| E | 1 | 0.40 | Department of the Treasury-Internal Revenue Service | (99 |
|--------------|---|------------|--|-----|
| _O | | U4U | Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu | urr |

2020

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

| - | - | | | | | | • | | | | |
|------------------------------------|-----------|--|--------------------------------|-------------------------------|---|--------|------------------------|---|--|----------------|--|
| Filing Status | | | | ed filing separately (M | | | | | - | | |
| Check only one box. | | u checked the MFS box, enter the nation is a child but not your dependent | - | our spouse. If you cl | necked the HOH o | or QV | V box, enter the o | child's | name if th | e qualifying | |
| Your first name and middle initial | | | Last nar | me | | | Υ | Your social security number | | | |
| SURYA PRAKASH GUPTA | | | | CHAKKA | | | | 731-69-3012 | | | |
| If joint return, s | pouse's | s first name and middle initial | Last nar | me | | | S | Spouse's social security number | | | |
| | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | Apt. no. P | residen | tial Election | on Campaign | |
| 4600 TO | JCHT(| ON RD SUITE 150 | 1. | | | | | ere if you, | | | |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete spaces below. State ZIP | | | | | spouse if filing jointly, want \$3 to go to this fund. Checking a | | | |
| Jacksonville | | | | FL 3 | | | | box below will not change | | | |
| Foreign country name | | | | Foreign province/state/county | | | Foreign postal code yo | | your tax or refund. | | |
| | | | | | | | | | You | Spouse | |
| At any time du | ring 20 | 020, did you receive, sell, send, exch | nange, o | or otherwise acquire a | any financial intere | est in | any virtual curre | ency? | Yes | ⋈ No | |
| Standard | Som | eone can claim: You as a de | pendent | Your spouse | as a dependent | 7 | | 7 | | | |
| Deduction | | Spouse itemizes on a separate return | n or you | were a dual-status a | lien | , | | | | | |
| A a a /Dlinda a a | . V | . □ Warra havra hafarra Januarra 0, 14 | 250 | Aug blind Con | Dwarks | . l | fave January O. s | 1050 | | in al | |
| | | Were born before January 2, 19 | 956 _ | | | | efore January 2, 1 | | ☐ Is bli | | |
| Dependent | , | | | (2) Social security number | (3) Relationsh to you | nip | (4) if qual | 1 | Commence of the Commence of th | , | |
| If more than four | (1) F | irst name Last name | Humber to you | | | | Child tax cred | It (| reall for oil | ner dependents | |
| dependents, | | | | | | | | | L | = | |
| see instruction | s | | | | | | | L | = | | |
| and check here ▶ □ | | | | | | | | | L | = | |
| | . 1 | Wages, salaries, tips, etc. Attach F | orm(e) V | N-2 | | | | 1 | | 24,504. | |
| Attach | 2a | 1 | 2a | | h Tayahla intara | | | 2b | | | |
| Sch. B if | 3a | | 3a | | b Taxable interesb Ordinary divide | | | 3b | | | |
| required. | 4a | THE PROPERTY OF THE PROPERTY O | ta | | b Taxable amour | | | 4b | | | |
| | 5a | | 5a | | b Taxable amour | | | 5b | | | |
| Standard | 6a | | 6a | | b Taxable amour | | | 6b | | | |
| Deduction for — | 7 | Capital gain or (loss). Attach Scheo | dule D if | | | | • 🗆 | 7 | | | |
| Single or Married filing | 8 | Other income from Schedule 1, line | | N | | | | 8 | _ | -2,380. | |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | | his is your total inco | me | | 🕨 | 9 | | 22,124. | |
| Married filing | 10 | Adjustments to income: | | | | | | | | | |
| jointly or Qualifying | a | From Schedule 1, line 22 | | | 10 | а | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take | | | | b | | | | | |
| Head of | С | Add lines 10a and 10b. These are | your tot | al adjustments to ir | icome | | 🕨 | 10c | | | |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This i | s your a | adjusted gross inco | me | | 🕨 | 11 | 2 | 22,124. | |
| If you checked | 12 | Standard deduction or itemized | deducti | ons (from Schedule | A) | | | 12 | 1 | L2,400. | |
| any box under Standard | 13 | Qualified business income deducti | on. Atta | ch Form 8995 or For | m 8995-A | | | 13 | | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | 14 | 1 | L2,400. | |
| | 15 | Taxable income. Subtract line 14 | from line | e 11. If zero or less, e | enter -0 | | | 15 | | 9,724. | |

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

Form **1040** (2020)

