Internal Revenue Service

### **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number						
VAMSHI PULLIGILA	848-41-5203						
Spouse's name	Spouse's social security number						
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter	r year you are authorizing.)						
Enter whole dollars only on lines 1 through 5.							
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
<b>1</b> Adjusted gross income	<b>1</b> 94,665.						
<b>2</b> Total tax	<b>2</b> 13,891.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 12,280.						
4 Amount you want refunded to you	4						
5 Amount you owe	<b>5</b> 1,615.						
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

				EBO firm name		Ę	ſ
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		
			-			1 1	

1	5	2	0	3	00 001
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's sign	ature 🕨 🛛 Da	ate 🕨								
	Practitioner PIN Method Returns Only—continue below									
Part III C	ertification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7			 6 all ze	 9	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨								
For Demonstrate Deduction Act	Notice and company terr watering in administration of		BE) / 01/00/01 BBO	Farm 8870 (Day, 01 0001)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/02/21 PRO

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

IHZMAV



# Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

(99)

► Write your social security number (SSN) on your check or money order.

PULLIGILA

2032 HIGHLAND KNOLL DR

CHARLOTTE NC 28269

Enter the amount of your payment. 1555

1-615.

REV 04/02/21 PRO

INTERNAL REVENUE SERVICE

P.O. BOX 1214 CHARLOTTE, NC 28201-1214

E <b>104(</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		<sup>(99)</sup> 20	20	OMB No. 1545	5-0074	IRS Use Only	∕—Do not w	vrite or staple i	in this space.	
Filing Statu Check only one box.	lf yc	Single  Married filing jointly Sou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separatel your spouse. If yo								
Your first name	e and m	iddle initial	Last na	me					Your so	cial securit	ty number	
VAMSHI			PULI	IGILA					848-	41-520	3	
If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse	's social sec	curity number	
		er and street). If you have a P.O. box, see ND KNOLL DR	instructio	ons.			Å	Apt. no.	Check I	here if you,	,	
City, town, or	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			tly, want \$3 Checking a	
CHARLOT	TE				N	С	282	269		ow will not	0	
Foreign countr	ry name		F	oreign province/st	ate/cour	nty	Foreig	n postal code	1	tax or refund.		
										You	Spouse	
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	iire any	financial intere	est in a	any virtual cu	irrency?	Yes	🗙 No	
Standard Deduction		<b>neone can claim:</b>				a dependent						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January 2	2, 1956	🗌 Is bli	ind	
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relations	nip	(4) ✔ if g	ualifies fo	r (see instru	ctions):	
If more		irst name Last name		number	,	to you	·	Child tax c			her dependents	
than four										[		
dependents, see instructior										[		
and check	15									[		
here 🕨 🗌										[		
	່ 1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2					. 1	8	86,660.	
Attach	2a	Tax-exempt interest	2a		b 1	raxable interes	t.		. 2b	)	0.	
Sch. B if required.	3a	Qualified dividends	3a		b(	Ordinary divide	nds .		. 3b	)		
required.	4a	IRA distributions	4a		b 1	raxable amour	ıt		. 4b	)		
	5a	Pensions and annuities	5a		b 1	Faxable amour	ıt		. 5b	)		
Standard	6a	Social security benefits	6a		b 1	Faxable amour	ıt		. 6b	)		
Deduction for -	7	Capital gain or (loss). Attach Schee	dule D if	required. If not r	equired	l, check here		▶ [	7	-	16,359.	
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	e9.						. 8	-	-8,054.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total</b> i	income	•			▶ 9	S	94,965.	
Married filing	10	Adjustments to income:										
Jointly or Qualifying	а	From Schedule 1, line 22										
widow(er), \$24,800	b	Charitable contributions if you take	the star	dard deduction.	See inst	tructions 10	b	30	0.			
• Head of	с	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments	to inco	me			▶ 10	C	300.	
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income						▶ 11	<u> </u>	94,665.		
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	i <b>ons</b> (from Schec	lule A)				. 12	: 7	12,400.	
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								, 1	12,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0			. 15	; 8	82,265.	
											1040 (	

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

Form **1040** (2020)

