1040-X

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. Ja	anuary 2020) Go to www.irs	s.gov/Form1040	X for instructions an	d the	latest information	١.		
This r	return is for calendar year 🔀 2019	2018 2	2016					
	r year. Enter one: calendar year	or fiscal year	ar (month and year	endec	l):			
Your fir	st name and middle initial	L	ast name			Your socia	al security	number
SAI	RAMMOHAN		TARIGOPPULA V	ENKA	TA	382-3	1-089	4
If joint r	return, spouse's first name and middle initial	L	ast name			Spouse's	social sec	urity number
ARU	NA		TARIGOPPULA			709-4	1-407	6
Current	t home address (number and street). If you have a P.	O. box, see instruc	tions.		Apt. no.	Your phone	e number	
195	SW CLARK ST				E1	(901)	338-3	229
City, to	wn or post office, state, and ZIP code. If you have a	foreign address, als	so complete spaces belo	w. See	instructions.			
ISS	AQUAH WA 98027							
Foreign	country name		Foreign province/stat	e/coun	ty	Fore	eign posta	l code
chang status	nded return filing status. You must chec ging your filing status. Caution: In general s from a joint return to separate returns at	l, you can't cha fter the due dat	ange your filing te.	ret	Full-year health 18 returns only urn, leave blank.	, exempt See instru). If am ctions.	ending a 2019
☐ Sir	ngle 🗵 Married filing jointly 🗌 Marrie	d filing separat	ely (MFS) 🔲 Qua	alifying	g widow(er) (QW)	∐ He	ad of ho	ousehold (HOH
	checked the MFS box, enter the name n is a child but not your dependent. ▶	of spouse. If y	ou checked the HC)H or	QW box, enter t	he child's	name i	f the qualifying
Incor	Use Part III on the back to	explain any c	hanges		A. Original amount reported or as previously adjusted (see instructions)	B. Net cha amount of i or (decrea explain in	ncrease ase)—	C. Correct amount
1	Adjusted gross income. If a net ope	veting lose (N	IOI) carrubaak ia		(See mandenons)	САРІШІТІІТ	r di t iii	
'	included, check here			1	68,885.	_	292.	68,593.
2	Itemized deductions or standard deduc			2	24,400.		0.	24,400.
3				3	44,485.	_	292.	44,193.
4a	Exemptions (amended 2017 or earli complete Part I on page 2 and enter the	er returns on	ly). If changing,	4a	11,103.		2,2.	11,123.
b	Qualified business income deduction (ar	nended 2018 o	r later returns only)	4b	0.		0.	0.
5	Taxable income. Subtract line 4a or 4b or less, enter -0-			5	44,485.	_	292.	44,193.
Tax L	Liability							
6	Tax. Enter method(s) used to figure tax QDCGTW	(see instruction	ns):	6	4,841.		-30.	4,811.
7	Credits. If a general business credit carry	back is included	d, check here ► 🗌	7	2,500.		0.	2,500.
8	Subtract line 7 from line 6. If the result i	s zero or less,	enter -0	8	2,341.		-30.	2,311.
9	Health care: individual responsibility (a only). See instructions	mended 2018	or earlier returns	9	0.		0.	
10	Other taxes			10	0.		0.	0.
11	Total tax. Add lines 8, 9, and 10			11	2,341.		-30.	2,311.
Payn	nents							
12	Federal income tax withheld and exces tax withheld. (If changing, see instructions)			12	8,390.		-70.	8,320.
13	Estimated tax payments, including amou			13	0.		0.	0.
14	Earned income credit (EIC)			14	0.		0.	0.
15	Refundable credits from: ☐ Schedule 8 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ ot			15	0.		0.	0.
16	Total amount paid with request for external tax paid after return was filed	ension of time	to file, tax paid with				16	0.
17	Total payments. Add lines 12 through 1	5, column C, a	nd line 16		<u></u> .		17	8,320.
Refu	nd or Amount You Owe							
18	Overpayment, if any, as shown on origi	nal return or as	previously adjusted	d by t	he IRS		18	6,049.
19	Subtract line 18 from line 17. (If less that		·				19	2,271.
20	Amount you owe. If line 11, column C,						20	40.
21	If line 11, column C, is less than line 19						21	
22	Amount of line 21 you want refunded t	-			1 1		22	0.
23	Amount of line 21 you want applied to y	our (enter vea	r): estim	nated	tax 23			

