Internal Revenue Service

## **IRS e-file Signature Authorization**

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

| талрау |   | Social Security number |             |              |  |  |  |  |  |
|--------|---|------------------------|-------------|--------------|--|--|--|--|--|
| CHA    | MUNDI SAI PUSHYARAG MUDIGONDA   | 727-4                  | 727-43-2967 |              |  |  |  |  |  |
| Spouse | o's name  | Spouse's s             | ocial secu  | urity number |  |  |  |  |  |
|        |   |                        |             |              |  |  |  |  |  |
| Par    | Tax Return Information – Tax Year Ending December 31, 2020 (Enter   | r year you             | are aut     | thorizing.)  |  |  |  |  |  |
| 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           | 79,062.      |  |  |  |  |  |
| 2      | Total tax   |                        | 2           | 10,459.      |  |  |  |  |  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |                        | 3           | 10,704.      |  |  |  |  |  |
| 4      | Amount you want refunded to you   |                        | 4           | 245.         |  |  |  |  |  |
| 5      | Amount you owe  |                        | 5           |              |  |  |  |  |  |
| Part   | Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) |                        |             |              |  |  |  |  |  |

Under penalties of perjury, 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 | LLC           | to enter or generate my PIN |
|---|-------------|--------------|---------------|-----------------------------|
|   |             |              | ERO firm name |                             |

| 3          | 2     | 9 | 6 | 7 | as mv |
|------------|-------|---|---|---|-------|
| Ent<br>don | asiny |   |   |   |       |

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 |
|----|-------|----|----------|----|-----|

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 s | signature D  | ate 🕨 |    |   |  |             | <br> |   |   |   |  |
|------------|--|-------|----|---|--|-------------|------|---|---|---|--|
|            | Practitioner PIN Method Returns Only—continue  | e bel | ow |   |  |             |      |   |   |   |  |
| Part III   | Certification and Authentication – Practitioner PIN Method Only                        |       |    |   |  |             |      |   |   |   |  |
| ERO's EFI  | <b>N/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5     | 8  | 7 |  | 8<br>nter a |      | 9 | 8 | 9 |  |

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 Must Retain This F<br>Don't Submit This Form to the I |  |  |                          |  |  |  |  |
| For Demonstral, Deduction Act | Notice and company terr web use in structions             |  |  | Farm 8870 (Day, 01 0001) |  |  |  |  |

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

REV 04/30/21 PRO

| <b>1040</b>         | -NR Department of the Treasury-<br>U.S. Nonresident      | Internal Revenue Service Alien Income Tax | (99)<br><b>Return</b>                                | 2020              | OMB No. 15     | 45-0074  | IRS Use Only-Do not write<br>or staple in this space. |  |  |  |
|---------------------|--|---|--|-------------------|----------------|----------|---|--|--|--|
| Filing<br>Status    | X Single Arried filing sepa                              | arately (MFS) (formerly Mar               | _  | Qualifying wido   | w(er) (QW)     |          |   |  |  |  |
| Check only one box. | 2 U dualitying person is a child but not your dependent. |   |  |                   |                |          |   |  |  |  |
| Your first name a   | and middle initial                                       | Last name                                 | Last name Your identifying num<br>(see instructions) |                   |                |          |   |  |  |  |
| CHAMUNDI            | SAI PUSHYARAG  | MUDIGONDA                                 |  |                   |                | 727-     | -43-2967  |  |  |  |
| Home address (I     | number and street or rural route). If you                | u have a P.O. box, see inst               | ructions.  |                   | Apt. no.       | Check    | if: 🛛 Individual                                      |  |  |  |
| 7495 TAHO           | E LAKE CT  |   |  |                   | 207            |          | Estate or Trust                                       |  |  |  |
| City, town, or pos  | st office. If you have a foreign address, al             | so complete spaces below.                 | State  | ZIP cod           | е              |          |   |  |  |  |
| MASON               |  |   | OH   | 45040             |                |          |   |  |  |  |
| Foreign country     | name   | Foreign province/state/co                 | ounty  | Foreign           | postal code    |          |   |  |  |  |
| At any time durir   | ng 2020, did you receive, sell, send, ex                 | change, or otherwise acqu                 | uire any finar                                       | ncial interest in | any virtual cu | irrency? | 🗌 Yes 🛛 No  |  |  |  |

