Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Special security number T13-29-9649 Special's social security number T13-29-9649 Special's social security number Special's number S	Submi	ssion Identification Number (SID)	•
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-55 filter use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Taxpaye	r's name	Social security number
Part II Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 5, 630. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 1, 802. 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you owe 7 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of porjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the anyours is might always and be set the small structure of the properties of the properties of the set of my return to the IRS and to receive from the IRS (a) an acknowledgement of receip for teason for rejection of the transmission, (b) the reason for any dealy in processing the return or refund, and (b) the date of any return. It is a few to send in my return to the IRS and to receive from the IRS (a) an acknowledgement of receip for teason for rejection of the tax transmission, (b) the reason for any dealy in processing the return or refund, and (b) the date of any return. It is a few to send in the tax preparation software for payment of the infamiliar but and to the St. Treasury in the second for any dealy in the result of the payment. If the second in the tax preparation on the return and/or a payment of entired tax, and the infamiliar intomination to debt the entransmission, (b) the reason for any dealy in the second or the payment. I must contact the U.S. Treasury Financial Agent at 1-888-353-4657, Payment cancellation requests must be received no litter than 2 business days print to the payment. I further acknowledge that the payment. I further acknowledge that	TEJZ	ASWINI MUTHINENI	713-29-9649
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Spouse'	s name	Spouse's social security number
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 5, 630. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 7, 432. 4 Amount you want refunded to you 4 1, 802. 5 Amount you want refunded to you 9 Fart II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, a to the best of my knowledge and belief, it is true, correct, and complete. I hardred declare that the amounts in Part i abbue are the amounts from the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provide, transmitter, or electronic return originator (FBO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receiptor or reason for rejection of the residence of the time of the service provide, transmitter, or electronic return originator (FBO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receiptor or return or rejection of the residence of the residence of the intermediate service provide, transmitter, or electronic return originator (FBO) to send my return to the IRS and an ACH electronic funds withdrawal (creat debt) entry to the financial institutions complet indicated in the tax preparation software for any delay in processing the return or return, and (c) the date of any return (if applicable, la uthorization is to remain in full force and effect until I notify the U.S. Treasury financial logant to generate my electronic requests must be apprented. The payment, insurable according and payment, insurable according and payment, insurable according and payment, insurable according and payment acceptable in the payment acceptable in requests must be authorized to fine the payment acceptable in the payment acceptable in the payment acceptable in the payment acceptable in the	Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you are authorizing.)
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Date Part III Taxpayer Declaration and Signature Authorization (Be sur you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Bart I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Bart I above are the amounts from the IRS of the provided of the provider in the IRS of the provided of the IRS of the provided of the IRS of			1,002.
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I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing. ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ Date ▶ Spouse's PIN: check one box only I authorize ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶			
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<u> </u>	authori	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	itting this return in accordance with the
<u> </u>	EDO'-	oignoture N	
	ERU S	<u> </u>	

Don't Submit This Form to the IRS Unless Requested To Do So

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly under the none of the MFS box, enter the none is a child but not your dependen	ame of y								
Your first name	and m	ddle initial	Last nar	ne				Your	social se	curity	number
TEJASWII	II		MUTH	INENI				713	3-29-9	649	
If joint return, s	pouse's	first name and middle initial	Last nar	me				Spou	se's socia	al secu	rity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Presi	idential E	lection	Campaign
8655 FI	INES	S CLUB WAY					9204		k here if		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	State	ZIF	code				y, want \$3 hecking a
FRISCO					TX	7.	5034	_	pelow wil		•
Foreign country	y name		F	oreign province/state/c	county	Fo	reign postal co	de your	tax or ref		Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	hange, o	r otherwise acquire	any financial	interest in	n any virtual	currency	y? □ Y	es	⊠ No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur			•	dent					
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	use: Wa	as born b	efore Januar	y 2, 195	6 🗌	ls blin	d
Dependents	s (see	instructions):		(2) Social security	(3) Rela	tionship	(4) 🗸	if qualifies	for (see i	nstruct	ions):
If more	•	rst name Last name		number	_ ` '	you	Child ta		1		r dependents
than four]			<u> </u>
dependents,]
see instructions and check	s —]
here ▶ □]]
	1	Wages, salaries, tips, etc. Attach I	orm(s) V	V-2					1	62	2,036.
Attach	2a	Tax-exempt interest	2a		b Taxable in	terest			2b		
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary of	lividends			3b		0.
required.	4a	IRA distributions	4a		b Taxable a	mount .			4b		
	5a	Pensions and annuities	5a		b Taxable a	mount .			5b		
Standard	6a	Social security benefits	6a		b Taxable a	mount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired, check h	iere .	•	· 🗆 📙	7		267.
Single or Married filing	8	Other income from Schedule 1, lin	e9.						8	_ 4	4,915.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inco	me				9	5	7,388.
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b	2	250.			
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to ir	ncome .			▶	10c		250.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	djusted gross inco	me			•	11	5	7,138.
If you checked	12	Standard deduction or itemized	deducti	ons (from Schedule	A)			. [12	12	2,400.
any box under Standard	13	Qualified business income deduct	ion. Atta	ch Form 8995 or For	rm 8995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13							14		2,400.
	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	enter -0				15	44	4,738.

