Form 1040-V 2020 Page 2

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

(99)

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.'

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

Enter the amount of your payment . . 1555

1,891.

REV 07/28/21 PRO

VIJAYA BHASKAR KADIRI PADMAJAKSHI DALAVAI RAMACHANDRA 1341 MEADOW CREEK DRIVE, 279 IRVING TX 75038

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🗌 s	Single X Married filing jointly [Marrie	d filing separately (MFS)	Head	of hous	sehold (HOH)		Qual	ifying wide	ow(er) (QW)
Check only one box.	If yo	ou checked the MFS box, enter the son is a child but not your depender	name of y									
Your first name	and m	iddle initial	Last nar	ne					Yo	ur so	cial securit	y number
VIJAYA	BHAS!	KAR	KADI	RI					35	357-63-3626		
If joint return, s	pouse's	s first name and middle initial	Last nar	ne					Spo	Spouse's social security number		
PADMAJAKSHI DALAVAI RAMACHANDRA 8				83	831-11-8404							
Home address	(numbe	er and street). If you have a P.O. box, se	e instructio	ons.				Apt. no.	Pre	eside	ntial Election	on Campaign
1341 ME	ADOW	CREEK DRIVE,						279			ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete sp	paces below.	Sta	te	ZIP	code			0,	tly, want \$3 Checking a
IRVING					T	X	75	5038		_	ow will not	•
Foreign country	y name		F	oreign province/state/	coun	ty	For	eign postal cod	e you	ur tax	or refund.	· ·
											You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	hange, o	r otherwise acquire	any	financial inte	rest ir	any virtual	curren	су?	Yes	X No
Standard	_	eone can claim: You as a de	•				t					
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-status	alien	1						
Age/Blindness	You:	: Were born before January 2,	1956	Are blind Sp	ouse	: Was b	orn be	efore Januar	y 2, 19	956	Is bli	ind
Dependents	s (see	instructions):		(2) Social securit	/	(3) Relation	ship	(4) 🗸 if	qualifi	es for	(see instru	ctions):
If more	(1) First name Lost name number to VOII Child tay avail					t Credit for other dependent						
than four	CHA	AITANYA KADIRI		948-91-733	8	Son]		[X
dependents,]		[
see instruction and check	s ——]		[
here ▶]		[
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2						1	19	93,694.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est			2b		40.
Sch. B if required.	За	Qualified dividends	3a	11.	b C	ordinary divid	dends			3b		11.
required.	4a	IRA distributions	4a		b T	axable amo	unt .			4b		
	5a	Pensions and annuities	5a		b T	axable amo	unt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amo	unt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D if	required. If not req	uired	, check here		•		7		6,237.
Single or Married filing	8	Other income from Schedule 1, lin	ne 9							8	-2	22,207.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inc	ome				•	9	17	77,775.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				1	0a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	inst	ructions 1	0b	3	00.			
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	ncor	me			•	100	;	300.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	djusted gross inc	ome				•	11	17	77,475.
If you checked	12	Standard deduction or itemized	l deducti	ons (from Schedule	A)					12		24,800.
any box under Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or Fo	rm 8	995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		24,800.
230 11101110110113.	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	ente	er -0				15	15	52,675.