| <b>Dependents</b>                 |            |                         |  |                                    |            |                              | <b>(4) 🗸</b> i | f qualifi | es for (see instr.):        |  |  |
|-----------------------------------|------------|-------------------------|--|------------------------------------|------------|------------------------------|----------------|-----------|-----------------------------|--|--|
| (see instructions):               |            | (1) First name          | Last name  | (2) Dependent's identifying number |            | Dependent's<br>onship to you | Child tax      | credit    | Credit for other dependents |  |  |
| If we are the set for us          |            |                         |  |                                    |            |                              |                | ]         |                             |  |  |
| If more than four dependents, see |            |                         |  |                                    |            |                              |                | ]         |                             |  |  |
| instructions and                  |            |                         |  |                                    |            |                              |                | ]         |                             |  |  |
| check here ►                      |            |                         |  |                                    |            |                              |                | ]         |                             |  |  |
| Income                            | 1a         | Wages, salaries, tips,  | etc. Attach Form(s) W  | -2                                 |            |                              |                | 1a        | 80,189.                     |  |  |
| Effectively                       | b          | Scholarship and fellow  | vship grants. Attach F   | orm(s) 1042-S or require           | d statem   | ent. See instruc             | tions .        | 1b        |                             |  |  |
| Connected                         | с          | Total income exempt     | tal income exempt by a treaty from Schedule OI (Form 1040-NR), Item  |                                    |            |                              |                |           |                             |  |  |
| With U.S.                         |            | L, line 1(e)            |  |                                    |            | 1c                           |                |           |                             |  |  |
| Trade or                          | <b>2</b> a | Tax-exempt interest     | 2a   | <b>b</b> Tax                       | kable inte | erest                        |                | 2b        |                             |  |  |
| Business                          | 3a         | Qualified dividends     | <b>3a</b>  | 2. <b>b</b> Ord                    | dinary div | vidends                      |                | 3b        | 2.                          |  |  |
|                                   | 4a         | IRA distributions .     | 4a   | <b>b</b> Tax                       | kable am   | ount                         |                | 4b        |                             |  |  |
|                                   | 5a         | Pensions and annuitie   | s <b>5a</b>  | b Tax                              | kable am   | ount                         |                | 5b        |                             |  |  |
|                                   | 6          | Reserved for future us  | e  |                                    |            |                              |                | 6         |                             |  |  |
|                                   | 7          | Capital gain or (loss). | Attach Schedule D (Fo  | orm 1040) if required. If n        | ot require | ed, check here .             |                | 7         | -24.                        |  |  |
|                                   | 8          | Other income from So    | ther income from Schedule 1 (Form 1040), line 9  |                                    |            |                              |                |           |                             |  |  |
|                                   | 9          | Add lines 1a, 1b, 2b, 3 | dd lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income . $\$ . $\blacktriangleright$ |                                    |            |                              |                |           |                             |  |  |
|                                   | 10         | Adjustments to incom    | e:   |                                    |            |                              |                |           |                             |  |  |
|                                   | а          | From Schedule 1 (For    | m 1040), line 22   |                                    |            | 10a                          | 805.           |           |                             |  |  |
|                                   | b          | Charitable contributio  | ns for certain resident  | s of India. See instructior        | ns.        | 10b                          | 300.           |           |                             |  |  |
|                                   | с          | Scholarship and fellow  | vship grants excluded  |                                    |            | 10c                          |                |           |                             |  |  |
|                                   | d          | Add lines 10a through   | 10c. These are your t  | total adjustments to inc           | ome .      |                              | . 🕨            | 10d       | 1,105.                      |  |  |
|                                   | 11         | Subtract line 10d from  | n line 9. This is your <b>ac</b>   | ljusted gross income               |            |                              | . 🕨            | 11        | 79,062.                     |  |  |
|                                   | 12         |                         |  | orm 1040-NR)) or, for cer          |            |                              |                |           |                             |  |  |
|                                   |            |                         |  |                                    | 1          | US/India.                    | Treaty         | 12        | 12,400.                     |  |  |
|                                   | 13a        |                         |  | h Form 8995 or Form 89             |            | 13a                          |                |           |                             |  |  |
|                                   | b          | Exemptions for estate   | s and trusts only. See   | instructions                       |            | 13b                          |                |           |                             |  |  |
|                                   | С          |                         | )  |                                    |            |                              |                | 13c       |                             |  |  |
|                                   | 14         | Add lines 12 and 13c    |  |                                    |            |                              |                | 14        | 12,400.                     |  |  |
|                                   | 15         | Taxable income. Sub     | tract line 14 from line  | 11. If zero or less, enter         | -0         |                              |                | 15        | 66,662.                     |  |  |
| For Disclosure,                   | Priva      | cy Act, and Paperwork   | Reduction Act Notice,  | , see separate instructior         | ıs.        | BAA REV 0                    | 4/30/21 PRO    | F         | orm 1040-NR (2020)          |  |  |

