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Your first name and middle initial Last name Your social security number DILEEP VENKUGARI 855-36-7968 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 1863 KRISCHEL DRIVE OII 45342 box does of the provide state strengt number 601 KRISCHEL DRIVE OII 45342 box does of the provide state strengt number Foreign country name Foreign province/state/country Foreign province/state/country presidential Election Campaign Standard Someone can claim: You as a dependent Your spouse as a dependent Our spouse as a dependent Presidential functions: (I) First name Last name (I) Var gualities for (see instructions); (I) First name I If more than our dependent for uname (I) First name (I) First name (I) Var gualities for (see instructions); I III 04, 122. Attach 2a b Taxable amount 4b Sab III 04, 122. Sab Standard Social security number Sab III 04, 122. III 04, 122. Sab Sab Dependents (see instructions); (I) First name	Check only	lf yo	u checked the MFS box, enter the n	ame of	•									
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If joint return, spouse's first name and middle initial RAMYA Last name Spouse's social security number 968-98-1281 Home address fumber and street). If you have a P.O. box, see instructions. Apt no. Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code 0/H 45.34.2 REXENTLY name Foreign country name Foreign province/state/county Foreign post office. If you have a foreign address, also complete spaces below. State 2/P code 0/H 45.34.2 Foreign country name Foreign province/state/county Foreign post office. If you have a dependent You Spouse if Ming jointly, want 33 to go to this fund. Checking a box below will not change your tax or refund. Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship to you (4) 4' if qualifies for (see instructions); Child tax credit Credit for other dependents or and check 1 10.4, 122. Attach dependents (ing dividends 3a b Taxable amount 5b 5b Standard Social security benefits 6a 3a 9 9, 7, 200. <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="3">-</td></tr<>												-		
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1863 KRISCHEL DRIVE Check here f you, or your City, town, or post office, if you have a foreign address, also complete spaces below. OH 45342 Foreign country name Foreign province/state/county Foreign postal code you rax or refund. Standard Someone can claim: You as a dependent You resolves, sel, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You resolves as a dependent You resolves as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Is at name Immeter (1) First name Is blind If more (1) First name 2a 3a Is atable interest 2b Attach Sa dependents Sa Dependents 3a Is atable interest 2b Standard Deside scurity VENKUGARI 739-73-1823 Daughter 3b Is blind If any accelents Sa Deside scurity De ordinary dividends 3b Is chalte	-	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.				
Clip, With, or Dock Online, In your have a holegin address, also bolinplete spaces below. State 2/P doce to go to this fund. Checking a box below with ch change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code 100 at 1	1863 KR:	ISCHI	EL DRIVE											
MIAMISBURG OH 45342 to go to this tund. change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent You repose as a dependent Yes No Age/Blindness Someone can claim: You as a dependent You repose as a dependent Yes No Dependents (see instructions): (Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name number (o) You Child tax credit Credit cortler dependents; ee instructions): If more DIYA REDDY VENKUGARI 739-73-1823 Daught er 2b 2b and check				mplete s	paces belo	w.	Sta	te	ZIP co	ode		•		
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Age/Bindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V It qualifies for (see instructions): If more than four dependents, see instructions DIYA REDDY VENKUGARI 739-73-1823 Daughter X														
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see instructions and check here ▶ □ □ Attach Sch. B if required. 2a 2a b Tax-exempt interest 2b Attach Sch. B if required. 2a 1 1.04,122. 2b Attach Sch. B if required. 3a b Draxable interest 2b 4a B Dordinary dividends 3b 5a 5a b Taxable amount 4b 5a 5a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 * Single or Married fling separately, separately, separately, separately, separately, separately, separately, set, 800 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income > 7 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income > 9 97, 122. 10 Adjustments to income: a From Schedule 1, line 22 10a 10b 10b 10c 11 Subtract line 10c from line 9. This is your adjusted gross income > 11 97, 122. 14 Add lines 10a and 10b. These are your total adjustments to income >		DIY	YA REDDY VENKUGARI		739-73-1823		3	Daughter						
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Deduction for - 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here > > 7 • Single or Married filing separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -7,000. • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 10a and 10b. These are your total adjustments to income 10a 10b 10c • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 10c 11 97,122. • If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 12 24,800. 12 24,800. • If you checked any box under Standard 14 24,800. 13 14 24,800. • If Add lines 12 and 13 • Add lines 12 and 13 • • • • • • • • • • • • • • • • • • •		5a	Pensions and annuities	5a			bΤ	axable amoun	t			. 5b		
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see instructions. 14 24,000. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		13	Qualified business income deducti	on. Atta	ach Form	8995 or Fo	rm 8	995-A				13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ro or less,	ente	er-0				15	;	

