(Rev. January 2021)

Department of the Treasury

### 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

IIILEITIAI	nevertue Service							
Subm	ssion Identification Number (SID)							
Taxpaye	er's name	Social security number						
HAR	I NARAYANA BHARGA BUKKEY	001-29-2365						
Spouse	's name		Spouse	's soc	ial secu	ırity nu	mber	
Part	Tax Return Information — Tax Year Ending December 31,	(Enter	year y	ou a	re au	thoriz	ing.)	
Enter	whole dollars only on lines 1 through 5.							
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					7		
1	Adjusted gross income				1			617.
2	Total tax				2			740.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3			694.
4	Amount you want refunded to you		. , ,	•	4		2,	554.
5 Doub	Amount you owe	· ·			5			
Part	penalties of perjury, I declare that I have examined a copy of the income tax return (original or an							
to send for any Agent to payme authori payme busines taxes to person	foriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, if my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the total the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellates days prior to the payment (settlement) date. I also authorize the financial institutions involve or receive confidential information necessary to answer inquiries and resolve issues related at all identification number (PIN) below is my signature for the income tax return (original or amentals under Withdrawal Consent.	n for rejecte the U. Dunt indicinstitution required in the party of th	ction of S. Treas cated in n to del the aut ests mi process ayment.	the transury are the table table the table table the table table the table table table the table t	ansmised and its control of the cont	ssion, designation this to this or revolved no ectron knowle	(b) the ated Fin soft according later (c) later ic payedge	e reason Financial ware for unt. This ancel) a than 2 ment of that the
	nic Funds Withdrawal Consent.							
	yer's PIN: check one box only		511.1	9	2 3	8 6	5	
×	I authorize GLOBAL TAXES LLC to enter or ge	nerate r	ny PIN		er five			as my
	signature on the income tax return (original or amended) I am now authorizing.			dor	n't ente	r all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PII below.							
Your s	signature ▶ Da	ate▶_						
Snous	se's PIN: check one box only							
Ороц	I authorize to enter or ge	nerate r	nv PIN					as my
_	ERO firm name	ileiate i	11y 1 11v	Ent	er five	diaits.	 but	asiny
	signature on the income tax return (original or amended) I am now authorizing.				n't ente			
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PII below.				_			-
Spous	e's signature ▶ Da	ate 🕨						
ороше	Practitioner PIN Method Returns Only—continue							
Part								
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8	7 2 Doi		8 6 er all ze	1 g	8   8	9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual in zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providence.	m submi	tting th	s retu	ırn in a	ccord	ance	
EDO:-	aignatura N	ato 🕨						
EKU'S	signature ► Da  FRO Must Petain This Form — See Instruction	ate -						

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 the MFS box, enter the none is a child but not your dependent	ame of y								
Your first name and middle initial Last name					Your	Your social security number					
HARI NARAYANA BHARGA				EY				001	001-29-2365		
If joint return, s	pouse's	first name and middle initial	Last nar	me				Spous	Spouse's social security number		
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Presid	dential Elec	tion Campaign	
1420 HI	ALEA	H DRIVE					C		k here if yo		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	State	ZIF	code			ointly, want \$3	
LAS VEG	AS		NV 89			9119	_	o go to this fund. Checking a box below will not change			
Foreign country	y name		F	Foreign province/state/county Foreign province/state/county					ax or refun	d.	
							`		You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, excl	hange, o	r otherwise acquire	any financial	interest i	n any virtual	currency	? Yes	s 🔀 No	
Standard Deduction		eone can claim:			•	dent					
Age/Blindness	You:	☐ Were born before January 2, 1	956	Are blind Spo	use: Wa	as born b	efore Januar	v 2. 1956	S □ Is	blind	
Dependents	-			(2) Social security		tionship	_	•	for (see inst		
If more	•	rst name Last name		number		you	Child ta		1	other dependents	
than four								1			
dependents,	_										
see instruction and check	s ——										
here ▶											
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2					1	62,000.	
Attach	2a	Tax-exempt interest	2a		<b>b</b> Taxable in	terest		. 2	2b		
Sch. B if required.	3a	Qualified dividends	3a 5. <b>b</b> Ordinary dividends				. ;	3b	5.		
required.	4a	IRA distributions	b Taxable amount				. 4	1b			
	5a	Pensions and annuities	5a		<b>b</b> Taxable ar	mount .			5b		
Standard	6a	Social security benefits	6a		<b>b</b> Taxable ar	mount .		. (	3b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired, check h	ere .	•	· 🗆 上	7	312.	
Single or Married filing	8	Other income from Schedule 1, lin	e9.						8	-4,450.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total inco</b>	me			<b></b>	9	57,867.	
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22	From Schedule 1, line 22								
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b	2	50.			
Head of	С	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments to ir	ncome .			<b>▶</b> 1	0с	250.	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	djusted gross inco	me			<b>▶</b> _	11	57,617.	
If you checked	12	Standard deduction or itemized	deducti	ons (from Schedule	A)				12	12,400.	
any box under Standard	13	Qualified business income deduct	lified business income deduction. Attach Form 8995 or Form 8995-A								
Deduction, see instructions.	14	Add lines 12 and 13							14	12,400.	
	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	enter -0			.   •	15	45,217.	

