

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SANDEEP REDDY
Last name: PEDDI
Your social security number: 786-51-2175
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.
2571 NE OVERLOOK DR
Apt. no. 625
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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 Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	16,495.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	16,495.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,495.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	16,495.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	16,626.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	16,626.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	16,626.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	131.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	131.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 8 0 6 4 5 7 6 9 4 3		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	09/23/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(678) 965-9522
Firm's EIN				
30-1017196				

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

Your social security number
786-51-2175

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	-5,350.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,350.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	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	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
SANDEEP REDDY PEDDI

Your social security number
786-51-2175

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) 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	15,700.	13,213.	13.	2,500.
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 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 2,500.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) 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 2439 and 6252; and long-term gain or (loss) 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				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
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

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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. 	16	2,500.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

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.

Name(s) shown on return
SANDEEP REDDY PEDDI

Social security number or taxpayer identification number
786-51-2175

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	Robinhood Securities LLC	01/01/20	12/29/20	8,356.	7,186.	W	13.	1,183.	
	Robinhood Crypto LLC	01/01/20	12/31/20	7,344.	6,027.			1,317.	
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) ►				15,700.	13,213.		13.	2,500.

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.)

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SANDEEP REDDY PEDDI

786-51-2175

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

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD TELANGANA IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		650.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		800.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		500.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,500.		
15	Supplies	15		1,200.		
16	Taxes	16				
17	Utilities.	17		2,000.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,000.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-5,350.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(	-5,350.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		650.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		6,000.		
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	25	(	5,350.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-5,350.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

SANDEEP REDDY PEDDI

Identifying number

786-51-2175

Part I 2020 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	0 .		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(5,350 .)		
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-5,350 .

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()		
c Add lines 2a and 2b	2c	()		

All Other 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	()		
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()		
d Combine lines 3a, 3b, and 3c	3d			

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4			-5,350 .
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- 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 Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

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			5,350 .
6 Enter \$150,000. If married filing separately, see instructions	6	150,000 .		
7 Enter modified adjusted gross income, but not less than zero. See instructions	7	111,175 .		
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	8	38,825 .		
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9			19,413 .
10 Enter the smaller of line 5 or line 9	10			5,350 .

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11			
12 Enter the loss from line 4	12			
13 Reduce line 12 by the amount on line 10	13			
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14			

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15			0 .
16 Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16			5,350 .

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
KUKATPALLY	0.	5,350.			5,350.
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	5,350.			

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

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

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
KUKATPALLY	E Ln 22	5,350.	1.00000000	5,350.	0.
Total		5,350.	1.00	5,350.	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	



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V

(12/20)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

STOP: Pay this electronically on our website.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns



REV 04/06/21 PRO

IT-201-V

(12/20)

Tax year (yyyy) 2020		Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax .	
Your first name and middle initial SANDEEP REDDY	Your last name (for a joint return, enter spouse's name on line below) PEDDI	Your full SSN 786512175	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 2571 NE OVERLOOK DR		Apartment number 625	Country (if not United States)
City, village or post office HILLSBORO	State OR	ZIP code 97124	
040001203555		Email: PEDISANDEEPREDDY@GMAIL.COM	

Payment amount

Dollars

13

Cents

00



For office use only

0401203555 786512175 3



New York State E-File Signature Authorization for Tax Year 2020
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Form fields for Taxpayer's name (SANDEEP REDDY PEDDI) and Spouse's name (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2020 Form IT-370 and Tax Year 2021 Form IT-2105.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A - Tax return information

Table with 5 rows for tax return information: 1. Federal adjusted gross income (105825), 2. Refund, 3. Amount you owe (13), 4. Financial institution routing number, 5. Financial institution account number, 6. Account type (checkboxes for Personal checking, Personal savings, Business checking, Business savings)

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2020 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2020 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2020 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Form fields for Taxpayer's signature and Spouse's signature (jointly filed return only) with Date fields.

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2020 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2020 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

Form fields for ERO's signature (GLOBAL TAXES LLC) and Paid preparer's signature (SYAM PRIYA RAM SAGAR GUPTA TALLAM) with Date fields.



