

**Filing Status**

Single  Married filing separately (MFS) (formerly Married)  Qualifying widow(er) (QW)

Check only one box.

If you checked the 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><b>SAIRAJ</b>   |                               | Last name<br><b>KONDA</b> | <b>Your identifying number</b><br>(see instructions)<br><b>889-60-4141</b> |
| Home address (number and street or rural route). If you have a P.O. box, see instructions.<br><b>13677 LEGACY CIR</b> |                               |                           | Apt. no.<br><b>B</b>   |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>HERNDON</b>              |                               | State<br><b>VA</b>        | ZIP code<br><b>20171</b>   |
| 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

| Dependents<br>(see instructions):  | (1) First name | Last name | (2) Dependent's<br>identifying number | (3) Dependent's<br>relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instr.): |                             |
|--|----------------|-----------|---------------------------------------|--|--|-----------------------------|
|  |                |           |                                       |  | 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"/>    |

|   |  |            |                                       |                  |
|---|--|------------|---------------------------------------|------------------|
| <b>Income Effectively Connected With U.S. Trade or Business</b>   | <b>1a</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .   |            | <b>1a</b>                             |                  |
|   | <b>b</b> Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions . . . . .                        |            | <b>1b</b>                             |                  |
|   | <b>c</b> Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e) . . . . .                                      |            | <b>1c</b>                             |                  |
|   | <b>2a</b> Tax-exempt interest . . . . .  | <b>2a</b>  | <b>b</b> Taxable interest . . . . .   | <b>2b</b> 100.   |
|   | <b>3a</b> Qualified dividends . . . . .  | <b>3a</b>  | <b>b</b> Ordinary dividends . . . . . | <b>3b</b>        |
|   | <b>4a</b> IRA distributions . . . . .  | <b>4a</b>  | <b>b</b> Taxable amount . . . . .     | <b>4b</b>        |
|   | <b>5a</b> Pensions and annuities . . . . .   | <b>5a</b>  | <b>b</b> Taxable amount . . . . .     | <b>5b</b>        |
|   | <b>6</b> Reserved for future use . . . . .   |            |                                       | <b>6</b>         |
|   | <b>7</b> Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . . . . . <input type="checkbox"/> |            |                                       | <b>7</b>         |
|   | <b>8</b> Other income from Schedule 1 (Form 1040), line 9 . . . . .  |            |                                       | <b>8</b> 12,017. |
|   | <b>9</b> Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b> . . . . . ▶                    |            |                                       | <b>9</b> 12,117. |
|   | <b>10</b> Adjustments to income:   |            |                                       |                  |
|   | <b>a</b> From Schedule 1 (Form 1040), line 22 . . . . .  | <b>10a</b> |                                       |                  |
|   | <b>b</b> Charitable contributions for certain residents of India. See instructions . . . . .   | <b>10b</b> |                                       |                  |
|   | <b>c</b> Scholarship and fellowship grants excluded . . . . .  | <b>10c</b> |                                       |                  |
| <b>d</b> Add lines 10a through 10c. These are your <b>total adjustments to income</b> . . . . . ▶   | <b>10d</b>   |            |                                       |                  |
| <b>11</b> Subtract line 10d from line 9. This is your <b>adjusted gross income</b> . . . . . ▶  |  |            | <b>11</b> 12,117.                     |                  |
| <b>12</b> <b>Itemized deductions</b> (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions . . . . . Std Dedn US/India Treaty |  |            | <b>12</b> 12,400.                     |                  |
| <b>13a</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .   | <b>13a</b>   |            |                                       |                  |
| <b>b</b> Exemptions for estates and trusts only. See instructions . . . . .   | <b>13b</b>   |            |                                       |                  |
| <b>c</b> Add lines 13a and 13b . . . . .  | <b>13c</b>   |            |                                       |                  |
| <b>14</b> Add lines 12 and 13c . . . . .  |  |            | <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> 0.                          |                  |

