

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Rajanikanth Kotagal	Last name Srinivasa	Your social security number 194-19-1745
If joint return, spouse's first name and middle initial Madhuri	Last name Bijapurkar	Spouse's social security number 339-53-2938
Home address (number and street). If you have a P.O. box, see instructions. 16448 Hawfield Woods Ln		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Charlotte NC 28277		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Yashika	Rajanikanth	805-46-7161	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	121,202.
2a Tax-exempt interest	2a		2b	
3a Qualified dividends	3a		3b	
4a IRA distributions	4a		4b	
c Pensions and annuities	4c		4d	
5a Social security benefits	5a		5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9			7a	0.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			7b	121,202.
8a Adjustments to income from Schedule 1, line 22			8a	540.
b Subtract line 8a from line 7b. This is your adjusted gross income			8b	120,662.
9 Standard deduction or itemized deductions (from Schedule A)	9	24,400.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a Add lines 9 and 10			11a	24,400.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	96,262.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	12,898.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	12,898.	
13a	Child tax credit or credit for other dependents	13a	2,000.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	2,265.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	10,633.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	10,633.	
17	Federal income tax withheld from Forms W-2 and 1099	17	13,450.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) NO	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	13,450.	

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	2,817.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	2,817.
b	Routing number 053101121 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 5109303048		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN)

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	SR SAP CONSULTANT	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	Employer	<input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
HARISH KUMAR REDDY BADDAM	<input type="text"/>	<input type="text"/>	P01962054	<input type="checkbox"/> 3rd Party Designee
Firm's name <input type="checkbox"/> BTFPRO LLC	Phone no.		<input type="checkbox"/> Self-employed	
Firm's address <input type="checkbox"/> 1001 S MAIN ST APT D210 MILPITAS CA 95035	Firm's EIN <input type="checkbox"/> 81-4910581			

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

Rajanikanth Kotagal Srinivasa & Madhuri Bijapurkar

Your social security number

194-19-1745

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	0.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	0.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	540.
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	540.

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

REV 05/19/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

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

Rajanikanth Kotagal Srinivasa & Madhuri Bijapurkar

Your social security number

194-19-1745

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	265.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	265.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

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

REV 05/19/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**

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

Name(s) shown on return

Rajanikanth Kotagal Srinivasa & Madhuri Bijapurkar

Your social security number

194-19-1745

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) **Yes** **No**

B If "Yes," did you or will you file required Forms 1099? **Yes** **No**

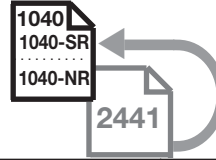
1a	Physical address of each property (street, city, state, ZIP code)				
A	2800 Historic Cir Morrisvi MORRISVILLE NC 27560				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 183	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:		Properties:		A	B	C
3	Rents received	3		14,000.		
4	Royalties received	4				
Expenses:						
5	Advertising	5		100.		
6	Auto and travel (see instructions)	6		500.		
7	Cleaning and maintenance	7		500.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12		6,333.		
13	Other interest.	13				
14	Repairs.	14		500.		
15	Supplies	15				
16	Taxes	16		3,871.		
17	Utilities.	17				
18	Depreciation expense or depletion	18		11,091.		
19	Other (list) ▶ HOA EXPENSES	19		761.		
20	Total expenses. Add lines 5 through 19	20		23,656.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-9,656.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(0.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		14,000.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c		6,333.		
d	Total of all amounts reported on line 18 for all properties	23d		11,091.		
e	Total of all amounts reported on line 20 for all properties	23e		23,656.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(0.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				0.

Child and Dependent Care Expenses



Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return: Rajanikanth Kotagal Srinivasa & Madhuri Bijapurkar
Your social security number: 194-19-1745

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
GREATER LIFE BAPTIST CHRUCH	17025 LANCASTER HWY CHARLOTTE NC 28277	56-1220040	1,325.

Did you receive dependent care benefits? **No** Complete only Part II below.
 Yes Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		
Yashika	Rajanikanth	805-46-7161	1,325.