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	8,284.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	8,284.
	19	Child tax credit or credit for	other dependen	ts					19	2,000.
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	6,284.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	6,284.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	9,	190.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	3)			25c				
	d	Add lines 25a through 25c							25d	9,190.
If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20	19 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	3812		28			-	
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		29			1	
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	1	700.	1	
	31	Amount from Schedule 3, lin				31			-	
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able cr	edits	. 🕨	32	1,700.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	10,890.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34	4,606.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here								4,606.
Direct deposit?	►b									
See instructions.	►d	Account number 4 8 8					Ĭ	J		
	36	Amount of line 34 you want a				1	Γ			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe	now			. 🕨	37	
You Owe				-						
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.								
how to pay, see instructions.	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				? See				
Designee		structions					🗌 Yes. Co	mplete	below.	× No
-		signee's		Phone			Perso	nal ident	fication	
		me 🕨		no. 🕨				er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		•	•	Date	,					, ,
	YO	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					PROGRAMME	R ANA	ALYST		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion		If the	e IRS ser	nt your spouse an
Keep a copy for your records.	/								ection PIN, enter it here	
your records.				HOME MAKE				(see inst.) ►		
		one no. (469)975-294		Email address	DILEEPREDD		AHOO.CO			1
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	4 09/2	22/2021	P0208		Self-employed
Use Only							ne no. (678)965-9522		
	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm	i's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV	08/30/21 PRO			Form 1040 (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.

al security number
Attachment Sequence No. 01
2020

Name(s) sh	nown on Form	104	40, 1040-	SR, or 10	40-NR	
DILEEP	VENKUGARI	&	RAMYA	PEDDA	YELLUKA	

Your social security number 855-36-7968

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2 a	
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	-7,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	7 000
Par	line 8	3	-7,000.
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	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	Schedul	e 1 (Form 1040) 2020
a		Joneuul	C I U UIIII IU4UI 2U2U