|  |  |   |   |
|--|--|---|---|
| <b>16</b>  | Tax (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____   | <b>16</b>   | 0 .   |
| <b>17</b>  | Amount from Schedule 2 (Form 1040), line 3 . . . . .   | <b>17</b>   | 0 .   |
| <b>18</b>  | Add lines 16 and 17 . . . . .  | <b>18</b>   | 0 .   |
| <b>19</b>  | Child tax credit or credit for other dependents . . . . .  | <b>19</b>   |   |
| <b>20</b>  | Amount from Schedule 3 (Form 1040), line 7 . . . . .   | <b>20</b>   |   |
| <b>21</b>  | Add lines 19 and 20 . . . . .  | <b>21</b>   |   |
| <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .  | <b>22</b>   | 0 .   |
| <b>23a</b>   | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 . . . . .  | <b>23a</b>  |   |
| <b>b</b>   | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10 . . . . .   | <b>23b</b>  |   |
| <b>c</b>   | Transportation tax (see instructions) . . . . .  | <b>23c</b>  |   |
| <b>d</b>   | Add lines 23a through 23c . . . . .  | <b>23d</b>  |   |
| <b>24</b>  | Add lines 22 and 23d. This is your <b>total tax</b> . . . . . <b>▶</b>   | <b>24</b>   | 0 .   |
| <b>25</b>  | Federal income tax withheld from:  |   |   |
| <b>a</b>   | Form(s) W-2 . . . . .  | <b>25a</b>  |   |
| <b>b</b>   | Form(s) 1099 . . . . .   | <b>25b</b>  |   |
| <b>c</b>   | Other forms (see instructions) . . . . .   | <b>25c</b>  |   |
| <b>d</b>   | Add lines 25a through 25c . . . . .  | <b>25d</b>  |   |
| <b>e</b>   | Form(s) 8805 . . . . .   | <b>25e</b>  |   |
| <b>f</b>   | Form(s) 8288-A . . . . .   | <b>25f</b>  |   |
| <b>g</b>   | Form(s) 1042-S . . . . .   | <b>25g</b>  |   |
| <b>26</b>  | 2020 estimated tax payments and amount applied from 2019 return . . . . .  | <b>26</b>   |   |
| <b>27</b>  | Reserved for future use . . . . .  | <b>27</b>   |   |
| <b>28</b>  | Additional child tax credit. Attach Schedule 8812 (Form 1040) . . . . .  | <b>28</b>   |   |
| <b>29</b>  | Credit for amount paid with Form 1040-C . . . . .  | <b>29</b>   |   |
| <b>30</b>  | Reserved for future use . . . . .  | <b>30</b>   |   |
| <b>31</b>  | Amount from Schedule 3 (Form 1040), line 13 . . . . .  | <b>31</b>   |   |
| <b>32</b>  | Add lines 28 through 31. These are your <b>total other payments and refundable credits</b> . . . . . <b>▶</b>  | <b>32</b>   |   |
| <b>33</b>  | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b> . . . . . <b>▶</b>  | <b>33</b>   |   |
| <b>Refund</b>  | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .   | <b>34</b>   |   |
|  | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <b>▶</b> <input type="checkbox"/>  | <b>35a</b>  |   |
| Direct deposit?<br>See instructions.                                     | <b>▶ b</b> Routing number <u> X X X X X X X X X X </u> <b>▶ c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings   |   |   |
|  | <b>▶ d</b> Account number <u> X X X X X X X X X X X X X X X X X X </u>   |   |   |
|  | <b>▶ e</b> If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.  |   |   |
|  | <b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b> . . . . . <b>▶</b>  | <b>36</b>   |   |
| <b>Amount You Owe</b>  | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions . . . . . <b>▶</b>  | <b>37</b>   | 0 .   |
|  | <b>38</b> Estimated tax penalty (see instructions) . . . . . <b>▶</b>  | <b>38</b>   |   |
| <b>Third Party Designee</b><br><small>(Other than paid preparer)</small> | Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions . . . . . <b>▶</b> <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>   |   |   |
|  | Designee's name <b>▶</b>   | Phone no. <b>▶</b>  | Personal identification number (PIN) <b>▶</b> <input type="text"/>                                      |
| <b>Sign Here</b>   | 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 <b>▶</b>  | Date  | Your occupation<br>SOFTWARE ENGINEER  |
|  | Phone no.  | Email address   | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <b>▶</b> <input type="text"/> |
| <b>Paid Preparer Use Only</b>  | Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM   | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>09/24/2021  |
|  | Firm's name <b>▶</b> GLOBAL TAXES LLC  | PTIN<br>P02082703   | Check if:<br><input type="checkbox"/> Self-employed   |
|  | Firm's address <b>▶</b> 2530 Pebble Creek Ln Cumming GA 30041  | Phone no. (678) 965-9522                                  | Firm's EIN <b>▶</b> 30-1017196  |

