<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	0	OMB No. 154	5-0074	IRS Us	e Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	Single X Married filing jointly ou checked the MFS box, enter the national source is a child but not your dependent	ame of y	-			)  Head of the HOH of						
Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number
MANICHAN	NDER	RAJU	DEVA	RAJUVI	ENKATA						729-	99-264	2
If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
SAIPRIY	A		NANN	IAPURA	JU						967-	90-287	6
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ntial Electi	on Campaign
21 CAPAI	NO D	R							25			here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belo	w.	Sta	ite	ZIP co	ode		•		ntly, want \$3
NEWARK		, , , , , , , , , , , , , , , , , , ,				DI	Ε	197	702			o this fund. ow will not	Checking a
Foreign country	v name		F	Foreign pro	vince/state	/coun	ty	Foreid	gn postal	code		c or refund	0
	,			5 1			,		,		,	You	Spouse
At any time du	iring 20	020, did you receive, sell, send, exch	nange, c	or otherwi	se acquire	any	financial inter	est in a	any virtu	al cu	rrency?	Yes	X No
Standard Deduction		<b>neone can claim:</b> You as a depose itemizes on a separate return					a dependent						
Age/Blindness	s You	: 🗌 Were born before January 2, 19	956	Are blir	nd Sp	ouse	🙁 🗌 Was bo	rn befo	ore Janu	ary 2	2, 1956	🗌 ls b	lind
Dependents	s (see	instructions):		(2) So	cial securit	y	(3) Relations	nip	(4) 6	/ if q	ualifies fo	r (see instru	uctions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child	tax ci	redit	Credit for ot	ther dependents
than four													
dependents, see instruction	e												
and check	3												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	W-2 .							. 1	1	16,137.
Attach	2a	Tax-exempt interest	2a			bТ	axable interes	st.			. 2b	)	601.
Sch. B if	3a	Qualified dividends	3a		41.	bC	Ordinary divide	nds .			. 3b	)	41.
required.	4a	IRA distributions	4a				axable amou				. 4b	)	
	5a	Pensions and annuities	5a			bТ	axable amou	nt			. 5b	,	
Standard	6a	Social security benefits	6a			bТ	axable amou	nt			. 6b	,	
Deduction for –	7	Capital gain or (loss). Attach Scheo	dule D if	f reauired	If not rea	uired	I. check here				7		-3.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line					´				. 8		-8,494.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a								.	▶ 9		08,282.
<ul><li>\$12,400</li><li>Married filing</li></ul>	10	Adjustments to income:		,									,
jointly or Qualifying	а						10	a					
widow(er),	b	Charitable contributions if you take						_					
\$24,800 • Head of	c	Add lines 10a and 10b. These are									▶ 100		
household,	11	Subtract line 10c from line 9. This i		-						•	► <u>11</u>	_	08,282.
\$18,650 I • If you checked	12	Standard deduction or itemized		•	•						. 12		24,800.
any box under	13	Qualified business income deducti						• •	• •	·	. 13		<u>_</u> 1/000.
Standard Deduction,	14							• •	• •	·	. 14		24,800.
see instructions.	15	Taxable income.         Subtract line 14								·		_	83,482.
				<u> </u>		GILLE	,,			•	. 15	-	1040 (2000)

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

Form **1040** (2020)

