## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the son is a child but not your dependent	name of y	ed filing separately your spouse. If you		_		, ,	_			
Your first name	me and middle initial Last name Yo							Your s	Your social security number			
VARSHA I	.2		GAMP	PALA						702-24-6106		
If joint return, s	pouse's	s first name and middle initial	Last nai	me					Spous	e's social s	security number	
Home address 2876 SW	,	er and street). If you have a P.O. box, se TH WAY	e instruction	ons.				Apt. no.	Check	here if you		
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta	te		code		0,	ointly, want \$3 d. Checking a	
MIRAMAR					F		_	027		box below will not change		
Foreign country	y name		F	Foreign province/state	e/coun	ty	Fore	Foreign postal code your tax or re			refund.  You Spouse	
At any time du	ring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial intere	est in	any virtual	currency	? Yes	s ⊠ No	
Standard Deduction	_	neone can claim:	•	-								
Age/Blindness	You:	: Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	fore Januar	y 2, 1956	☐ Is b	blind	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸 if	qualifies f	alifies for (see instructions):		
If more		irst name Last name		number		to you		Child tax credi		lit Credit for other dependent		
than four												
dependents, see instruction												
and check												
here ▶ □									<u> </u>			
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1 1	104,667.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2	b		
required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divide	nds		. 3	b		
	4a	IRA distributions	4a		<b>b</b> Taxable amount .				. 4	b		
	5a	Pensions and annuities	5a		b T	axable amoun	nt.		. 5	b		
Standard	6a	Social security benefits	6a		b T	axable amoun	nt.		. 6	b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quirec	, check here		🕨		7		
Married filing	8	Other income from Schedule 1, line 9							. 8	3	-5,550.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total inc</b>	come				<b>&gt;</b> _ 9	9	99,117.	
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions  Add lines 10a and 10b. These are your <b>total adjustments to income</b>										
Head of	С								▶ 10	Ос		
household, \$18,650	11	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>							▶ 1	1	99,117.	
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)				. 1	2	12,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	8995-A			. 1	3		
Deduction, see instructions.	14	Add lines 12 and 13							. 1	4	12,400.	
550 monuotions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er-O			. 1	5	86,717.	

Form 1040 (2020	0)									Page <b>2</b>		
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	14,894.		
	17	Amount from Schedule 2, lin	ie3						. 17			
	18	Add lines 16 and 17							. 18	14,894.		
	19	Child tax credit or credit for	other dependen	ts					. 19			
	20	Amount from Schedule 3, lin	ie 7						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	14,894.		
	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 <b>total tax</b>						▶ 24	14,894.		
	25	Federal income tax withheld	from:									
	а	Form(s) W-2				25a	17	,97	7.			
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c							. 25d	17,977.		
If you have a	26	2020 estimated tax payment							. 26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			' <sub>N</sub> o .	27						
If you have	28	Additional child tax credit. A	ttach Schedule	8812		28						
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29						
see instructions.	30	Recovery rebate credit. See										
	31	Amount from Schedule 3, lin	ie 13			31						
	32	Add lines 27 through 31. The	ese are your <b>tota</b>	al other paym	ents and refund	able cr	edits		▶ 32			
	33	Add lines 25d, 26, and 32. These are your total payments								17,977.		
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		. 34	3,083.		
Horana	35a	•								3,083.		
Direct deposit?	►b											
See instructions.	►d	Account number 6 9 0	8 6 0 3	6 1								
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36						
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now			. 1	▶ 37			
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	ot represent all	of the	taxes you	owe f	or			
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.										
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38						
<b>Third Party</b>		you want to allow another					_					
Designee		structions					Yes. Co	•				
		signee's me ▶		Phone no. ▶			Perso numb		entification			
0:		der penalties of perjury, I declare t	hat I have avamine		d accompanying col	hoduloo				et of my knowledge and		
Sign		ief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupation			l If	the IRS se	e IRS sent you an Identity		
										IN, enter it here		
Joint return?					SOFTWARE	ENGI	NEER	(\$	see inst.) ▶			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an		
your records.	,							see inst.) ▶	ection PIN, enter it here			
		one no. (848)214-053	Л	Email address	UGAMPALA@	CM7 T	т СОМ					
		eparer's name	Preparer's signat		v GAMPALA@	Date		PTIN		Check if:		
Paid			l		מווסדם דמו.ו.את				082703	Self-employed		
Preparer									(678)965-9522			
Use Only							Firm's EIN					
Co to warming =				ii Callilli		55:	1.07/00/01 55.5		IIII S EIIN			
GO TO WWW.Irs.go	UV/FOR	n1040 for instructions and the late	ระ เทเงกาเสนิดก.		BAA	RE\	/ 07/28/21 PRO			Form <b>1040</b> (2020)		

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

VARSHA R GAMPALA

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

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

Attachment Sequence No. 01 Your social security number

702-24-6106

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,550.
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,	0	F FF0
Par	tili Adjustments to Income	9	-5,550.
		40	
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		
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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

### **SCHEDULE E**

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

### **Supplemental Income and Loss**

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

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Attachment Sequence No. **13** 