| Form 1040-NR (2               | 2020)         |   |                      |                    |              |           |                 |                          |                 | Page <b>2</b>                           |
|-------------------------------|---------------|---|----------------------|--------------------|--------------|-----------|-----------------|--------------------------|-----------------|---|
|                               | 16            | Tax (see instructions). Check if  | any from Form        | (s): <b>1</b> 🗌 88 | 814 <b>2</b> | 4972      | 2 3 🗌           |                          | 16              | 10,459.                                 |
|                               | 17            | Amount from Schedule 2 (Form  | n 1040), line 3      |                    |              |           |                 |                          | 17              | 0.                                      |
|                               | 18            | Add lines 16 and 17   |                      |                    |              |           |                 |                          | 18              | 10,459.                                 |
|                               | 19            | Child tax credit or credit for oth  | ner dependent        | ts                 |              |           |                 |                          | 19              |   |
|                               | 20            | Amount from Schedule 3 (Form  | n 1040), line 7      |                    |              |           |                 |                          | 20              |   |
|                               | 21            | Add lines 19 and 20   |                      |                    |              |           |                 |                          | 21              |   |
|                               | 22            | Subtract line 21 from line 18. If   | zero or less, e      | enter -0           |              |           |                 |                          | 22              | 10,459.                                 |
|                               | 23a           | Tax on income not effectively from Schedule NEC (Form 104                   |                      |                    |              |           | 23a             |                          |                 |   |
|                               | b             | Other taxes, including self-em line 10                                      |                      |                    |              |           | 23b             |                          |                 |   |
|                               | с             | Transportation tax (see instruc   | tions)               |                    |              |           | 23c             |                          |                 |   |
|                               | d             | Add lines 23a through 23c .   |                      |                    |              |           |                 |                          | 23d             |   |
|                               | 24            | Add lines 22 and 23d. This is y   | our <b>total tax</b> |                    |              |           |                 | . 🕨                      | 24              | 10,459.                                 |
|                               | 25            | Federal income tax withheld fr  | om:                  |                    |              |           |                 |                          |                 |   |
|                               | а             | Form(s) W-2   |                      |                    |              |           | <b>25a</b> 10   | ),704.                   |                 |   |
|                               | b             | Form(s) 1099  |                      |                    |              |           | 25b             |                          |                 |   |
|                               | с             | Other forms (see instructions)  |                      |                    |              | . [       | 25c             |                          |                 |   |
|                               | d             | Add lines 25a through 25c .   |                      |                    |              |           |                 |                          | 25d             | 10,704.                                 |
|                               | е             | Form(s) 8805  |                      |                    |              |           |                 |                          | 25e             |   |
|                               | f             | Form(s) 8288-A  |                      |                    |              |           |                 |                          | 25f             |   |
|                               | g             | Form(s) 1042-S  |                      |                    |              |           |                 |                          | 25g             |   |
|                               | 26            | 2020 estimated tax payments   |                      |                    |              |           |                 |                          | 26              |   |
|                               | 27            | Reserved for future use   |                      |                    |              | -         | 27              |                          |                 |   |