Form 1040-X (Rev. 1-2020) Page 2

Part I	Exemptions	s and Dependen	ts
ганы	EXCITIONIS	s and Dependen	LO

Complete this part only if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

arriori	aning your zono or later retainly.							
CAUTION	For amended 2018 or later ret Fill in all other applicable lines Note: See the Forms 1040 an for the tax year being amende	s. nd 1040-SF	R, or Form 1040A, ins	tructions		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caut dependent, you can't claim at 2018 or later return, leave line	n exemptio	on for yourself. If ame	nding your	24			
25	Your dependent children who		•		25			
26	Your dependent children who di		•	•	26			
27	Other dependents				27			
28	Total number of exemptions. 2018 or later return, leave line		•	٠.	28			
29	Multiply the number of exemp				20			
20	amount shown in the instru amending. Enter the result he amending your 2018 or later r	uctions for ere and on return, leav	line 29 for the yealine 4a on page 1 of the line blank	ar you are this form. If	29			
30	List ALL dependents (children	and other	s) claimed on this ame	ended return	ı. If mo			
Depen	dents (see instructions):		(h) Coolal accurrity	(a) Deletie	nahin	(d) √ if c	ualifies for (see in	structions):
(a)	First name Last n	name	(b) Social security number	(c) Relation to you		Child tax cred		ther dependents 3 or later returns only)
Part			<u> </u>					
	king below won't increase your		•					
	Check here if you didn't previou	-	_		Φο.			
	Check here if this is a joint retur		· · · · · · · · · · · · · · · · · · ·					
Part							1040-X.	
	► Attach any supporting doc CORRECTED W2 RECE		nd new or changed to	orms and sc	neaule	2 S.		

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sian	Here
0.9	

)		SOFTWAR	E ENGINEER	
Your signature	Date	Your occupat	tion	
•		HOMEMAK	ER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occ	cupation	
Paid Preparer Use Only				
▶ APPANA RUPA VENKATA SATYA SAI MANIKUMAR	06/04/2020	GLOBAL	TAXES LLC	
Preparer's signature	Date	Firm's name	(or yours if self-employed)	
APPANA RUPA VENKATA SATYA SAI MANI	KUMAR	2530 Pe	ebble Creek Ln Cumr	ming GA 30041
Print/type preparer's name		Firm's addres	ss and ZIP code	
P02090332	Check if self	-employed	(646)727-7157	30-1017196
PTIN			Phone number	EIN

٤١	1	0.40	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	(99)
Ē		U4U	U.S. Individual Income Tax Retu	rn

