Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

| Taxpayer's name | Social security number | | | | | | | | | | |
|---|---------------------------------|--|--|--|--|--|--|--|--|--|--|
| SRI RAGHU RAM VATRAM | 857-20-3720 | | | | | | | | | | |
| Spouse's name | Spouse's social security number | | | | | | | | | | |
| | | | | | | | | | | | |
| Part I Tax Return Information – Tax Year Ending December 31, (Enter | year you are authorizing.) | | | | | | | | | | |
| Enter whole dollars only on lines 1 through 5. | | | | | | | | | | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | | | | |
| 1 Adjusted gross income | 1 81,862. | | | | | | | | | | |
| 2 Total tax | 2 11,075. | | | | | | | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 14,601. | | | | | | | | | | |
| 4 Amount you want refunded to you | · · · · 4 4,383. | | | | | | | | | | |
| 5 Amount you owe | | | | | | | | | | | |

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

Taxpayer's PIN: check one box only

| X | I authorize | GLOBAL | TAXES | | to enter or generate my PIN | |
|---|-------------|--------|-------|---------------|-----------------------------|--|
| | | | | ERO firm name | | |

| 0 | 3 | 7 | 2 | 0 | |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent dor | er fiv n't er | /e di nter a | gits, all ze | but ros | as my |

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

| Spouse's signature ► | Da | ate 🕨 | • | | | | | | |
|--|----------|-------|----|------|------|--------------|-------|-----|---|
| Practitioner PIN Method Returns Only— | continue | bel | ow | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Metho | d Only | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte | ed PIN. | 5 | 8 | | | 6 all zer | 9 | 8 9 | Э |

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

| ERO's signature > | Date 🕨 | |
|---|--------|--------------------------|
| ERO M Don't Submit | | |
| For Denemory Deduction Act Nation and Vous to | | Earm 8879 (Bay, 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO

| E 1040 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | (99) urn | 202 | 20 | OMB No. 1545 | -0074 | IRS Us | se Only | —Do not v | vrite or staple | in this space. |
|--|------------|---|----------|--------------------|----------------------------|---------|------------------|---------------|-----------------|---------|--------------|-------------------------------|------------------------|
| Filing Status Check only one box. | lf yo | Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent | ame of | - | separately buse. If you | . , | | | | | | , 0 | . , . , |
| Your first name | and m | iddle initial | Last na | ame | | | | | | | Your so | cial securi | ty number |
| SRI RAGI | HU R. | AM | VATI | RAM | | | | | | | 857- | 20-372 | 0 |
| lf joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | | | | Spouse | 's social se | curity number |
| Home address 8025 OH | | er and street). If you have a P.O. box, see R | instruct | ions. | | | | | pt. no. 2210 | | | ential Electi here if you, | on Campaign or your |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | te | ZIP co | de | | | | ntly, want \$3 |
| PLANO | | | | | | Т | x | 750 | 24 | | | o this fund. low will not | Checking a change |
| Foreign country | / name | | | Foreign p | rovince/state | e/coun | ty | Foreig | n postal | code | | x or refund | 0 |
| At any time du | ring 20 | 020, did you receive, sell, send, excl | nange, | or otherv | vise acquir | e any | financial intere | l est in a | ny virtu | ial cu | rrency? | | X No |
| Standard Deduction Age/Blindness | | eone can claim: You as a de Spouse itemizes on a separate retur : Were born before January 2, 1 | n or yo | | dual-statu | | | rn befc | ore Jani | uary 2 | 2, 1956 | 🗌 ls bl | lind |
| Dependents | s (see | instructions): | | (2) | Social secur | ity | (3) Relationsh | nip | (4) | / if q | ualifies fo | r (see instru | uctions): |
| • If more | | irst name Last name | | | number | | to you | | | tax ci | | | her dependents |
| than four | | | | | | | | | | | | | |
| dependents, see instruction | | | | | | | | | | | | | |
| and check | 5 | | | | | | | | | | | | |
| here 🕨 🗌 | | | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach F | orm(s) | W-2 . | <u>.</u> | | | | | | . 1 | | 89,175. |
| Attach | 2 a | Tax-exempt interest | 2a | | | bТ | axable interes | t. | | | . 2b |) | 3. |
| Sch. B if required. | 3a | Qualified dividends | 3a | | | ЬC | Ordinary divide | nds . | | | . 3 b |) | 24. |
| | 4a | IRA distributions | 4a | | | bΤ | axable amoun | t | | | . 4b |) | |
| | 5a | Pensions and annuities | 5a | | | bΤ | axable amoun | t | | | . 5b |) | |
| Standard | 6a | Social security benefits | 6a | | | bΤ | axable amoun | t | | | . 6b |) | |
| Deduction for – Single or | 7 | Capital gain or (loss). Attach Sche | dule D | f require | d. If not re | quired | , check here | | | | _ 7 | | -620. |
| Married filing | 8 | Other income from Schedule 1, lin | | | | | | | | | . 8 | | -6,420. |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is yo | our total in | come | | | | | ▶ 9 | | 82,162. |
| Married filing iointly or | 10 | Adjustments to income: | | | | | 1 | 1 | | | | | |
| Qualifying | а | From Schedule 1, line 22 | · · | | | | 10 | a | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take | the sta | ndard de | duction. Se | e inst | ructions 10 | b | | 30 | 0. | | |
| Head of household | С | Add lines 10a and 10b. These are | | | | | | | | | ► <u>10</u> | | 300. |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This | | | | | | | | | ► <u>11</u> | | 81,862. |
| If you checked any box under | 12 | Standard deduction or itemized | | ` | | , | | | | | | | 12,400. |
| Standard | 13 | Qualified business income deduct | | | | | | | | | | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | | | | | 12,400. |
| | 15 | Taxable income. Subtract line 14 | from li | ne 11. lf : | zero or less | s, ente | er-0 | | | | . 15 | | 69,462. |