3 Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,325.																																																									
4 Enter your earned income . See instructions	4	118,369.																																																									
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	2,833.																																																									
6 Enter the smallest of line 3, 4, or 5	6	1,325.																																																									
7 Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35	7	120,662.																																																									
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20																																																									
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9 Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions	9	265.																																																									
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	12,898.																																																									
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47	11	265.																																																									

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

2019

► **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
► **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return Rajanikanth Kotagal Srinivasa & Madhuri Bijapurkar	Taxpayer identification number 194-19-1745
Enter preparer's name and PTIN HARISH KUMAR REDDY BADDAM	P01962054

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents, if any, that you relied on. _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, Form 1040-SR, or Form 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Rajanikanth Kotagal Srinivasa & Madhuri Bijapurkar

Identifying number

194-19-1745

Part I 2019 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c			1d

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b			2c ()

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	0.	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(9,656.)	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
d Combine lines 3a, 3b, and 3c			3d -9,656.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		-9,656.
--	----------	--	---------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	
6 Enter \$150,000. If married filing separately, see instructions	6	
7 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	
8 Subtract line 7 from line 6	8	
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16 Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶					

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
2800 Historic Cir Morrisvi	0.	9,656.			9,656.
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0.	9,656.			

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶			1.00		

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
2800 Historic Cir Morrisvi	E Ln 22	9,656.	1.00000000	9,656.
Total ▶		9,656.	1.00	9,656.

Worksheet 6—Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
2800 Historic Cir Morrisvi	E Ln 22	9,656.	9,656.	0.
Total		9,656.	9,656.	0.

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total			1.00		

D-400 (50) 8-20-19 **2019 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2019, or fiscal year beginning <u>19</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
RAJANIKANTH K SRINIVASA MADHURI BIJAPURK 16448 HAWFIELD WOODS LN Your SSN: 194191745 CHARLOT NC 28277 WAKE Spouse's SSN: 339532938		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2019 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death:		Year spouse died:
Was your spouse a resident for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death:		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
SRIN	1644	28277	DS	N	EA	N	TD			SD				FDEXT	N
RAJANIKANTH K		SRINIVASA						194191745				WAKE			
MADHURI		BIJAPURKAR						339532938		NC	28277				
16448 HAWFIELD WOODS LN								CHARLOTTE							
06		120662		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				5513		EU					
10A		1		20B				90		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		20000		21C				0		31				0	
13		00000		21D				0		32				0	
14		100662		26A				0		34				318	
15		5285		26B				0							
TN				PN						PP				P01946269	



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>318</u>		<input type="checkbox"/> Payment Due <u>0</u>	
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.			
<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.			
Your Signature	Date	Spouse's Signature (If filing joint return, both must sign.)	Date
Contact Phone No. (Include area code)			
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
Paid Preparer's Signature			Date
Preparer's Contact Phone Number (Include area code)			Date
P01946269			Preparer's FEIN, SSN, or PTIN
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640			

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	120662
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	120662
9.	Deductions from Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	1
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	20000
12.	a. Add Lines 9, 10b, and 11	12a.	20000
	b. Subtract amount on Line 12a from Line 8	12b.	100662
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	100662
15.	N.C. Income Tax	15.	5285
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	5285
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	5285

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	5513
20b.	Spouse's tax withheld	20b.	90

Other Tax Payments

21a.	2019 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	5603
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	5603
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	318

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2020 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	318

FinCEN Form 114

Department of the Treasury
OMB no. 1506-0009

(Rev. September 2013)

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return
Do not use previous editions of this form

1 This report is for calendar year ended 12/31
2 0 1 9
Amended []

Part I Filer information

2 Type of filer

a [X] Individual b [] Partnership c [] Corporation d [] Consolidated e [] Fiduciary or other - Enter type

3 U.S. Taxpayer Identification Number 194-19-1745
3a TIN type [X] SSN/ITIN [] EIN
4 Foreign identification (Complete only if item 3 is not applicable)
a Type: [] Passport [] Foreign TIN [] Other
b Number c Country of Issue

5 Individual's date of birth MM/DD/YYYY
12/04/1980

6 Last name or organization name Srinivasa
7 First name Rajanikanth Kotagal
8 Middle initial
8a Suffix

9 Mailing address (number, street, and apt. or suite no.)

16448 Hawfield Woods Ln

10 City Charlotte
11 State NC
12 ZIP/Postal Code 28277
13 Country US

14 a) Does the filer have a financial interest in 25 or more financial accounts?