20'	19

OMB No. 1545-0074 RS 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 name ild but not your dependent. ■		ried filing separately (MFS)		· / —		ow(er) (QW) ving person is
Your first name		<u> </u>	La	st name			Your so	cial security number
SAI RAM	мона	N	$ _{\mathrm{T}}$	'ARIGOPPULA VEI		31-0894		
		s first name and middle initial	-	st name			Spouse'	s social security number
ARUNA			Т	ARIGOPPULA			709-	41-4076
Home address	(numbe	er and street). If you have a P.O. box, see	ins	tructions.		Apt. no.	Preside	ntial Election Campaign
195 SW (CLAR	K ST				E1		e if you, or your spouse if filing
City, town or p	ost offic	ce, state, and ZIP code. If you have a fore	eign	address, also complete sp	paces below (see instru	ctions).		t \$3 to go to this fund. box below will not change your
ISSAQUA	H WA	98027					tax or refun	
Foreign country	y name			Foreign province/stat	te/county	Foreign postal code		than four dependents, ructions and ✓ here ►
Standard Deduction		eone can claim: You as a depende	ou '					
Age/Blindness	You:		L	Are blind Spouse:	Was born before	e January 2, 1955	Is bli	nd
Dependents (see ins	,		(2) Social security number	, ,		r (see instructions):	
(1) First name		Last name	_		Child tax cre			
VENKATA KRIS	HNA AB		925-86-9684		Son			X
ARJUN		TARIGOPPULA		671-93-9463	Son X			
			_					
	1	Wages, salaries, tips, etc. Attach Form	(s) V	V-2			1	89,768.
	2a	Tax-exempt interest	2a	1	b Taxable interest. A	ttach Sch. B if require	ed 2b	
Standard	3a	Qualified dividends	3a	150.	b Ordinary dividends.	Attach Sch. B if require	ed 3b	150.
Deduction for— Single or Married	4a	IRA distributions	4a		b Taxable amount		4b	
filing separately,	С	Pensions and annuities	4c		d Taxable amount		4d	
\$12,200 Married filing	5a	Social security benefits	5a		b Taxable amount	· · · · · <u>·</u>	5b	
jointly or Qualifying	6	Capital gain or (loss). Attach Schedule	D if	required. If not required, o	check here	▶ ∟	6_	1,276.
widow(er), \$24,400	7a	Other income from Schedule 1, line 9					7a	-22,601.
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7	7a. 1	This is your total income			▶ 7b	68,593.
household, \$18,350	8a	Adjustments to income from Schedule	1, lii	ne 22			8a	
If you checked	b	Subtract line 8a from line 7b. This is yo	ur a	djusted gross income		, .	8b	68,593.
any box under Standard	9	Standard deduction or itemized dedu	uctio	ons (from Schedule A) .	9	24,400).	
Deduction, see instructions.	10	Qualified business income deduction. A	Atta	ch Form 8995 or Form 899	95-A <u>10</u>)		
	11a	Add lines 9 and 10					11a	· ·
	h	Tavable income Subtract line 11a from	m lir	a 8h If zero or less enter	· _N_		446	. 44 102

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

Form **1040** (2019)

Form 1040 (2019	9)							F	Page 2
	12a	Tax (see inst.) Check if any from Form(s): 1 881	4 2 4972	3 🗌	12a 4,81	L1.			
	b	Add Schedule 2, line 3, and line 12a and enter the	total			▶ 12b		4,8	11.
	13a	Child tax credit or credit for other dependents .			13a 2,50	00.			
	b	Add Schedule 3, line 7, and line 13a and enter the	total			▶ 13b		2,5	00.
	14	Subtract line 13b from line 12b. If zero or less, ent	ter -0			. 14		2,3	11.
	15	Other taxes, including self-employment tax, from	Schedule 2, line	10		. 15			0.
	16	Add lines 14 and 15. This is your total tax				▶ 16		2,3	11.
	17	Federal income tax withheld from Forms W-2 and	1099			. 17		8,3	20.
If you have a	18	Other payments and refundable credits:							
qualifying child, attach Sch. EIC.	a	Earned income credit (EIC)		No	18a				
If you have	b	Additional child tax credit. Attach Schedule 8812			18b				
nontaxable combat pay, see	С	American opportunity credit from Form 8863, line	8		18c				
instructions.	d	Schedule 3, line 14			18d				
	е	Add lines 18a through 18d. These are your total of	other payments a	and refundable cred	its	▶ 18e			
	19	Add lines 17 and 18e. These are your total payme	ents	<u> </u>		▶ 19		8,3	
Refund	20	If line 19 is more than line 16, subtract line 16 from	n line 19. This is t	he amount you over	oaid	. 20			09.
Direct deposit? See instructions.	21a	Amount of line 20 you want refunded to you. If Fo	21a		6,0	09.			
	▶ b	Routing number 0 6 4 0 0 0 0			Checking Savin	igs			
	▶ d	Account number 4 4 4 0 0 0 7	6 7 5 2	2 7					
	22	Amount of line 20 you want applied to your 2020	estimated tax		22				
Amount	23	Amount you owe. Subtract line 19 from line 16. F	or details on how	v to pay, see instructi	ons	▶ 23			
You Owe	24	Estimated tax penalty (see instructions)			24				
Third Party	Do	you want to allow another person (other than your p	paid preparer) to	discuss this return w	ith the IRS? See instruct			omplete b	pelow.
Designee (Other than	Do	signee's	Phone		Personal ide		No		
paid preparer)		me ►	no.		number (PIN				
Sign		der penalties of perjury, I declare that I have examined this				of my knowled	ge and be	elief, they a	are true,
Here	con	rect, and complete. Declaration of preparer (other than taxpa	ayer) is based on all	information of which pre	parer has any knowledge.				
11010	Yo	ur signature	Date	Your occupation		If the IRS se Protection F	,		y
Joint return?				SOFTWARE E	NGINEER	(see inst.)	IIV, EIILE	I II II I	$\neg \neg$
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		If the IRS se	nt your	spouse a	in .
Keep a copy for		, , ,				Identity Prof	ection F	'IN, enter	it here
your records.				HOMEMAKER		(see inst.)	Ш	$\sqcup \sqcup$	\perp
		one no.	Email address		l				
Paid		eparer's name Preparer's signa			Date PTI		Check		
Preparer	APPAI	NA RUPA VENKATA SATYA SAI MANIKUMAR APPANA RUPA	VENKATA SATYA	A SAI MANIKUMAR		2090332		rd Party De	•
Use Only		m's name ▶ GLOBAL TAXES LLC			Phone no. (646)7			elf-emplo	
	Fin	m's address ▶ 2530 Pebble Creek 1	Ln Cummin	g GA 30041		Firm's EIN		-1017	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 05/19/20 PRO		Fo	orm 1040) (2019)