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

Form **1040** (2020)

Form 1040 (2020)			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲	16	5,630.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,630.
	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	5,630.
	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	5,630.
	25	Federal income tax withheld from:		
	a	Form(s) W-2	_	
	b	Form(s) 1099		
	С	Other forms (see instructions)	25.1	7 422
	d	Add lines 25a through 25c	25d	7,432.
 If you have a qualifying child, 	26	2020 estimated tax payments and amount applied from 2019 return	26	
attach Sch. EIC.	27			
If you have nontaxable	28	Additional child tax credit. Attach Schedule 8812		
combat pay,	29	American opportunity credit from Form 8863, line 8	4	
see instructions.	30	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	7,432.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,802.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here .	35a	1,802.
Direct deposit?	b b	Routing number X X X X X X X X X	33a	1,002.
See instructions.	►d	Account number X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2021 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe	•	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on		2020. See Schedule 3, line 12e, and its instructions for details.		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	tructions	below.	X No
		signee's Phone Personal identi		
<u> </u>		ne ► no. ► number (PIN) I der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		t of my line uladae and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	e IRS ser	nt you an Identity
	k	Prot		N, enter it here
Joint return?	_	BOITWING BEVEROTER	inst.) ►	<u> </u>
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.) ▶	
	Ph	one no. Email address		
Doid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/31/2021 P0208	2703	Self-employed
Preparer	Fire	m's name ► GLOBAL TAXES LLC Pho	ne no. (678)965-9522
Use Only	Fin	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	ı's EIN ▶	30-1017196
Go to www.irs.go	v/Forn	n1040 for instructions and the latest information. BAA REV 03/23/21 PRO		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

TEJASWINI MUTHINENI

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

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

Sequence No. 01
Your social security number
713-29-9649

Par	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	-4,915.
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	4 015
Dar	t II Adjustments to Income	9	-4,915.
		1	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99)

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return

Your social security number 713-29-9649

TE	DASWINI MOIHINENI			113-	- 29-	2042
	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona					
Pai	Short-Term Capital Gains and Losses—Ge	nerally Assets	Held One Year	or Less (se	e ins	tructions)
lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,382.	2,115.			267.
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 (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr		5	
6	Short-term capital loss carryover. Enter the amount, if an			Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu			7	267.
Par					1	I.
	nstructions for how to figure the amounts to enter on the			(g)	•	(h) Gain or (loss)
This	below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	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 from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	, from line 13 of y	our Capital Loss	Carryover	14	
15	Net long-term capital gain or (loss). Combine lines 8a					,
		-			1	I .

BAA

Schedule D (Form 1040) 2020 Page **2**

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 267. • 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 If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

713-29-9649

TEJASWINI MUTHINENI

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (e) (h) Cost or other basis enter a code in column (f). Gain or (loss). (d) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e. (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (see instructions) combine the result (Mo., day, yr.) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD SECURITIES LLC 06/16/20 06/17/20 2,382 2,115. 267. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

2,382.

267.

