Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)									
Taxpayer's name	Soci	Social security number							
RAVI TEJA RAAVI	763-15-0499								
Spouse's name	Spou	use's social se	curity number	,					
Part I Tax Return Information — Tax Year Ending December 31,	2020 (Enter year	r you are a	uthorizing.)					
Enter whole dollars only on lines 1 through 5.				<u>, </u>					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1 Adjusted gross income				,477.					
2 Total tax			_	,667.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				,953.					
4 Amount you want refunded to you			5	,038.					
5 Amount you owe			Vour rotu	rn)					
Under penalties of perjury, I declare that I have examined a copy of the income tax return (or	· · · · · · · · · · · · · · · · · · ·								
return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receip for any delay in processing the return or refund, and (c) the date of any refund. If applicable Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instit payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institutio taxes to receive confidential information necessary to answer inquiries and resolve issue personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Consent.	t or reason for rejection , I authorize the U.S. Tra tution account indicated e financial institution to c Agent to terminate the a t cancellation requests ins involved in the proces is related to the payme	of the transmeasury and its in the tax prodebit the entry authorization. must be recessing of the ent. I further a	nission, (b) the designated eparation sof y to this acco. To revoke (deived no late electronic paracknowledge	ne reason Financial Financial Tware for bunt. This cancel) a er than 2 yment of that the					
Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC to er	nter or generate my Pl	_{IN} 5 0	4 9 9	ac my					
ERO firm name signature on the income tax return (original or amended) I am now authority		Enter fiv	e digits, but ter all zeros	as my					
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Practibelow.	amended) I am now a								
Your signature ▶	Date ▶								
Spouse's PIN: check one box only									
	nter or generate my Pl	INI		ac my					
ERO firm name	itel of generate my i		e digits, but	as my					
signature on the income tax return (original or amended) I am now authori	izing.		ter all zeros						
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Practibelow.									
Spouse's signature ▶	Date ▶								
Practitioner PIN Method Returns Only—c									
Part III Certification and Authentication — Practitioner PIN Method	d Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected		2 7 8 6		9					
I certify that the above numeric entry is my PIN, which is my signature for the electronic in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confin requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-	dividual income tax retum that I am submitting	ırn (original o this return in	r amended) I accordance						
ERO's signature ▶	Date ▶								
ERO Must Retain This Form — See In Don't Submit This Form to the IRS Unless Re		5							

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of										
Your first name	and m	iddle initial	Last na	me					Yo	our so	cial securit	y number	
RAVI TEJA				7I					7	63-3	53-15-0499		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Sp	Spouse's social security number			
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	1			on Campaign	
		EY OAKS BLVD			1						iere if you, if filing ioin	or your tly, want \$3	
	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code			0,	Checking a	
Austin			Ι.		/ T		_	8749		box below will not change			
Foreign country	y name			Foreign province/state	e/coun	ty	For	reign postal co	de yc	de your tax or refund. You Spou			
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquir	e any	financial ir	nterest in	n any virtual	curre	ncy?	Yes	X No	
Standard Deduction		eone can claim:				•	ent						
Age/Blindness	You	Were born before January 2,	1956	Are blind S	oouse	: Was	born b	efore Janua	ry 2, 1	956	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relati	onship	(4) 🗸	if quali	fies for	(see instru	ctions):	
If more	•	irst name Last name		number	,	to yo		Child ta		- 1		ner dependents	
than four													
dependents, see instruction													
and check	5 —												
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	-	79,274.	
Attach	2a	Tax-exempt interest	2a		b T	axable inte	erest			2b			
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary di	vidends			3b		0.	
	4a	IRA distributions	4a		b T	axable am	ount .			4b			
	5a	Pensions and annuities	5a		b T	axable am	ount .			5b			
Standard	6a	Social security benefits	6a		b T	axable am	ount .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D it	frequired. If not red	quired	l, check he	re .	•	• <u> </u>	7		2,563.	
Married filing	8	Other income from Schedule 1, li	ne 9 .							8	-	-6,060.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come					9		75,777.	
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 standard deduction. See instructions 10b 300.											
Head of	С	Add lines 10a and 10b. These are your total adjustments to income								100	_	300.	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	come					11	_	75,477.	
If you checked any box under	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)					12		12,400.	
Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13								14		L2,400.	
	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	s, ente	er -0				15	6	53,077.	

