

**Filing Status**  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<br>RAVI KIRAN REDDY   | Last name<br>BOMMAREDDY       | Your social security number<br>728-57-4757  |                     |
| 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.<br>35220 SILVER MAPLE DRIVE    |                               | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |                     |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>CLINTON TOWNSHIP | State<br>MI                   |   | ZIP code<br>48035   |
| Foreign country name   | Foreign province/state/county |   | Foreign postal code |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

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

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

| Dependents (see instructions):   | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | Child tax credit         | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|--------------------------|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    |

|  |                                  |   |            |     |            |         |
|--|----------------------------------|---|------------|-----|------------|---------|
|  | <b>1</b>                         | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |            |     | <b>1</b>   | 87,009. |
| Attach Sch. B if required.   | <b>2a</b>                        | Tax-exempt interest . . . . .   | <b>2a</b>  |     | <b>2b</b>  | 6.      |
|  | <b>3a</b>                        | Qualified dividends . . . . .   | <b>3a</b>  | 25. | <b>3b</b>  | 27.     |
|  | <b>4a</b>                        | IRA distributions . . . . .   | <b>4a</b>  |     | <b>4b</b>  |         |
|  | <b>5a</b>                        | Pensions and annuities . . . . .  | <b>5a</b>  |     | <b>5b</b>  |         |
|  | <b>6a</b>                        | Social security benefits . . . . .  | <b>6a</b>  |     | <b>6b</b>  |         |
|  | <b>7</b>                         | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |            |     | <b>7</b>   | -3.     |
|  | <b>8</b>                         | Other income from Schedule 1, line 9 . . . . .  |            |     | <b>8</b>   | -4,834. |
|  | <b>9</b>                         | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |            |     | <b>9</b>   | 82,205. |
| <b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,400<br>• Married filing jointly or Qualifying widow(er), \$24,800<br>• Head of household, \$18,650<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>10</b> Adjustments to income: |   |            |     |            |         |
|  | <b>a</b>                         | From Schedule 1, line 22 . . . . .  | <b>10a</b> |     |            |         |
|  | <b>b</b>                         | Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | <b>10b</b> |     |            |         |
|  | <b>c</b>                         | Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    |            |     | <b>10c</b> |         |
|  | <b>11</b>                        | Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                    |            |     | <b>11</b>  | 82,205. |
|  | <b>12</b>                        | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  |            |     | <b>12</b>  | 12,400. |
|  | <b>13</b>                        | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .  |            |     | <b>13</b>  |         |
|  | <b>14</b>                        | Add lines 12 and 13 . . . . .   |            |     | <b>14</b>  | 12,400. |
|  | <b>15</b>                        | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                              |            |     | <b>15</b>  | 69,805. |

|    |   |     |         |
|----|---|-----|---------|
| 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  | 11,145. |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 11,145. |
| 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  | 11,145. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.      |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 11,145. |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 14,129. |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 14,129. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |         |
| 27 | Earned income credit (EIC) <b>NO</b>  | 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  | 1,080.  |
| 31 | Amount from Schedule 3, line 13   | 31  |         |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  | 1,080.  |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 15,209. |

• 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 <b>overpaid</b>            | 34  | 4,064. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a   | 4,064. |
| b   | Routing number 072000805  | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |        |
| d   | Account number 375020047930   |   |        |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |

Amount You Owe

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <b>Note:</b> 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<br>ELECTRICAL ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                    | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (937) 986-9411 Email address RAVIKIRANB205@GMAIL.COM

Paid Preparer Use Only

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

Your social security number  
728-57-4757

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -4,850. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ <u>Other Income from box 3 of 1099-Misc</u> 16.          | <b>8</b>  | 16.     |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -4,834. |