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	25,168.
	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	25,168.
	19	Child tax credit or credit for	other dependen	ts				19	500.
	20	Amount from Schedule 3, lir	ne 7					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	24,668.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .			23	0.
	24	Add lines 22 and 23. This is						24	24,668.
	25	Federal income tax withheld	•						,
	а	Form(s) W-2				25a 22	2,777.		
	b	Form(s) 1099				25b	•	1	
	С	Other forms (see instruction				25c		7	
	d	Add lines 25a through 25c	,					25d	22,777.
	26	2020 estimated tax paymen						26	
 If you have a L qualifying child, 	27	Earned income credit (EIC)						20	
attach Sch. EIC.	28	Additional child tax credit. A				28		-	
If you have nontaxable	29	American opportunity credit				29		-	
combat pay, see instructions.	30	Recovery rebate credit. See		•		30		-	
see instructions.	31	Amount from Schedule 3, lir				31		-	
	32	Add lines 27 through 31. The						- 20	
	33	Add lines 25d, 26, and 32. T						32	22,777.
		· · · · · · · · · · · · · · · · · · ·						33	22,111.
Refund	34	If line 33 is more than line 24				•		34	
Direct deposit?	35a	Amount of line 34 you want Routing number X X X						35a	
See instructions.	►b	Account number X X X			,, <u> </u>		Savings		
	► d	<u> </u>				 			
<u> </u>	36	Amount of line 34 you want				36			1 001
Amount You Owe	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now		. ▶	37	1,891.
For details on		Note: Schedule H and Sch	· ·	•	•	of the taxes you	owe for		
how to pay, see		2020. See Schedule 3, line	•			1 1			
instructions.	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•					la a la con	₩.
Designee		structions				_	•		⊠ No
		signee's me ▶		Phone no. ▶			onal ident ber (PIN)		
Sign		der penalties of perjury, I declare	hat I have examine		Laccompanying sch				st of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date Your occupation			If the	e IRS ser	nt you an Identity
	k.				-		I .		IN, enter it here
Joint return?	L				SOFTWARE 1		`	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					SOFTWARE 1	ENGINEER	I .	inst.) ▶	ection in, enter it here
	———Ph	one no. (973)356-177	Q	Email address		01@GMAIL.CO)M		
		eparer's name	Preparer's signat	l .	VIUAI.USU	Date Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.אש		P0208	2703	Self-employed
Preparer				AADAG PERI	COLTA TADDAM	100/10/2021			
Use Only		m's name ► GLOBAL TA m's address ► 2530 Pebb		n Cummin	7 CN 300/1				678)965-9522
0-1				ii Cullilitii				n's EIN ▶	
GO TO WWW.Irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 07/28/21 PRO	נ		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR V KADIRI & P DALAVAI RAMACHANDRA

Your social security number 357-63-3626

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	-22,528.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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 321.	8	321.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-22,207.
Par	t II Adjustments to Income	101	22,207.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

Department of the Treasury

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

Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. 09

	Name of proprietor					Social security number (SSN)				
	JAYA BHASKAR KADIRI			357-63-3626						
Α	Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES						er code from instructions ▶ 5 1 9 1 0 0			
С	Business name. If no separate	busine	ess name, leave blank.			D Emp	loyer ID number (EIN) (see instr.)			
	SOFTWARE SERVICES									
E	Business address (including s	uite or	room no.) ▶ 1341 MEA	DOM	CREEK DRIVE,, Apt. 27	9				
	City, town or post office, state	and Z	ZIP code IRVING,	TX 7	'5038					
F	Accounting method: (1)) N	Other (specify)					
G					2020? If "No," see instructions for I	mit on l	osses . X Yes No			
Н										
ı					(s) 1099? See instructions					
J										
Part										
1 2	Gross receipts or sales. See in Form W-2 and the "Statutory of Returns and allowances	employ 	yee" box on that form was cl	necked 	this income was reported to you or	2				
3										
4										
5					refund (see instructions)					
6	, ,		•		,	7				
7 Part			for business use of you			1				
8	Advertising	8	Tor business use or you	18	Office expense (see instructions)	18				
	0	0		19	Pension and profit-sharing plans	19				
9	Car and truck expenses (see	9	4,888.	20		19				
10	instructions)	10	4,000.		Rent or lease (see instructions):	20a	12,800.			
11	Contract labor (see instructions)	11		a b	Vehicles, machinery, and equipment Other business property		12,000.			
12	Depletion	12		21	Repairs and maintenance					
13	Depreciation and section 179	12		22	Supplies (not included in Part III)					
	expense deduction (not			23	Taxes and licenses					
	included in Part III) (see	13		24	Travel and meals:	23				
14	instructions) Employee benefit programs	-10		a	Travel	24a				
14	(other than on line 19).	14		b	Deductible meals (see	240				
15	Insurance (other than health)	15		ь	instructions)	24b	3,100.			
16	Interest (see instructions):	10		25	Utilities		1,740.			
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	_				
b	Other	16b		27a	Other expenses (from line 48) .	27a				
17	Legal and professional services	17			Reserved for future use					
28	<u> </u>		business use of home. Add		3 through 27a	28	22,528.			
29	·						-22,528.			
30	Expenses for business use of unless using the simplified method filers only	f your thod. S	home. Do not report these See instructions. r the total square footage of	e exper	nses elsewhere. Attach Form 8829					
	and (b) the part of your home				. Use the Simplified					
				er on li	ine 30	30				
31	Net profit or (loss). Subtract				١					
	 If a profit, enter on both Schecked the box on line 1, see 				, , ,	31	-22,528.			
	 If a loss, you must go to line 				J					
32	If you have a loss, check the b	ox tha	t describes your investment	in this	activity. See instructions.					
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you mu 	box on	n line 1, see the line 31 instruc	tions).	Estates and trusts, enter on	32a 32b	☒ All investment is at risk.☐ Some investment is not at risk.			