Form 1040 (2020	0)										Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 497	2	3	-		. 16	9,940.
	17	Amount from Schedule 2, lin	-							. 17	
	18	Add lines 16 and 17 .									9,940.
	19	Child tax credit or credit for	other dependen	ts						. 19	
	20	Amount from Schedule 3, lin									
	21	Add lines 19 and 20								. 21	
	22	Subtract line 21 from line 18								. 22	9,940.
	23	Other taxes, including self-e	,								0.
	24	Add lines 22 and 23. This is								▶ 24	9,940.
	25	Federal income tax withheld							•		
	a	Form(s) W-2					25a	12	,685	5.	
	b	Form(s) 1099					25b		,		
	c	Other forms (see instructions					25c			_	
	d	Add lines 25a through 25c	,							. 25d	12,685.
	26	2020 estimated tax payment							·	. 26	12,000.
<ul> <li>If you have a qualifying child,</li> </ul>	27	Earned income credit (EIC)					27		•	. 20	
attach Sch. EIC.	28	Additional child tax credit. A					28			-	
<ul> <li>If you have nontaxable</li> </ul>	20 29	American opportunity credit					20			_	
combat pay,	29 30	Recovery rebate credit. See					30	1	,200		
see instructions.	30 31	•					31	1	,200		
		Amount from Schedule 3, lin Add lines 27 through 31. The						odito		▶ 32	1 200
	32	0									1,200.
	33	Add lines 25d, 26, and 32. T	-							► <u>33</u>	13,885.
Refund	34	If line 33 is more than line 24						-		. 34	3,945.
Diverse de la secito	35a	Amount of line 34 you want									3,945.
Direct deposit? See instructions.	►b	Routing number 0 2 1			► <b>c</b> Type:		Chec		Saving	gs	
	►d	Account number 6 4 9			<u> </u>			T I			
	36	Amount of line 34 you want a					36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				. 1	37	
You Owe For details on		Note: Schedule H and Sch				all o	f the	taxes you	owe f	or	
how to pay, see		2020. See Schedule 3, line 1				.	I	I			
instructions.	38	Estimated tax penalty (see in					38				
Third Party		you want to allow another	person to disc				See				
Designee		tructions				• •			•	te below.	× No
		signee's ne ►		Phone no.					onal ide oer (PIN	entification	
Cian		der penalties of perjury, I declare t	hat I have examine		d accompanying	usche	dules			,	t of my knowledge and
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupati	on					nt you an Identity
		-									IN, enter it here
Joint return?					SOFTWAR	ΕE	NGII	NEER		see inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>ooth</b> must sign.	Date	Spouse's occu	upatio	on				nt your spouse an ection PIN, enter it here
your records.					HOME MAI	KEB				see inst.) 🕨	
	Ph	one no.		Email address						,	
		parer's name	Preparer's signat				Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	. 0		GIIPTA TALI	лд		10/2021		082703	Self-employed
Preparer	-	n's name  GLOBAL TAX		INTI DUGUN	001 IU IUII	71 71.1	101/.	-0/2021			(678) 965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	g GA 3004	41				irm's EIN	
Coto					-	11		0.100-10		IIIII S EIIN 🕨	
GO TO WWW.Irs.go	uv/rom	n1040 for instructions and the late	st information.		BAA		REV	' 04/02/21 PRO	)		Form <b>1040</b> (2020)

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructi
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

Your social security number 729-99-2642

## Part I Additional Income

M DEVARAJUVENKATA & S NANNAPURAJU

.

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	-8,506.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Other Income from box 3 of 1099-Misc 12.	8	12.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-8,494.
Par			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <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	Schedu	le 1 (Form 1040) 2020

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

20

20

Attachment Sequence No. 12

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www irs gov/ScheduleD for instructions and the late

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.

Your social security number

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

M DEVARAJUVENKATA & S NANNAPURAJU

729-99-2642

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

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

lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column (	om art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1</b> a	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	9.	12.			-3.
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	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <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	-3.

#### Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (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)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
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	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any					
	Worksheet in the instructions		-	-	14	( )
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	lumn (h). Then. ad	o to Part III		
	on the back	•	.,		15	

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

REV 04/02/21 PRO

Schedule D (Form 1040) 2020

	00/00	
Form	0343	

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

2020 Attachment Sequence No. 12A

M DEVARAJUVENKATA & S NANNAPURAJU

Social security number or taxpayer identification number 729-99-2642

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

1 (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	<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)
APEX CLEARING ONE DALLAS CENTER	11/12/20	12/12/20	9.	12.			-3.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your <b>1e 2</b> (if <b>Box B</b>	9.	12.			-3.

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.