Name(s) shown on return

Your social security number

VARS	HA R GAMPALA						70	2-24-	-610	6	
Part	Income or Loss	s From Rental Real Estate and Roy	yaltie	s Note: If you	are in th	e business c	of renti	ng perso	nal p	operty,	use
	Schedule C. See	instructions. If you are an individual, repo	ort farr	m rental income	or loss f	rom Form 48	<b>335</b> on	page 2,	line 4	0.	
A Dic	d you make any payme	ents in 2020 that would require you to	file F	orm(s) 1099?	See inst	ructions .				∕es ⊠	No
		ou file required Form(s) 1099?		, ,							
1a		each property (street, city, state, ZIP									
Α	KUKATPALLY HYDERABAD TELANGANA IN 500072										
В											
С											
1b	Type of Property	2 For each rental real estate prop	ertv l	isted	Fair	Rental	Per	sonal U	Ise	^	IV
	(from list below)	above, report the number of fai personal use days. Check the of if you meet the requirements to	r rent	al and	[	Days		Days		QJV	
Α	3	if you meet the requirements to	file a	as a A		365		0			
В		qualified joint venture. See inst	ructio	ns. B							
С				С							
Туре	of Property:			'							
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7 Self-	Rental					
2 Mul	ti-Family Residence	4 Commercial	6 Ro	yalties	8 Othe	r (describe)	)				
Incom	ie:	Properties:		Α		E				С	
3	Rents received		3		650.						
4			4								
Expen	ises:										
5	Advertising		5		120.						
6	Auto and travel (see i	nstructions)	6		380.						
7	Cleaning and mainter	nance	7								
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	essional fees	10								
11	Management fees .		11								
12	Mortgage interest pa	id to banks, etc. (see instructions)	12								
13	Other interest		13	5	,500.						
14	Repairs		14		200.						
15	Supplies		15								
16	Taxes		16								
17			17								
18		e or depletion	18								
19	Other (list)		19								
20	Total expenses. Add	lines 5 through 19	20	6	,200.						
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must		_							
	file <b>Form 6198</b>		21	-5	,550.						
22		l estate loss after limitation, if any,		_	c \	,					
00	on Form 8582 (see in		22	_5,	550.)	(		)(			)
23a		reported on line 3 for all rental proper			23a		6.5	50.			
b		reported on line 4 for all royalty proper	erties		23b						
C		reported on line 12 for all properties			23c						
d		reported on line 18 for all properties			23d		<i>c</i> 2:	20			
e		reported on line 20 for all properties			23e		6,20				
24	•	re amounts shown on line 21. <b>Do not</b>		•			.	24			,
25		osses from line 21 and rental real estate					T I	25 (		5,5	550.)
26		ate and royalty income or (loss).									
		IV, and line 40 on page 2 do not a 40), line 5. Otherwise, include this an		•				26		-5.	550.
	Schedule I (Form 10	40), line 5. Otnerwise, include this an	nounเ	t in the total or	ı iine 4 i	on page 2		26		-5,	550.

**Passive Activity Loss Limitations** 

► See separate instructions. ► Attach to Form 1040, 1040-SR, or 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858** 

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

Identifying number

VAR	SHA R GAMPALA 70	2-24-	6106
Par	t I 2020 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
Renta	al Real Estate Activities With Active Participation (For the definition of active participation, see		
Spec	ial Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 0.		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b ( 5,550.	$\overline{)}$	
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c (		
d	Combine lines 1a, 1b, and 1c	1d	-5,550.
Comi	mercial 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)		
С	Add lines 2a and 2b	2c	( )
All O	ther Passive Activities		
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	)	
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c (	)	
d	Combine lines 3a, 3b, and 3c	3d	
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	-5,550.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		
	<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.</li> </ul>		
	<ul> <li>Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III a</li> </ul>	_	
	ion: If your filing status is married filing separately and you lived with your spouse at any time during the	e year,	do not complete
	I or Part III. Instead, go to line 15.		
Part			
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4	5	5,550.
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 104,667.		
	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.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	9	22,667.
10	Enter the <b>smaller</b> of line 5 or line 9	10	5,550.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part			tivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction		
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 <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13	14	
Part		1 1	
15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	<b>Total losses allowed from all passive activities for 2020.</b> Add lines 10, 14, and 15. See instructions		
	to find out how to report the losses on your tax return	16	5 , 550 . Form <b>8582</b> (2020)

Caution: The worksheets must be filed v				/ for your	record	S.				
Worksheet 1—For Form 8582, Lines 1	<b>a, 1b, and 1c</b> (se	e instruction	ns)							
Name of activity	Current 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		
KUKATPALLY	0.	5,5	50.					5,550.		
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c	0.	5,5	50.							
and 1c	a and 2b (see ins	structions)								
Name of activity	<b>(a)</b> Current deductions (		unall	<b>(b)</b> Pri owed ded	or year uctions (	line 2b)	(c)	(c) Overall loss		
<b>Total.</b> Enter on Form 8582, lines 2a and 2b ▶										
2b	<b>a, 3b, and 3c</b> (se	e instructio	ns)							
Name of activity	Currer	t year		Prior	years		Overall g	erall gain or loss		
Number addition	(a) Net income (line 3a)		(b) Net loss (c) Unallowed loss (line 3c)			(d)	) Gain	(e) Loss		
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c ▶										
Worksheet 4—Use This Worksheet if a	n Amount Is Sh	own on Fo	rm 8	582, Line	10 or	<b>14.</b> See	e instructi	ons.		
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a)   oss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a)		
KUKATPALLY	E Ln 22	5,5	50.	1.000	00000		5,550.	0.		
Total		5,550.		1.00			5,550.	0.		
Worksheet 5—Allocation of Unallowed	Losses (see in	structions)								
Name of activity	Form or schedu and line numbe to be reported (see instruction	er on	<b>(a)</b> Lo	ess	ss <b>(b)</b> Ratio		(c)	(c) Unallowed loss		
Total						1 00				