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

Form **1040** (2020)

| Form 1040 (2020 |)) | | | | | | | | | | Page 2 |
|---|-----|---|---------------------------|---------------------|------------------------|-----------|-------------|---------------|----------|--------------|--|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 | 4972 | 3 |] | | . 16 | 11,075. |
| | 17 | Amount from Schedule 2, lir | ie3 | | | | | | | . 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | | . 18 | 11,075. |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | | . 19 | |
| | 20 | Amount from Schedule 3, lir | ie7 | | | | | | | . 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | . 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | | . 22 | 11,075. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line [·] | 10. | | | | . 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | | ▶ 24 | 11,075. |
| | 25 | Federal income tax withheld | from: | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25 a | 14 | 1,60 | 1. | |
| | b | Form(s) 1099 | | | | | 25 b | | | | |
| | с | Other forms (see instructions | s) | | | | 250 | ; | | | |
| | d | Add lines 25a through 25c | | | | | | | | . 25d | 14,601. |
| • If you have a | 26 | 2020 estimated tax payment | ts and amount a | pplied from 20 | 19 retur | m | | | | . 26 | |
| qualifying child, attach Sch. EIC. r | 27 | Earned income credit (EIC) | | | ¹ | Nọ. | 27 | | | | |
| If you have | 28 | Additional child tax credit. A | ttach Schedule | 8812 | | | 28 | | | | |
| nontaxable combat pay, | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | | 29 | | | | |
| see instructions. | 30 | Recovery rebate credit. See | instructions . | | | | 30 | | 85 | 7. | |
| | 31 | Amount from Schedule 3, lin | ie 13 | | | | 31 | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tot a | al other paym | ents and | d refund | lable c | redits . | | ▶ 32 | 857. |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | | ▶ 33 | 15,458. |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 2 | 4 from line 33. | This is t | the amou | unt you | overpaid | | . 34 | 4,383. |
| neruna | 35a | Amount of line 34 you want | | | is attac | hed, che | eck her | е | . 🕨 [| 35a | 4,383. |
| Direct deposit? | ►b | Routing number 0 2 2 | | | ► c Ty | ype: 🔉 | Cheo | cking | Savin | gs | |
| See instructions. | ►d | Account number 9 8 7 | 0 2 2 2 | 2 7 1 | | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2021 estimate | ed tax . | . 🕨 | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | now . | | | | | ▶ 37 | |
| You Owe For details on | | Note: Schedule H and Sch 2020. See Schedule 3, line 1 | | | • | esent all | of the | taxes you | owe | for | |
| how to pay, see instructions. | 38 | Estimated tax penalty (see in | - | | | . 🕨 | 38 | | | | |
| Third Party Designee | | you want to allow another | person to disc | cuss this retu | rn with | the IRS | | Yes. C | omple | te below | X No |
| Designee | | signee's | | Phone | | | • | | • | entification | |
| | | me ► | | no. 🕨 | | | | | nber (Pl | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | | |
| Here | Yo | ur signature | | Date | Your oc | cupation | | | 1 | f the IRS se | nt you an Identity |
| | | - | | | | | | | | | IN, enter it here |
| Joint return? | | | | | | WARE | | NEER | ` | see inst.) 🕨 | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse | 's occupa | ition | | | | nt your spouse an ection PIN, enter it here |
| your records. | , | | | | | | | | | see inst.) ► | , |
| | Ph | one no. | | Email address | | | | | | | |
| | | parer's name | Preparer's signat | | | | Date | 9 | PTIN | | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | GIIPTA | TAT.T.AM | | 06/2021 | | 082703 | Self-employed |
| Preparer | | n's name GLOBAL TAX | | IGEN DROAK | 301 IA | 111111 | . 0.5/ | 50/2021 | - | | (678)965-9522 |
| Use Only | | n's address > 2530 Pebb | | n Cummin | a GP | 30041 | | | | Firm's EIN | |
| Go to www.irc.cr | | 1040 for instructions and the late | | | - | AA | | V 02/01/24 PP | | | Form 1040 (2020 |
| ao to www.iis.go | | TO T | semiorination. | | в | AA | RE . | V 03/01/21 PR | 0 | | 1000 1070 (2020 |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Ν