|                               | 28            | Additional child tax credit. Atta   |                      |                    |              | 1         | 28              |                          |                 |   |
|                               | 29            | Credit for amount paid with Fo  |                      |                    |              |           | 29              |                          |                 |   |
|                               | 30            | Reserved for future use   |                      |                    |              |           | 30              |                          |                 |   |
|                               | 31            | Amount from Schedule 3 (Forn  |                      |                    |              |           | 31              |                          |                 |   |
|                               | 32            | Add lines 28 through 31. These  |                      |                    |              |           |                 |                          | 32              |   |
|                               | 33            | Add lines 25d, 25e, 25f, 25g, 2   |                      |                    |              |           |                 | . 🕨                      | 33              | 10,704.                                 |
| Refund                        | 34            | If line 33 is more than line 24, s  |                      |                    |              |           | •               | · .                      | 34              | 245.                                    |
|                               | 35a           | Amount of line 34 you want re   |                      |                    |              |           |                 |                          | 35a             | 245.                                    |
| Direct deposit?               | ►b            | Routing number 0 4 1  |                      |                    | ► с Туре     | e: 🗶 (    | Checking        | Savings                  |                 |   |
| See instructions.             | ►d            | Account number 4 1 4  | 8 2 5 7              | 7 4 4 1            |              |           |                 |                          |                 |   |
|                               | ►e            | If you want your refund check<br>enter it here.                             |                      |                    |              |           |                 |                          |                 |   |
|                               | 36            | Amount of line 34 you want ap   | plied to your        | 2021 estimat       | ed tax .     |           | 36              |                          |                 |   |
| Amount                        | 37            | Amount you owe. Subtract lin  | e 33 from line       | 24. For details    | s on how to  | o pay, se | ee instructions | . 🕨                      | 37              |   |
| You Owe                       | 38            | Estimated tax penalty (see inst   | ructions) .          |                    |              |           | 38              |                          |                 |   |
| Third Party<br>Designee       | -             | ou want to allow another person with the IRS? See instructions              | n (other than        | your paid pre      | eparer) to c | discuss   |                 | Complete                 | below.          | X No                                    |
| (Other than<br>paid preparer) | Desig<br>name |   |                      | Phone<br>no. ▶     |              |           |                 | nal identifi<br>er (PIN) | cation<br>▶     |   |
| Sign<br>Here                  |               | penalties of perjury, I declare that I they are true, correct, and complete |                      |                    |              |           |                 | n of which               | preparer        | has any knowledge.                      |
| TICIC                         | Your          | signature   |                      | Date               | Your occu    |           |                 | Prote                    | ection P        | nt you an Identity<br>IN, enter it here |
| ŀ                             |               |   |                      | <b>F</b>           |              | ATA D     | EVELOPER        | (see l                   | nst.) ▶         |   |
|                               | Phone         | e no.<br>Irer's name  | Preparer's sig       | Email addres       | S            |           | Date            | PTIN                     |                 | Chook if:                               |
| Paid                          | •             |   |                      |                    |              |           |                 |                          |                 | Check if:                               |
| Preparer                      |               | PRIYA RAM SAGAR GUPTA TALLAM  |                      | KAM SAGAR          | GUPTA TA     | АЦЦАМ     | 05/10/2021      | P02082                   |                 | Self-employed                           |
| Use Only                      |               | sname GLOBAL TAXES  |                      |                    | ~ ~ ~ ~      | 0.47      |                 |                          |                 | <u>8)965-9522</u>                       |
|                               |               | address ► 2530 Pebble   | e Creek L            | n Cumming          | g GA 30      | JU41      |                 | FITTINSE                 | <u>111 P 3(</u> | 0-1017196                               |