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning **20**
and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SANDEEP REDDY		Your last name (for a joint return, enter spouse's name on line below) PEDDI		Your date of birth (mmddyyyy) 03311994	Your Social Security number 786512175
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box) 2571 NE OVERLOOK DR				Apartment number 625	New York State county of residence NR
City, village, or post office HILLSBORO		State OR	ZIP code 97124	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State		ZIP code		Country (if not United States)	
				Decedent information	Taxpayer's date of death
				Spouse's date of death	

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2020 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

- (1) Number of months you lived in NY City in 2020
- (2) Number of months your spouse lived in NY City in 2020

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2020? Yes No
(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



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For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
786512175

Federal income and adjustments (see page 18)	Federal amount Whole dollars only		New York State amount Whole dollars only	
1 Wages, salaries, tips, etc.	1	108606 .00	1	2595 .00
2 Taxable interest income	2	37 .00	2	.00
3 Ordinary dividends	3	32 .00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	2500 .00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-5350 .00	11	.00
12 Rental real estate included in line 11 (federal amount) 12. -5350 .00				
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation.....	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income (see page 24) Identify:	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	105825 .00	17	2595 .00
18 Total federal adjustments to income (see page 24) Identify:	18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	105825 .00	19	2595 .00
19a Recomputed federal adjusted gross income (see page 25, Line 19a worksheet)	19a	105825 .00	19a	2595 .00

New York additions (see page 26)				
20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21 Public employee 414(h) retirement contributions	21	.00	21	.00
22 Other (Form IT-225, line 9)	22	.00	22	.00
23 Add lines 19a through 22	23	105825 .00	23	2595 .00

New York subtractions (see page 27)				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government (see page 27)	25	.00	25	.00
26 Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27 Interest income on U.S. government bonds	27	.00	27	.00
28 Pension and annuity income exclusion	28	.00	28	.00
29 Other (Form IT-225, line 18)	29	.00	29	.00
30 Add lines 24 through 29	30	.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23)	31	105825 .00	31	2595 .00

32 Enter the amount from line 31, **Federal amount** column **32** 105825 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Standard deduction or itemized deduction (see page 29)

33 Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

33	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	97825.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29)	000.00
36 New York taxable income (subtract line 35 from line 34)	97825.00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	97825.00
38 New York State tax on line 37 amount (see page 30)	5751.00
39 New York State household credit (page 30, table 1, 2, or 3)	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	5751.00
41 New York State child and dependent care credit (see page 31)	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	5751.00
43 New York State earned income credit (see page 31)	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	5751.00
--	---------

45 Income percentage (see page 31) New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	141.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	141.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	141.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56 Sales or use tax (See the instructions on page 33. Do not leave line 56 blank.)	56	0.00
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	141.00

See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003203555



Enter your Social Security number
786512175

59 Enter amount from line 58 59 141 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 12 and 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2021 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38) []

73a Account type: [] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number [] 73c Account number []

74 Electronic funds withdrawal (see page 38) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code | 0 | 9, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

IT-182

Submit with your Form IT-203 or IT-205.

Name as shown on return SANDEEP REDDY PEDDI	Identifying number as shown on return 786512175
--	--

See the instructions, before completing this form.

Part I – Passive activity loss**Rental real estate activities with active participation**

1a Activities with net income from Worksheet 1, column (a).....	1a	0 .00	
1b Activities with net loss from Worksheet 1, column (b).....	1b	-5350 .00	
1c Prior years unallowed losses from Worksheet 1, column (c) (see instructions)	1c	.00	
1d Add lines 1a, 1b, and 1c.....	1d		-5350 .00

Commercial revitalization deductions from rental real estate activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	.00	
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	.00	
2c Add lines 2a and 2b	2c		.00

All other passive activities

3a Activities with net income from Worksheet 3, column (a).....	3a	.00	
3b Activities with net loss from Worksheet 3, column (b).....	3b	.00	
3c Prior years unallowed losses from Worksheet 3, column (c) (see instructions)	3c	.00	
3d Add lines 3a, 3b, and 3c.....	3d		.00

- 4** Add lines 1d, 2c, and 3d. **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used. **4** -5350 .00

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 Part III.

• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part IV, line 15.

Caution: If married filing separately, filing status ☉, and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II – Special allowance for rental real estate activities with active participation**Note:** Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

5 Enter the smaller of the loss on line 1d or the loss on line 4.....	5		5350 .00
6 Enter 150,000 (if married filing separately, see instructions)	6	150000 .00	
7 Enter federal modified adjusted gross income, but not less than zero (see instr.)	7	111175 .00	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, and leave line 10 blank. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8	38825 .00	
9 Multiply line 8 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status ☉, see instr.)	9		19413 .00
10 Enter the smaller of line 5 or line 9	10		5350 .00

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III – Special allowance for commercial revitalization deductions from rental real estate activities**Note:** Enter all numbers in Part III as positive amounts (greater than zero). See instructions.