(Form 1	040)	(From	n rental real estate,	oyalties, partnersh	nips, S	corpor	ations, e	estates,	trusts, REM	ICs, etc.)	9	
Donortm	Deartment of the Treasury ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.											
	Revenue Service (99)		► Go to www.ir	s.gov/ScheduleE fo	or inst	ructions	and the	e latest	information.		Attac Sequ	hment ence No. 13
Name(s)	shown on return									Your soc		ty number
DILE	EP VENKUGA	RI &	RAMYA PEDDA	YELLUKA						855-3	6-796	8
Part	Income of	or Loss	s From Rental Rea	al Estate and Roy	yaltie	s Note	e: If you	are in th	e business o	f renting pe	ersonal p	roperty, use
	Schedule	C. See	instructions. If you a	re an individual, repo	ort farr	m rental	income o	or loss fi	om Form 48	35 on page	e 2, line 4	0.
A Dic	l you make any	payme	ents in 2020 that wo	ould require you to	file F	orm(s) 1	1099? S	ee instr	uctions .		. 🗆 '	Yes 🔀 No
B If "	Yes," did you o	r will yo	ou file required For	m(s) 1099?							. 🗆 `	Yes 🗌 No
1a			each property (stre									
Α	KAMALAPUR	I COI	LONY HYDERABA	D TELANGANA	IN S	50004	5					
В												
С												
1b	Type of Prop	oerty	2 For each ren	tal real estate prop	perty li	isted		Fair	Rental	Persona	al Use	QJV
	(from list be	low)	ahove repor	t the number of fai	ir ront	al and		0	Days	Day	s	QU V
Α	3		if you meet t	days. Check the he requirements to	o file a	is a	Α		365		0	
В			qualified join	t venture. See inst	ructio	ns.	В					
С			-				С					
Туре	of Property:											
1 Sing	gle Family Resid	lence	3 Vacation/Sh	ort-Term Rental	5 La	nd		7 Self-	Rental			
2 Mul	ti-Family Reside	ence	4 Commercial		6 Ro	yalties	:	8 Othe	r (describe)			
Incom	ie:			Properties:			Α		В			С
3	Rents received	ł			3			650.				
4	Royalties recei	ived .			4							
Expen	ses:											
5					5							
6			nstructions)		6							
7	Cleaning and r	nainter	nance		7		1,	350.				
8	Commissions.				8							
9	Insurance				9							
10	Legal and othe	er profe	essional fees		10							
11	Management f	ees .			11			500.				
12	Mortgage inter	rest pai	id to banks, etc. (s	ee instructions)	12							
13	Other interest.				13							
14	Repairs				14		1,	300.				
15	Supplies				15		1,	500.				
16	Taxes				16							
17					17		3,	000.				
18	Depreciation e	xpense	e or depletion .		18							
19	Other (list) 🕨				19							
20	Total expenses	s. Add	lines 5 through 19		20		7,	650.				
21			line 3 (rents) and/									
	``		instructions to find	2			_					
					21		-7,	000.				
22			l estate loss after				_		,			
			nstructions)		22	(-7,0	00.)	()()
23a			eported on line 3 f			• •	· ·	23a		650.	-	
b			reported on line 4 f		erties	• •	• •	23b				
c			reported on line 12		• •	• •	· ·	23c				
d			reported on line 18		• •	• •	• •	23d				
e			reported on line 20				· ·	23e		7,650.		
24			e amounts shown			-				. 24	(``
25			osses from line 21 ar								(7,000.)
26			ate and royalty in									
			IV, and line 40 on									
	Schedule 1 (Fo	orm 104	40), line 5. Otherwi	se, include this ar	nount	In the	total on	line 41	on page 2	. 26		-7,000.

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

L

Schedule E (Form 1040) 2020

OMB No. 1545-0074

_	8867	Paid Preparer's Due Diligence Checklist		OMB	No. 1545	-0074
		Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) a Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Si	atus	2	02	0
	nent of the Treasury Revenue Service	 To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-P Go to www.irs.gov/Form8867 for instructions and the latest informat 		Attach Seque	ence No.	70
Тахрауе	er name(s) shown or	return	Taxpayer identif	ication n	umber	
DIL	EEP VENKUGA	ARI & RAMYA PEDDA YELLUKA	855-36-7	968		
Enter pr	eparer's name and I	PTIN				
		I SAGAR GUPTA TALLAM	P0208270	3		
Part		gence Requirements				
		propriate box for the credit(s) and/or HOH filing status claimed on the return ned (check all that apply).		AOTC		arts I–V HOH
1		blete the return based on information for tax year 2020 provided by the tained by you?		Yes X	No	N/A
2	worksheets for AOTC workshe	claimed on the return, did you complete the applicable EIC and/or CTC, und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions set found in the Form 8863 instructions, or your own worksheet(s) that provid and all related forms and schedules for each credit claimed?	s, and/or the			
3		the knowledge requirement? To meet the knowledge requirement, you mus	t do both of	X		
	determine th	taxpayer, ask questions, and contemporaneously document the taxpayer's r at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.				
		mation to determine that the taxpayer is eligible to claim the credit(s) and/op figure the amount(s) of any credit(s)		×		
4	information rea	nation provided by the taxpayer or a third party for use in preparing th asonably known to you, appear to be incorrect, incomplete, or inconsisten ons 4a and 4b. If " No, " go to question 5.)	t? (If "Yes,"		×	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inform	nation? .			
b	you asked, wh	emporaneously document your inquiries? (Documentation should include the norm you asked, when you asked, the information that was provided, and the don your preparation of the return.)	e impact the			
5	Did you satisfy keep a copy applicable wor 8867 and any	y the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a c ksheet(s), a record of how, when, and from whom the information used to p applicable worksheet(s) was obtained, and a copy of any document(s) prov you relied on to determine eligibility for the credit(s) and/or HOH filing status	nt, you must copy of any repare Form vided by the			
	the amount(s)			X		
	List those doc	uments provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate elig or HOH filing status and the amount(s) of any credit(s) claimed on the retu eed for audit?	rn if his/her	X		
7	Did you ask th	e taxpayer if any of these credits were disallowed or reduced in a previous ye	ar?	×		
		e disallowed or reduced, go to question 7a; if not, go to question 8.)			_	
а	Did you compl	ete the required recertification Form 8862?				
8		is reporting self-employment income, did you ask questions to prepare a co				
	correct Sched	ule C (Form 1040)?				