Go to *www.irs.gov/Form1040NR* for instructions and the latest information.

Form **1040-NR** (2020)

#### SCHEDULE NEC (Form 1040-NR)

# Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

O

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

Attachment Sequence No. 7B Your identifying number

2

| <br> | (d) Other (spec       |
|------|-----------------------|
|      |                       |
|      | 727-43-2967           |
|      | rour identifying humi |

Name shown on Form 1040-NR

CHAMUNDI SAI PUSHYARAG MUDIGONDA

| Entera  | amount of income und  | er the appropriate rate of tax. See instructions.  |                                 |         |                                    | 1               |                         | (0  | <b>I)</b> Other | (specify)  |
|---|---|--|---------------------------------|---------|------------------------------------|-----------------|-------------------------|---|-----------------|--|
|   |   | Nature of Income   |                                 |         | <b>(a)</b> 10%                     | <b>(b)</b> 15%  | <b>(c)</b> 30%          | (0  | %               | (3pcoliy)<br>%   |
| 1   | Dividends and divide  | nd equivalents:  |                                 |         |                                    |                 |                         |   | /0              | /0   |
| a   | Dividends paid by U.  | •  |                                 | 1a      |                                    |                 |                         |   |                 |  |
| b   |   | reign corporations   |                                 | 1b      |                                    |                 |                         |   |                 |  |
| c   |   | ayments received with respect to section 871(m) tra  |                                 | 1c      |                                    |                 |                         |   |                 |  |
| 2   | Interest:   |  |                                 |         |                                    |                 |                         |   |                 |  |
| a   |   |  |                                 | 2a      |                                    |                 |                         |   |                 |  |
| b   |   | prations   |                                 | 2b      |                                    |                 |                         |   |                 |  |
| С   |   |  |                                 | 2c      |                                    |                 |                         |   |                 |  |
| 3   |   | atents, trademarks, etc.)  |                                 | 3       |                                    |                 |                         |   |                 |  |
| 4   | • "   | copyright royalties  |                                 | 4       |                                    |                 |                         |   |                 |  |
| 5   |   | rights, recording, publishing, etc.)   |                                 | 5       |                                    |                 |                         |   |                 |  |
| 6   | • • • • •   | e and natural resources royalties  |                                 | 6       |                                    |                 |                         |   |                 |  |
| 7   |   | es   |                                 | 7       |                                    |                 |                         |   |                 |  |
| 8   |   | its  |                                 | 8       |                                    |                 |                         |   |                 |  |
| 9   |   | 918 below  |                                 | 9       |                                    |                 |                         |   |                 |  |
| 10  |   |  |                                 |         |                                    |                 |                         |   |                 |  |
| а   | Winnings  |  |                                 |         |                                    |                 |                         |   |                 |  |
| b   | Losses  |  |                                 | 10c     |                                    |                 |                         |   |                 |  |
| 11  | Gambling winnings –<br>Note: Losses not allo  | Residents of countries other than Canada.  |                                 | 11      |                                    |                 |                         |   |                 |  |
| 12  | Other (specify)   |  |                                 |         |                                    |                 |                         |   |                 |  |
|   |   |  |                                 | 12      |                                    |                 |                         |   |                 |  |
| 13  | Add lines 1a through  | 12 in columns (a) through (d)  |                                 | 13      |                                    |                 |                         |   |                 |  |
| 14  |   | ate of tax at top of each column   |                                 | 14      |                                    |                 |                         |   |                 |  |
| 15  | Tax on income not ef  | fectively connected with a U.S. trade or business.   |                                 |         |                                    |                 |                         | IR, line 23a 🕨                                    | 15              |  |
|   |   | Capital Gains and  | Losses F                        | From    | Sales or Excha                     | anges of Proper | ty                      |   |                 |  |
| losses<br>exchan  | nly the capital gains and<br>from property sales or<br>ges that are from sources<br>the United States and not | <b>16</b> (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | <b>(b)</b> Date acq<br>mm/dd/yy |         | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS<br>If (e) is more th<br>subtract (d) fro | an (d),         | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
| effectiv  | ely connected with a U.S.   |  |                                 |         |                                    |                 |                         |   |                 |  |
| business. Do not include a gain<br>or loss on disposing of a U.S. real<br>property interest; report these<br>gains and losses on Schedule D<br>(Form 1040). |   |  |                                 |         |                                    |                 |                         |   |                 |  |
|   |   |  |                                 |         |                                    |                 |                         |   |                 |  |
|   | property sales or   |  |                                 |         |                                    |                 |                         |   |                 |  |
|   | ges that are effectively<br>ted with a U.S. business  | <b>17</b> Add columns (f) and (g) of line 16   |                                 |         |                                    |                 | 17                      | (   | )               |  |
| on Schedule D (Form 1040),<br>Form 4797, or both.   |   | <b>18 Capital gain.</b> Combine columns (f) and (g)  |                                 |         |                                    |                 |                         |   | 18              |  |
|   |   | to Notice, see the Instructions for Form 1040-NR.  |                                 | . בוונכ |                                    | 04/30/21 PRO    |                         |   |                 | (Form 1040-NR) 2020  |