BAA

Schedule C (Form 1040) 2020 Page **2**

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
34	value closing inventory: a Cost b Lower of cost or market c Other (att Was there any change in determining quantities, costs, or valuations between opening and closing inventor of "Yes," attach explanation	ry?	cplanation)	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year) ▶ 01/01/202	0		
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your	vehicle	e for:	
а	Business 8,500 b Commuting (see instructions) c	Other		648
45	Was your vehicle available for personal use during off-duty hours?		Yes	⊠ No
46	Do you (or your spouse) have another vehicle available for personal use?		X Yes	☐ No
47a	Do you have evidence to support your deduction?		Tes	⊠ No
b	If "Yes," is the evidence written?		Tes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30).	
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Name(s) shown on return

Capital Gains and Losses

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

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

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

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Your social security number

357-63-3626 V KADIRI & P DALAVAI RAMACHANDRA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 Box A checked 482,437. 550,791. 74,591. 6,237. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 6,237. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 6,237. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

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

OMB No. 1545-0074 Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

357-63-3626

V KADIRI & P DALAVAI RAMACHANDRA

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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.

★ (A) Short-term transactions(B) Short-term transactions(C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FIDELITY	05/29/20	11/18/20	412,411.	483,598.	W	72,381.	1,194.
APEX CLEARING	01/01/20	12/31/20	70,026.	67,193.	W	2,210.	5,043.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and ince is checked), lir	lude on your ne 2 (if Box B	482,437.	550,791.		74,591.	6,237.

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 **8867**

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment Sequence No. **70**

Taxpayer identification number

V KA	ADIRI & P DALAVAI RAMACHANDRA	357-63-3	626		
Enter pr	eparer's name and PTIN				
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P0208270	3		
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return a benefit(s) claimed (check all that apply).		the rela		arts I-V HOH
1	Did you complete the return based on information for tax year 2020 provided by the	taxpayer or	Yes	No	N/A
	reasonably obtained by you?		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions. AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provide information, and all related forms and schedules for each credit claimed?	, and/or the es the same	×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must the following.	do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's redetermine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.				
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing the information reasonably known to you, appear to be incorrect, incomplete, or inconsistent answer questions 4a and 4b. If "No," go to question 5.)	? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inform	ation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the you asked, whom you asked, when you asked, the information that was provided, and the information had on your preparation of the return.)	impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requiremen keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a capplicable worksheet(s), a record of how, when, and from whom the information used to pr 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) prov taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status	opy of any epare Form ided by the or to figure			
	the amount(s) of the credit(s) $$		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligil credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return return is selected for audit?	n if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year		×		
-	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)		ت		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a co				
	correct Schedule C (Form 1040)?		×		

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Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	,			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the question and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go t	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? VI Eligibility Certification			
ıaıt	➤ You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	r's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet((s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	▶ If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ead	ch failu	ire to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t and	Yes	No
	complete?	., aa	₩	

Additional information from your 2020 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
INTERNET (12M*\$65 P.M)	780.
ELECTRICITY (12M*\$80 P.M)	960.
Total	1,740.