Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying more box.       Presens is a child but not your dependent b         Your first name and middle initial       Last name       Your social security number         Your, or post office. If you have a P.O. box, see instructions.       Apt. no.       Presidential Biscian Campaign         42.4       BROCKVTER/CT       Apt. no.       Presidential Biscian Campaign         City, town, or post office. If you have a breign address, also complete spaces below.       State       ZIP code       province Hilling jointly, want 33 to go to this fund. Checking a but but you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         RecHANTCESDIRG       Someone can claim:       You as a dependent       Your spouse as a dependent       You       You       Spouse         Age/Bindness       You:       Ware buffer spouse iterrities on a separate return or you were a dual-status alien       Particutorency:       Yes       No         Age/Bindness       (I) First name       Last name       Particutorency:       Child tax cecil for detride dependent       2b       Call for detride dependent	5 <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	5-0074	IRS U	se Only	—Do not w	rite or staple	in this space.
VAISHNAVI       KALVA       579-75-6853         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Hone address furmber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         42.4 BROCKVIEM CT       Check here if you have a freign address, also complete spaces below.       State       2P code       posse iffing jointy, vant S to go to fins fund. Checking a fox will not change you tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Standard       Someone can claim:       You as a dependent       You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Age/Bindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents, see instructions:       (I) First name       Last name       (I) Relationship       (I) I first name       I       77,132.         Attach       2a       b Taxable amount.       4b       5b       5b       5b       5b         See instructions:       Ga able bit frequired, check here       I       77,132.       1       77,132.         Attach       2a       Capit	Check only	lf yo	u checked the MFS box, enter the n	ame of	-		. ,			`	,		, ,	
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         42.4       BROCKVIEW CT       Chr., twn, or post office. If you have a foreign address, also complete spaces below.       State       ZP code         MECHANICSBURG       PA       17050       box below will not change box wi	Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
Home address fumber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         424 BROOKVIEW CT       Check here if you, or your       spouse if filing jointly, want S3         MECHANICSBURG       PA       17050         Foreign country name       Foreign province/state/county       PA         You       Spouse if filing jointly, want S3       pace this funct. Checking a box below will not change your tax or refund.         You       Spouse itemizes on a separate return or you were a dual-status alien       You       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:       Were born before January 2, 1956       Are bind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (1) 4' fuulifies for fees instructions);       (1) First name       Last name       (2) Social security       (3) Relationship       (3) Polationship         there b       1       Ara-exempt interest       2a       Tax-exempt interest       2b       12.         Attach       2a       Tax-exempt interest       2a       b< Taxable amount.	VAISHNA	VI		KAL	/A							579-	75-685	3
424 BROCKVIEW CT       Check here if you, or your failing jointly, want \$3         City, town, or post office. If you have a foreign address, also complete spaces below.       State       PA       17 050       Spouse if filing jointly, want \$3         Foreign country name       Foreign province/statk/country       Foreign postal code       your tax or refund.       Image: the postal code       You Is postal	lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	s social se	curity number
Chily, out, or post office, if your never a holegy radies set office particular set of the struct constructions of the struct construct on struct on struct on struct construct on struct on struct construct on struct on structon structon struct on struct on struct on struct on st				instructi	ons.				/	Apt. no.		Check I	nere if you,	or your
MECHANICSBURG       PA       17050       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         If more       (I) First name       Inumber       Inumber       Image: Check to ther dependents         see instructions:       If oreid for other dependents       Image: Check to ther dependents       Image: Check to ther dependents         see instructions       Image: Check to ther dependents       Image: Check to ther dependents       Image: Check to ther dependents         a Cualified dividends       3a       Image: Check to ther dependents       Image: Check to ther dependents       Image: Check tere	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces belo	w.	Sta	te	ZIP co	ode				
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more required.       1       77,132.       2a       1       77,132.         Attach       2a       Jaa       Dualified dividends       3b       1         Standard       Deal       Deal       Deal       Deal       Deal         Standard       Gaa       Gaa       Deal       Deal       Deal       Deal       Deal       Deal	MECHANI	CSBU	RG				PA	Α	170	)50				
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes   Standard Someone can claim: You as a dependent Your spouse as a dependent   Deduction Spouse iternizes on a separate return or you were a dual-status alien   Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): Child tax credit Credit for other dependents tan other key in the rest (2) Social security (3) Relationship (4) If qualifies for (see instructions): The dependents, see instructions: (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): Child tax credit Credit for other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you <td>Foreign country</td> <td>y name</td> <td></td> <td></td> <td>Foreign pro</td> <td>vince/state</td> <td>/coun</td> <td>ty</td> <td>Forei</td> <td>gn posta</td> <td>code</td> <td></td> <td>or refund</td> <td></td>	Foreign country	y name			Foreign pro	vince/state	/coun	ty	Forei	gn posta	code		or refund	
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions	At any time du	iring 20	020, did you receive, sell, send, excl	nange, d	or otherwi	se acquire	any	financial intere	est in a	any virti	ual cu	rrency?		
If more than four dependents, dependent, dependents, dependents, dependents, dependents, depend	Deduction		Spouse itemizes on a separate retur	n or you	u were a d	ual-status	alien	1	rn befe	ore Jan	uary 2	2, 1956	🗌 ls bl	ind
If more than four dependents, see instructions and check here       Image: the standard deduction or tempedents, see instructions       Credit for other dependents, see instructions         Attach       2a       Tax-exempt interest       2a       b       Taxable interest       1       77,132.         Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       12.         Attach       2a       Gade distributions       3a       b       Dordinary dividends       3b         Sch. B if required.       4a       b       Taxable amount       4b       5b         Sa       Qualified dividends       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       Social security benefits       6a         Social gain or (loss). Attach Schedule D if required. If not required, check here       7       7       -100.         8       -77,150.       9       69,894.       9       69,894.         Varied filing joirtly or Qualifying widow(ef), St4,860       5a, and and 1b. These are your total algustments to income:       10a       300.         10       Add lines 10 and 10b. These are your total algustments to income       11       69,5994.       12,400.         Sta	Dependent	s (see	instructions):		(2) Sc	cial securi	v	(3) Relations	nin	(4)	if a	ualifies fo	r (see instru	ictions):