Form 1040 (2020	))										Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2	4972	3			16	13,891.
	17	Amount from Schedule 2, lin	ie3							17	
	18	Add lines 16 and 17								18	13,891.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	ie7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	13,891.
	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>						. Þ	24	13,891.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	12	,280		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	12,280.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return					26	
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)					27				
If you have	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				
	31	Amount from Schedule 3, lin	ie 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	refunda	able cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	12,280.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the	e amoui	nt you	overpaid		34	
neruna	35a	Amount of line 34 you want			3 is attache	ed, cheo	ck here			35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Typ	e: 🗌	Check	king 🗌 :	Saving	s	
See instructions.	►d	Account number X X X	x x x x	x x x z	х х х	X X	X	X			
	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 amo	ount you owe	now .				. 🕨	37	1,615.
You Owe		Note: Schedule H and Sch		-						r	
For details on		2020. See Schedule 3, line 1			•					-	
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .			. 🕨	38		4		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with th	e IRS?	See				
Designee	ins	structions	·					🗌 Yes. Co	omplete	e below.	X No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here			piete. Deciaration	、		, ,		an informatio			nt you an Identity
	. 10	ur signature		Date	Your occu	ipation					IN, enter it here
Joint return?					LEAD	TECHN	JOLO	ΞY	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's	occupati	ion				nt your spouse an
Keep a copy for your records.	·										ection PIN, enter it here
your rocordo.									(Se	ee inst.) 🕨	
		one no.		Email address							
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA T	ALLAM	04/0	09/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TAX									678)965-9522
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	0041			Fir	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	04/02/21 PRC	)		Form <b>1040</b> (2020)

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

Internal Revenue Service

# **Additional Income and Adjustments to Income**

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

OMB No. 1545-0074
2020
Attachment Sequence No. <b>01</b>

► Go to *www.irs.gov/Form1040* for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
VAMSHI PULLIGILA	848-41-5203
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,070.
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 16.	8	16.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Der		9	-8,054.
	t II Adjustments to Income		
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	Schedul	e 1 (Form 1040) 2020

# SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

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

Department of the Treasury

VAMSHI PULLIGILA

Your social security number

848-41-5203

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
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)	<b>(g)</b> Adjustment to gain or loss Form(s) 8949, I line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	344,322.	338,394.	10,4	31.	16,359.
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	16,359.

### 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.		(d) Proceeds	(e) Cost	<b>(g)</b> Adjustmen		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	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	16.	16.			0.
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	11					
12	12 13					
<b>13</b> Capital gain distributions. See the instructions						
14						
	Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	0.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 16,359.
	• 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.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	No. 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)	21 ()
	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.	
	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>	
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Department of the Treasury

Internal Revenue Service

### Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

(0)**2**(0)

Attachment

► 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.

b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

VAMSHI PULLIGILA 848-41-5203	Name(s) shown on return	Social security number or taxpayer identification number
	VAMSHI PULLIGILA	848-41-5203

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	Date acquired disposed	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 co	tment, if any, to gain or loss. enter an amount in column (g), enter a code in column (f). the separate instructions. Subtract column (d)	
(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	09/30/20	12/29/20	24,384.	30,352.	W	1,021.	-4,947.
ROBINHOOD SECURITIES LLC	06/04/20	10/06/20	319,938.	308,042.	EW	9,410.	21,306.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			344,322.	338,394.		10,431.	16,359.

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 taxpaver 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 VAMSHI PULLIGILA

848-41-5203

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

1	<b>(a)</b> Description of property		d d (c) Date sold or (d) Date sold or (d) Proceeds (sales price) (Mo., day, yr.) (c) (d) Proceeds (sales price) (see instructions) (sales price) (sales pri	(d) Cost or other basis. Proceeds See the Note below See the separate instructions		Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(e) If you enter an am enter a code See the Note below		<b>(h)</b> Gain or (loss). Subtract column (e)
	Description of property (Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			in the separate	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)		
APE>	CLEARING	09/17/19	09/18/20	16.	16.			0.		
neo Sci	tals. Add the amounts in column gative amounts). Enter each tota nedule D, line 8b (if Box D above ove is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your <b>1e 9</b> (if <b>Box E</b>	16.	16.			0.		

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.