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) ▶

2,115.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

Name(s) shown on return Your social security number 713-29-9649 TEJASWINI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 Physical address of each property (street, city, state, ZIP code) Α HY HYDERABAD IN В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and Days (from list below) Days personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: 7 Self-Rental Single Family Residence 3 Vacation/Short-Term Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** 3 Rents received . 3 300. 4 4 Royalties received Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 700. 8 Commissions. 8 9 Insurance 9 10 10 Legal and other professional fees . . . 11 11 855. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 14 Repairs. . . . 1,000. 1,360. 15 15 Supplies . Taxes 16 16 17 17 1,300. 18 Depreciation expense or depletion 18 Other (list) ▶ 19 19 20 Total expenses. Add lines 5 through 19 20 5,215. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must 21 -4,915.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -4,915.) 300 23a Total of all amounts reported on line 3 for all rental properties 23a **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 23e Total of all amounts reported on line 20 for all properties 5,215. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 4,915. 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 -4,915. PAPER CLIP withholding statements here

Nonresident & part-year resident

For the year Jan. 1-Dec. 31, 2020, or other tax year

A. Federal column

.00

.00

.00

57388.00

Wisconsin income tax	beginning	, 2020 ending	, 20
Check here if this is an amended return	Complete form us	ing BL ACK INK	

Wisconsin income tax		beginning			, 2020	, 2020 ending		
Check here if this is an amended retu	ırn 🕨	Co	mplete	form	using	BLACK INK		
Your legal last name MUTHINENI	Legal first n	rst name M. ASWINI		M.I.	Your social se	ecurity number	13299649	
If a joint return, spouse's legal last name	Spouse's le	gal first n	iame		M.I.	Spouse's soc	ial security numbe)r
Home address (number and street). If you have 8655 FITNESS CLUB WAY		ee page 1	12	Apt. no. 920			w then fill in eithe	er the name of the Wisconsin
City or post office FRISCO		State TX	Zip cod			 city, village, or town, and the county in which lived at the end of 2020 or before leaving Wiscon (nonresidents leave blank). 		
Foreign Country		Foreign p	rovince/s	tate/coun	ty	City, village		Village Town
Filing status		Foreign p	ostal cod	е		or town		
X Single					County of			
Married filing joint return (even if only one had income)	Legal last n	ame					strict number	' See page 59
Married filing separate return. Fill in spouse's SSN above and full name here▶	Legal first n	name			M.I.	Special condition		
Head of household, NOT marrie	d (see page	e 13)				Form	n 804 filed with r	eturn (see page 10)
Head of household, married (see	e page 13)							
Resident status Check the status that You Spouse	it applies							
Full-year resident of Wiscon	nsin							
X Nonresident of Wisconsin; s	state of resid	dence <u>E</u>	· L_ (2-I	etter sta	te abbr	eviation)		
Part-year resident of Wiscon		nm dd	уууу	to	dd	<u>yyyy</u> Note	e: Complete resid	dence questionnaire, page 61.
Drint numbers like this	_			NO C				

	<u>1</u>	Wages, salaries, tips, etc. (see page 15)	1	62036.00	56384.00
ᅦ	2	Taxable interest (see page 17)	2	.00	0.00
	3	Ordinary dividends (see page 18)	3	.00	0.00
	4	Taxable refunds, credits, or offsets of state and local income taxes (from line 1 of federal Schedule 1 (Form 1040 or 1040-SR)	4	.00	Not taxable
	<u>5</u>	Alimony received (see page 19)	5	.00	0.00
	<u>6</u>	Business income or (loss) (see page 19)	6	.00	.00
	<u>7</u>	Capital gain or (loss) (see page 19)	7	267.00	267.00
	8	Other gains or (losses) (see page 20)	8	.00	.00
	9	IRA distributions (see page 20)	9	.00	0.00
	<u>10</u>	Pensions and annuities (see page 21)	10	.00	0.00
	<u>11</u>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see page 22)	11	-4915.00	0.00
	<u>12</u>	Farm income or (loss) (see page 24)	12	.00	.00
٠ ١					