than four dependents, dependents, see instructions and check here biological files of the income instructions and check here biological files for the income instructions and check here biological files for the income instructions and check here biological files for the income instructions and check here biological files for the income instructions is your total and deduction. See instructions is income instructions income incom	•	`	,				.,			• • •				,
see instructions       Image: constructions and check       Image: constructions and check         here b       Image: constructions and check       Image: constructions and check       Image: constructions and check         here b       Image: constructions and check       Image: constructions and check       Image: constructions and constructions anead constructions and constructions and cons														
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Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       12.         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing separately, 512,400       Other income from Schedule 1, line 9       Taxable amount       7       -100.         Married filing jointly or Qualifying widow(efn, \$24,800       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       69,894.         • Head of household, \$11       Subtract line 10c from line 9. This is your adjusted gross income       10a       10c       300.         • Head of household, \$18,860       Subtract line 10c from line 9. This is your adjusted gross income       11       69,594.       12       12,400.         • If you checked any box under Standard       13	here 🕨 🗌													
Sch. B if 2a Taxeteeningt interest 12.   required. 3a Qualified dividends 3a   4a IRA distributions 4a   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   5a Social security benefits   6a Social security benefits   6a Social security benefits   6a Social security benefits   6b Taxable amount   7 -100.   8 Other income from Schedule 1, line 9   9 69, 894.   9 69, 894.   9 69, 894.   9 69, 894.   10 Adjustments to income:   aulifying widw(ef), S24,800   + Head of household, \$18,660   11 Subtract line 10c from line 9. This is your adjusted gross income   11 69, 594.   12 12,400.   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A   14 12,400.		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		77,132.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       7       -100.         8       Other income from Schedule 1, line 9       .       .       8       -7, 150.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       >       9       69, 894.         10       Adjustments to income:       a       From Schedule 1, line 22       .       10b       300.         11       69, 594.       10b       300.       10c       300.         12       Standard deduction or itemized deductions (from Schedule A)       .       11       69, 594.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .       13       12       12		2a	Tax-exempt interest	2a			bТ	axable interes	st.			. 2b	)	12.
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -100.         8       Other income from Schedule 1, line 9       7       -100.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       69, 894.         10       Adjustments to income:       9       69, 894.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       10b         10       Adjustments to income:       10a       10b       300.         10       Add lines 10a and 10b. These are your total adjustments to income       10c       300.         11       69, 594.       11       69, 594.       12       12, 400.         11       69, 594.       12       12, 400.       12       12, 400.         13       Qualified business income deduction. Attach Form 8995		3a	Qualified dividends	3a			bС	Drdinary divide	nds .			. 3b	)	
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -100.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -7,150.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       69,894.         • Married filing jointly or Qualifying widow(er), \$24,800       •       From Schedule 1, line 22       •       •         •       Add lines 10a and 10b. These are your total adjustments to income       10b       300.       300.         •       Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       69,594.         •       12       12,400.       12       12,400.       12       12,400.         •       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.		4a	IRA distributions	4a			bТ	axable amour	nt			. 4b	)	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -100.         • Single or Married filing separately, \$12,400       8       Other income from Schedule 1, line 9		5a	Pensions and annuities	5a			bТ	axable amour	nt			. 5b	)	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Married filing yidow(er), \$24,800</li> <li>Married filing</li></ul>	Standard	6a	Social security benefits	6a			bТ	axable amour	nt			. 6b	)	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -7,150         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       69,894         Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       69,894         b       Charitable contributions if you take the standard deduction. See instructions       10a       10b       300         • Head of household, \$18,650       C       Add lines 10a and 10b. These are your total adjustments to income       10c       300         11       69,594       11       69,594       12       12       12,400         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400		7	Capital gain or (loss). Attach Sche	dule D i	f required.	. If not rec	luired	, check here				7		-100.
\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       69, 894.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10b       300.         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.								. 8		-7,150.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. (from Schedule A)</li> <li>Image instructions, see instructions</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Image instructions</li> </ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is you	r <b>total inc</b>	ome					▶ 9		69,894.
Qualifying widow(er), \$224,800       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       300.         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .       .       .       .         11       69,594.         12       Standard deduction or itemized deduction. (from Schedule A)       .       .       .       .         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .       .       .       .         14       12,400.		10	Adjustments to income:											
\$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c       300.         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income		а	From Schedule 1, line 22					10	а					
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>	widow(er),	b	Charitable contributions if you take	the star	ndard ded	uction. Se	e inst	ructions 10	b		30	0.		
\$18,650       11       69,394.         In Subtract line for from line 9. This is your adjusted gross income       11       69,394.         If you checked any box under Standard       13       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         In Base instructions, see instructions.       14       12.400.       14       12,400.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>to</b>	tal adjust	ments to	incor	me				▶ 10	c	300.
<ul> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>14 Add lines 12 and 13</li></ul>		11	Subtract line 10c from line 9. This	is your	adjusted	gross inc	ome					▶ 11		69,594.
any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         Deduction, see instructions.       14       Add lines 12 and 13       14       12,400	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (from	n Schedul	e A)					. 12		12,400.
		13	Qualified business income deduct	ion. Atta	ach Form	8995 or F	orm 8	995-A				. 13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14									-			
		15	Taxable income. Subtract line 14	from lir	ne 11. If ze	ero or less	, ente	er-0				. 15		57,194.