**Part II Adjustments to Income**

|            |   |            |  |
|------------|---|------------|--|
| <b>10</b>  | Educator expenses . . . . .   | <b>10</b>  |  |
| <b>11</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                 | <b>11</b>  |  |
| <b>12</b>  | Health savings account deduction. Attach Form 8889 . . . . .  | <b>12</b>  |  |
| <b>13</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>13</b>  |  |
| <b>14</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>14</b>  |  |
| <b>15</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>15</b>  |  |
| <b>16</b>  | Self-employed health insurance deduction . . . . .  | <b>16</b>  |  |
| <b>17</b>  | Penalty on early withdrawal of savings . . . . .  | <b>17</b>  |  |
| <b>18a</b> | Alimony paid . . . . .  | <b>18a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . . ▶ _____   |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____   |            |  |
| <b>19</b>  | IRA deduction . . . . .   | <b>19</b>  |  |
| <b>20</b>  | Student loan interest deduction . . . . .   | <b>20</b>  |  |
| <b>21</b>  | Tuition and fees deduction. Attach Form 8917 . . . . .  | <b>21</b>  |  |
| <b>22</b>  | Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . . | <b>22</b>  |  |

**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](http://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

RAVI KIRAN REDDY BOMMAREDDY

Your social security number

728-57-4757

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 7,434.                           | 8,076.                          |   | -642.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> 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 . . . . .  |                                  |                                 |   | <b>7</b> -642.  |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 1,587.                           | 948.                            |  | 639.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> 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 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> 639.  |

**Part III Summary**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -3.    |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |        |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |        |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |        |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |        |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |        |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 3. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |        |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |        |



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

Social security number or taxpayer identification number

RAVI KIRAN REDDY BOMMAREDDY

728-57-4757

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1   | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|---|--|--|---|--------------------------------|--|
|   |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|   | Robinhood Securities LLC                                     | 01/01/19                                | 11/09/20  | 1,587.   | 948.   |   |                                | 639.   |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
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|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶ |  |   |   | 1,587.   | 948.   |   |                                | 639.   |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E**  
**(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](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Name(s) shown on return

Your social security number

RAVI KIRAN REDDY BOMMAREDDY

728-57-4757

**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**

|           |   |  |                         |                          |                          |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                         |                          |                          |
| <b>A</b>  | PRAGATHI ENCLAVE COLONY MIYAPUR TELANGANA IN 500049               |  |                         |                          |                          |
| <b>B</b>  |   |  |                         |                          |                          |
| <b>C</b>  |   |  |                         |                          |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>Fair Rental Days</b> | <b>Personal Use Days</b> | <b>QJV</b>               |
| <b>A</b>  | 2   |  | <b>A</b> 365            | 0                        | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>                |                          | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>                |                          | <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)

| <b>Income:</b> |                              | <b>Properties:</b> |  | <b>A</b> | <b>B</b> | <b>C</b> |
|----------------|------------------------------|--------------------|--|----------|----------|----------|
| <b>3</b>       | Rents received . . . . .     | <b>3</b>           |  | 650.     |          |          |
| <b>4</b>       | Royalties received . . . . . | <b>4</b>           |  |          |          |          |

**Expenses:**

|           |  |           |  |        |  |  |
|-----------|--|-----------|--|--------|--|--|
| <b>5</b>  | Advertising . . . . .                                    | <b>5</b>  |  |        |  |  |
| <b>6</b>  | Auto and travel (see instructions) . . . . .             | <b>6</b>  |  |        |  |  |
| <b>7</b>  | Cleaning and maintenance . . . . .                       | <b>7</b>  |  | 800.   |  |  |
| <b>8</b>  | Commissions. . . . .                                     | <b>8</b>  |  |        |  |  |
| <b>9</b>  | Insurance . . . . .                                      | <b>9</b>  |  |        |  |  |
| <b>10</b> | Legal and other professional fees . . . . .              | <b>10</b> |  |        |  |  |
| <b>11</b> | Management fees . . . . .                                | <b>11</b> |  | 500.   |  |  |
| <b>12</b> | Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |  |        |  |  |
| <b>13</b> | Other interest. . . . .                                  | <b>13</b> |  |        |  |  |
| <b>14</b> | Repairs. . . . .   | <b>14</b> |  | 1,200. |  |  |
| <b>15</b> | Supplies . . . . .                                       | <b>15</b> |  | 1,000. |  |  |
| <b>16</b> | Taxes . . . . .  | <b>16</b> |  |        |  |  |
| <b>17</b> | Utilities. . . . .                                       | <b>17</b> |  | 2,000. |  |  |
| <b>18</b> | Depreciation expense or depletion . . . . .              | <b>18</b> |  |        |  |  |
| <b>19</b> | Other (list) ▶ . . . . .                                 | <b>19</b> |  |        |  |  |
| <b>20</b> | Total expenses. Add lines 5 through 19 . . . . .         | <b>20</b> |  | 5,500. |  |  |