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			. 16	9,667.
	17	Amount from Schedule 2, lir	ne 3						. 17	
	18	Add lines 16 and 17							. 18	9,667.
	19	Child tax credit or credit for	other dependent	ts					. 19	
	20	Amount from Schedule 3, lir	ne 7						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	9,667.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				. 23	0.
	24	Add lines 22 and 23. This is	your total tax						▶ 24	9,667.
	25	Federal income tax withheld	l from:							,
	а	Form(s) W-2				25a	12	,95	3.	
	b	Form(s) 1099				25b		-		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						. 25d	12,953.
	26	2020 estimated tax paymen								
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		•		
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	1	,75	2	
see manuchons.	31	•				31		, 13.	۷.	
	32	Amount from Schedule 3, line 13								1,752.
	33	Add lines 25d, 26, and 32. These are your total payments								14,705.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								5,038.
Refund Direct deposit?	3 4 35а	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow								5,038.
	> b	Routing number 0 1 1 1 9 0 0 2 5 4 Crype: X Checking Savings								5,036.
See instructions.	►d	Account number 3 8 5				J Check	arig	Saviri	ys	
	36	Amount of line 34 you want				36				
Amount	37					_			▶ 37	
You Owe	31	Subtract line 33 from line 24. This is the amount you owe now								
For details on		Note: Schedule H and Sch	or							
how to pay, see instructions.	38	2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions) ▶ 38								
Third Party		you want to allow another								
Designee		structions	•				Yes. C	omple	te below.	X No
Doorgrioo		signee's		Phone				•	entification	
-		me ►		no. 🕨				ber (PII		
Sign		der penalties of perjury, I declare								
Here	bel	ief, they are true, correct, and com	plete. Declaration					,		
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
laint vatuus?			SOFTWARE DEVELOPER					see inst.)	IN, enter it fiere	
Joint return? See instructions.	Sp	pouse's signature. If a joint return, both must sign.		Date Spouse's occupation						nt your spouse an
Keep a copy for	J Gp	oues o eignaturer ir a jennt return, i							ection PIN, enter it here	
your records.								(:	see inst.) ►	
	Ph	one no.		Email address						
Paid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA_TALLAM	05/0)5/2021	P02	082703	Self-employed
Preparer	Fire	m's name ► GLOBAL TA	XES LLC					F	Phone no.	678)965-9522
Use Only	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041			F	irm's EIN	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	est information.		BAA	REV	04/16/21 PR			Form 1040 (2020)
•										

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

RAVI TEJA RAAVI

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01**

Your social security number

763-15-0499

Par	t 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	-6,060.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		6.060
Par	t II Adjustments to Income	9	-6,060.
		10	
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 D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► 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. Your social security number

763-15-0499 RAVI TEJA RAAVI 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 108,871. 106,518. 210. 2,563. 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 2,563. 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 Box E checked 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** 2,563. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • 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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form **8949**

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.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return
RAVI TEJA RAAVI

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number

763-15-0499

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.

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	d to you on F	orm 1099-B	·			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	08/06/20	11/27/20	108,871.	106,518.	EW	210.	2,563.
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 inc is checked), lir	lude on your ne 2 (if Box B	108.871.	106.518.		210.	2.563.

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.

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.

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

OMB No. 1545-0074

Attachment Sequence No. **13**

Name(s) shown on return
RAVI TEJA RAAVI

Department of the Treasury

Internal Revenue Service (99)

Your social security number

	TEJA RAAVI								63-15-0		
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note	If you a	are in th	e business c	of rent	ing person	al prop	erty, use
	Schedule C. See i	instructions. If you are an individual, repo	ort farr	m rental ir	ncome c	or loss f	rom Form 48	335 or	n page 2, li	ne 40.	
A Dic	d you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099? S	ee instr	uctions .		[Ye	s 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[Ye	s 🗌 No
1a	Physical address of e	each property (street, city, state, ZIF	code	e)							
Α	MADICHERLA BAP	ULAPADU ANDHRA PRADESH I	IN 5	21105							
В											
С											
1b	Type of Property										
	(from list below)	above, report the number of fa	above, report the number of fair rental and personal use days. Check the QJV box only								QJV
Α	3	if you meet the requirements to	o file a	s a	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
С				Γ	С						
Type o	of Property:										
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	7 Self-	Rental				
2 Mul	ti-Family Residence		6 Ro	yalties	3	3 Othe	r (describe))			
Incom	ie:	Properties:			Α		Е	3			С
3	Rents received		3			500.					
4			4								
Expen											
5	Advertising		5								
6	Auto and travel (see in	nstructions)	6								
7		nance	7		1,	040.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	ssional fees	10								
11	Management fees .		11			900.					
12	Mortgage interest paid	d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		1,	720.					
15	Supplies		15		1,:	250.					
16	Taxes		16								
17			17		1,	650.					
18	-	or depletion	18								
19	Other (list)		19								
20	•	lines 5 through 19	20		6,	560.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	file Form 6198		21		-6,	060.					
22		estate loss after limitation, if any,		,			,				
	on Form 8582 (see in	•	22	[(-6,0	60.)	()()
23a		eported on line 3 for all rental prope				23a		5	00.		
b		eported on line 4 for all royalty properties	erties			23b					
С		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		6,5			
24	•	e amounts shown on line 21. Do no		-					24		'
25	Losses. Add royalty los	sses from line 21 and rental real estate	losse	s trom lin	e 22. Er	nter tota	al losses her	е.	25 (6,060.)
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not a							26		-6,060.
	Scriedule I (FOIII 104	10), line 5. Otherwise, include this ar	nount		nai Uil	11111111111111111111111111111111111111	on page 2		26		0,000.