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

Form **1040** (2020)

Form 1040 (2020	))										Pag	e <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 2 🗌	4972	3			16	8,369	
	17	Amount from Schedule 2, lin	ne3							17		
	18	Add lines 16 and 17								18	8,369	•
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lin	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	8,369	•
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10	)				23	0	
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. )	▶ 24	8,369	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	10	,033			
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								25d	10,033	
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return					26		
qualifying child,	27	Earned income credit (EIC)			<sup>N</sup>	<u>.</u>	27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30		600			
	31	Amount from Schedule 3, lin	ne 13				31					
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	refunda	ble cr	edits	. )	32	600	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 1	33	10,633	•
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	e amoun	nt you (	overpaid		34	2,264	•
neruna	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	3 is attach	ed, chec	k here			35a	2,264	•
Direct deposit?	►b	Routing number 2 2 1	1 7 2 6	1 0	► c Typ	be: 🗙	Check	king 🗌	Saving	s		
See instructions.	►d	Account number 1 5 5	6 9 7 4	6 1 4								
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now .				. 🕨	37		
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not repres	ent all o	of the t	taxes you	owe fo	or		
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instru	uctions for det	ails.							
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38					
Third Party		you want to allow another	person to disc	cuss this retu	rn with th	ne IRS?	See				_	
Designee	ins	structions						Yes. Co	omplet	e below.	🗙 No	
		signee's		Phone no.						ntification		
0.		ne 🕨	hat I have averains						oer (PIN	,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occu	upation			lf	the IRS se	nt you an Identity	
				Dato		apation					IN, enter it here	
Joint return?					SOFTW	ARE E	NGIN	JEER	(s	ee inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's	occupatio	on				nt your spouse an	
your records.	,									entity Prote ee inst.) ►	ection PIN, enter it h	iere
-	Dh			Email address								
		one no. eparer's name	Preparer's signat	Email address			Date		PTIN		Check if:	—
Paid		PRIYA RAM SAGAR GUPTA TALLAM				אתדדמי		20/2021		82703	Self-employe	h
Preparer				NAM SAGAK	GUFIA 1	АЦЦАМ	104/2	LU/ZUZI				
Use Only		m's name ► GLOBAL TAX n's address ► 2530 Pebb		n Cummin	a ( 7 ) 2	00/1					(678)965-952	
					-					rm's EIN 🕨		
GO TO WWW.Irs.go	ov/⊢orn	n1040 for instructions and the late	st information.		BA	A	REV	04/02/21 PRC	)		Form <b>1040</b> (2	U20)