| SCHE  | DULE   | ΟΙ |
|-------|--------|----|
| (Form | 1040-N | R) |

## **Other Information**

OMB No. 1545-0074

| (Form 1040-NR) ► Go to www.irs.gov/Form1040<br>Department of the Treasury ► Atta |                               |                                    | <i>IR</i> for instructions<br>th to Form 1040-NF                      | n.   | 20 <b>20</b>                                   |                           |                              |              |
|--|-------------------------------|------------------------------------|---|--|--|---------------------------|------------------------------|--------------|
|  | Revenue Service (99)          |                                    | ► Ans   | wer all questions.                         |  |                           | Sequence N                   | ю. <b>7С</b> |
|  | nown on Form 1040             |                                    |   |  |  | Your identifyir           | -                            |              |
|  | IUNDI SAI P                   |                                    |   |  |  | 727-43-                   | 2967                         |              |
| Α  | Of what country               | y or countries v                   | vere you a citizen or nationa   | al during the tax ye                       | ar? INDIA                                      |                           |                              |              |
| В  | In what country               | / did you claim                    | residence for tax purposes  | s during the tax yea                       | ar? United States                              |                           |                              |              |
| С  | Have you ever                 | applied to be a                    | green card holder (lawful p   | ermanent resident)                         | of the United States?                          |                           | ∐ Yes                        | 🛛 No         |
| D  | Were you ever:                |                                    |   |  |  |                           | _                            |              |
|  | A U.S. citizen?               |                                    |   |  |  |                           |                              | X No         |
| 2.   | •                             | · ·                                | rmanent resident) of the Un   |  |  |                           | Yes                          | 🛛 No         |
|  | -                             |                                    | 2), see Pub. 519, chapter 4,  |  |  |                           |                              |              |
| E  | immigration sta               | tus on the last                    | day of the tax year, enter ye<br>day of the tax year. <u>F1</u>       |  |  |                           |                              |              |
| F  |                               |                                    | visa type (nonimmigrant stat  |  | ation status?                                  |                           | Yes                          | 🛛 No         |
|  | •                             |                                    | e the date and nature of the  |  |  |                           |                              |              |
| G  | •                             |                                    | left the United States during   | •  |  |                           |                              |              |
|  |                               |                                    | Canada or Mexico <b>AND</b> con<br>r <b>Mexico</b> and skip to item H |  |  | uent intervals,<br>Mexico |                              |              |
|  | Date entered<br>mm/o          | United States<br>dd/yy             | Date departed United State<br>mm/dd/yy                                | es   | Date entered United State<br>mm/dd/yy          | es Date de                | oarted Unite<br>mm/dd/yy     | d States     |
|  |                               |                                    |   |  |  |                           |                              |              |
|  |                               |                                    |   |  |  |                           |                              |              |
|  |                               |                                    |   |  |  |                           |                              |              |
|  |                               |                                    |   |  |  |                           |                              |              |
| н  | Give number of 2018           |                                    | vacation, nonworkdays, and<br>, 201936                                |  |  |                           |                              |              |