Other income (see page 25). Enclose Schedule M if line 15b has an amount 15 ___

16

PAPER CLIP check or money order here

-050i (R. 02-21

56651.00

Not taxable

0.00

.00

B. Wisconsin column

2020	Form 1NPR Name TEJASWINI MUTHINENI		SSN 7132996	549	Page 2 of 4
Adj	ustments to Income		A. Federal column	B. Wisco	nsin column
<u>17</u>	Educator expenses (see page 25)	17 _	.00)	.00
<u>18</u>	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25)	18 _	.00)	.00
<u>19</u>	Health savings account deduction (see page 26)	19 _	.00)	.00
20	Moving expenses for members of the Armed Forces (see page 26) \dots	20 _	.00)	.00
<u>21</u>	Deductible part of self-employment tax (see page 26)	21 _	.00)	.00
<u>22</u>	Self-employed SEP, SIMPLE, and qualified plans (see page 26)	22 _	.00)	.00
<u>23</u>	Self-employed health insurance deduction (see page 27)	23 _	.00		.00
<u>24</u>	Penalty on early withdrawal of savings (see page 28)	24 _			0.00
<u>25</u>	Alimony paid (see page 28)	25 _	.00.		.00
<u>26</u>	IRA deduction (see page 29)	26 _			.00
<u>27</u>	Student loan interest deduction (see page 29)	27 _			.00
28	Tuition and fees (see page 29)	28 _	Not deductib	le for Wisco	nsin
<u>29</u>	Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount	29 _	250.00)	250.00
<u>30</u>	Total adjustments to income. Add lines 17 through 29	30 _	250.00)	250.00
Adj	usted Gross Income				
<u>31</u>	,	31			56401.00
<u>32</u>		32	57138.00)	
<u>33</u>	Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30)	33		9871	
Тах	Computation				
<u>34</u>	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (zero)	3	34	57138.00
<u>34</u>	Fill in the larger of Wisconsin income from line 31, column B or federal i	zero) retur	n, check here		57138.00
34 35a	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's	zero) retur	n, check here	85a	
34 35a 35b	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31	zero) retur 	rn, check here	35a 35b	
35a 35b 35c 36	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee	zero) retur 	n, check here	85a 85b 85c	
35a 35b 35c 36	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31)	zero) retur 60 ero) .	n, check here	85a 85b 85c	6093.00
35a 35b 35c 36	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31) a Fill in exemptions allowed	zero) retur 60 ero) .	700.00	85a 85b 85c	6093.00
35a 35b 35c 36	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31) a Fill in exemptions allowed	zero) retur 60 ero) .	700.00 .00	35a 35b 35c 36	6093.00 51045.00
35a 35b 35c 36 37	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31) a Fill in exemptions allowed	zero) retur 60 ero) . 37a	700.00 .00	85a 85b 85c 86 87c	6093.00 51045.00 700.00
34 35a 35b 35c 36 37	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31) a Fill in exemptions allowed	zero) retur 60 ero) . 37a ro)	700.00 	35a 35b 35c 36 37c 38	6093.00 51045.00 700.00 50345.00
34 35a 35b 35c 36 37	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31) a Fill in exemptions allowed	zero) retur 60 87a ro)	700.00 .00	35a 35b 35c 36 37c 38	6093.00 51045.00 700.00 50345.00
35a 35b 35c 36 37 38 39 40	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b)	zero) retur 60 87a ro)	700.00 .00	35a 35b 35c 36 37c 38	6093.00 51045.00 700.00 50345.00
34 35a 35b 35c 36 37	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 52. Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31) a Fill in exemptions allowed	zero)	700.00 .00 .00	35a 35b 35c 36 37c 38	6093.00 51045.00 700.00 50345.00
35a 35b 35c 36 37 38 39 40	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 52. Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31) a Fill in exemptions allowed	zero)	700.00 .00 .00	35a 35b 35c 36 37c 38	6093.00 51045.00 700.00 50345.00
34 35a 35b 35c 36 37 38 39 40 41	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b)	zero) retur 60 878 878 ro) 111a 111b	700.00 .00 .00	35a 35b 35c 36 37c 38 39	6093.00 51045.00 700.00 50345.00
34 35a 35b 35c 36 37 38 39 40 41	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31) a Fill in exemptions allowed b Check if 65 or older You + Spouse = x \$250 C Add lines 37a and 37b Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zee Tax (see table on page 52) Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) School property tax credits (part-year and full-year residents only) a Rent paid in 2020—heat included	zero) 60 60 60 60 60 610 6	700.00 .00 .00 .00	35a 35b 35c 36 37c 38 39	6093.00 51045.00 700.00 50345.00 2636.00
34 35a 35b 35c 36 37 38 39 40 41	Fill in the larger of Wisconsin income from line 31, column B or federal is column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (all you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31	zero) retur 60 837a ro) 41a 41b	700.00	35a 35b 35c 36 37c 38 39	6093.00 51045.00 700.00 50345.00 2636.00
34 35a 35b 35c 36 37 38 39 40 41	Fill in the larger of Wisconsin income from line 31, column B or federal i column A. But, if Wisconsin income from line 31 is zero or less, fill in 0 (If you (or your spouse) can be claimed as a dependent on anyone else's and see the "Exception" in the instructions for line 35c on page 31 Aliens (see page 31 to determine if you must check line 35b) Find the standard deduction for amount on line 32 using table on page 5 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zee Exemptions (Caution: see page 31) a Fill in exemptions allowed b Check if 65 or older You + Spouse = x \$250 C Add lines 37a and 37b Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zee Tax (see table on page 52) Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) School property tax credits (part-year and full-year residents only) a Rent paid in 2020—heat included	zero) 60 60 67 68 69 60 60 61 60 61 61 62 63 64 64 64 65 65 66 67 68 69 60	700.00 700.00 000 000 000 000 000	35a 35b 35c 36 37c 38 39 42 43 44	6093.00 51045.00 700.00 50345.00 2636.00 0.00 2636.00 .9871