BAA

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

OMB No. 1545-0074

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

	Attachment Sequence No. <b>01</b>
Your soc	ial security number
579-75	-6853

 Department of the Treasury
 ► Attack

 Internal Revenue Service
 ► Go to www.irs.gov/F

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

Part I	Α	dditional	Income
VAISHNA	VI	KALVA	

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	-7,150.
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	-7,150.
Par	t II Adjustments to Income		- <i>1</i> ,130.
10		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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 04/02/21 PRO		e 1 (Form 1040) 2020

SCHEDULE	D
(Eorm 1040)	

#### (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2020 Attachment Sequence No. 12

Name(s) shown on r	return
VAISHNAVI	KALVA

Your social security number

579-75-6853

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes Xo	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	to gain or loss f Form(s) 8949, P	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (lo Subtract column from column (d) combine the re with column		
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 <b>Box A</b> checked	511.	621.		14.	-96.	
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						
4	4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824						
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> in the instructions					6	( )	
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	, ,	7	-96.			

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss fror Form(s) 8949, Part		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	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.			line 2, colum	n (g)	with column (g)
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	6.	10.			-4.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12					12	
13					13	
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back		15	-4.		

#### Part III Summary -100. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 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 100.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

REV 04/02/21 PRO

Schedule D (Form 1040) 2020

Form <b>8949</b>
------------------

# **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
VAISHNAVI KALVA	579-75-6853

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

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

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	Date sold or Proceeds See		Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	01/01/20	12/31/20	511.	621.	W	14.	-96.	
<b>2 Totals.</b> Add the amounts in column negative amounts). Enter each tot Schedule D, <b>line 1b</b> (if <b>Box A</b> above above is checked), or <b>line 3</b> (if <b>Box</b>	511.	621.		14.	-96.			

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form 8949 (2020)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxoaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

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

579-75-6853

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

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

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

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

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	(b) (c) Date sold or dispared of		<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	<b>(h)</b> Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/20	6.	10.			-4.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	6.	10.			-4.

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

SCHE		<i>(</i> <b>–</b>		upplementa							OMB	No. 1545-0074
	040)	(From	rental real estate, roy			-			trusts, REM	ICs, etc.)	2	020
	Martment of the Treasury mal Revenue Service (99)       Attach to Form 1040, 1040-SR, 1040-NR, or 1041.         Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attac	hment 10		
	Revenue Service (99) shown on return		GO to www.irs.g	ov/Scheduler I	orinsu	ructions		e latest	mormation.			ence No. <b>13</b> ty number
	HNAVI KALVA	Δ									5-685	-
Part			From Rental Real	Estate and Ro	valtie	s Note	e: If vou	are in th	e business o			*
T GI C			instructions. If you are a		-					• •		
A Dic			nts in 2020 that would	-								
			ou file required Form			( )						
1a			each property (street									
Α	16-11-511,	/C/52	PRATAP NAGAR	DILSUKHNAC	GAR, H	IYDERA	ABAD,	TELAN	GANA IN	500036		
В												
С												
1b	Type of Prop	-	2 For each rental	real estate prop	perty li	sted			Rental	Persona		QJV
	(from list bel	low)	above, report t	he number of fa avs. Check the	ir renta <b>QJV</b> b	al and ox only			Days	Day	S	
A	3		if you meet the	ays. Check the requirements to enture. See inst	o file a	sa			365		0	
B	+		quaimed joint v	enture. See inst	ructio	15.	B					
C	( Duran the						С					
	of Property: ale Family Resid	longo	3 Vacation/Shor	t Torm Bontol	5 1 0	ad		7 Self-	Pontal			
	ti-Family Reside		4 Commercial	I-Term heritar		valties			r (describe)			
Incom	•		4 Oommerciai	Properties:		yantes	Α		B			С
3	Rents received			-	3			580.				
4					4							
Expen												
5					5							
6	Auto and trave	l (see ir	nstructions)		6							
7	Cleaning and n	nainten	ance		7		1,	000.				
8					8							
9					9							
10	•	•	ssional fees		10							
11	•				11		1,	050.				
12			d to banks, etc. (see		12							
13					13			500.				
14 15	1	• •			14 15			250. 330.				
15 16	Supplies	• •			16		±,	550.				
17					17		1 .	600.				
18			or depletion		18		<i>`</i>	000.				
19	Other (list)	•	·		19							
20		s. Add I	ines 5 through 19 .		20		7,	730.				
21			line 3 (rents) and/or									
			instructions to find o									
	file Form 6198				21		-7,	150.				
22			estate loss after lim									
			structions)		22	(	-7,1	.50.)	(	)	(	
23a			eported on line 3 for					23a		580.	-	
b			eported on line 4 for					23b				
C C			eported on line 12 fo					23c				
d			eported on line 18 fo eported on line 20 fo					23d 23e		7,730.		
е 24			e amounts shown on			 Ide anv		200		· 24		
2 <del>4</del> 25		•	sses from line 21 and					nter tot:	al losses her		(	7,150.
26			ate and royalty inco								\	,,
20			V, and line 40 on p									
			10), line 5. Otherwise									-7,150.