For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (2020)

Form 8	867 (2020)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go		III.)	
9a	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim (CTC, A	CTC,
	or ODC, go to Part IV.)			
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?	Yes X	No	N/A
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?			
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?	×		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		Part V	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go t	o Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH filir	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	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 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligik	oility for	the
	 A record of how, when, and from whom the information used to prepare this form and the applica obtained. 	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amou			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ea	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes X	No

X Form 8867 (2020)

REV 08/30/21 PRO

	2522	Passive Activity Loss Limitations	(DMB No. 1545-1008
Form	JJUZ	► See separate instructions.		2020
	nent of the Treasury	Attach to Form 1040, 1040-SR, or 1041.		Attachment
	Revenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the latest information.		Sequence No. 858
`) shown on return		Identifying	
		RI & RAMYA PEDDA YELLUKA	855-36	-7968
Par		ssive Activity Loss		
		Complete Worksheets 1, 2, and 3 before completing Part I.		
		Activities With Active Participation (For the definition of active participation, s	see	
-		or Rental Real Estate Activities in the instructions.)	_	
		net income (enter the amount from Worksheet 1, column (a)) . 1a net loss (enter the amount from Worksheet 1, column (b)) 1b (7,00	$\frac{0}{0}$	
b			<u> </u>	
C d	-	allowed losses (enter the amount from Worksheet 1, column (c)))	7 000
d		1a, 1b, and 1c .	. 1d	-7,000.
2a		vitalization deductions from Worksheet 2, column (a) 2a (
b	column (b)	llowed commercial revitalization deductions from Worksheet 2, 2b (
с	Add lines 2a a		, 2c	()
_	her Passive Ac		. 20	<u>(</u>
3a		net income (enter the amount from Worksheet 3, column (a)) . 3a		
b		net loss (enter the amount from Worksheet 3, column (b)) 3b (
c		allowed losses (enter the amount from Worksheet 3, column (c)) 3c ()	
d	•	3a, 3b, and 3c	. 3d	
4		1d, 2c, and 3d. If this line is zero or more, stop here and include this form with yo		
4		es are allowed, including any prior year unallowed losses entered on line 1c, 2b, or the		
		ses on the forms and schedules normally used	. 4	-7,000.
	If line 4 is a los			.,
		Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part I	11.	
		• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and		to line 15.
Cauti	on: If your filing	status is married filing separately and you lived with your spouse at any time during	•	
		ad, go to line 15.		· •
Part	Special	Allowance for Rental Real Estate Activities With Active Participation		
	Note: En	ter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the sma	ler of the loss on line 1d or the loss on line 4	. 5	7,000.
6	Enter \$150,000	D. If married filing separately, see instructions 6 150,00	0.	
7	Enter modified	adjusted gross income, but not less than zero. See instructions 7 104,12	2.	
	Note: If line 7	is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherv	<i>v</i> ise, go to line 8.		
8	Subtract line 7	from line 6	8.	
9	Multiply line 8 I	by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instruction	ons 9	22,939.
10	Enter the sma	ler of line 5 or line 9	. 10	7,000.
		ss, go to Part III. Otherwise, go to line 15.		
Part	III Special	Allowance for Commercial Revitalization Deductions From Rental Real	Estate A	ctivities
		ter all numbers in Part III as positive amounts. See the example for Part II in the instru		
11		reduced by the amount, if any, on line 10. If married filing separately, see instructions		
12		from line 4		
13		by the amount on line 10	_	
14		lest of line 2c (treated as a positive amount), line 11, or line 13	. 14	
Part		sses Allowed		1
15		e, if any, on lines 1a and 3a and enter the total		0.
16		llowed from all passive activities for 2020. Add lines 10, 14, and 15. See instruction		
		to report the losses on your tax return	. 16	7,000.
For Pa	perwork Reduct	on Act Notice, see instructions. BAA REV 08/30/21 PRO		Form 8582 (2020)

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)

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
KAMALAPURI COLONY	0.	7,000.			7,000.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	7,000.				