| Form 1040 (2020 |)) | | | | | | | Page ∠ | |
|---|--|--|--------------------------|-------------------------|------------------------|-------------------------|---|----------------------|--|
| | 16 | Tax (see instructions). Check if any from Form | n(s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 973. | |
| | 17 | Amount from Schedule 2, line 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 973. | |
| | 19 | Child tax credit or credit for other dependen | ts | | | | 19 | | |
| | 20 | Amount from Schedule 3, line 7 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18. If zero or less, | | | | | 22 | 973. | |
| | 23 | Other taxes, including self-employment tax, | from Schedule | e 2, line 10 | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is your total tax | | | | . • | 24 | 973. | |
| | 25 | Federal income tax withheld from: | | | | | | | |
| | а | Form(s) W-2 | | | 25a 3 | ,069. | | | |
| | b | Form(s) 1099 | | | 25b | | | | |
| | С | Other forms (see instructions) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 3,069. | |
| | 26 | 2020 estimated tax payments and amount a | | | | | 26 | | |
| If you have a l qualifying child, | 27 | Earned income credit (EIC) | | 1,0000 | 27 | | | | |
| attach Sch. EIC. If you have | 28 | Additional child tax credit. Attach Schedule | | | 28 | | | | |
| nontaxable | 29 | American opportunity credit from Form 8863 | | | 29 | , | 7 | | |
| combat pay, see instructions. | 30 | Recovery rebate credit. See instructions . | | | | ,800. | | | |
| | 31 | Amount from Schedule 3, line 13 | | | 31 | , | | | |
| | 32 | Add lines 27 through 31. These are your tot a | | | | . • | 32 | 1,800. | |
| | 33 | Add lines 25d, 26, and 32. These are your to | | | | | 33 | 4,869. | |
| D () | 34 | If line 33 is more than line 24, subtract line 2 | | | | | 34 | 3,896. | |
| Refund | 35a | Amount of line 34 you want refunded to you | | | | ▶ □ | 35a | 3,896. | |
| Direct deposit? | ▶b | Routing number 0 2 1 2 0 0 3 | | ▶ c Type: | | | Joan | 3,0301 | |
| See instructions. | ▶ b Routing number 0 2 1 2 0 0 3 3 9 ▶ c Type: Checking X Savings ▶ d Account number 3 8 1 0 0 7 6 6 9 4 1 9 | | | | | | | | |
| | 36 | | | | | | | | |
| Amount | 37 | | | | | | 37 | | |
| You Owe | 31 | Subtract line 33 from line 24. This is the amo | | | | | 37 | | |
| For details on | | Note: Schedule H and Schedule SE filers, 2020. See Schedule 3, line 12e, and its instr | | | the taxes you | owe for | | | |
| how to pay, see instructions. | 38 | Estimated tax penalty (see instructions) | | | 38 | | | | |
| | | you want to allow another person to disc | | | 18.8 | | | | |
| Third Party Designee | | structions | ouss this retu | in with the IRS? | | omplete b | elow. | X No | |
| Designee | Designee's | | Phone | | | Personal identification | | | |
| | | me ► | no. | | | oer (PIN) | | | |
| Sign | | der penalties of perjury, I declare that I have examine | | | | | | | |
| Here | bel | lief, they are true, correct, and complete. Declaration | of preparer (othe | r than taxpayer) is bas | sed on all information | | | | |
| TICIC | Yo | ur signature | Date | Your occupation | | | | nt you an Identity | |
| Is interest one O | | | SOFTWARE ENGINEER | | | 20 00 | nst.) | N, enter it here | |
| Joint return? See instructions. | Spouse's signature. If a joint return, both must sign. | | | | | | | nt vour spouse an | |
| Keep a copy for | Sp | ouse's signature. If a joint return, both must sign. | Date Spouse's occupation | | | | If the IRS sent your spouse an Identity Protection PIN, enter it here | | |
| your records. | | | | | | (see in | nst.) ▶ | | |
| | Ph | one no. | Email address | | | | | | |
| Doid | Pre | eparer's name Preparer's signa | ture | | Date | PTIN | | Check if: | |
| Paid | SYAM | 1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 01/26/2021 | P02082 | 703 | Self-employed | |
| Preparer | Firm's name ► GLOBAL TAXES LLC | | | | | Phone | Phone no. (678) 965-9522 | | |
| Use Only | Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 300 | | | |)41 Firm | | | m's EIN ▶ 30-1017196 | |
| | | | | | | | | | |

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

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

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment

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

Your social security number

| SURY | ZA PRAKASH GUPTA CHAKKA 7 | 31-69-3 | 3012 | | | | | |
|-------------------------------|--|---------------|---------|--|--|--|--|--|
| Par | t I 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 | | | | | | | |
| 4 | Other gains or (losses). Attach Form 4797 | . 4 | | | | | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedu | le E 5 | -2,380. | | | | | |
| 6 | Farm income or (loss). Attach Schedule F | . 6 | | | | | | |
| 7 | Unemployment compensation | . 7 | | | | | | |
| 8 | Other income. List type and amount ▶ | | | | | | | |
| • | | 8 | | | | | | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8 | 8 | -2,380. | | | | | |
| Part II Adjustments to Income | | | | | | | | |
| 10 | Educator expenses | I | | | | | | |
| 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 | 1 | | | | | |
| 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 a on Form 1040, 1040-SR, or 1040-NR, line 10a | | | | | | | |

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 13

Your social security number Name(s) shown on return 731-69-3012 SURYA PRAKASH GUPTA CHAKKA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α jaggayapeta jaggayapeta andhra pradesh IN 521175 В C 1b **Fair Rental Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and Days Days (from list below) personal use days. Check the QJV box only if you meet the requirements to file as a Α 365 A 0 qualified joint venture. See instructions. В B С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe Income: **Properties:** 350. 3 Rents received . 3 4 4 Royalties received . Expenses: 5 5 260. Advertising 6 Auto and travel (see instructions) . 6 470. 7 Cleaning and maintenance . . . 7 8 Commissions. 8 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 1,250. 14 Repairs. 750. 15 15 Supplies . 16 Taxes 16 17 17 18 Depreciation expense or depletion 18 Other (list) 19 19 Total expenses. Add lines 5 through 19 2,730. 20 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must 21 -2,380.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -2.380.350. 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b **c** Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 2,730. e Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 2,380. 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

-2,380.

26

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