For Paperwork Reduction Act Notice, see the separate instructions.

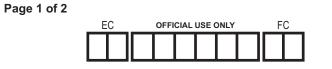
SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

### PA-40 - 2020 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

			Ν	Extensi	on.	Ν	Amended Return.
579756853			Б	Resider	cy Status.		
KALVA			R			esident/	Part-Year Resident
VAISHNAVI	Occupati	<sup>on</sup> SOFTWARE E	Ζ	Single,	Married/Fi		intly,
	Occupati	on		Ivianne	u/riilig Se	paratery	7, <b>F</b> inal Return
			Ν	Decease	ed		
			Ν	Taxpay	er Date of l	Death	
			Ν	Spouse	Date of De	eath	
424 BROOKVIEW CT			N	Farmer	5.		
MECHANICSBURG	PA	17050				ume <u>CL</u>	IMBERLAND VA
203-275-7179		57760					
1a Gross Compensation. Do not include qualifying retirement benefits. See the			ind		la		77132
1b Unreimbursed Employee Business Ex	xpenses.				ľЬ		D
1c Net Compensation. Subtract Line 1b	from Line	1a.			lc		25£77
2 Interest Income. Complete <b>PA Sched</b>	ule A if red	nuired			2		75
3 Dividend and Capital Gains Distribute		-	uired.		2 3		
4 Net Income or Loss from the Operatio	n of a Busi	ness, Profession or Farm.			ц		D
5 Net Gain or Loss from the Sale, Exch	ongo or Di	ispecition of Property			5		-1.1.4
6 Net Income or Loss from Rents, Roya					6		
7 Estate or Trust Income. Complete and					7		
8 Gambling and Lottery Winnings. Cor	nplete and	submit PA Schedule T.			8		0
9 <b>Total PA Taxable Income.</b> Add only 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD	~		с,		9		77144
10 <b>Other Deductions.</b> Enter the approp	-	-	N		10		0
See the instructions for additional int		JF					
11 Adjusted PA Taxable Income. Subtr	act Line 10	) from Line 9.			<u>ר</u> ד		77144
1555 REV 03/18/21 PRO				L			



PA-40 - 2020

Social Security Number

## 579756853 Name(s) VAISHNAVI KALVA

12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	73 75	53P9 53P9					
14 15 16 17 18	Credit from your 2019 PA Income Tax return. 2020 Estimated Installment Payments. REV-459B included. N 2020 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	0 0 0 0					
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	19a 19b 20 21	00 00 0					
22 23 24 25 26 27	Resident Credit. Submit your <b>PA Schedule(s) G-L</b> and/or <b>RK-1</b> . Total Other Credits. Submit your <b>PA Schedule OC</b> . <b>TOTAL PAYMENTS and CREDITS.</b> Add Lines 13, 18, 21, 22 and 23. <b>USE TAX.</b> Due on internet, mail order or out-of-state purchases. See instructions. <b>TAX DUE.</b> If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. <b>N</b>	22 23 24 25 26 27	0 0 0 0 0 0 0 0 0					
28 29	<b>TOTAL PAYMENT DUE.</b> See the instructions. <b>OVERPAYMENT.</b> If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	85 29	0 0					
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2021 estimated account.	31 30	0 0					
32 33 34 35 36	3 Refund donation line. Enter the organization code and donation amount. See instructions.334 Refund donation line. Enter the organization code and donation amount. See instructions.345 Refund donation line. Enter the organization code and donation amount. See instructions.35							
-	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.							
You	Signature         Spouse's Signature, if filing jointly							
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM 042021 39659522 Firm FEI Preparer's	N	N 30707574P 605095203					
	1555 REV 03/18/21 PRO Page 2 of 2							