INTUIT REV 03/24/21 PRO

2020	Form 1NPR		Page 3 Of 4
	e(s) shown on Form 1NPR EJASWINI MUTHINENI	Your social security null 713299649	mber
46	Fill in amount from line 45	46	2602.00
47	Armed forces member credit. (Full-year Wisconsin residents only) 47	.00	
48	Working families tax credit. (Full-year Wisconsin residents only) 48	.00	
<u>49</u>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 49	.00	
<u>50</u>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR 50	.00	
<u>51</u>	Net income tax paid to another state. Enclose Schedule OS 51	.00	
<u>52</u>	Add lines 47 through 51	52	.00
<u>53</u>	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net to	ax . 53	2602.00
<u>54</u>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 3). If you certify that no sales or use tax is due, check here	9) 54	.00
<u>55</u>	Donations (decreases refund or increases amount owed)		
	a Endangered resources e Military family relief	.00	
	b Cancer research <u></u>	.00	
	c Veterans trust fund g Red Cross WI Disaster Relief	.00	
	d Multiple sclerosis	.00	
	Total (add lines a through h).		.00
_	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41)		.00
ı —	Other penalties (see page 41)		.00
<u>58</u>	Add lines 53 through 57	58	2602.00
	ments and Credits	0.00	
ı —	Wisconsin income tax withheld. Enclose readable withholding statements . 59 312		
ı —	2020 Wisconsin estimated tax paid and amount applied from 2019 return . 60	.00	
61	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children ▶		
	Federal credit	.00	
62	Farmland preservation credit. a. Schedule FC, line 17 62a	.00	
-	b. Schedule FC-A, line 13 62b	.00	
63	Repayment credit		
64	Homestead credit. (Full-year Wisconsin residents only) 64	.00	
65	Eligible veterans and surviving spouses property tax credit 65	.00	
66	Refundable credits from Schedule CR, line 40	.00	
67	AMENDED RETURN ONLY – amount previously paid (see page 47) 67	.00	
68	Add lines 59 through 67 68 312		
I —	AMENDED RETURN ONLY – amount previously refunded (see page 47) . 69		
ı —	Subtract line 69 from line 68		3129.00