SCHEDULE E	
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074 2

Attachment

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

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

Department of the Treasury

	Revenue Service (99)	► Go to www.irs.gov/ScheduleE f	or inst	ructions	and the	e latest	information		Attac Sequ	hment ence No. <b>13</b>
Name(s)	shown on return							Your soci		ty number
VAMS	HI PULLIGILA							848-4	1-520	3
Part	Income or Loss	s From Rental Real Estate and Ro	yaltie	s Note	: If you a	are in th	e business c	f renting pe	ersonal p	roperty, use
	Schedule C. See	instructions. If you are an individual, rep	oort farı	m rental i	ncome o	or loss f	rom Form 48	<b>335</b> on page	e 2, line 4	40.
A Dic	l you make any payme	ents in 2020 that would require you to	o file F	orm(s) 1	099? S	ee insti	ructions .		. 🗆 '	Yes 🔀 No
B If "	Yes," did you or will y	ou file required Form(s) 1099?							. 🗆	Yes 🗌 No
1a	Physical address of	each property (street, city, state, ZI	P code	e)						
Α	RAMNAGAR HYDEF	RABAD TELANGANA IN 50002	0							
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate pro above, report the number of fa	perty I	isted al and		_	Rental Days	Persona Day		QJV
A	, , ,	personal use days. Check the	QJV b	ox onlv⊦	•		-	Day		
 	3	if you meet the requirements to qualified joint venture. See ins	o file a tructio	ns a	A B		365		0	
C	+				C					
	of Property:				C					
	le Family Residence	3 Vacation/Short-Term Rental	5 1 2	nd		7 Self-	Rontal			
-	ti-Family Residence	4 Commercial		yalties			r (describe)			
Incom	/	Properties:		Janes	A	o Otrie	E			С
3	Bents received		3			550.				
4			4							
Expen										
5			5							
6		nstructions)	6							
7		nance	7		1,	040.				
8			8							
9			9							
10		essional fees	10							
11	Management fees .		11			900.				
12	Mortgage interest pa	id to banks, etc. (see instructions)	12							
13	Other interest		13							
14	Repairs		14		2,	350.				
15	Supplies		15		2,	130.				
16	Taxes		16							
17	Utilities		17		2,	200.				
18		e or depletion	18							
19	Other (list) ►		19							
20	Total expenses. Add	lines 5 through 19	20		8,	620.				
21		line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must			0	0 - 0				
			21		-8,	070.				
22		I estate loss after limitation, if any,		,			/	,	(	
00-	,	nstructions)	<b>22</b>	l	-8,0	70.)	(	) 550.	(	
23a		eported on line 3 for all rental prope		• •	• •	23a		550.	-	
b		eported on line 4 for all royalty prop eported on line 12 for all properties		• •		23b 23c				
c d		eported on line 12 for all properties		• •		23c			-	
d		eported on line 20 for all properties		• •		230 23e		8,620.		
е 24		e amounts shown on line 21. <b>Do no</b>		· ·		208		8,620. . <b>24</b>		
24 25		e amounts shown on line 21. Do no		-		· ·	 al losses her		(	8,070.
									\	0,070.
26		ate and royalty income or (loss). IV, and line 40 on page 2 do not								
		40), line 5. Otherwise, include this a		-						-8,070.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