**SCHEDULE NEC  
(Form 1040-NR)**

Department of the Treasury  
Internal Revenue Service (99)

**Tax on Income Not Effectively Connected With a U.S. Trade or Business**

▶ Go to [www.irs.gov/Form1040NR](http://www.irs.gov/Form1040NR) for instructions and the latest information.  
▶ Attach to Form 1040-NR.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **7B**

Name shown on Form 1040-NR

SAIRAJ KONDA

Your identifying number

889-60-4141

Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income  |            | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) |   |
|---|------------|---------|---------|---------|---------------------|---|
|   |            |         |         |         | %                   | % |
| <b>1</b> Dividends and dividend equivalents:  |            |         |         |         |                     |   |
| <b>a</b> Dividends paid by U.S. corporations . . . . .  | <b>1a</b>  |         |         |         |                     |   |
| <b>b</b> Dividends paid by foreign corporations . . . . .   | <b>1b</b>  |         |         |         |                     |   |
| <b>c</b> Dividend equivalent payments received with respect to section 871(m) transactions  | <b>1c</b>  |         |         |         |                     |   |
| <b>2</b> Interest:  |            |         |         |         |                     |   |
| <b>a</b> Mortgage . . . . .   | <b>2a</b>  |         |         |         |                     |   |
| <b>b</b> Paid by foreign corporations . . . . .   | <b>2b</b>  |         |         |         |                     |   |
| <b>c</b> Other . . . . .  | <b>2c</b>  |         |         |         |                     |   |
| <b>3</b> Industrial royalties (patents, trademarks, etc.) . . . . .   | <b>3</b>   |         |         |         |                     |   |
| <b>4</b> Motion picture or TV copyright royalties . . . . .   | <b>4</b>   |         |         |         |                     |   |
| <b>5</b> Other royalties (copyrights, recording, publishing, etc.) . . . . .  | <b>5</b>   |         |         |         |                     |   |
| <b>6</b> Real property income and natural resources royalties . . . . .   | <b>6</b>   |         |         |         |                     |   |
| <b>7</b> Pensions and annuities . . . . .   | <b>7</b>   |         |         |         |                     |   |
| <b>8</b> Social security benefits . . . . .   | <b>8</b>   |         |         |         |                     |   |
| <b>9</b> Capital gain from line 18 below . . . . .  | <b>9</b>   |         |         |         |                     |   |
| <b>10</b> Gambling—Residents of Canada only. Enter net income in column (c).<br>If zero or less, enter -0-.   |            |         |         |         |                     |   |
| <b>a</b> Winnings _____   |            |         |         |         |                     |   |
| <b>b</b> Losses _____   | <b>10c</b> |         |         |         |                     |   |
| <b>11</b> Gambling winnings—Residents of countries other than Canada.<br>Note: Losses not allowed . . . . .   | <b>11</b>  |         |         |         |                     |   |
| <b>12</b> Other (specify) ▶ _____   | <b>12</b>  |         |         |         |                     |   |
| <b>13</b> Add lines 1a through 12 in columns (a) through (d) . . . . .  | <b>13</b>  |         |         |         |                     |   |
| <b>14</b> Multiply line 13 by rate of tax at top of each column . . . . .   | <b>14</b>  |         |         |         |                     |   |
| <b>15</b> Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ▶ | <b>15</b>  |         |         |         |                     |   |