Yes [] Enter number of accounts Do not complete Part II or Part III, but maintain records of the information.
No []

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes [] Enter number of accounts Complete Part IV, items 34 through 43 for each person on whose behalf the filer has signature authority.
No []

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)
15a Amount unknown []
16 Type of account a [] Bank b [] Securities c [] Other—Enter type below

17 Name of financial institution in which account is held

18 Account number or other designation
19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held

20 City
21 State, if known
22 Foreign postal code, if known
23 Country

Signature

44a Check here [X] if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature The report will be electronically signed when filed
45 Filer title, if not reporting a personal account
46 Date (MM/DD/YYYY) This date will auto-fill when the FBAR is electronically signed

Third Party Preparer Use Only
47 Preparer's last name KUMAR REDDY BADDAM
48 First name HARISH
49 MI
50 Check [] if self-employed
51 TIN P01962054
51a TIN type [X] PTIN [] SSN/ITIN [] Foreign
52 Contact phone no.
52a Ext.
53 Firm's name BTFPRO LLC
54 Firm's TIN 81-4910581
54a TIN type [X] EIN [] Foreign
55 Mailing address (number, street, apt. or suite no.) 1001 S MAIN ST APT D210
56 City MILPITAS
57 State CA
58 ZIP/Postal Code 95035
59 Country US

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See instructions for definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN Form 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, for failure to supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350. The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

BAA

REV 06/09/20 PRO

Part III Information on financial account(s) owned jointly				FinCEN Form 114 page number
Complete a separate block for each account owned jointly				— of —
Add an additional Part III page as many times as necessary in order to provide information on all accounts				
1 Filing for calendar year <u>2 0 1 9</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number Enter identification number here: 194-19-1745	6 Last name or organization name Srinivasa		
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of financial institution in which account is held				
18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held			
20 City	21 State, if known	22 Foreign postal code, if known	23 Country	
24 Number of joint owners for this account	25 Taxpayer Identification Number (TIN) of principal joint owner, if known. See instructions			25a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
26 Last name or organization name of principal joint owner	27 First name of principal joint owner, if known		28 Middle initial, if known	28a Suffix
29 Mailing address (number, street, apt. or suite no.) of principal joint owner, if known				
30 City, if known	31 State, if known	32 ZIP/Postal Code, if known	33 Country, if known	
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of financial institution in which account is held				
18 Account number or other designation	19 Mailing address (number, street, apt. suite no.) of financial institution in which account is held			
20 City	21 State, if known	22 Foreign postal code, if known	23 Country	
24 Number of joint owners for this account	25 Taxpayer Identification Number of principal joint owner, if known. See instructions			25a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
26 Last name or organization name of principal joint owner	27 First name of principal joint owner, if known		28 Middle initial, if known	28a Suffix
29 Mailing address (number, street, apt. or suite no.) of principal joint owner, if known				
30 City, if known	31 State, if known	32 ZIP/Postal Code, if known	33 Country, if known	
REV 06/09/20 PRO				

Part IV Information on financial account(s) where filer has signature or other authority but no financial interest in the account(s)	FinCEN Form 114 Page Number __ of __
Complete a separate block for each account Add an additional Part IV page as many times as necessary in order to provide information on all accounts	

1 Filing for calendar year <u>2 0 1 9</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number Enter identification number here: 194-19-1745	6 Last name or organization name Srinivasa
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below

17 Name of financial institution in which account is held				
18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held			
20 City	21 State, if known	22 Foreign postal code, if known	23 Country	
34 Last name or organization name of account owner			35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.)	
39 City	40 State	41 ZIP/Postal Code	42 Country	
43 Filer's title with this owner				

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of financial institution in which account is held				
18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held			
20 City	21 State, if known	22 Foreign postal code, if known	23 Country	
34 Last name or organization name of account owner			35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.)	
39 City	40 State	41 ZIP/Postal Code	42 Country	
43 Filer's title with this owner				

Part V Information on financial account(s) where filer is filing a consolidated report

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Page Number

___ of ___

Complete a separate block for each account

Add an additional Part V page as many times as necessary in order to provide information on all accounts

1 Filing for calendar year <u>2 0 1 9</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number Enter identification number here: 194-19-1745	6 Last name or organization name Srinivasa
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15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
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17 Name of financial institution in which account is held			
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18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
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20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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34 Organization name of account owner	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
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38 Mailing address (number, street, Apt. or Suite No.)			
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39 City	40 State	41 ZIP/Postal Code	42 Country
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15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
--	--	--

17 Name of financial institution in which account is held			
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18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
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20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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34 Organization name of account owner	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
---------------------------------------	---	--

38 Mailing address (number, street, apt. or suite no.)			
--	--	--	--

39 City	40 State	41 ZIP/Postal Code	42 Country
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