5 Subtract line 4 from line 3. This is your qualified earned income

8 Multiply line 6 by line 7. Round the result and fill in here and on line 49 of Form 1NPR.

6 Compare the amount in columns (A) and (B) of line 5. Fill in the

.00

.00

Schedule Wisconsin

Additions to and Subtractions from Income

File with Wisconsin Form 1NPR

Department of Revenue Social security number TEJASWINI MUTHINENI 713299649

Part I - Additions to Income

1	Other income (see instructions). List type and amount1	.00
2	Farmland preservation credit	.00
3	Enterprise zone jobs credit	.00
4	Development zones credit	.00
5	Capital investment credit	.00
6	Manufacturing investment credit	.00
<u>7</u>	Economic development tax credit	.00
8	Jobs tax credit	.00
9	Community rehabilitation program credit	.00
<u>10</u>	Research expense credit	.00
<u>11</u>	Manufacturing/Agriculture credit	.00
<u>12</u>	Business development credit	.00
<u>13</u>	Electronics and information technology manufacturing zone credit	.00
<u>14</u>	Employee college savings account contribution credit	.00
<u>15</u>	Federal net operating loss deduction (only if included in line 1 above)	.00
<u>16</u>	Excess distribution from a passive foreign investment company	.00
<u>17</u>	Expenses paid to or incurred with related entities	.00
<u>18</u>	Nonqualified distributions from Edvest and Tomorrow's Scholar college savings account	.00
<u>19</u>	Nonqualified distributions from ABLE accounts	.00
<u>20</u>	Expenses for moving business outside Wisconsin or the United States (see instructions)	.00
21	Add lines 1 through 20. Enter this amount on Form 1NPR, line 15, column B 21	.00

Now go to page 2 \rightarrow



2020 Schedule M Page 2 of 2

Name		Social security number	
TEJASWINI	MUTHINENI	713299649	

Part II - Subtractions from Income

22	Other adjustments (see instructions). List type and amount SEE FORM 1NPR,	22	250 .00
23	Farm loss carryover	. 23	.00
<u>24</u>	Recoveries of federal itemized deductions (only if included on line 1 of this schedule)	. 24	.00
25	Wisconsin net operating loss deduction	. 25	.00
<u> 26</u>	Medical care insurance	. 26	.00
<u>27</u>	Long-term care insurance	. 27	.00
28	Retirement income exclusion	. 28	.00
<u>29</u>	Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 of this schedule) List type and amount	29	.00
<u>30</u>	Adoption expenses	. 30	.00
<u>31</u>	Tuition and fee expenses	. 31	.00
<u>32</u>	Contributions to a Wisconsin state-sponsored college savings program	. 32	.00
<u>33</u>	Child and dependent care expenses	. 33	.00
<u>34</u>	Sale of business assets or assets used in farming to a related person	. 34	.00
<u>35</u>	Repayment of income previously taxed	. 35	.00
36	Human organ donation	. 36	.00
<u>37</u>	Contributions to ABLE accounts	. 37	.00
<u>38</u>	U.S. Olympic subtraction (see instructions, page 10)	. 38	.00
39	Expenses paid to related entities	. 39	.00
<u>40</u>	Income from a related entity	. 40	.00
<u>41</u>	Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 of this schedule)	. 41	.00
<u>42</u>	Combat zone related death	. 42	.00
<u>43</u>	Private school tuition	. 43	.00
<u>44</u>	Physician or psychiatrist grant (only if included in column B of Form 1NPR or line 1 of this schedule)	. 44	.00
<u>45</u>	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	. 45	.00
<u>46</u>	Add lines 22 through 45. Enter this amount on Form 1NPR, line 29, column B \ldots	. 46	250 .00