| I  | Did you file a U              | .S. income tax                     | return for any prior year? .<br>nd form number you filed ►            |  |  |                           | 🗌 Yes                        | 🗙 No         |
| J  | Are you filing a              | return for a tru                   | st?   |  |  |                           | Yes                          | 🗙 No         |
|  |                               |                                    | U.S. or foreign owner unde ribution from a U.S. person                |  |  |                           |                              | 🗌 No         |
| κ  | Did you receive               | total compens                      | sation of \$250,000 or more   | during the tax year                        | ?  |                           | <b>Yes</b>                   | 🗙 No         |
|  | If "Yes," did yo              | u use an altern                    | ative method to determine t   | he source of this c                        | ompensation?                                   |                           | Yes                          | 🗌 No         |
| L  |                               |                                    | f you are claiming exempti<br>/. See Pub. 901 for more inf            |  |  | tax treaty wi             | th a foreigr                 | 1 country    |
| 1.   | Enter the name amount of exem | of the country,<br>pt income in th | the applicable tax treaty art<br>e columns below. Attach For          | icle, the number of<br>m 8833 if required. | months in prior years you<br>See instructions. | claimed the t             | reaty benefi                 | it, and th   |
|  |                               | <b>(a)</b> Cou                     | intry   | (b) Tax treaty artic                       | le (c) Number of mont claimed in prior tax ye  |                           | mount of exe<br>in current t |              |
|  |                               |                                    |   |  |  |                           |                              |              |
|  |                               |                                    |   |  |  |                           |                              |              |
|  | (e) Total. Ente               | r this amount o                    | n Form 1040-NR, line 1c. D  | o not enter it on lin                      | e 1a or line 1b                                | •                         |                              |              |
|  | Were you subje                | ect to tax in a fo                 | preign country on any of the ts pursuant to a Competent               | income shown in                            | 1(d) above?                                    |                           | ☐ Yes<br>☐ Yes               | □ No<br>⊠ No |

| З. | Are you claiming treaty benefits pursuant to a Competent Authority determination?       |  |
|----|---|--|
|    | If "Yes," attach a copy of the Competent Authority determination letter to your return. |  |

Μ Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . . . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 04/30/21 PRO Schedule OI (Form 1040-NR) 2020

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

# Additional Income and Adjustments to Income

OMB No. 1545-0074

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

|                             | Attachment<br>Sequence No. <b>01</b> |  |  |  |  |
|-----------------------------|--------------------------------------|--|--|--|--|
| Your social security number |                                      |  |  |  |  |
| 727-43                      | -2967                                |  |  |  |  |

## Part I Additional Income

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

CHAMUNDI SAI PUSHYARAG MUDIGONDA

| 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      | Farm income or (loss). Attach Schedule F   | 6   |                          |
| 7      | Unemployment compensation  | 7   |                          |
| 8      | Other income. List type and amount   |     |                          |
|        |  | 0   |                          |
| 9      | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8  | 9   |                          |
| Par    | line 8   | 9   |                          |
| 10     |  | 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  | 805.                     |
| 21     | Tuition and fees deduction. Attach Form 8917   | 21  |                          |
| 22     | Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22  | 0 0 F                    |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. BAA REV 04/30/21 PRO   |     | 805.<br>(Form 1040) 2020 |

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

20

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.