11 Enter 25,000 reduced by the amount, if any, on line 10. (If married filing separately, filing status ☉, see instr.)	11		.00
12 Enter the loss from line 4	12		.00
13 Subtract line 10 from line 12	13		.00
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		.00

Part IV – Total losses allowed

15 Add the income, if any, from lines 1a and 3a and enter the total	15		0 .00
16 Total losses allowed from all passive activities for this year. (Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your return.)	16		5350 .00

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Caution: File this form and its worksheets with your tax return. Keep a copy for your records.

Worksheet 1 – For Form IT-182, lines 1a, 1b, and 1c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
KUKATPALLY			0 .00	5350 .00	.00	.00	5350 .00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Form IT-182, lines 1a, 1b, and 1c			0 .00	5350 .00	.00		

Worksheet 2 – For Form IT-182, lines 2a and 2b (see instructions)

Name of activity/property description and address	(a) Current year deductions (line 2a)	(b) Prior years' unallowed deductions (line 2b)	(c) Overall loss
	.00	.00	.00
	.00	.00	.00
	.00	.00	.00
	.00	.00	.00
Totals. Enter on Form IT-182, lines 2a and 2b.....	.00	.00	

Worksheet 3 – For Form IT-182, lines 3a, 3b, and 3c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Form IT-182, lines 3a, 3b, and 3c .....			.00	.00	.00		

Worksheet 4 – Use this worksheet if an amount is shown on Form IT-182, line 10 or 14 (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
KUKATPALLY	E LN 22	5350 .00	1.00000000	5350 .00	0 .00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals		5350 .00	1.00	5350 .00	0 .00

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Worksheet 5 – Allocation of unallowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
		.00		.00
		.00		.00
		.00		.00
		.00		.00
Totals .....		.00	1.00	.00

Worksheet 6 – Allowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Totals .....		.00	.00	.00

Worksheet 7 – Activities with losses reported on two or more different forms or schedules (see instructions)

Name of activity/property description and address:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule .....	.00				
1b Net income from form or schedule .....	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank .....		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule .....	.00				
1b Net income from form or schedule .....	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank.....		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule .....	.00				
1b Net income from form or schedule .....	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank.....		.00		.00	.00
Totals00	1.00	.00	.00

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

786512175

Box b Employer identification number (EIN)

841764320

Box c Employer's information

Employer's name SOLUTIONSOFT INC			
Employer's address (number and street) 5 COMPUTER DR WEST #204			
City ALBANY	State NY	ZIP code 12205	Country (if not United States)

Box 1 Wages, tips, other compensation

77833.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

1.00 SDI

Box 14b Amount

7.00 PFL

Box 14c Amount

51.00 ORSTTW/H

Box 14d Amount

7.00 NY PFL

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State N Y

Box 16a NYS wages, tips, etc. 2595.00

Box 17a NYS income tax withheld 128.00

Other state information:

Box 15b other state O R

Box 16b Other state wages, tips, etc. 61409.00

Box 17b Other state income tax withheld 4924.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

786512175

Box b Employer identification number (EIN)

841764320

Box c Employer's information

Employer's name SOLUTIONSOFT INC			
Employer's address (number and street) 5 COMPUTER DR WEST #204			
City ALBANY	State NY	ZIP code 12205	Country (if not United States)

Box 1 Wages, tips, other compensation

15000.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

15.00 RSTTW/H

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State N Y

Box 16a NYS wages, tips, etc. .00

Box 17a NYS income tax withheld .00

Other state information:

Box 15b other state O R

Box 16b Other state wages, tips, etc. 15000.00

Box 17b Other state income tax withheld 1065.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

786512175

Box b Employer identification number (EIN)

273111479

Box c Employer's information

Employer's name			
VINTECH SOLUTIONS INC			
Employer's address (number and street)			
9715 OLIVE BLVD 2ND FLOOR			
City	State	ZIP code	Country (if not United States)
SAINT LOUIS	MO	63132	

Box 1 Wages, tips, other compensation

15773.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

15773.00

Description

ORSTTWA

Box 14b Amount

16.00

Description

ORSTTWH

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

O | R

Box 16b Other state wages, tips, etc.