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			
<u>2b</u>			

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

Name of activity	Current year		Prior years	Overall ga	ain or loss
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

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)		(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
KAMALAPURI COLONY	E Ln 22	7,000.	1.00000000	7,000.	0.
Total		7,000.	1.00	7,000.	0.

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
Total			1.00	

	Do not staple or paper clip. 0098	2020 Ohio Individual Incom				
	09 22 21	Use only black ink/UP	PERCASE letters.		20000198 Sequenc	e No. 1
	Check here if this is an <u>amended</u> return. Inc Do <u>NOT</u> include a copy of the previously file		Check here if clai	ming an NOL carryba	ack. Include Schedule IT	ΓNOL.
		eceased Spouse's SSN (if 968 98	0, ,,	If deceased	School district # (see instructions).	
	ch First name DILEEP	eck box M.I. Last name VENKUG	ARI	check box	SD# ▶ 5703	
	Spouse's first name (only if married filing jointly)	M.I. Last name				
	RAMYA	PEDDA	YELLUKA			
	Address line 1 (number and street) or P.O. Box 1863 KRISCHEL DRIVE Address line 2 (apartment number, suite number, s	to)				
	City		State ZIP code		nty (first four letters)	
	MIAMISBURG		ОН 45342	MONT	C	
	Foreign country (if the mailing address is outside the	ne U.S.)	Foreign postal code			
	Residency Status – Check only one for prima	ary	Filing Status -	Check one (as reporte	ed on federal income tax	return)
	resident Indica	esident >> ate state		of household or quali	fying widow(er)	
	,	esident >> Ite state	X Married filing Married filing	-	Spouse's SSN	
	Ohio Nonresident Statement – See instru Primary meets the five criteria for irrebuttable p		Check here if	you filed the federal ex	xtension form 4868.	
	Spouse meets the five criteria for irrebuttable p	resumption as nonresident.	Check here if s joint return) as		to claim you (or your spo	ouse if
not staple or paper clip.	1. Federal adjusted gross income (federal 1040 of your federal return if the amount is zero or ne if the amount is less than zero	egative. Place a "-" in the box	at the right		97122	00
le or pa	2a. Additions – Ohio Schedule A, line 10 (INCLUDI	ESCHEDULE)	2a	l.		00
stap	2b. Deductions – Ohio Schedule A, line 39 (INCLU	DE SCHEDULE)	2t			00
Do not	3. Ohio adjusted gross income (line 1 plus line 2a the right if the amount is less than zero				97122	00
	 Exemption amount (INCLUDE SCHEDULE J if Number of exemptions including you and your sp 				5700	00
	5. Ohio income tax base (line 3 minus line 4; if les	s than zero, enter zero)	5	i.	91422	00
	6. Taxable business income – Ohio Schedule IT B	US, line 13 (INCLUDE SCH	EDULE)6	i.		00
	7. Line 5 minus line 6 (if less than zero, enter zero)	7	,	91422	00
	in the form when the the first of the two forms in the form of the					
			REV 04/06/2		I-DD-YY Code	