PA	SCH	EDULE	A
Intere	est Inco	me	

500757005P

#### PA-40 A (EX) 06-20 (I) PA Department of Revenue

	OFFICIAL USE ONLY
Name shown first on the PA-40 (if filing jointly)	Social Security Number (shown first)
VAISHNAVI KALVA	579-75-6853

CAUTION: Federal and PA rules for taxable interest income are different. Read the instructions.

2020

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

### PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

	Taxpayer 💼 Spouse 👝 Joint 👝		
1. Interes	t income reported on your federal return. See instructions.	1.	\$ 12
	2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$
	3. Other addition adjustments. See instructions. Description:	3.	\$
4. Add Li	nes 1, 2 and 3.	4.	\$ 12
	5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$
	<b>6.</b> Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$
	7. Interest income from direct obligations of the U.S. government.	7.	\$ 0
	8. Other reduction adjustments. See instructions. Description:	8.	\$
	9. Add Lines 5, 6, 7 and 8.	9.	\$ 0
10. Subtra	ct Line 9 from Line 4.	10.	\$ 12
	<b>11.</b> Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income.	11.	\$
	12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$
	<ol> <li>Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.</li> </ol>	13.	\$
	<ol> <li>Distributions from Health/Medical Savings Accounts included in federal taxable income.</li> </ol>	14.	\$
	<ol> <li>Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.</li> </ol>	15.	\$
16. Total F	PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$ 12

1555 REV 03/18/21 PRO



500757005P

### **PA SCHEDULE D**

2001310024

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-20 (I) PA Department of Revenue

2020

PA De	partment of Revenue	2020		OFFICIAL USE ONLY
		If you need more space, you ma	ay photocopy.	
Name of the taxpayer filing VAISHNAVI KA				Social Security Number (shown first) 579-75-6853
	Taxpayer	Spouse 🔵	Joint 🔵	

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County		<b>(b)</b> Date acquired: Month/day/year	<b>(c)</b> Date sold: Month/day/year	(d) Gross sales price less expenses of sale	<b>(e)</b> Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).				
1.Robinhood		01/01/20		511.	621.					
Robinhood	Securities	01/01/20	12/31/20	6.	10.	4.				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
						LOSS				
2 Net gain (loss) from :	above sales.				LOSS 2.	114.				
<b>U</b> ( )	t sales from PA Schedule [									
4. Taxable distributions from C corporationsEnter total distribution										
					= 4.					
	5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.									
6. Net PA S corporation	6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1 Loss 6.									

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

	(a) Address of	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of			
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)		
	<ol> <li>Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1 7.</li> </ol>							
8.								
9. Taxable distributions from PA S corporations from REV-998								
10.	Taxable gain from exchange of insurance contracts				10.			
11.	Total PA Taxable Gain (Loss). Add Lines 2 through 10.	Enter on Line 5	of your PA-40. (	If a net loss, fill in the c	oval) 📕 11.	114.		

1555 REV 03/18/21 PRO



## PA SCHEDULE E

Rents and Royalty Income (Loss)

2001410022

#### PA-40 E (EX) 06-20 (I)

2020

PA Department of Revenue 2020	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
VAISHNAVI KALVA	579-75-6853
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights - use PA Schedule C.

#### **SECTION I PROPERTY DESCRIPTION**

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

	Туре	Descript	ion of Prope	erty	For Pro	fit Prop	erty	Complet	e Address (street, city, state and ZIP code)	
^					YES		16-11	L-511	/C/52	
A	3	16-11-511/C/52,	PRATAP	NAGAR,	D NO		PRATAP	NAGAR,	DILSUKHNAGAR, HYDERABAD, TELANGAN	IA, 50
в					YES					
D					NO	$\bigcirc$				
С					YES					
0					NO	$\bigcirc$				
Pro	nortvi	vne: 1 Single family resid	lence 3 V/	acation/shor	t_torm ron	tal 5 I	and	7 Solf	rental	

Land Self-rental Property type: Vacation/short-term 2. Multi-family residence 4. Commercial 6. Royalties 8. Other, describe:

#### **INCOME & EXPENSES SECTION II** Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Т s — J т s J т S J Line b: Is the property rental location in PA? YES ) NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? YES NO YES NO YES NO 580 Income: 1. Rent received ..... 1 2. Royalties received ..... 2 Expenses: 3. Advertising 3 4. Automobile and travel ..... 4 1,000 5. Cleaning and maintenance ..... 5. 6 Commissions 6 7. Insurance ...... ... 7 8. Legal and professional fees ..... 8. 1,050 1,500 1,250 12. Repairs .... 12 1,330 14. Taxes - not based on net income ......14. 1,600 15. Utilities 7,730 18. Total Expenses - Add Lines 3 through 17 ..... 18. Income or Loss: 0 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 0 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. . . . . . (fill in the oval, if a net loss) 22 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. . . .....(fill in the oval, if a net loss) 23. 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, 0 .(fill in the oval, if a net loss) 24. total all Line 22 and 23 amounts and include on Line 6 of your PA-40. REV 03/18/21 PRO



CLGS-32-1 (04-16)
as & as
2 A BARNESS
I ZARSAS I

## TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

### HAMPDEN TWP

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

*If you have relocated during the tax year, please supply additional information.							
DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PC	Box, RD or	RR)	CITY OR POST OFF	CE	STATE	ZIP
то							
то							
10				**If you r	need addition	nal space - please	see back of form.
LAST NAME, FIRST NAME, MIDDLE INI	TIAL		SPOUSE'S LAST	NAME, FIRST NAME, MID	DLE INITIAI	L	
KALVA, VAISHNAVI							
STREET ADDRESS (No PO Box, RD or I	RR)	·					
424 BROOKVIEW CT							
SECOND LINE OF ADDRESS							
CITY				STATE	ZIP CODE		
MECHANICSBURG				PA	17050		
DAYTIME PHONE NUMBER	RESIDENT PSD C	CODE					
	2 1 0 4	0 1	EXTENS	SION AMENDED F		NON-RES	
			So	cial Security #	Sp	oouse's Social	Security #
The calculations reported in the first in the column, regardless of whe	column MUST pertain to the name other the husband or wife appears f	•	579	7 5 6 8 5 3			
Combining income is NOT permitted.			If you had N	IO EARNED INCOME, the reason why:	lf vou	had NO EARI	NED INCOME.
ONLY USE BLACK OR BLU							
			disabled deceased	student military		abled eased	student military
X Single Married, Filing Jointly		al Poturn*	homemake		hom	nemaker	retired
			unemploye	d	une une	mployed	
1. Gross Compensation as Reporte	d on W-2(s). (Enclose W-2s)			77132.00			0.00
2. Unreimbursed Employee Busines	ss Expenses. (Enclose PA Schedule	e UE)		0.00			0.00
3. Other Taxable Earned Income * .				0.00			0.00
4. Total Taxable Earned Income (S	Subtract Line 2 from Line 1 and add Li	ine 3)		77132.00			0.00
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings ched	_			0.00			0.00
6. Net Loss (Enclose PA Schedules*) .				0.00			0.00
7. Total Taxable Net Profit (Subtract Li	ine 6 from Line 5. If less than zero, en	ter zero)		0.00			0.00
8. Total Taxable Earned Income and	Net Profit (Add Lines 4 and 7)			77132.00			00.0
9. Total Tax Liability (Line 8 multiplie	ed by 1.0000 )			771.00			0.00
10. Total Local Earned Income Tax V	Vithheld (May not equal W-2 - See Ir	nstructions)		1252.00			0.00
11.Quarterly Estimated Payments/C	redit From Previous Tax Year			0.00			0.00
12. Out-of-State or Philadelphia Cree	dits (include supporting documentation	on)		0.00			0.00
13. TOTAL PAYMENTS and CREDI	TS (Add Lines 10 through 12)			1252.00			0.00
14. Refund IF MORE THAN \$1.00,	enter amount (or select option in 1	5)		481.00			0.00
15. Credit Taxpayer/Spouse (Amour	nt of Line 13 you want as a credit to your a l <b>it to spouse</b>	account)		0.00			0.00
16. EARNED INCOME TAX BALAN	ICE DUE (Line 9 minus Line 13)			0.00			0.00
17. Penalty after April 15* (multiply	Line 16 by )			0.00			0.00
18. Interest after April 15* (multiply	Line 16 by )			00			0.00
19. TOTAL PAYMENT DUE (Add Line	· · · · · ·			0.00			0.00
*See Instructions		03/18/21 PRO					
Unde	r penalties of perjury, I (we) declare th schedules and statements and to th						
YOUR SIGNATURE			SIGNATURE (If Fi			DATE (MI	M/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNA' SYAM PRIYA RAM SAGAR					PHONE NU	JMBER 965-9522	
STITI TITI TATI DAGAN					(0/0/3		



Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Nu	mber
VAISHNAVI KALVA	579-75-6853	
Secondary Taxpayer's Name	Social Security Nu	mber
SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31,	, 2020 (whole dollars	only)
1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1	77,144
2. PA Tax Liability (Form PA-40, Line 12)	2	2,368
3. Total PA Tax Withheld (Form PA-40, Line 13)	3	2,368
4. Refund (Form PA-40, Line 30)		
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5	0

#### SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

#### Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)

X lauthorize GLOBAL TAXES LLC	_ to enter my PIN	56853	as my signature on my tax
year 2020 electronically filed income tax return.			
I will enter my PIN as my signature on my tax year 2020 ele	ectronically filed income tax	return.	
Signature		Date	
Secondary Taxpayer's PIN: (mark one oval only)			
I authorize	to enter my PIN		as my signature on my tax
year 2020 electronically filed income tax return.			
I will enter my PIN as my signature on my tax year 2020 elements	ectronically filed income tax	return.	
Signature		Date	
Signature Practitioner PIN Program Par	rticipants Only – Con		N
			N
Practitioner PIN Program Par	TION	tinue Belov	

#### ERO's signature

Date

#### ERO must retain this form and the supporting documents for three years.

#### DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

Social Security Number 579-75-6853

#### Name VAISHNAVI KALVA

	Federal Forms W-2							
# of W2	* NT / TX B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID	
				AMERICAN BUSINESS SOLUTIONS INC 31-1604561	77,132. 77,132.			

Pennsylvania W-2	<b>Taxpayer</b> 77,132.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9	· · · · ·	
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	2,368.	

Federal Forms W-2: Local Tax

<b>#</b> of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		T	31-1604561	050104	77,132.	<u>    1,252.</u> 	<u>PA</u>

	Taxpayer	Spouse
Pennsylvania Local W-2	77,132.	
Federal Form 4137, Unreported Tips, line 6		
Withholding	1,252.	

#### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

*	Payer Name		Pay	er EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
Exe Jur Dire Exp Hor Cov Dar Iost	vania Payment type: ecutor fee y duty pay ector's fee poert witness fee norarium venant not to compete mages or settlement fo t wages, other than sonal injury	H J K L M O	Describ Employ Distribu Distribu Distribu Describ Fiducia	ver spons ution from ution from ution from ution from oe: ry fees fr ncome no	ored re IRA ( Life Ir Chari Emplo	tiremer Fraditior surance able Gi byee Sto	nt/pension/def nal or Roth)	erred comper Endowment C p Plan.	-
Miscel Withho	laneous Compensatio olding	n from F	orm 109 	9MISC/1	099K/1	099NE	<b>Тахр</b> С	ayer	Spouse
		Comp	ensatio	on from	Fede	al For	ms 1099R		
*	Payer's EIN Payer's Name	T Fee S #		Gro Distrib		E	Basis	PA Taxable	PA Tax Withheld
						-			
* E	nter an 'X' if this incom	ne is <b>No</b> t	subject	to Penns	sylvania	a tax - P	A Part-Year a	and Nonreside	ents Only.
N No 1 PA 1 Uni 2 Mili 3 U.S 1 Anr (inc 1 Ear 2 Rol	vania Distribution typentry school, state, or muni- ited Mine Workers pen- itary pension 5. Civil service retiremen- nuity or Non-civil service cluding Qual Joint Surv- rly distribution from a re- llover eligible; plan is eligible	cipal em sion ent/disab ce disab vivorship etiremer	ility/ann lity Annuity t plan	uity	12: J1 K2 K3 M1 M2 M3 M3	Trad Trad Non- Life i Distri ESO ESO KSO	itional or Roth itional or Roth qualified defe nsurance or e ibution from C P: Allocated E P: Non-Alloca P: Taxable E	; plan is eligib IRA; I'm over IRA; I'm und rred compens indowment Charitable Gift ESOP Stock D ted ESOP Stock D SOP within a ESOP within	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
i Distri Com	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form ´ holding	ans (see e Gift An I099R (e	Tax He nuities . ligible re	p FAQ's	for mo  plans)	re info) 	· · ·	ayer	
			Total	Gross	Comp	ensati	on		

579-75-6853

Page 2

\* Enter an 'X' if this income is  $\ensuremath{\textbf{Not}}$  subject to Pennsylvania tax.

VAISHNAVI KALVA