<b>—</b>	8582	Passive Activity Loss Limitati	ions		0	MB No. 1545-1008	
Departm	Image: See Separate Instructions.         Instruction of the Treasury         Instruction of the Treasu			n.	Å	2020 Attachment Sequence No. 858	
	) shown on return			Iden		number	
VAMS	SHI PULLIGI	A		84	8-41	-5203	
Par	2020 Pa	ssive Activity Loss		•			
	Caution:	Complete Worksheets 1, 2, and 3 before completing Part I.					
Renta	al Real Estate	Activities With Active Participation (For the definition of ac	tive participat	ion, see			
Speci	al Allowance fo	r Rental Real Estate Activities in the instructions.)					
1a	Activities with	net income (enter the amount from Worksheet 1, column (a)) .	1a	0.			
b	Activities with	net loss (enter the amount from Worksheet 1, column (b))	1b ( 8	8,070.	)		
С	Prior years' una	allowed losses (enter the amount from Worksheet 1, column (c))	1c (		)		
d	Combine lines	1a, 1b, and 1c			1d	-8,070.	
Comr	nercial Revitaliz	ation Deductions From Rental Real Estate Activities					
2a	Commercial re	vitalization deductions from Worksheet 2, column (a)	<b>2a</b> (		)		
b	Prior year una	lowed commercial revitalization deductions from Worksheet 2,					
	column (b)		2b (		)		
С	Add lines 2a ar	nd 2b			2c	(	
All Ot	her Passive Act	ivities					
3a	Activities with	net income (enter the amount from Worksheet 3, column (a)) .	3a				
b	Activities with	net loss (enter the amount from Worksheet 3, column (b))	3b (		)		
С	Prior years' una	allowed losses (enter the amount from Worksheet 3, column (c))	<b>3c</b> (		)		
d	Combine lines	3a, 3b, and 3c			3d		
		es are allowed, including any prior year unallowed losses entered es on the forms and schedules normally used		b, or 3c.	4	-8.070.	
	Report the loss If line 4 is a los on: If your filing	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I	· · · · Part III. II and III a	•	to line 15.	
Part II	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time <b>Participatio</b>	 Part III. II and III a during the	nd go	to line 15.	
Part II <b>Part</b>	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time <b>Participatio</b>	 Part III. II and III a during the	nd go e year,	to line 15. <b>do not</b> comple	
Part II Part 5	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time <b>Participatio</b> an example.	Part III. II and III a during the <b>n</b>	nd go	to line 15. <b>do not</b> comple	
Part II Part 5 6	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example.	 Part III. II and III a during the <b>n</b>  0,000.	nd go e year,	to line 15. <b>do not</b> comple	
Part II Part 5	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example.	Part III. II and III a during the <b>n</b>	nd go e year,	to line 15. <b>do not</b> comple	
Part II Part 5 6	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example.	 Part III. II and III a during the <b>n</b>  0,000.	nd go e year,	to line 15. <b>do not</b> comple	
Part II Part 5 6 7	Report the loss If line 4 is a los on: If your filing or Part III. Inste <b>Description</b> <b>Special</b> <b>Note:</b> Ent Enter the <b>smal</b> Enter \$150,000 Enter modified <b>Note:</b> If line 7 i line 10. Otherw	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example. 6 150 7 102	Part III. II and III a during the <b>n</b>  0,000. 2,735.	nd go e year,	to line 15. <b>do not</b> comple	
Part II Part 5 6 7 8	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example. 6 150 7 102 8 4	Part III. II and III a during the <b>n</b>  0,000. 2,735. 7,265.	nd go e year, 5	to line 15. <b>do not</b> comple 8,070.	
Part II Part 5 6 7 8 9	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 if line 10. Otherw Subtract line 7 Multiply line 8 b	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example.  6 150 7 102 8 4 arately, see ins	Part III. II and III a during the <b>n</b>  0,000. 2,735. 7,265. tructions	nd go e year, 5 9	to line 15. <b>do not</b> comple 8,070. 23,633.	
Part II Part 5 6 7 8	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 k Enter the smal	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example.  6 150 7 102 8 4 arately, see ins	Part III. II and III a during the <b>n</b>  0,000. 2,735. 7,265. tructions	nd go e year, 5	to line 15. <b>do not</b> comple 8,070. 23,633.	
Part II <b>Part</b> 5 6 7 8 9 10	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example. 6 150 7 102 8 4' arately, see ins	Part III. II and III a during the <b>n</b>  <u>0,000.</u> 2,735. 7,265. tructions	nd go e year, 5 9 10	to line 15. <b>do not</b> comple 8,070. 23,633. 8,070.	
Part II <b>Part</b> 5 6 7 8 9 10	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 t Enter the smal If line 2c is a lo III Special	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example. 6 150 7 102 8 4 <sup>-</sup> arately, see ins	Part III. II and III a during the <b>n</b>  0,000. 2,735. 7,265. tructions 	nd go e year, 5 9 10 ate Ad	to line 15. <b>do not</b> comple 8,070. 23,633. 8,070.	