SCHEDULE 1 (Form 1040 or 1040-SR)

22

Additional Income and Adjustments to Income

Department of the Treasury Internal Revenue Service ► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019

Attachment
Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR Your social security number S TARIGOPPULA VENKATA & A TARIGOPPULA 382-31-0894 At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any Part I **Additional Income** 2a 2a Date of original divorce or separation agreement (see instructions) 3 3 4 4 5 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . -22,601. 6 6 7 7 8 Other income. List type and amount ▶ 8 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a 9 9 -22,601. Part II **Adjustments to Income** 10 10 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach 11 Health savings account deduction. Attach Form 8889 12 12 13 13 Moving expenses for members of the Armed Forces. Attach Form 3903 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 15 16 16 17 17 18a 18a Date of original divorce or separation agreement (see instructions) 19 19 20 20 21 21

Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or

22

SCHEDULE D

(Form 1040 or 1040-SR)

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. Department of the Treasury ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment

Sequence No. 12 Internal Revenue Service (99) Name(s) shown on return Your social security number 382-31-0894 S TARIGOPPULA VENKATA & A TARIGOPPULA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) 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. line 2. column (a) with 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 6,034. 5,499. 535. 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 7 535. 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 6,240. 5,499. 741. 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

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on

BAA

741.

14

15

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	1,276.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. 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 line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains? X 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? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). 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.		
21	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, 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 or 1040-SR, line 3a; or Form 1040-NR, line 10b?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).		
	☐ 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.

2019 Attachment Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

382-31-0894

S TARIGOPPULA VENKATA & A TARIGOPPULA

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

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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions E*TRADE SECURITIES LLC 6,034. 5,499. 535. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

6,034.

535.

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) ▶

5,499.

Form 8949 (2019) Attachment Sequence No. **12A** Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

S TARIGOPPULA VENKATA & A TARIGOPPULA

above is checked), or line 10 (if Box F above is checked) ▶

382-31-0894

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.

	reported on l	Form(s) 1099	-B showing bas	•			9)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds		See the separate 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)	(d) Cost or other basis. Proceeds Sales price) 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.	from column (d) and combine the result with column (g)		
E*TRADE SECURITIES LLC			6,240.	5,499.			741.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	al here and inc	lude on your					

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.

6,240.

5,499.

SCHEDULE E

(Form 1040 or 1040-SR)

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.