**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** ( -4,850 . )

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** ( -4,850 . ) ( ) ( )

|            |  |            |        |  |
|------------|--|------------|--------|--|
| <b>23a</b> | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> | 650.   |  |
| <b>b</b>   | Total of all amounts reported on line 4 for all royalty properties . . . . . | <b>23b</b> |        |  |
| <b>c</b>   | Total of all amounts reported on line 12 for all properties . . . . .        | <b>23c</b> |        |  |
| <b>d</b>   | Total of all amounts reported on line 18 for all properties . . . . .        | <b>23d</b> |        |  |
| <b>e</b>   | Total of all amounts reported on line 20 for all properties . . . . .        | <b>23e</b> | 5,500. |  |

**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** ( 4,850 . )

**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** -4,850 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



# 2020 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 15, 2021.** Type or print in blue or black ink.

|   |  |      |                                |   |  |  |
|---|--|------|--------------------------------|---|--|--|
| 1. Filer's First Name<br><b>RAVI KIRAN REDDY</b>  |  | M.I. | Last Name<br><b>BOMMAREDDY</b> |   | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><b>728 — 57 — 4757</b> |  |
| If a Joint Return, Spouse's First Name  |  | M.I. | Last Name                      |   | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><b>— —</b>            |  |
| Home Address (Number, Street, or P.O. Box)<br><b>35220 SILVER MAPLE DRIVE</b>   |  |      |                                |   | 4. School District Code (5 digits – see page 60)<br><b>46060</b>                     |  |
| City or Town<br><b>CLINTON TOWNSHIP</b>   |  |      | State<br><b>MI</b>             | ZIP Code<br><b>48035</b>  |  |  |
| 5. <b>STATE CAMPAIGN FUND</b><br>Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.<br>a. <input type="checkbox"/> Filer<br>b. <input type="checkbox"/> Spouse   |  |      |                                | 6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b><br><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.   |  |  |
| 7. <b>2020 FILING STATUS.</b> Check one.<br>a. <input checked="" type="checkbox"/> Single<br>b. <input type="checkbox"/> Married filing jointly<br>c. <input type="checkbox"/> Married filing separately*<br>* If you check box "c," complete line 3 and enter spouse's full name below:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |      |                                | 8. <b>2020 RESIDENCY STATUS.</b> Check all that apply.<br>a. <input checked="" type="checkbox"/> Resident<br>b. <input type="checkbox"/> Nonresident *<br>c. <input type="checkbox"/> Part-Year Resident *<br>* If you check box "b" or "c," you must complete and include Schedule NR. |  |  |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

|   |     |                          |   |         |     |              |           |
|---|-----|--------------------------|---|---------|-----|--------------|-----------|
| a. Number of exemptions (see instructions).....   | 9a. | <b>1</b>                 | x | \$4,750 | 9a. | <b>4750</b>  | <b>00</b> |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. |                          | x | \$2,800 | 9b. |              | 00        |
| c. Number of qualified disabled veterans.....   | 9c. |                          | x | \$400   | 9c. |              | 00        |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions).....  | 9d. |                          | x | \$4,750 | 9d. |              | 00        |
| e. Claimed as dependent, see line 9 NOTE above.....   | 9e. | <input type="checkbox"/> |   |         | 9e. |              | 00        |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....  | 9f. |                          |   |         | 9f. | <b>4750</b>  | <b>00</b> |
| 10. <b>Adjusted Gross Income</b> from your U.S. Forms 1040 or 1040NR (see instructions).....  | 10. |                          |   |         | 10. | <b>82205</b> | <b>00</b> |
| 11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....  | 11. |                          |   |         | 11. |              | 00        |
| 12. <b>Total.</b> Add lines 10 and 11.....  | 12. |                          |   |         | 12. | <b>82205</b> | <b>00</b> |
| 13. Subtractions from Schedule 1, line 29. <b>Include Schedule 1</b> .....  | 13. |                          |   |         | 13. |              | 00        |
| 14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....   | 14. |                          |   |         | 14. | <b>82205</b> | <b>00</b> |
| 15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....  | 15. |                          |   |         | 15. | <b>4750</b>  | <b>00</b> |
| 16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....  | 16. |                          |   |         | 16. | <b>77455</b> | <b>00</b> |
| 17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....   | 17. |                          |   |         | 17. | <b>3292</b>  | <b>00</b> |