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

Form **1040** (2020)

Form 1040 (2020	))			Page <b>2</b>	
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗎	16	5,740.	
	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	5,740.	
	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	5,740.	
	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	5,740.	
	25	Federal income tax withheld from:			
	а	Form(s) W-2	_		
	b	Form(s) 1099			
	С	Other forms (see instructions)		T 404	
	d	Add lines 25a through 25c	25d	7,694.	
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			
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	Recovery rebate credit. See instructions	-		
	31	Amount from Schedule 3, line 13	-	600	
	32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	600.	
-	33	Add lines 25d, 26, and 32. These are your total payments	33	8,294.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here	34	2,554.	
Direct deposit?	35a	35a	2,554.		
See instructions.	►b	Routing number X X X X X X X X X X X X X X X X X X X			
	► d 36	Amount of line 34 you want applied to your 2021 estimated tax > 36			
Amount	37		37		
You Owe	31	,	01		
For details on		<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.			
how to pay, see instructions.	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		structions	oelow.	X No	
Ü	De	signee's Phone Personal identif	fication <sub>I</sub>		
		me ▶ no. ▶ number (PIN) ▶			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here				nt you an Identity	
	, 10			N, enter it here	
Joint return?			inst.) ▶		
See instructions.	Sp			nt your spouse an	
Keep a copy for your records.	,		tity Prote inst.) ▶ [	ection PIN, enter it here	
		one no. Email address			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/19/2021 P02082	2703	Self-employed	
Preparer					
Use Only			Phone no. (678)965-9522 Firm's EIN ► 30-1017196		
Go to www ire or		n1040 for instructions and the latest information.  BAA REV 02/15/21 PRO	3 LIIV P	Form <b>1040</b> (2020)	
do to www.mo.gc		The first of the distribution in the first of the first o		10111 <b>1010</b> (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

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

HARI NARAYANA BHARGA BUKKEY

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

Your social security number 001-29-2365

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,450.
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	4 450
Dar	t II Adjustments to Income	9	-4,450.
		Τ	
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)

Department of the Treasury

Internal Revenue Service (99)

Name(s) shown on return

### **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.

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

OMB No. 1545-0074

2020

Attachment Sequence No. **12** 

Your social security number

001-29-2365 HARI NARAYANA BHARGA BUKKEY Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. line 2, column (g) 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 194. **Box A** checked . . . . . . . . . . . . . . . 506. 312. 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 . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 312. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 312. • 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 X 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

001-29-2365

HARI NARAYANA BHARGA BUKKEY

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 08/02/20 09/09/20 506 194 312. 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.

506.

312.

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) ▶

194.

#### 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

2020

Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. 13

HARI	NARAYANA BHARG	A BUKKEY					001-29-2	365
Part	art I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal pro							al property, use
		instructions. If you are an individual, rep	-	-				
A Dic		nts in 2020 that would require you to						
		ou file required Form(s) 1099?						
1a		each property (street, city, state, ZIF					[	_ 100 _ 110
A	HY HYDERABAD I		0000)					
B	III IIIDEKADAD I	11						
C								
	Type of Property	2 For each rental real estate pro	norty liete	.d	Fair	Rental P	Personal Us	6
110	(from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only					Days	_ G1Λ
A	3						0	
	] 3	If you meet the requirements to file as a qualified joint venture. See instructions.					- 0	
C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		С				
	of Property:							
	le Family Residence	3 Vacation/Short-Term Rental	E Land	•	7 Self-	Pontal		
_	•							
Incom	ti-Family Residence	4 Commercial Properties:	6 Roya		8 Otne	r (describe)		
		•		A	250	В		С
			3		350.			
			4					
Expen			- 4					
5			5					
6	,	nstructions)	6		600			
7	_	nance			600.			
8			8					
9			9					
10	•	ssional fees	10					
11	•		11		800.			
12		d to banks, etc. (see instructions)	12					
13			13					
14	•		14		200.			
15			15	1,	100.			
16			16					
17			17	1,	100.			
18		e or depletion	18					
19	Other (list)		19					
20	Total expenses. Add I	lines 5 through 19	20	4,	800.			
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If						
	• • •	instructions to find out if you must						
	file <b>Form 6198</b>		21	-4,	450.			
22		estate loss after limitation, if any,						
		structions)	22 (	-4,4	150.)	(	)(	)
23a		eported on line 3 for all rental prope			23a		350.	
b		eported on line 4 for all royalty prop	erties .		23b			
С		eported on line 12 for all properties			23c			
d		eported on line 18 for all properties			23d			
е	Total of all amounts re	eported on line 20 for all properties			23e	4,	,800.	
24		e amounts shown on line 21. <b>Do no</b>		•			24	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	e losses fr	om line 22. E	nter tota	al losses here .	25 (	4,450.)
26	Total rental real esta	ate and royalty income or (loss).	Combine	lines 24 an	nd 25. E	nter the resul	t	
		V, and line 40 on page 2 do not						
		10), line 5. Otherwise, include this a		-			26	-4,450.