(Form 1	040)	(From	rental real estate, royalties, partnersl	nips, S	6 corpora	ations, e	states,	trusts, REM	ICs, e	tc.) 🦳 🕤	<b>20</b>
Departm	ent of the Treasury		Attach to Form 1040	), 1040	)-SR, 104	40-NR, o	r 1041.				chment
	Revenue Service (99)		► Go to www.irs.gov/ScheduleE fo	or inst	ructions	and the	latest	information.		Sequ	ience No. <b>13</b>
Name(s)	shown on return								You	r social securi	ity number
			S NANNAPURAJU							9-99-264	
Part			s From Rental Real Estate and Rog	-							
			instructions. If you are an individual, rep								
			nts in 2020 that would require you to		. ,						
<b>B</b> If "	Yes," did you o	or will yo	ou file required Form(s) 1099?							🗆	Yes 🗌 No
<u>1a</u>			each property (street, city, state, ZIF		,						
	PLOT NO 39	SRIF	KRISHNA COLONY BESIDE RAGHUVEND	DRA CO	DLONY D	ARWIN S	SCHOOL	ROAD BEER	UMGUI	DA HYDERAB	AD IN 502032
B											
C	Tana (Da		0 -				Fair	Dentel	Dava		
1b	Type of Prop (from list be		2 For each rental real estate prop above, report the number of fa	perty li ir rent	isted al and			Rental Days		onal Use Days	QJV
Α	3	10 00)	personal use days. Check the	OJV b	ox only	Α		-		0	
A	3		if you meet the requirements to qualified joint venture. See inst	o file a ructio	is a ns.	B		365		U	
C	+				_	C					
	of Property:					v					
	le Family Resid	lence	3 Vacation/Short-Term Rental	5 La	nd	7	' Self-	Rental			
	ti-Family Reside				valties			r (describe)			
Incom	,	51100	Properties:			A		B			С
3	Rents received	±		3		Ę	550.				
4				4							
Expen											
5	Advertising .			5							
6			nstructions)	6							
7	Cleaning and r	mainter	nance	7		1,2	250.				
8	Commissions.			8							
9				9							
10			essional fees	10							
11	-			11		1,7	750.				
12		•	id to banks, etc. (see instructions)	12							
13				13		-	186.				
14				14			L10.				
15				15		1,3	350.				
16				16			1.1.0				
17 10				17		1,1	L10.				
18 19	Other (list)	xpense	e or depletion	18 19							
20		s Add	lines 5 through 19	20		9 (	)56.				
			•	20		<i>9</i> , (	550.				
21			line 3 (rents) and/or 4 (royalties). If instructions to find out if you must								
	file Form 6198			21		-8,5	506.				
22			l estate loss after limitation, if any,			- / -					
			structions)	22	(	-8,5	06.)	(		)(	)
23a			eported on line 3 for all rental prope				23a	\ \	55		/
b			eported on line 4 for all royalty prop				23b				
с			eported on line 12 for all properties				23c				
d			eported on line 18 for all properties				23d				
е	Total of all am	ounts r	eported on line 20 for all properties				23e		9,05	6.	
24	Income. Add	positiv	e amounts shown on line 21. Do no	<b>t</b> inclu	ude any	losses				24	
25	Losses. Add ro	oyalty lo	sses from line 21 and rental real estate	losse	s from lii	ne 22. Er	nter tota	al losses here	ə. [	25 (	8,506.)
26	Total rental re	eal est	ate and royalty income or (loss).	Comb	ine line	s 24 and	d 25. E	inter the res	sult		_
	here. If Parts	II, III, I	V, and line 40 on page 2 do not	apply	to you	, also e	nter th	nis amount	on		

**Supplemental Income and Loss** 

SCHEDULE E

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2020

-8,506.