Part II Part 5 6 7 8 9 10 Part	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 if line 10. Otherw Subtract line 7 Multiply line 8 k Enter the smal If line 2c is a lo III Special Note: Ent	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example. 6 150 7 100 8 4 arately, see ins rom Rental I r Part II in the	Part III. II and III a during the <b>n</b>  0,000. 2,735. 7,265. tructions  <b>Real Est</b> instructio	nd go e year, 5 9 10 ate Ad	to line 15. <b>do not</b> comple 8,070. 23,633. 8,070.	
Part II Part 5 6 7 8 9 10 Part 11	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 if line 10. Otherw Subtract line 7 Multiply line 8 k Enter the smal If line 2c is a lo II Special Note: Ent Enter \$25,000	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example. 6 150 7 100 8 4 arately, see ins rom Rental I r Part II in the ely, see instruct	Part III. II and III a during the n  2,735. 7,265. tructions  Real Est instructio ctions .	nd go e year, 5 9 10 ate Ad ns. 11	to line 15. <b>do not</b> comple 8,070. 23,633. 8,070.	
Part II Part 5 6 7 7 8 9 10 Part 11 12	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 k Enter the smal If line 2c is a lo III Special Note: Ent Enter \$25,000 Enter the loss f	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example. 	Part III. II and III a during the n  0,000. 2,735. 7,265. tructions  <b>Real Est</b> instructio ctions .	nd go e year, 5 9 10 ate Ao ns. 11 12	to line 15. <b>do not</b> comple 8,070. 23,633. 8,070.	
Part II Part 5 6 7 8 9 10 Part 11 12 13	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 k Enter the smal If line 2c is a lo III Special Note: Ent Enter \$25,000 Enter the loss f Reduce line 12	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example.  6 150 7 102 8 4 arately, see ins  From Rental I r Part II in the ely, see instruc-	Part III. II and III a during the <b>n</b>  0,000. 2,735. 7,265. tructions  <b>Real Est</b> instructio ctions .	nd go e year, 9 10 ate Ao ns. 11 12 13	to line 15. <b>do not</b> comple 8,070. 23,633. 8,070.	
Part II Part 5 6 7 8 9 10 Part 11 12 13 14	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 to Enter the smal If line 2c is a lo II Special Note: Ent Enter \$25,000 Enter the loss of Reduce line 12 Enter the smal	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example.  6 150 7 102 8 4 arately, see ins  From Rental I r Part II in the ely, see instruc-	Part III. II and III a during the <b>n</b>  0,000. 2,735. 7,265. tructions  <b>Real Est</b> instructio ctions .	nd go e year, 5 9 10 ate Ao ns. 11 12	to line 15. <b>do not</b> comple 8,070. 23,633. 8,070.	
Part II Part 5 6 7 8 9 10 Part 11 12 13 14 Part	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 if line 10. Otherw Subtract line 7 Multiply line 8 th Enter the small If line 2c is a lo III Special Note: Ent Enter \$25,000 Enter the loss fi Reduce line 12 Enter the small IV Total Lo	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example. 6 150 7 100 8 4 arately, see instruc- rom Rental I r Part II in the ely, see instruc-	Part III. II and III a during the n  0,000. 2,735. 7,265. tructions  Real Est instructio ctions .  	nd go e year, 5 9 10 ate Ad ns. 11 12 13 14	to line 15. <b>do not</b> comple 8,070. 23,633. 8,070. <b>ctivities</b>	
Part II Part 5 6 7 8 9 10 Part 11 12 13 14 Part 15	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 if line 10. Otherw Subtract line 7 Multiply line 8 to Enter the small If line 2c is a lo III Special Note: Ent Enter \$25,000 Enter the loss find Reduce line 12 Enter the small IV Total Lo Add the incom	es on the forms and schedules normally used	rt II and go to e), skip Parts I e at any time Participatio an example. 6 150 7 100 8 47 arately, see instruc- rom Rental I r Part II in the ely, see instruc-	Part III. II and III a during the n  0,000. 2,735. 7,265.   <b>Real Est</b> instructions .  	nd go e year, 9 10 ate Ao ns. 11 12 13	to line 15. <b>do not</b> comple 8,070. 23,633. 8,070. <b>ctivities</b>	
Part II Part 5 6 7 8 9 10 Part 11 12 13 14 Part	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 if line 10. Otherw Subtract line 7 Multiply line 8 to Enter the small If line 2c is a lo III Special Note: Ent Enter the small If line 2c is a lo III Special Note: Ent Enter the loss fi Reduce line 12 Enter the small IV Total Lo Add the incom	<ul> <li>es on the forms and schedules normally used</li></ul>	rt II and go to e), skip Parts I e at any time Participatio an example. 6 150 7 100 8 47 arately, see instruc- rom Rental I r Part II in the ely, see instruc- s d 15. See inst	Part III. II and III a during the n  0,000. 2,735. 7,265.    <b>Real Est</b> instructions   tructions .   	nd go e year, 5 9 10 ate Ad ns. 11 12 13 14	<b>do not</b> comple 8,070. 23,633. 8,070.	