15773.00

Box 17b Other state income tax withheld

1101.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555



Form OR-40-V
Oregon Individual Income Tax Payment Voucher

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Tax year begins (MM/DD/YYYY)

Tax year ends (MM/DD/YYYY)

01/01/2020

12/31/2020

First name

Initial

SANDEEP REDDY

Last name

PEDDI

Social Security number (SSN)

786-51-2175

Spouse's first name

Initial

Spouse's last name

Spouse's SSN

Current mailing address

2571 NE OVERLOOK DR APT 625

City

State

ZIP code

HILLSBORO

OR

97124

Contact phone

772-202-2088

Payment type (check one)

Original return

Estimated payment

Amended return

REV 05/29/21 PRO



150-101-172
(Rev. 07-28-20, ver. 03)

1555 00

Enter payment amount

\$

965.00

1003000000786512175PEDD000000000202012310101555002

2020 Form OR-40

Page 1 of 4, 150-101-040
(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001011555

Office use only	

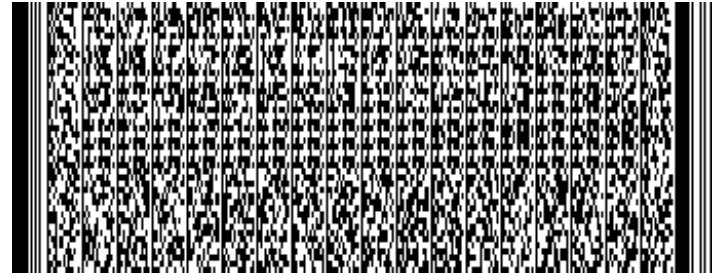
Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

Fiscal year ending:

Space for 2-D barcode—do not write in box below

- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short-year tax election. Federal disaster relief.
- Extension filed. Federal Form 8886.
- Form OR-24.



First name SANDEEP REDD	Initial	Last name PEDDI	<input type="checkbox"/> Deceased	Social Security no. (SSN) 786-51-2175	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name	Initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address 2571 NE OVERLOOK DR APT 625				Date of birth (mm/dd/yyyy) 03/31/1994	Spouse's date of birth	
City HILLSBORO	State OR	ZIP code 97124	Country USA	Phone (772) 202-2088		

Filing status (check only **one** box)

1. Single.
2. Married filing jointly.
3. Married filing separately (enter spouse's information **above**).
4. Head of household (with qualifying dependent).
5. Qualifying widow(er) with dependent child.

Exemptions

- 6a. Credits for yourself: Regular Severely disabled 6a. **Total 1**
- Check box if someone else can claim you as a dependent.
- 6b. Credits for spouse: Regular Severely disabled 6b.
- Check box if someone else can claim your spouse as a dependent.

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

*Dependent relationship code (see instructions).

- 6c. Total number of dependents 6c.
- 6d. Total number of dependent children with a qualifying disability (see instructions) 6d.
- 6e. Total exemptions. Add 6a through 6d **Total.** 6e.

2020 Form OR-40

Page 2 of 4, 150-101-040
(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001021555

Name SANDEEP REDDY PEDDI	SSN 786-51-2175
------------------------------------	---------------------------

Note: Reprint page 1 if you make changes to this page.

Taxable income

7. Federal adjusted gross income from federal Form 1040, 1040-SR, and 1040-NR, line 11; or 1040-X, line 1C (see instructions)	7.	105,825.00
8. Total additions from Schedule OR-ASC, section 1	8.	
9. Income after additions. Add lines 7 and 8.....	9.	105,825.00

Subtractions

10. 2020 federal tax liability. See instructions for the correct amount: \$0-\$6,950	10.	6,950.00
11. Social Security included on federal Form 1040 or 1040-SR, line 6b	11.	
12. Oregon income tax refund included in federal income	12.	
13. Total subtractions from Schedule OR-ASC, section 2.....	13.	
14. Total subtractions. Add lines 10 through 13	14.	6,950.00
15. Income after subtractions. Line 9 minus line 14.....	15.	98,875.00

Deductions

16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0.....	16.	0.00
17. Standard deduction. Enter your standard deduction (see instructions).....	17.	2,315.00
You were: 17a. <input type="checkbox"/> 65 or older 17b. <input type="checkbox"/> Blind Your spouse was: 17c. <input type="checkbox"/> 65 or older 17d. <input type="checkbox"/> Blind		
18. Enter the larger of line 16 or 17	18.	2,315.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0	19.	96,560.00

Oregon tax

20. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	20.	8,196.00
20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY		
21. Interest on certain installment sales	21.	
22. Total tax before credits. Add lines 20 and 21	22.	8,196.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$210. Otherwise, see instructions.....	23.	
24. Political contribution credit. See limits in instructions	24.	
25. Total standard credits from Schedule OR-ASC, section 3.....	25.	141.00
26. Total standard credits. Add lines 23 through 25.....	26.	141.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0	27.	8,055.00
28. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions).....	28.	
29. Tax after standard and carryforward credits. Line 27 minus line 28.....	29.	8,055.00

2020 Form OR-40

Page 3 of 4, 150-101-040 (Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001031555

Table with 2 columns: Name (SANDEEP REDDY PEDDI) and SSN (786-51-2175)

Note: Reprint page 1 if you make changes to this page.