26

OMB No. 1545-0074

	2	Passive Ac	tivity Loss Limitati	ons		OMB No. 1545-1008
Form <b>858</b>	reasury	► See ► Attach to	e separate instructions. Form 1040, 1040-SR, or 1041. 582 for instructions and the lat			2020 Attachment Sequence No. 858
nternal Revenue Se Name(s) shown or					Identifying	
. ,		S NANNAPURAJU			729-99	
	020 Passive Ac				125 55	2012
		e Worksheets 1, 2, and 3 be	fore completing Part I			
				tive participation		
		Real Estate Activities in th	on (For the definition of act	live participation,	see	
•		ne (enter the amount from W		1a	0.	
		enter the amount from Work		<b>1b</b> ( 8, 50		
		osses (enter the amount from		1c (	)	
•			· · · · · · · · · · · ·	- (	, 1d	-9 506
		eductions From Rental Rea			. 10	-8,506.
		on deductions from Workshe		2a (		
			luctions from Worksheet 2,	20	/	
b Prior y columr				2b (		
	es 2a and 2b .			20 (	, 2c	
	sive Activities				. 20	
		an (ontor the amount from M	(orkohaat 2. aalumn (a))	3a		
		ne (enter the amount from W enter the amount from Work		3b (		
		osses (enter the amount from work		3c (	)	
-				(	)	
	ne lines 3a, 3b, a		r more, stop here and includ		. 3d	
Report		e forms and schedules norm • Line 1d is a loss, go to P • Line 2c is a loss (and line	ear unallowed losses entered nally used art II. e 1d is zero or more), skip Par es 1d and 2c are zero or more	rt II and go to Part	. <b>4</b>	-8,506.
	ur filing status is III. Instead, go to	married filing separately an	d you lived with your spouse	· ·	-	
Part II S	necial Allowan					
		nce for Rental Real Esta				
N	ote: Enter all nun	mbers in Part II as positive a	mounts. See instructions for			
N	ote: Enter all nun		mounts. See instructions for a		. 5	8,506.
<b>5</b> Enter t <b>6</b> Enter \$	ote: Enter all nun he smaller of the 150,000. If marrie	nbers in Part II as positive a loss on line 1d or the loss o ed filing separately, see inst	mounts. See instructions for a point line 4	an example.	-	
S         Enter t           6         Enter \$           7         Enter n	ote: Enter all nun he smaller of the 150,000. If marrie nodified adjusted	nbers in Part II as positive a loss on line 1d or the loss o ed filing separately, see inst l gross income, but not less	mounts. See instructions for a on line 4	an example.	0.	
S         Enter t           6         Enter \$           7         Enter n           Note:         N	ote: Enter all num he smaller of the 150,000. If marrie nodified adjusted f line 7 is greater	nbers in Part II as positive a loss on line 1d or the loss of ed filing separately, see inst gross income, but not less than or equal to line 6, skip	mounts. See instructions for a on line 4	an example.	0.	
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# **Caution:** The worksheets must be filed with your tax return. Keep a copy for your records. **Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss		
PLOT NO 39	0.	8,506.			8,506.		
Total Enter on Form 0500 lines to th							
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c	0.	8,506.					

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	<b>(b)</b> Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
2b			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (b) Net loss (line 3a) (line 3b)		(c) Unallowed loss (line 3c)	<b>(d)</b> Gain	<b>(e)</b> Loss		
Total. Enter on Form 8582, lines 3a, 3b,							

#### Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)		<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)	
PLOT NO 39	E Ln 22	8,506.	1.00000000	8,506.	0.	
Total		8,506.	1.00	8,506.	0.	

## Worksheet 5-Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Loss	<b>(b)</b> Ratio	(c) Unallowed loss
Total			1.00	