**Capital Gains and Losses From Sales or Exchanges of Property**

| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).<br><br>Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. | <b>16</b> | (a) Kind of property and description<br>(if necessary, attach statement of descriptive details not shown below)             | (b) Date acquired<br>mm/dd/yyyy | (c) Date sold<br>mm/dd/yyyy | (d) Sales price | (e) Cost or<br>other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
|--|-----------|---|---------------------------------|-----------------------------|-----------------|----------------------------|--|--|
|  |           |   |                                 |                             |                 |                            |  |  |
|  |           |   |                                 |                             |                 |                            |  |  |
|  |           |   |                                 |                             |                 |                            |  |  |
|  |           |   |                                 |                             |                 |                            |  |  |
|  |           |   |                                 |                             |                 |                            |  |  |
|  | <b>17</b> | Add columns (f) and (g) of line 16 . . . . .  |                                 |                             |                 |                            | ( )  |  |
|  | <b>18</b> | Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- . ▶ |                                 |                             |                 |                            |  |  |

**SCHEDULE OI  
(Form 1040-NR)**

Department of the Treasury  
Internal Revenue Service (99)

**Other Information**

▶ Go to [www.irs.gov/Form1040NR](http://www.irs.gov/Form1040NR) for instructions and the latest information.  
▶ Attach to Form 1040-NR.  
▶ Answer all questions.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **7C**

Name shown on Form 1040-NR

SAIRAJ KONDA

Your identifying number

889-60-4141

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? United States
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No
- D** Were you ever:
1. A U.S. citizen? . . . . .  Yes  No
2. A green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . .  Yes  No
- If you answered "Yes," indicate the date and nature of the change ▶ \_\_\_\_\_
- G** List all dates you entered and left the United States during 2020. See instructions.

**Note:** If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada or Mexico** and skip to item H . . . . .  Canada  Mexico

| Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy | Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|--|---|
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2018 \_\_\_\_\_, 2019 \_\_\_\_\_, and 2020 365
- I** Did you file a U.S. income tax return for any prior year? . . . . .  Yes  No
- If "Yes," give the latest year and form number you filed ▶ 1040NR
- J** Are you filing a return for a trust? . . . . .  Yes  No
- If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? . . . . .  Yes  No
- K** Did you receive total compensation of \$250,000 or more during the tax year? . . . . .  Yes  No
- If "Yes," did you use an alternative method to determine the source of this compensation? . . . . .  Yes  No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

| (a) Country | (b) Tax treaty article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
|-------------|------------------------|---|---|
|             |                        |   |   |
|             |                        |   |   |
|             |                        |   |   |

- (e) Total.** Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b . . . . . ▶ \_\_\_\_\_
2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? . . . . .  Yes  No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? . . . . .  Yes  No
- If "Yes," attach a copy of the Competent Authority determination letter to your return.

- M** Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . ▶
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . ▶

**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  
SAIRAJ KONDA

Your social security number  
889-60-4141

**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>  | 12,017. |
| <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>  |         |
| <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 ▶ _____  | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | 12,017. |

**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 C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

|  |   |   |
|--|---|---|
| Name of proprietor<br><b>SAIRAJ KONDA</b>  |   | Social security number (SSN)<br><b>889-60-4141</b>                  |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>DOOR DASH INC</b>   | <b>B</b> Enter code from instructions<br>▶ <b>5   6   1   9   0   0</b> |   |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>DOOR DASH INC</b>   | <b>D</b> Employer ID number (EIN) (see instr.)<br>                      |   |
| <b>E</b> Business address (including suite or room no.) ▶ <b>303 2ND STREET SUITE 800</b><br>City, town or post office, state, and ZIP code <b>SAN FRANCISCO, CA 94107</b> |   |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶               |   |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses                                     |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>H</b> If you started or acquired this business during 2020, check here  |   | <input type="checkbox"/>  |
| <b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**Part I Income**