**NON-REFUNDABLE CREDITS**

|  |      | AMOUNT |  |  |      | CREDIT      |           |
|--|------|--------|--|--|------|-------------|-----------|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....                                  | 18a. |        |  |  | 18b. |             | 00        |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....   | 19a. |        |  |  | 19b. |             | 00        |
| 20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20.  |        |  |  | 20.  | <b>3292</b> | <b>00</b> |

Filer's Full Social Security Number

728 — 57 — 4757

|  |     |      |    |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20.....   | 21. | 3292 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....   | 22. |      | 00 |
| 23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0    | 00 |
| 24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23 .....  | 24. | 3292 | 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

|  |      |      |    |
|--|------|------|----|
| 25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....   | 25.  |      | 00 |
| 26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....   | 26.  |      | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....  | 27a. |      | 00 |
|  | 27b. |      | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....   | 28.  |      | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....  | 29.  | 3698 | 00 |
| 30. Estimated tax, extension payments and 2019 credit forward .....  | 30.  |      | 00 |
| 31. <b>2020 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2020 return should skip to line 32. Amended returns must <b>include Schedule AMD (see instructions)</b> .   | 31c. |      | 00 |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.  |      |      |    |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. |      |      |    |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c .....   | 32.  | 3698 | 00 |

**REFUND OR TAX DUE**

|  |     |     |    |
|--|-----|-----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.   | 33. |     | 00 |
| Include interest <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> ..... |     |     |    |
| 34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32 .....  | 34. | 406 | 00 |
| 35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ...  | 35. |     | 00 |
| 36. Subtract line 35 from line 34 .....  | 36. | 406 | 00 |

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

|                                  |                          |   |                                     |
|----------------------------------|--------------------------|---|-------------------------------------|
| <b>a. Routing Transit Number</b> | <b>b. Account Number</b> | <b>c. Type of Account</b>                       |                                     |
| 072000805                        | 375020047930             | 1. <input checked="" type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2019, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

|       |     |        |     |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02082703

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

|                    |      |
|--------------------|------|
| Filer's Signature  | Date |
| Spouse's Signature | Date |

Preparer's Name (print or type)  
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Signature  
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
**Pay amount on line 33 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

**2020 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

|   |      |                             |   |
|---|------|-----------------------------|---|
| 1. Filer's First Name<br><br>RAVI KIRAN REDDY | M.I. | Last Name<br><br>BOMMAREDDY | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>728 — 57 — 4757 |
| If a Joint Return, Spouse's First Name        | M.I. | Last Name                   | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

| A  |  | B   | C                       | D  |    | E  |         |
|--|--|---|-------------------------|--|----|--|---------|
| Enter "X" for:<br>Filer or Spouse  |  | Employer's identification number<br>(Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips,<br>other compensation |    | Box 17 — Michigan<br>income tax withheld |         |
| X  |  | 34-1717671  | BOLLHOFF INC            | 87009                                      | 00 | 3698                                     | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... |  |   |                         |  |    |  | 00      |
| 4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....                   |  |   |                         |  |    | 4.                                       | 3698 00 |

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS**

| A   |  | B  | C            | D   | E                               |    |         |
|---|--|--|--------------|---|---------------------------------|----|---------|
| Enter "X" for:<br>Filer or Spouse   |  | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name | Taxable pension distribution,<br>misc. income, etc. (see inst.) | Michigan income<br>tax withheld |    |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....      |  |  |              |   |                                 |    | 00      |
| 5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....                        |  |  |              |   |                                 | 5. | 00      |
| 6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... |  |  |              |   |                                 | 6. | 3698 00 |