REV 04/02/21 PRO

DE-8453

### DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2020

	FOR THE TEAR J	ANUART I-DI	ECEIVIDER 3	1, 2020	DO NOT MAIL!	
YOUR SOCIA	L SECURITY NUMBER 729992642		SPOUSE'S S	OCIAL SECURITY NUME	967902876	c
FIRST NAME	<b>(s) and initial(s)</b> manichander raju & S <i>i</i>	AIPRIYA	LAST NAME	DEVARAJUVEN	КАТА	3
HOME ADDR	ESS (NUMBER AND STREET INCLUDING RURAL ROUTE) $_{\mbox{21}}$	CAPANO DR	, APT. (	25		I
CITY, TOWN	or post office, state & zip code $_{\mathrm{NEWARK}}$				DE 19702	A
DAYTIME TEL	LEPHONE NUMBER (860)856-1516					т
PART 1	TAX RETURN INFO	ORMATION	(WHOLE [	OOLLARS ONL	.Y)	Ė
1. TOT	AL DELAWARE ADJUSTED GROSS INCOME (FORM 2	200-01, LINE 1 or	FORM 200-02	2, LINE 37	<b>1</b> . 10	08282
	AL DELAWARE TAX (FORM 200-01, LINE 8 or FORM 2	, ,				5701
	AWARE INCOME TAX WITHHELD (FORM 200-01, LINE REFUND (FORM 200-01, LINE 28 or FORM 200-02,			,	•	6000 <b>O</b> 519 <b>_</b>
	BALANCE DUE (FORM 200-01, LINE 27 or FORM 200	,				F
PART 2	Direct Deposit of	Refund (Op	tional - Se	e instructions.)		
6. Туре с	of Account <sup>X</sup> Checking Savings	7.	Routing numb	<sub>er</sub> 0 2 1	1 0 1 1 0 8	D
8. Accou	Int number 6 4 9 3 8 7 9 4	1 2				F
9. Is this	refund going to or through an account that is located	outside of the Un	ited States?	Yes X No		
PART 3	DECL	ARATION O	F TAXPA	/ER		
	nsent that my refund be directly deposited as designated return, this is an irrevocable appointment of the other spo				lines 6 through 9 is correct. If I have	
	not want direct deposit of my refund or am not receiving a			······································		W
acco	horize the Division of Revenue and its designated financi unt indicated in the tax preparation software for payment	t of my state taxes	owed on this	return.	, <u>-</u>	A
for the tax lial	a balance due return, I understand that if the Delaware Div bility and all applicable interest and penalties. If I have filed urn will be rejected.					
Under penalti	ies of perjury, I declare that the information I have given m					of E
sending my re and to the tra transmitter an	portion of my 2020 Delaware income tax return. To the be eturn, this declaration, and accompanying schedules and a nsmission of my tax return electronically to the Delaware L a ecknowledgment of receipt of transmission and an indica f my return or refund is delayed, I authorize the IRS to disc	statements and the Division of Revenue tion of whether or 1	e disclosure of a e. I also consei not my return is	all information pertaini nt to the Delaware Div s accepted, and, if reje	ing to my use of the system and softw rision of Revenue sending my ERO ar ected, the reason(s) for the rejection. I	nd/or
SIGN HERE						
HERE	SIGNATURE	DATE		SPOUSE'S SIGNAT		
I HAVE OBTAIN OF REVENUE OTHER REQU DELAWARE IN	DECLARATION OF ELECTRONIC AT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND IED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFOR (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY ( IREMENTS DESCRIBED IN THE "2020 DELAWARE INDIVID DIVIDUAL INCOME TAX RETURNS" AND ANY REQUIREMENT = PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABO	) THAT THE ENTRIE E SUBMITTING THIS DF ALL FORMS ANI UAL MEF E-FILE H TS SPECIFIED BY 1	S ON THIS FOR S RETURN TO TI D INFORMATION ANDBOOK FOR THE DELAWARE	M ARE COMPLETE ANL HE INTERNAL REVENU N TO BE FILED WITH T R SOFTWARE DEVELO E DIVISION OF REVENU	D CORRECT TO THE BEST OF MY KNOW E SERVICE (IRS) AND THE DELAWARE D HE IRS AND DDOR, AND HAVE FOLLO OPERS, TRANSMITTERS, AND EROS W JE. IF I AM ALSO THE PAID PREPARER	DIVISION WED ALL WHO FILE R, UNDER
	GE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPL					
SIGN		0475		30-101		
HERE	ero's signature GLOBAL TAXES LLC	DATE		EIN	I, SSN, OR PTIN.	
ERO	FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) 2530 PEBBLE CREEK LN CUMMING ADDRESS (STREET, CITY, STATE & ZIP CODE)		GA	CHECK IF ALSO PF 30041	REPARER CHECK IF SELF-EMPLO (678) 965-9522 Business phone #	YED
	LTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED T KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND				SCHEDULES AND STATEMENTS, AND	
SIGN				30_1	017196	
HERE	<b>preparer's signature</b> SYAM PRIYA RAM SAGAR GUPTA T.	<i>date</i> ALLAM			017196 N, SSN, OR PTIN	
PAID PRE- PARER	<i>FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)</i> 2530 PEBBLE CREEK LN CUMMING <i>ADDRESS (STREET, CITY, STATE &amp; ZIP CODE)</i>		GA	30041	CHECK IF SELF-EMPLO	YED

REV 03/18/21 PRO

2020

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NEW						DE	-	702			1.		Single, Divore Widow(er)	cea,	3.	Married & Filing Forms	j Separate	5.	Head of Household
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						2020				2020	2.	Х	Joint		4.	Married & Filin	g Combined	Separate	on this form
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	Filing S	tatus 4 e	enter \$3	250 in C	olumn A a	olumn B; Filin and in Column	i B		<i>v</i>										
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	4), ente	er the tota	al for ea	ach appr	opriate co	lumn. All othe	ers ente	er total in	Colum	n B.	parate	: 101	uni (i inny sia	แนร					
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8. 9a.															8				5701 00
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14.						tions on Pag	-		-						14				0 00
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27.	NET BA	LANCE D	UE (For	Filing Sta	atus 4, see i na 22 nius i	instructions, pa	ge 9) <sub></sub>							.PAY I	N FULL >	27			
28.	NET RE For all o	FUND (F	For Filing	Status 4,	see instruct	Lines 24 and 26 ctions, page 9) 25, and 26 from	Line 23					ZER	RO DUE/TO BE	EREFU	UNDED >	28		519	