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

. ---nformation.

| 00 | ial security numbe |
|----|--------------------------------------|
| | Attachment Sequence No. 01 |
| | 2020 |
| | |

OMB No. 1545-0074

| \blacktriangleright Attach to Form 1040, 1040-SR, or 1040-NR. | |
|---|----|
| ► Go to www.irs.gov/Form1040 for instructions and the latest i | ir |

| lame(s) shown on Form 1040, 1040-SR, or 1040-NR | Your social security number |
|---|-----------------------------|
| SRI RAGHU RAM VATRAM | 857-20-3720 |
| Part I Additional Income | |

1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a b Date of original divorce or separation agreement (see instructions) ► 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -6,420. 6 6 7 7 8 Other income. List type and amount ► _____ 8 Combine lines 1 through 8. Enter here and on Form 1040. 1040-SR, or 1040-NR. 9 line 8. 9 -6,420. Part II Adjustments to Income 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 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 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) ► 19 19 IRA deduction . . . 20 20 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and 22 For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO Schedule 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

| Attach to Form 1040, 1040-SR, or 1040-NR. |
|--|
| Go to www.irs.gov/ScheduleD for instructions and the latest information. |
| ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. |

20 20 Attachment Sequence No. 12

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

Department of the Treasury

SRI RAGHU RAM VATRAM

► Go

Your social security number

857-20-3720

| 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)

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustment to gain or loss Form(s) 8949, F line 2, column | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---------------|---|---|--|---|-----------------|---|
| | 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. | | | | (9) | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 21,292. | 21,912. | | | -620. |
| 2 | 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 | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | | usts from | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | | - | - | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis | • | ., | | 7 | -620. |

Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions) Part II

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustmen to gain or loss Form(s) 8949, f line 2, colum | from Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---------------|--|---|--|---|------------------|---|
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | | | 11 | |
| 12 13 | Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions | | | . , | 12 13 | |
| | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | /, from line 13 of y | our Capital Loss | Carryover | 14 | () |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back | • | | | 15 | |

| Part | III Summary | |
|------|---|-------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 -620. |
| | • 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 line 22. | |
| | • 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? | |
| | 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. | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 (620.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. | |
| | ☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |

REV 03/01/21 PRO

Schedule D (Form 1040) 2020

Form **8949**

Department of the Treasury

Internal Revenue Service

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.



Name(s) shown on return SRI RAGHU RAM VATRAM

| Social security number or taxpayer ide | entification number |
|--|---------------------|
| 857-20-3720 | |

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| 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 co | amount in column (g), ode in column (f). | (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) Deceds Cost or other basis. See the Note below and see Column (e) in the separate instructions Gain or (loss). Subtract column (e) from column (d) and combine the result instructions 30. 10. | | | | | |
| APEX CLEARING | 06/05/20 | 12/01/20 | 30. | 10. | | | 20. | | |
| ROBINHOOD SECURITIES LLC | 08/21/20 | 08/21/20 | 21,262. | 21,902. | | | -640. | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (| al here and inc is checked), lir | lude on your 1e 2 (if Box B | 21,292. | 21,912. | | | -620. | | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

| SCHEDULE E | |
|-------------|--|
| (Form 1040) | |

OMB No. 1545-0074

()

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.

| trusts, REMICs, etc.) | 20 |
|-----------------------|------------|
| nformation | Attachment |