SSN 855 36 7968

2020 Ohio IT 1040



Individual Income Tax Return

SSN 855 36 7968			20000298 Sequenc	e No. 2		
7a. Amount from line 7 on page 1		7a.	91422	00		
8a.Nonbusiness income tax liability on line 7a (see instructions for tax	8a.	2529	00			
8b.Business income tax liability – Ohio Schedule IT BUS, line 14 (INC	8b.		00			
8c. Income tax liability before credits (line 8a plus line 8b)		8c.	2529	00		
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (IN	NCLUDE SCHEDULE)	9.	0	00		
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less	10.	2529	00			
11. Interest penalty on underpayment of estimated tax (include Ohio	IT/SD 2210)	11.		00		
12. Use tax due on internet, mail order or other out-of-state purchases	s (see instructions)	12.		00		
13. Total Ohio tax liability before withholding or estimated payments	a (add lines 10, 11 and 12	2)13.	2529	00		
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A,	line 1 (INCLUDE SCHE	DULE)14.	3412	00		
15.Estimated and extension payments (from Ohio IT 1040ES and IT 4 from last year's return				00		
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE	SCHEDULE)	16.		00		
17. <u>Amended return only</u> – amount previously paid with original and	/or amended return	17.		00		
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		18.	3412	00		
19. <u>Amended return only</u> – overpayment previously requested on or	iginal and/or amended re	eturn19.		00		
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is			3412	00		
If line 20 is MORE THAN line 13, skip to line 24. OTHER 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the				00		
22. Interest due on late payment of tax (see instructions)				00		
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 4 (if amended return) and make check payable to "Ohio Trease	0P (if original return)	or IT 40XP		00		
24. Overpayment (line 20 minus line 13)		24.	883	00		
25. Original return only – amount of line 24 to be credited toward nex	t year's income tax liabili	ty25.		00		
26. <u>Original return only</u> – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves c. Br	reast/Cervical Cancer	-				
00 00	00	Tatal 00 a		0.0		
d. Wishes for Sick Children e. Wildlife species f. M	ilitary injury relief	Total 26g.		00		
0 0 0 0 0 0 0 27. REFUND (line 24 minus lines 25 and 26g)	00		002	0.0		
Sign Here (required): I have read this return. Under penalties of perjury.			0 our refund is \$1.00 or less, no refund will be			
and belief, the return and all enclosures are true, correct and complete. Primary signature Pho	,	, <u> </u>	f you owe \$1.00 or less, no payment is nece NO Payment Included – Mail to	ssary.		
Spouse's signature Date			Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679			
	Check here to authorize your preparer to discuss this return with the Department. Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUP</u> Phone number <u>(678)965-9522</u>					
Preparer's TIN (PTI	Preparer's TIN (PTIN) P02082703 Probability P02082703 Provide P.O. Box 2057 Columbus, OH 43270-2057					



2020 Schedule of Ohio Withholding



20350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

855 36 7968

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 3412 00 Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN 104122 00 9190 00 Ρ 310672132 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 3412 00 51084563 104122 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. 00 00 Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 3. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00 Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation 00 00 Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 7. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00





	<u>1099-Rs</u> Payer's TIN
	Box 15 - Payer's Ohio number
2. P/S	Payer's TIN
	Box 15 - Payer's Ohio number
3. P/S	Payer's TIN
	Box 15 - Payer's Ohio number
4. P/S	Payer's TIN
	Box 15 - Payer's Ohio number
<u>Part D -</u>	W-2Gs
	Payer's federal ID number
	Box 13 - Ohio state ID number

Box 13 - Ohio state ID number

Payer's federal ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

2. P/S

Box 6 - Payer's Ohio number

Payer's TIN 2. P/S

Box 6 - Payer's Ohio number

2020 Schedule of Ohio Withholding

Primary taxpayer's SSN 855 36 7968

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00 Box 1 - Nonemployee compensation

Box 7 - State income



00

20350298

Sequence No. 12

Box 7 -Distribution code distribution Box 14 - Ohio tax withheld

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Total distribution

Total

Total

Total

distribution

distribution

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

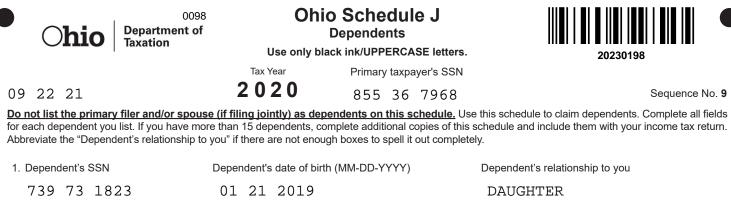
Box 4 - Federal income tax withheld 00 Box 5 - Ohio tax withheld

00 Box 4 - Federal income tax withheld 00 Box 5 - Ohio tax withheld

00

Pres. 8/25/20. Schedule of Withholding - page 2 of 2 REV 04/06/21 PRO





739 73 1823	01 21 2019	DAUGHTER
Dependent's first name	M.I. Dependent's last name	
DIYA REDDY	VENKUGARI	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you