OMB No. 1545-0074

2019

Attachment

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

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

Sequence No. 13

Your social security number

S TA	RIGOPPULA VENKA	ATA & A TARIGOPPULA						382	2-31-0	894		
Part	Income or Loss	s From Rental Real Estate and Roy	yaltie	s Not	te: If you	are in th	e business	of rentin	g person	al prop	erty,	use
	Schedule C (see	instructions). If you are an individual, rep	ort far	m renta	l income	or loss f	rom Form 4	835 on	page 2, li	ne 40.		
A Did	d you make any payme	nts in 2019 that would require you to	file F	orm(s)	1099? (see inst	ructions)		[Yes	s X	No
B If "	Yes," did you or will yo	ou file required Forms 1099?							[_ Yes	s [No
1a		each property (street, city, state, ZIF										
Α	2403 TERRA COT	TTA CIRCLE HERNDON VA 201	71									
В												
С												
1b	Type of Property	2 For each rental real estate prop	erty I	isted			Rental		onal Use	€	QJ	IV
	(from list below)	above, report the number of fair personal use days. Check the	ir rent D.IV h	al and		D	ays		ays			
A	1	only if you meet the requiremen	nts to	file as	Α		360		0			<u>] </u>
B		a qualified joint venture. See in	Struct	ions.	В]
C					С]
	of Property:											
	gle Family Residence	3 Vacation/Short-Term Rental				7 Self-						
	ti-Family Residence		6 Ro	yalties		8 Othe	r (describe					
Incom		Properties:			Α_		ı ı	В			C	
3			3		1	,600.						
4 ====================================			4									
Exper			_									
5	-	nstructions)	6									
6 7	,	nance	7									
8	•		8									
9			9			222						
10		essional fees	10			,322.						
11	•		11									
12	•	id to banks, etc. (see instructions)	12		16	,707.						
13			13		10	, 707.						
14			14									
15	•		15									
16			16		5	,172.						
17			17			, = , = .						
18		e or depletion	18									
19	Other (list) ▶		19									
20	` ′	lines 5 through 19	20		24	,201.						
21	·	line 3 (rents) and/or 4 (royalties). If				·						
		instructions to find out if you must										
	• • •		21		-22	,601.						
22	Deductible rental rea	l estate loss after limitation, if any,										
	on Form 8582 (see in		22	(-22,	601.)	()(
23a		eported on line 3 for all rental prope				23a		1,60	0.			
b		eported on line 4 for all royalty prope	erties			23b						
С		eported on line 12 for all properties				23c		16,70	7.			
d		eported on line 18 for all properties				23d						
е		eported on line 20 for all properties				23e	:	24,20				
24	•	e amounts shown on line 21. Do no		-				-	24			
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from I	ine 22. I	nter tota	al losses he	re .	25 (2	2,6	501.
26		ate and royalty income or (loss).										
		IV, and line 40 on page 2 do not										
		040 or 1040-SR), line 5, or Form 1							06		2.2	601
	amount in the total or	n line 41 on page 2			иЪЧ		-22,6	∵∸:	26	_	22,	601.

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

S TARIGOPPULA VENKATA & A TARIGOPPULA 382-31-0894 Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332 **Due Diligence Requirements** Part I Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC X CTC/ACTC/ODC ☐ AOTC HOH Did you complete the return based on information for tax year 2019 provided by the taxpayer or Yes No N/A X If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? $|\mathbf{x}|$ Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 3 the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine 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 HOH filing Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the guestions you asked, whom you asked, when you asked, the information that was provided, and the impact the П Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$ X List those documents, if any, that you relied on. Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her X 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.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

Form 88	367 (2019)			Page 2
Part				
9a	Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying	Yes	No	N/A
	children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)			
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	to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
44	a citizen, national, or resident of the United States?	×		
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?			
10	·			
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?	X		
Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)				
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
- I	tuition and related expenses for the claimed AOTC?			
Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.) 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year Yes No				
14	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	,	Yes	No
Part VI Eligibility Certification				
➤ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:				
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;			
	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 8867 instructions under <i>Document Retention</i> .			
	1. A copy of this Form 8867.			
	 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's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s). 			
	4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).			
► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.				
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No
	complete?		orm 886	7 (2019)
	REV 05/19/20 PRO	F	onn oo t	≠ (∠019)