Department of the Treasury

| | ent of the Treasury Revenue Service (99) | ►Go | o to <i>www.irs.</i> g | gov/ScheduleE f | or inst | ructions | and th | ne lates | t informatio | n. | | Attacl Seque | hment ence N | . 13 |
|----------------------|---|------------|------------------------|--|----------|----------|-----------|---------------------|--------------|---------------|----------|-----------------|-----------------|-----------|
| | shown on return | | | | | | | | | | ur socia | | | |
| SRI | RAGHU RAM VATRA | M | | | | | | | | 8 | 57-20 |)-372 | 0 | |
| Part | Income or Loss | From | Rental Real | Estate and Ro | yaltie | s Note | e: If you | are in | the business | of rent | ting per | sonal p | roperty | /, use |
| | Schedule C. See | instructio | ons. If you are | an individual, rep | ort farr | m rental | income | or loss | from Form | 4835 o | n page | 2, line 4 | 0. | |
| A Dic | l you make any payme | nts in 20 | 020 that wou | ld require you to | file F | orm(s) 1 | 099? | See ins | tructions | | | . 🗆 ' | Yes | × No |
| | Yes," did you or will yo | | | | | • • • | | | | | | | | |
| 1a | Physical address of e | each pro | operty (stree | t, city, state, ZIF | o code | e) | | | | | | | | |
| Α | SATRAMPADU ELU | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | | |
| 1b | o Type of Property 2 For each rental real estate property listedFair Rental | | | | | | | | | Pe | rsonal | Use | (| λΊλ |
| | (from list below) | al | bove, report t | the number of fa lays. Check the requirements to | ir rent | al and | | | Days | | Days | | | 20 4 |
| Α | 3 | if | you meet the | e requirements to | o file a | is a | Α | | 185 | | | 0 | | |
| В | | q | ualified joint | venture. See inst | ructio | ns. | В | | | | | | | |
| С | | | | | | | С | | | | | | | |
| Туре с | of Property: | | | | | | | | | | | | | |
| - | le Family Residence | 3 V | acation/Sho | rt-Term Rental | 5 La | nd | | 7 Sel | f-Rental | | | | | |
| | ti-Family Residence | 4 C | commercial | | 6 Ro | yalties | | 8 Oth | er (describ | e) | | | | |
| Incom | - | | | Properties: | | | Α | | | В | | | С | |
| 3 | Rents received | | | | 3 | | | 380. | | | | | | |
| 4 | Royalties received . | | | | 4 | | | | | | | | | |
| Expen | | | | | | | | | | | | | | |
| 5 | Advertising | | | | 5 | | | | | | | | | |
| 6 | Auto and travel (see in | | , | | 6 | | | | | | | | | |
| 7 | Cleaning and mainter | | | | 7 | | | 750. | | | | | | |
| 8 | Commissions | | | | 8 | | | | | | | | | |
| 9 | Insurance | | | | 9 | | | | | | | | | |
| 10 | Legal and other profe | | | | 10 | | | | | | | | | |
| 11 | Management fees . | | | | 11 | | | 900. | | | | | | |
| 12 | Mortgage interest pai | | | | 12 | | | | | | | | | |
| 13 | Other interest | | | | 13 | | | | | | | | | |
| 14 | Repairs | | | | 14 | | | ,850. | | | | | | |
| 15 | Supplies | | | | 15 | | 1 | ,700. | | | | | | |
| 16 | Taxes | | | | 16 | | | | | | | | | |
| 17 | Utilities | | | | 17 | | 1 | ,600. | | | | | | |
| 18 | Depreciation expense | e or dep | letion | | 18 | | | | | | | | | |
| 19 | Other (list) | | h | | 19 | | | 000 | | | | | | |
| 20 | Total expenses. Add | | 0 | | 20 | | 6 | ,800. | | | | | | |
| 21 | Subtract line 20 from | | , | , | | | | | | | | | | |
| | result is a (loss), see i | | | - | 04 | | _ 6 | ,420. | | | | | | |
| 00 | file Form 6198 | | | | 21 | | -0 | , 120. | + | | | | | |
| 22 | Deductible rental real | | | | 22 | (| 6 | 120 | | | | | | |
| 23a | on Form 8582 (see in Total of all amounts re | | | all rental prope | | N | -0, | 420. 23 a | | 2 | 80. | | | |
| zsa b | Total of all amounts re | • | | | | • • | • • | 23a | | 2 | | | | |
| c | Total of all amounts re | - | | | | | | 230 | | | | | | |
| d | Total of all amounts re | - | | | | | | 230 | | | | | | |
| e | Total of all amounts re | - | | | | | | 236 | | 6,8 | 00 | | | |
| 24 | Income. Add positive | - | | | | | | | | 0,0 | 24 | | | |
| 2 4 25 | Losses. Add royalty lo | | | | | - | | | tal losses h | ere | 25 (| | 6 | 420. |
| | | | | | | | | | | | | | •• | 120. |
| 26 | Total rental real esta here. If Parts II, III, I | | | | | | | | | | | | | |
| | Schedule 1 (Form 104 | | | | | | | | | | 26 | | -6 | ,420. |
| | · · · · · · | | | rate instructions | | | | | pago | | <u> </u> | | | 1040) 202 |