# 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 ga	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	<b>(e)</b> Loss		
RAMNAGAR	0.	8,070.			8,070.		
Total. Enter on Form 8582, lines 1a, 1b,							
and 1c	0.	8,070.					

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

Name of activity	<b>(a)</b> 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 ga	ain or loss
Name of activity	<b>(a)</b> Net income (line 3a)	<b>(b)</b> Net loss (line 3b)	(c) Unallowed loss (line 3c)	<b>(d)</b> Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c					

#### 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)	(a)   000	<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
RAMNAGAR	E Ln 22	8,070.	1.00000000	8,070.	0.
	1				
Total		8,070.	1.00	8,070.	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	

### Instructions for Form D-400V, Payment Voucher

# What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

# Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the NC Department of Revenue. Note: The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.

- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.
- Cut across the dotted line and send the completed voucher and your check or money order.

### What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

### **Other Payment Methods**

In lieu of mailing your payment to the Department, you may pay your tax online by bank draft (free), or credit or debit card using Mastercard or Visa (\$2 convenience fee for every \$100 paid). This online service is accurate, secure and convenient. For details, visit <u>www.</u> ncdor.gov.

#### Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- Do not staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- Do not send cash.

<u>~</u>		,	C	ut Here		 &
<b>D-400V (50)</b> 9-16-08	Inc	<b>lividual</b> North C	Incom Carolina De	e Payment V	oucher	REV 03/17/21 PRO
848415203	PULL	2032	282	69		
VAMSHI	PULLI	GILA				
2032 HIGHLAND	KNOLL DR			For Calendar Year	2020	 T OF THIS PAYMENT t match the amount shown
CHARLOTTE		NC 2	8269			r check or money order.
Taxpayer/Paid Preparer: SYAM	I PRIYA RAM	SAGAR G				\$ 422.00
Date: 0 4 0 9 2 1 Phor	ne: (678)965-9	9522	11	72701 	.50106	
20206 84841520	30 000000	0 06408				Mail to: NCDOR, PO Box 25000, Paleich, NC 27640,0640

<b>D-40</b> < Stap		• •			2020				ncome epartme		Return evenue	DOR Use			
Retu	ırn a	nd Ŵ-2	s Her	e				Ame	ended Return			Only			
		ar year 2	<u>2020, c</u>	or fiscal yea				20	and ending			Are you a ve		Yes Yes	
VAMS 2032		GHLAI	ND K	NOLL DF	LIGILA R				Your	SSN: 84	8415203		se a veteran?		
CHAF	RLOI		28269	MECKL					Spouse's				ederal income	tax r <u>etu</u> rn (Fo	
Filing	Statu	s X	1. Sing 4. Hea	gle id of Househ			ied Filing ifying Wid		🗌 3. Ma	rried Filing	Separately	Year spou		No X	
Were	you a	residen		C. for the en	_	0. Quu	Yes X			Return fo	or deceased ta	•	Date of de	ath:	
				ent for the e			Yes	No			or deceased s		Date of de		
					-						und by makin ment of \$	ig a contribi 0.	-	nating some	
											r information a			ite your over	payment
		-							-		15, 2021, an		izen or reside	ent.	
	elect	oox if re	turn is	filed and si	igned by E	xecutor,	Adminis	strator, o	or Court-App	ointed P	ersonal Repre	esentative.			
FS	1	PP	Y		DT	Ν	OC	Ν	TPRES	Y	SPRES	Ν	VT N	I SVI	C N
PULL		2032	2	28269	DS	Ν	ΕA	Ν	TD		2	SD		FDE	CXT N
VAMS	ΗI				PULL	IGIL	A			8484	15203		MECKL	I	
												NC	28269		
2032	HI	GHLZ	AND	KNOLL	DR					CH	[ARLOTT]	E			
06			946	565		16			0		26C		0		
07			3	300		18	Y		0		26E		0		
09				0		20A			3999		EU				5002
10A				0		20B			0		27		422		
10B				0		21A			0		29		0		
11	S	Y	I	Ν		21B			0		30		0		
11			107	750		21C			0		31		0		
13			000	000		21D			0		32		0		
14			842	215		26A			422		34		0		
15			44	121		26B			0						
TN	4	10950	0441	35		PN	6	7896	559522		PP	P02	082703		
Sigr	n Rei	turn B	elow	- 🗌 R	efund D	ue		(	) 🛛 🗶 Pa	yment	Due	42	2		
I declare the best o	and cer of my kr	<i>tify that I h</i> nowledge a	ave exai	<i>mined this retu</i> f, they are true	<i>rn and accom</i> , , correct, and o	<i>complete.</i>	hedules ar	nd stateme	ents, and to	Cheo to dis	ck here if you an scuss this return	uthorize the N n and attachr	North Carolina nents with the	Department o paid preparer	f Revenue below.
Your Sign	oturo					Data		upp'n Sigr	oturo (If filing i	int raturn b	oth must sign )	Data		)44135	
Your Sigr		R USE ON	ILY If	prepared by a	person other t	Date han taxpay		-	nature (If filing jo		oth must sign.) f which the prepar	Date rer has any kno		one No. (Include	= area code)
			AM S	SAGAR G	UPT 04	4 09 2		89659					<u>P0208</u>		
Paid Pre	barer's	Signature				Date	Prep	arer's Cor	ntact Phone Nur	nber (Include	e area code)		Preparer's	FEIN, SSN, or F	PTIN