Schedule WD Wisconsin

TEJASWINI

Capital Gains and Losses

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

2020

Department of Revenue

Name(s) shown on Form 1 or Form 1NPR

MUTHINENI

Your social security number

713-29-9649

Pa	Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less					
(Note: Round all amounts (use a minus sign (-) for negative amounts)	(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)	
1 a	Amount from line 1a of Schedule D	.00	.00		.00	
1 b	Amount from line 1b of Schedule D	2382.00	2115.00	.00	267.00	
2	Amount from line 2 of Schedule D	.00	.00	.00	.00	
3	Amount from line 3 of Schedule D	.00	.00	.00	.00	
<u>4</u>	Short-term gain from Form 6252 and short	t-term gain or loss from	Forms 4684, 6781, and 8	8824 4	.00	
<u>5</u>	Net short-term gain or loss from partnership	os, S corporations, estate	s, and trusts from Schedu	ule(s) K-1 5	.00	
<u>6</u>	Adjustment from Wisconsin Schedule T (see Basis Difference in	instructions)	6	.00	
<u>7</u>	Short-term capital loss carryover from 2019 Wisconsin Schedule WD, line 34. Enter amount as a negative number					
	_					
<u>8</u>	Net short-term capital gain or loss. C rt II Long-Term Capital Gains a				207.00	
[(Note: Round all amounts (use a minus sign (-) for negative amounts)	(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)	
9 a	Amount from line 8a of Schedule D	.00	.00		.00	
9 b	Amount from line 8b of Schedule D	.00	.00	.00	.00	
10	Amount from line 9 of Schedule D	.00	.00	.00	.00	
11	Amount from line 10 of Schedule D	.00	.00	.00	.00	
<u>12</u>	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824					
<u>13</u>	Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				.00	
<u>14</u>	Capital gain distributions				.00	
<u>15</u>	Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				.00	
<u>15a</u>	Adjustment from Wisconsin Schedule QI. Enter amount as a negative number					
<u>16</u>	Long-term capital loss carryover from 2019 Wisconsin Schedule WD, line 39. Enter amount as a negative number					
<u>17</u>	Net long-term capital gain or loss. Co	ombine lines 9a through	16 in column (h)	17	.00	

Go on to Part III \rightarrow



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2020 Schedule WD Page 2 of 2

Nama	Social Socurity Number	
TEJASWINI MUTHINENI	Social Security Number 713-29	-9649
Part III Summary of Parts I and II (see instructions) - use a minus sign ((-) for negative amounts.	
18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to	o line 28)	267.00
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	.190 .00	
20 Fill in 30% of line 19	20 0 .00	
Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	.2100	
22 Gain included in line 17. Do not include any losses in this amount	.00	
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	
24 Multiply line 19 by the decimal amount on line 23	24 .00	
25 Fill in 30% of line 24	25 .00	
<u>26</u> Add lines 20 and 25		0.00
27 Subtract line 26 from line 18	27	267.00
28 If line 18 shows a loss, fill in the smaller of: (a) The loss on line 18,		
Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.	(see instructions) 28 _	.00
Part IV Computation of Wisconsin Adjustment to Income (Do not com	plete this part if you are filing	on Form 1NPR)
 Adjustment (see instructions for Part IV and Schedule I adjustments) Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2f of Schedule I, if filed (if a loss, fill in -0-) Fill in gain from Part III, line 27, (if blank, fill in -0-) 		
 b Fill in gain from Part III, line 27, (if blank, fill in -0-)		.00
d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of	_	
Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-)	0.00	
<u>f</u> Fill in loss from Part III, line 28 as a positive amount	29f 00	
$\underline{\mathbf{g}}$ If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of	Schedule SB (Form 1) 29g _	.00
$\underline{\textbf{h}}$ If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of S	Schedule AD (Form 1) . 29h _	.00
Part V Computation of Capital Loss Carryovers from 2020 to 2021 (Comp	olete this part if the loss on line 18 is mo	re than the loss on line 28.)
30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31	through 34 30	.00
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0		.00
32 Subtract line 31 from line 30	32	.00.
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts		.00.
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 202	20 to 2021 34	.00.
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 thro	ough 39 35	.00.
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0	36	.00
37 Subtract line 36 from line 35		.00
38 Subtract line 33 from line 28, treating both as positive amounts. (<i>Note:</i> If you skipp lines 31 through 34, fill in amount from line 28 as a positive amount.)		.00
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 202	20 to 2021	00



TEJASWINI MUTHINENI 713299649 1

Additional information from your 2020 Wisconsin Tax Return

Form 1NPR

Explanation of Other Adjustments, Line 29

Continuation Statement

Other Income Description	Federal Income	W	isconsin Income
ABOVE-THE-LINE CHARITABLE CONTRIBUTIONS	250		250