Dependent's first name

M.I. Dependent's last name



Form R		MIANICOUDO OI	m\7		Fiscal Yea Beginning	ars Fill in Dates	3
	2020 INC	MIAMISBURG CI		2020	Ending		
File by	THIS RETURN MUST BE FIL OF ESTIMATED TAX EVEN 1	LED BY EVERYONE REQUI	RED TO SUBMIT A DECL	ARATION	And File \	Nithin 4 Months nding Date	3
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY	-				<u> </u>	Yes	No
INDICATE SOLE PROPRIETOR	SHIP		ARE YOU A RESIDEN	Т?		🗙	
WHETHER EMPLO			DID YOU FILE A RETU	JRN FOR 201	9?		
ACCOUNT NUMBER	ACCOUNT TYPE	ssN 855-36-7968	HAS INTERNAL REVE	NUE SERVIC	E INCREASED YOU PRIOR YEAR?	IR 	
Date moved in		Spouse SSN	IF SO, HAS AN AMEN				
Date moved out		968-98-1281	BEEN FILED?				
DILEEP VENKUGARI			YOUR LOCAL PHONE		office Use Only		<u> </u>
RAMYA PEDDA YELLUK			This Space		ince use only		
1863 KRISCHEL DRIV		011 45240					
MIAMISBURG Your Name, Address and Social Securit On Our Records. Make Corrections Whi Missing, Attach Copy of Federal Return Otherwise, Returns Will Be Questioned		OH 45342 ted Above As They Appear umber/Federal ID Number If edules C, E, and H. Not Completed.	—				
Enter Employer's Name, W	here Employed, And 2020 (Gross Wages, Salaries				opy Of W-2 Fo	rm(s)
Employer's Name (Attach	h Copy of W-2 Form(s))	City Where	Employed	City Tax	Withheld	Wages, Etc	:
DAYTON CHILDERNS H	IOSPITAL				2744	10	9760
1a TOTALS (if	f above is fully taxable and	vour only income do ne	ext to Line 7)		2744	10	9760
	COME: FROM PAGE 2					10	2700
3 TOTAL INC	COME (TOTAL OF LINES 1 A	AND 2 OR PER FEDER	AL RETURN ATTACH	ED)	🗌	10	9760
4 a ITEMS NO	T DEDUCTIBLE (FROM LIN	E G SCHEDULE X)	ADD				
AD ULOT	T TAXABLE (FROM LINE L	,					
MENISIO	E BETWEEN LINES 4a and b TO B			-			
	D NET INCOME (Line 3 plus		,			10	9760
	Line 5a Allocable(OCABLE NET LOSS PER PF		om step 5 Schedule Y)				
			ME TAX (Line 5a OR 5	,		1.0	9760
	BURG CITY TAX RATE	0110 0111					2470
	a Tax withheld by employe		a above		2744		
ALLOWABLE	b Payments and credits on	2020 Declaration of Es	timated Tax				
CREDITS	 Earned income taxes paid City of 		(Resident individuals only)				
		TOTAL CREDITS ALLO					2744
9 BALANCE OF TAX DU	E (Line 7 Less Line 8) Make						2/11
	MED (If Line 8 Exceeds Line	-			274		
Enter Amount of line 10		ur 2021 Estimated Tax			-		
DECLARATION OF ESTIMA			Ş	274	Letter le		
11 Total Income Subject to		x	٥		11 \$		
•	· · · · · · · · · · · · · · · · · · ·		-		·· 12 \$		
	ne 11 - Line 12)				. 13 \$		
					14 \$		
	(Line 13 - Line 14) nated Payment Due (1/4 of L						
	turn (Add Lines 9 and 16)						
I CERTIFY I HAVE EXAMINED THIS RI IT IS TRUE, CORRECT AND COMPLE	· /				•	OHYB9901	09/27/16
SYAM PRIYA RAM SAG			NATURE OF TAXPAYER OR	AGENT			DATE
GLOBAL TAXES LLC							
2530 PEBBLE CREEK	LN						
CUMMING	GA 3004						
ADDRESS OR NAME AND ADDRESS			NATURE OF SPOUSE				DATE
If this return was prepared by a tax p	practitioner, may we contact your pr	actitioner directly with question	ons regarding the preparation	on of this retu	rn? YES	NO]