Date	r reparer s contact i none Number (melade area code)

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

Last Name (First 10 Characters)	PULLIGILA
---------------------------------	-----------

Your Social Security Number

848415203

6.	Federal Adjusted Gross Income	6.	94665
7.	Additions to Federal Adjusted Gross Income	7.	300
8.	Add Lines 6 and 7	8.	9496
9.	Deductions From Federal Adjusted Gross Income	9.	(
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	
	b. Enter the amount of the child deduction	10b.	
11.	N.C. Standard Deduction	11.	
11.	N.C. Itemized Deduction	11.	
11.	Deduction amount	11.	1075
12.	a. Add Lines 9, 10b, and 11	12a.	1075
	b. Subtract amount on Line 12a from Line 8	12b.	8421
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.000
14.	N.C. Taxable Income	14.	8421
15.	N.C. Income Tax	15.	442
16.	Tax Credits	16.	
17.	Subtract Line 16 from Line 15	17.	442
18.	Consumer Use Tax	18.	112
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	442
10.		10.	112
North	Carolina Income Tax Withheld		
		20a.	399
20a.	Your tax withheid		
20b.	Your tax withheld Spouse's tax withheld Tax Payments	20b.	
20b. <u>Other</u>	Spouse's tax withheld		
20b. <b>Other</b> 21a.	Spouse's tax withheld Tax Payments 2020 estimated tax	20b. 21a.	
20b. <b>Other</b> 21a. 21b.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension	20b. 21a. 21b.	
20b. <b>Dther</b> 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	
20b. <b>Other</b> 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation	20b. 21a. 21b. 21c. 21d.	
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments	20b. 21a. 21b. 21c. 21d. 22.	
20b. 21a. 21b. 21c. 21d. 22. 23.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments	20b. 21a. 21b. 21c. 21d. 22. 23.	399
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds	20b. 21a. 21b. 21c. 21d. 22. 23. 24.	399
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25.	399
20b. <b>Dther</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	399 399 42
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	399 399 42
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	399 399 42
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	399 399 42
21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	399 399 42
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	399 399 42
20b. <b>Other</b> 21a. 21b. 21c. 21c. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	399 399 42 <b>42</b>
20b. <b>Other</b> 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	399 399 42 <b>42</b>
20b. <b>Other</b> 21a. 21b. 21c. 21c. 21d. 22. 23. 24. 25. 26a. 26a. 26c. 26d. EU 26e. 27. 28.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	399 399 42 <b>42</b>
20b. 21a. 21b. 21c. 21c. 21c. 22d. 22s. 26a. 26a. 266. 26d. EU 26e. 27. 28.	Spouse's tax withheld  Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  nt of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	399 399 42 <b>42</b>
20b. 21a. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26b. 26c. 26d. EU 26e. 27. 28. Amou	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Amount of Line 28 to be applied to 2021 Estimated Income Tax	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	399 399 42 <b>42</b>
20b. 21a. 21b. 21c. 21c. 21c. 22. 23. 24. 25. 26a. 26b. 26c. 26c. 26c. 27. 28. Amou 29. 30.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment mt of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	399 399 42 <b>42</b>
20b. 21a. 21b. 21c. 21c. 21c. 22. 23. 24. 25. 26a. 26a. 266. 27. 28. 206. 27. 28. 29. 30. 31.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment nt of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30. 31.	399 399 42 <b>42</b>
20b. <u>Other</u> 21a. 21b. 21c. 21c. 22. 23. 24. 25. 26a. 26b. 26c. 26c. 26c. 27. 28. <u>Amou</u> 29. 30.	Spouse's tax withheld Tax Payments 2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment mt of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30.	399 399 42 <b>42</b>

**D-400 Line-by-Line Information** 

9-14-20

# 2020 Supplemental Schedule North Carolina Department of Revenue

DOR Use Only

If you are required to add certain items to Adjusted Gross Income on Form D-400, Line 7, or if you are entitled to take deductions from Adjusted Gross Income on Form D-400, Line 9, you must complete and attach this schedule to Form D-400. If you do not, the Department may be unable to process your return. Important: Refer to the instructions before completing Parts A or B of this form.

