction Act Notice, see the separate instructions.

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. . . .

. . . .

-6,100.

-6,100.)

23a

23b

23c

6,100.

-6,100.

650.

	B582 Passive Activity Loss Limitations		OMB No. 1545-1008		
Form	See separate instructions.		20 20		
Departm	Department of the Treasury Attach to Form 1040, 1040-SR, or 1041.				
	► Go to www.irs.gov/Form8582 for instructions and the latest information.		Attachment Sequence No. 858		
Name(s	shown on return	Identifying	number		
BHAN	NU TEJASVI TADIKONDA	301-69	9-3351		
Par					
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.				
	al Real Estate Activities With Active Participation (For the definition of active participation al Allowance for Rental Real Estate Activities in the instructions.)	n, see			
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a	0.			
b		100.)			
c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c ()			
d	Combine lines 1a, 1b, and 1c	, , 1d	-6,100.		
	nercial Revitalization Deductions From Rental Real Estate Activities		0,100.		
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a (
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,				
	column (b))			
с	Add lines 2a and 2b	2 c	()		
	her Passive Activities		, , , , , , , , , , , , , , , , , , ,		
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a				
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b ()			
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c ()			
d	Combine lines 3a, 3b, and 3c	3 d			
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with	n your			
	return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b,				
	Report the losses on the forms and schedules normally used	4	-6,100.		
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.				
	 Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Pa 				
	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II a 	-			
	on: If your filing status is married filing separately and you lived with your spouse at any time due or Part III. Instead, go to line 15.	ring the yea	r, do not complete		
Part	II Special Allowance for Rental Real Estate Activities With Active Participation				
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.				
5	Enter the smaller of the loss on line 1d or the loss on line 4	5	6,100.		
6	Enter \$150,000. If married filing separately, see instructions	000.			
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 116,	925.			
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on				
	line 10. Otherwise, go to line 8.				
8	Subtract line 7 from line 6	075.			
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instru	ctions 9	16,538.		
10	Enter the smaller of line 5 or line 9	10	6,100.		
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.				
Part			Activities		
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the ins				
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instruction				
12	Enter the loss from line 4				
13	Reduce line 12 by the amount on line 10				
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14			
Part			-		
15	Add the income, if any, on lines 1a and 3a and enter the total		0.		
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructed find out how to report the losses on your tay return.		C 100		
F . F	to find out how to report the losses on your tax return		6,100. Form 8582 (2020)		
For Pa	aperwork Reduction Act Notice, see instructions. BAA REV 04/16/21 PR	υ	Form 0302 (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)

	Currer	nt year	Prior years	Overall g	ain or loss
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SRI NAGAR COLONY	0.	6,100.			6,100.
Total Enter on Forme 0500 lines to th					
Total. Enter on Form 8582, lines 1a, 1b,		C 100			
and 1c	0.	6,100.			

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

(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
	(a) Current year deductions (line 2a)	(a) Current year (b) Prior year deductions (line 2a) unallowed deductions (line 2b)

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

	Currer	nt year	Prior years Overall gain		ain or loss
Name of activity	(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) oss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
SRI NAGAR COLONY	E Ln 22	6,100.	1.00000000	6,100.	0.
Total		6,100.	1.00	6,100.	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		