DELAWARE INDIVIDUAL RESIDENT

**INCOME TAX RETURN** FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

2020

R

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23



2020 **R** 

#### DELAWARE RESIDENT FORM 200-01, PAGE 2

Page 2

**COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4.** (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

	DIFICATIONS TO FI		DJUSTED GROS	S INCOME		Filing Status 4 ONI Spouse Informatic COLUMN A		All other filing statu You or You plus Sp COLUMN B	
SEC	TION A - ADDITIONS								
29.	Enter Federal AGI amoun	t from Federal	1040		. 29			108282	2 00
30.	Interest on State & Local	obligations oth	er than Delaware		. 30				
31.	Fiduciary adjustment, oil o	lepletion			31				
32.	TOTAL - Add Lines 30 and	d 31			32				
33.	Subtotal. Add Lines 29 an			00 108282 00	33				
	TION B - SUBTRACT	()			34				
34. 35.				come, see instructions on Page 10)					
36.	Delaware State tax refund	l, fiduciarv adiu	stment, work opportunity	tax credit, Delaware NOL Carryforward, etc					
37.				ain Lump Sum Dist. (See instr. on Page 11)					
38.			•						
39.				00 108282 00					
40.				ctions on Page 11)					
41.				- ,					
42.	DELAWARE ADJUSTED	GROSS INCO	ME. Subtract line 41 from	Line 33. Enter here and on Front, Line 1	. 42			108282	2 00
				ELAWARE SCHEDULE A) If columns <i>i</i> e in accordance with income.	A and B a	are used and you	ı are ı	unable to specif	ically
43.		-		SA)	43				
44.									
45.	•	·	• /	)					
46.	SUBTOTAL - Add Lines 43	3, 44, and 45 a	and enter here		46				
47.				11)					
		POSIT INFO	ORMATION If you wo	Line 2 (See instructions) uld like your refund deposited directly to your istructions for details.	48				
a. F	Routing Number O	2 1 1	0 1 1 0 8		b. Typ	be: Checking	Х	Savings	
c. A	ccount Number					his refund going to o ated outside of the U			
	6	493	8 7 9 4 1	2		Yes		No X	
	NOTE: If your ret	fund is adju	usted by \$100.00 or	more, a paper check will be issued a	nd maile	d to the address	s on y	our return.	
	BE	SURE TO	SIGN YOUR RET	FURN BELOW AND KEEP A COP	Y FOR Y	OUR RECORE	)S		
	penalties of perjury, I de Signature	clare that I h	ave examined this retu Date	urn, including accompanying schedules an Signature of Paid Preparer	d stateme	ents, and believe it	is true Date	e, correct and com	nplete.
				SYAM PRIYA RAM SAGAF	R GUPTA T	ALLAM	04/	/10/2021	
Spous	e's Signature (if filing joint or co	ombined return)	Date	Address 2530 PEBBLE C	REEK I	LN			
Home	Phone		Business Phone	City		Sta	te	Zip	
E-Mail	IAddress	(8	860)856-1516	CUMMING EIN, SSN or PTIN Busine	ss Phone	GA	A E-Mail A	30041 .ddress	
					3)965-	9522 5	SYAM	@GTAXFILE.(	СОМ
BA			REVENUE	7) REFUND (LINE 28): DELAWARE DIVISION OF REVE P.O. BOX 8710 WILMINGTON, DE 19899-87		DELAWARE	e divis P.O. B	R RETURNS: SION OF REVEN OX 8711 , DE 19899-8711	UE
		,		YABLE TO: DELAWARE DIVISION OF				,	
	PLEASE	REMEMBE		ROPRIATE SUPPORTING SCHEDULE			RETU	RN	
-									
	(Rev 20210201)	1555	REV 03/18/21 PRO						

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