Last Name (Firs	st 10 Characters)	PULLIGILA			Your Social Secu	rity Number 848	3415203
01	0	11	0	22	0	24E	0
02	0	12	0	23A	0	25	0
03	0	13	0	23B	0	26	0
04	0	14	0	23C	0	27	0
05	0	15	0	23D	0	28	0
06	0	16	300	23E	0	29	0
07	0	18	0	24A	0	30	0
08	0	19	0	24B	0	31	0
09	0	20	0	24C	0	32	0
10	0	21	0	24D	0	33	0

Part A	A. Additions to Federal Adjusted Gross Income		
1.	Interest Income From Obligations of States Other Than North Carolina	1.	0
2.	Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	2.	0
3.	Bonus Depreciation	3.	0
4.	IRC Section 179 Expense	4.	0
5.	S-Corporation Shareholder Built-in Gains Tax	5.	0
6.	Amount by Which Federal Basis Exceeds State Basis for Property Disposed of in 2020	6.	0
7.	Unabsorbed Net Operating Loss Deduction	7.	0
8.	Excess Net Operating Loss Carryforward Deduction	8.	0
9.	Withdrawal of 529 Plan Contributions not Used for Permissible Purpose	9.	0
10.	Discharge of Qualified Principal Residence Indebtedness	10.	0
11.	Qualified Tuition and Related Expenses	11.	0
12.	Excess Business Loss	12.	0
13.	Qualified Education Loan Payments by Employer	13.	0
14.	Expenses Deducted Under a Forgiven PPP Loan	14.	0
15.	Business Interest Limitation	15.	0
16.	Above-the-line Qualified Charitable Contribution Deduction	16.	300
17.	Total additions - Add Lines 1 through 16	17.	300



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### D-400 Sch S 2020 Page 2(50)

Last Name (First 10 Characters) PULLIGILA

REV 03/17/21 PRO

Part B.	Deductions Fro	om F	ederal A	Adjusted Gr	oss Incon	ne					
18.	State or Local Inco	ome T	ax Refun	d						18.	0
19.	Interest Income Fre	om O	bligations	s of the United	States or L	United Sta	ates' Possessi	ons		19.	0
20.	Taxable Portion of	Socia	al Security	y and Railroad	d Retiremen	t Benefits	6			20.	0
21.	Bailey Settlement I	Retire	ement Bei	nefits						21.	0
22.	Bonus Asset Basis									22.	0
23.	Bonus Depreciatio	n									
23a.	2015	0	23b.	2016	0	23c.	2017	0			
23d.	2018	0	23e.	2019	0				23f.	Total	0
24.	IRC Section 179 E	xpens	se								
24a.	2015	0	24b.	2016	0	24c.	2017	0			
24d.	2018	0	24e.	2019	0				24f.	Total	0
25.	Recognized IRC Se									25.	0
26.	Gain From the Disp	oositi	on of Exe	mpt N.C. Obli	igations Issu	led Befor	e July 1, 1995			26.	0
27.	Exempt Income Ea	rned	or Receiv	ved by a Mem	ber of a Fee	derally Re	ecognized Indi	an Tribe		27.	0
28.	Amount by Which S	State	Basis Ex	ceeds Federa	I Basis for F	Property [	Disposed of in	2020		28.	0
29.	Ordinary and Nece	ssary	/ Busines	s Expense Re	educed or no	ot Allowed	d Due to Claim	ning a Federal Tax	Credit in		
	Lieu of a Deduction	٦								29.	0
30.	Personal Education	n Sav	rings Acco	ount Deposits						30.	0
31.	State Emergency F	Respo	onse and	Disaster Relie	ef Reserve F	und Pay	ments			31.	0
32.	Certain Economic	Incen	tives							32.	0
33.	Extra Credit Grant									33.	0
34.	Total Deductions -	18 th	rough 22,	23f, 24f, and	25 through	33				34.	0

Your Social Security Number

\_\_\_\_\_

\_\_\_\_