Payments and refundable credits

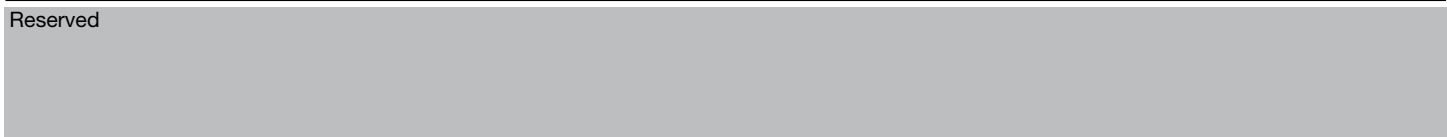
Table with 3 columns: Line number, Description, and Amount. Includes lines 30-36 with amounts like 7,090.00.

Tax to pay or refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-49 with amounts like 965.00.

Direct deposit

Form for direct deposit with checkboxes for 'Checking' and 'Savings', and fields for 'Routing number' and 'Account number'.



2020 Form OR-40



Page 4 of 4, 150-101-040 (Rev. 11-05-20 ver. 01)

Oregon Department of Revenue

00462001041555

Name: SANDEEP REDDY PEDDI, SSN: 786-51-2175

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Signature and date fields for taxpayer and preparer XSYAM PRIYA RAM SAGAR GUPTA TALLAM.

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 42)

- Online payments: Visit our website at www.oregon.gov/dor.
Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return is blank:
2-D barcode. If the 2-D barcode area on the front of this return is filled in:

Amended statement. Complete this section only if you're amending your 2020 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change.

If filing with a new SSN, enter your former identification number.

Horizontal lines for providing details on amended statements or SSN changes.

2020 Schedule OR-ASC

Page 1 of 1, 150-101-063
(Rev. 08-13-20 ver. 01)

Oregon Department of Revenue



Office use only

Oregon Adjustments for Form OR-40 Filers

Submit original form—do not submit photocopy.

First name SANDEEP REDD	Initial	Last name PEDDI	Social Security number (SSN) 786-51-2175
Spouse's first name	Initial	Spouse's last name	Spouse's SSN

Use Schedule OR-ASC to claim any of the following that aren't included on Form OR-40:

- Additions.
- Subtractions.
- Standard credits.
- Carryforward credits.
- Refundable credits.

Identify the code you're claiming and enter the information requested in the corresponding section. Enter the total from each section on the line indicated for Form OR-40.

For more information, refer to the instructions, Publication OR-CODES, or Publication OR-17.

Section 1: Additions (codes 100–199)

Code	Amount
1a.	1b.
1c.	1d.
1e.	1f.
1g.	1h.
1i.	1j.

Enter total on Form OR-40, line 8

Section 2: Subtractions (codes 300–399)

Code	Amount
2a.	2b.
2c.	2d.
2e.	2f.
2g.	2h.
2i.	2j.

Enter total on Form OR-40, line 13

Section 3: Standard credits (codes 800–834)

Code	Amount	State abbreviation (if claiming code 802 or 815)
3a. 802	3b. 141.00	3c. NY
3d.	3e.	3f.
3g.	3h.	3i.
3j.	3k.	3l.
3m.	3n.	3o.

Enter total on Form OR-40, line 25

Section 4: Carryforward credits (codes 835–889)

Code	Amount from prior year	Amount awarded this year	Total used this year
4a.	4b.	4c.	4d.
4e.	4f.	4g.	4h.
4i.	4j.	4k.	4l.
4m.	4n.	4o.	4p.
4q.	4r.	4s.	4t.

Enter total on Form OR-40, line 28

Section 5: Refundable credits (codes 890–899)

Code	Amount
5a.	5b.
5c.	5d.
5e.	5f.

Enter total on Form OR-40, line 35

— You must include this schedule with your Oregon income tax return —