Attachment Sequence No. **12** 

20

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

Department of the Treasury

CHAMUNDI SAI PUSHYARAG MUDIGONDA

Your social security number

727-43-2967

× No

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<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>e dollars.  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | <b>(g)</b><br>Adjustment<br>to gain or loss<br>Form(s) 8949, F<br>line 2, column | from<br>Part I, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|---|---|--|--|-----------------|---|
| 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 <b>Box A</b> checked  | 1,447.                                  | 1,471.                                 |  |                 | -24.  |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |   |  |  |                 |   |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> 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  |   |  |  | 5               |   |
| 6             |   |   |  |  |                 | ( )   |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  | •                                       | .,                                     |  | 7               | -24.  |

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

|  | instructions for how to figure the amounts to enter on the below.  | (d)                       | (e)                      | <b>(g)</b><br>Adjustmen                             |          | (h) Gain or (loss)<br>Subtract column (e)                    |
|--|--|---------------------------|--------------------------|---|----------|--|
| This form may be easier to complete if you round off cents to whole dollars. |  | Proceeds<br>(sales price) | Cost<br>(or other basis) | to gain or loss<br>Form(s) 8949, I<br>line 2, colum | Part II, | from column (d) and<br>combine the result<br>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 <b>Box D</b> checked   |                           |                          |   |          |  |
| 9  | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                           |                          |   |          |  |
| 10   | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                           |                          |   |          |  |
| 11   | 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824  |                           |                          |   |          |  |
| 12   | <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1   |                           |                          |   |          |  |
| 13   | 13 Capital gain distributions. See the instructions  |                           |                          |   |          |  |
| 14   | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  | 14                        | ( )                      |   |          |  |
| 15   | Net long-term capital gain or (loss). Combine lines 8a on the back .   | •                         |                          |   | 15       |  |

Summary

Part III

|  |  |  |    | <br>Page <b>2</b> |  |
|--|--|--|----|-------------------|--|
|  |  |  |    |                   |  |
|  |  |  |    |                   |  |
|  |  |  |    |                   |  |
|  |  |  | 16 | -24.              |  |
|  |  |  |    |                   |  |

| 16 | Combine lines 7 and 15 and enter the result   | <b>16</b> -24.              |
|----|---|-----------------------------|
|    | • If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.  |                             |
|    | • If line 16 is <b>zero</b> , 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 <b>both</b> gains?  |                             |
|    | <ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>   |                             |
| 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 <b>Unrecaptured Section 1250 Gain Worksheet</b> (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)   | <b>21</b> ( 24. )           |
|    | 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 04/30/21 PRO  | Schedule D (Form 1040) 2020 |

| Form | 8949 |
|------|------|
|      |      |

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► 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

| Name(s) shown on return          | Social security number or taxpayer identification number |
|----------------------------------|--|
| CHAMUNDI SAI PUSHYARAG MUDIGONDA | 727-43-2967  |

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

| <b>1</b><br>(a)<br>Description of property  | <b>(b)</b><br>Date acquired                | (c)<br>Date sold or            |                                     | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below | If you enter an enter a c           | f any, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | (h)<br>Gain or (loss).<br>Subtract column (e)                |
|---|--|--------------------------------|-------------------------------------|---|-------------------------------------|---|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions           | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment   | from column (d) and<br>combine the result<br>with column (g) |
| ROBINHOOD SECURITIES LLC  | 08/18/20                                   | 08/25/20                       | 1,447.                              | 1,471.  |                                     |   | -24.   |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
|   |  |                                |                                     |   |                                     |   |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box C | al here and inc<br>is checked), <b>lir</b> | lude on your<br>1e 2 (if Box B | 1,447.                              | 1,471.  |                                     |   | -24.   |

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