|   |          |         |
|---|----------|---------|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/> | <b>1</b> | 20,842. |
| <b>2</b> Returns and allowances . . . . .   | <b>2</b> |         |
| <b>3</b> Subtract line 2 from line 1 . . . . .  | <b>3</b> | 20,842. |
| <b>4</b> Cost of goods sold (from line 42) . . . . .  | <b>4</b> |         |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .   | <b>5</b> | 20,842. |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .   | <b>6</b> |         |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶   | <b>7</b> | 20,842. |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|   |            |         |   |            |  |
|---|------------|---------|---|------------|--|
| <b>8</b> Advertising . . . . .  | <b>8</b>   |         | <b>18</b> Office expense (see instructions)             | <b>18</b>  |  |
| <b>9</b> Car and truck expenses (see instructions) . . . . .  | <b>9</b>   | 4,025.  | <b>19</b> Pension and profit-sharing plans . . . . .    | <b>19</b>  |  |
| <b>10</b> Commissions and fees . . . . .  | <b>10</b>  |         | <b>20</b> Rent or lease (see instructions):             |            |  |
| <b>11</b> Contract labor (see instructions) . . . . .   | <b>11</b>  |         | <b>a</b> Vehicles, machinery, and equipment             | <b>20a</b> | 4,800.   |
| <b>12</b> Depletion . . . . .   | <b>12</b>  |         | <b>b</b> Other business property . . . . .              | <b>20b</b> |  |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .  | <b>13</b>  |         | <b>21</b> Repairs and maintenance . . . . .             | <b>21</b>  |  |
| <b>14</b> Employee benefit programs (other than on line 19) . . . . .   | <b>14</b>  |         | <b>22</b> Supplies (not included in Part III) . . . . . | <b>22</b>  |  |
| <b>15</b> Insurance (other than health) . . . . .   | <b>15</b>  |         | <b>23</b> Taxes and licenses . . . . .                  | <b>23</b>  |  |
| <b>16</b> Interest (see instructions):  |            |         | <b>24</b> Travel and meals:                             |            |  |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16a</b> |         | <b>a</b> Travel . . . . .                               | <b>24a</b> |  |
| <b>b</b> Other . . . . .  | <b>16b</b> |         | <b>b</b> Deductible meals (see instructions) . . . . .  | <b>24b</b> |  |
| <b>17</b> Legal and professional services   | <b>17</b>  |         | <b>25</b> Utilities . . . . .                           | <b>25</b>  |  |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶   | <b>28</b>  | 8,825.  | <b>26</b> Wages (less employment credits) . . . . .     | <b>26</b>  |  |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .  | <b>29</b>  | 12,017. | <b>27a</b> Other expenses (from line 48) . . . . .      | <b>27a</b> |  |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .                               | <b>30</b>  |         | <b>27b</b> <b>Reserved for future use</b> . . . . .     | <b>27b</b> |  |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | <b>31</b>  | 12,017. |   |            |  |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |         |   |            | <b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.<br><b>32b</b> <input type="checkbox"/> Some investment is not at risk. |

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  **Yes**     **No**

|   |           |
|---|-----------|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . | <b>35</b> |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .  | <b>37</b> |
| <b>38</b> Materials and supplies . . . . .  | <b>38</b> |
| <b>39</b> Other costs . . . . .   | <b>39</b> |
| <b>40</b> Add lines 35 through 39 . . . . .   | <b>40</b> |
| <b>41</b> Inventory at end of year . . . . .  | <b>41</b> |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .       | <b>42</b> |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year)    ► 01/01/2020

**44** Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

**a** Business 7,000    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 2,000

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

|  |  |
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**48** **Total other expenses.** Enter here and on line 27a . . . . . **48**