## **£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 u 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 and middle initial Last			Last na	me					Your s	Your social security number		
NEHA KAS.				LA					514	514-91-3756		
If joint return, spouse's first name and middle initial Last na				ne					Spous	Spouse's social security number		
	•	er and street). If you have a P.O. box, se LL STREET	e instruction	ons.				Apt. no. 318	Check	here if yo		
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta	ite	ZIP	code		0,	ointly, want \$3 d. Checking a	
OVERLANI		RK		KS			_	223		box below will not change		
Foreign country	/ name		F	Foreign province/state	coun	ty	Fore	eign postal cod	e your ta	ax or refun		
At any time du	ring 20	020, did you receive, sell, send, exc	change, o	r otherwise acquire	e any	financial intere	est in	any virtual	currency	?	s 🔀 No	
Standard Deduction	_	eone 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	blind	
Dependents	s (see	instructions):		(2) Social securi	Social security (3) Relationship			c (4) ✓ if qualification Child tax credit		ualifies for (see instructions):		
If more		irst name Last name		number		to you				1	other dependents	
than four												
dependents, see instruction												
and check												
here ▶									<u> </u>	<u> </u>		
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	V-2						1	63,934.	
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>b</b> T	axable amoun	t.		. 5	ib		
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6	ib		
Deduction for— Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐								7		
Married filing	8	Other income from Schedule 1, line 9								8	-4,850.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							<b>&gt;</b> (	9	59,084.	
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22										
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b										
Head of	С	Add lines 10a and 10b. These are your total adjustments to income								0c		
household, \$18,650	11	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>								1	59,084.	
If you checked	12	Standard deduction or itemized	d deducti	ons (from Schedul	e A)				. 1	2	12,400.	
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								3		
Deduction, see instructions.	14	Add lines 12 and 13							. 1	4	12,400.	
occ monuclions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er -0			. 1	5	46,684.	

Form 1040 (2020	))									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	6,059.	
	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	6,059.	
	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	6,059.	
	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	6,059.	
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	7	,395			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	7,395.	
If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC. F  If you have	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit	B. line 8		29						
combat pay, see instructions.	30	Recovery rebate credit. See		•		30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27 through 31. The	32	1							
	33	Add lines 25d, 26, and 32. T	33	7,395.							
	34	If line 33 is more than line 24						<u> </u>	34	1,336.	
Refund	35a									1,336.	
Direct deposit?	<b>▶</b> b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>\rightarrow 35a</b> 1 , 336 . Routing number 1 1 1 9 0 0 6 5 9 <b>\rightarrow c</b> Type: <b>X</b> Checking Savings									
See instructions.	▶d	Account number 1 2 4					9 \	Javing	, I		
	36	Amount of line 34 you want a			ad tay	36	Τ΄				
Amount	37								37	-	
You Owe	31	Subtract line 33 from line 24		-							
For details on		<b>Note:</b> 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 instructions)									
Third Party Designee		you want to allow another	•				Yes. Co	mplete	e below	× No	
Designee		signee's		Phone					ntification	_	
		me ▶		no.				er (PIN			
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying so	chedules	and statemer	nts, and	to the bes	st of my knowledge and	
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is	based on	all information	n of wh	ich prepar	er has any knowledge.	
Here	Yo	ur signature	Date Your occupation						ent you an Identity		
	<b>N</b>								otection P ee inst.) ▶	PIN, enter it here	
Joint return? See instructions.	- Cn	Spouse's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation									
Keep a copy for	Sp	ouse's signature. If a joint return, i	Jour must sign.	Date	Spouse's occup	alion			If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.								(se	ee inst.) ►		
	Ph	one no. (940)312-277	9	Email address	KASASHIVA	AK@GM	AIL.COM				
Deid	Pre	eparer's name	Preparer's signat	ure	-	Date		PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	м 09/	22/2021	P020	82703	Self-employed	
Preparer										(678)965-9522	
Use Only		m's address ▶ 2530 Pebb		n Cummin	g GA 30041				m's EIN		
Go to www.irs.aa		n1040 for instructions and the late			BAA		/ 08/30/21 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

NEHA KASALA

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.

Sequence No. 01

Your social security number
514-91-3756

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	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	-4,850.
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,		4 050
Par	tili Adjustments to Income	9	-4,850.
	Adjustments to moonie		
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**

(Form 1040)

**Supplemental Income and Loss** 

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

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

OMB No. 1545-0074

2020
Attachment
Sequence No. 13

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

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

Department of the Treasury

Your social security number

NEHA	KASALA								14-91-37	
Part		s From Rental Real Estate and Ro	-						• .	
		instructions. If you are an individual, repe								
A Dic	l you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099? S	See insti	ructions .		🗌	Yes 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗌	Yes No
1a	Physical address of	each property (street, city, state, ZIF	code	e)						
Α	KUKATPALLY HYD	PERABAD TELANGANA IN 5000	72							
В										
С										
1b	Type of Property	2 For each rental real estate propabove, report the number of fa	perty I	isted		_	Rental	Pei	rsonal Use	QJV
	(from list below)	personal use days. Check the	QJV b	ox only			Days		Days	
A	3	if you meet the requirements to qualified joint venture. See inst	as a 🔝	Α		365		0	<u> </u>	
В		quaimed joint venture. See inst	iuctio	1115.	В					<u> </u>
_ C	(5)				С					
	of Property:	2 Vacation/Chart Tarra Dantal	<i>-</i> 1 -			7 0-14	Dantal			
-	le Family Residence	3 Vacation/Short-Term Rental				7 Self-				
Incom	ti-Family Residence	4 Commercial Properties:	6 KC	oyalties		8 Otne	r (describe) E			С
3			3		Α	600.		,		<u> </u>
4			4			000.				
Expen			<del>                                     </del>							
5			5							
6	_	nstructions)	6							
7		nance	7			900.				
8	•		8							
9	Insurance		9							
10		essional fees	10							
11	Management fees .		11			850.				
12	Mortgage interest pai	d to banks, etc. (see instructions)	12							
13	Other interest		13							
14	Repairs		14		1,	200.				
15	Supplies		15		1,	000.				
16	Taxes		16							
17			17		1,	500.				
18		e or depletion	18							
19	Other (list)		19							
20	•	lines 5 through 19	20		5,	450.				
21		line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must			1	0 5 0				
00	file Form 6198	Landada lana affan Bresterikari 16	21		-4,	850.				
22	on <b>Form 8582</b> (see in	l estate loss after limitation, if any, structions)	22	(	_1 0	350.)	(		)/	1
23a	,	eported on line 3 for all rental prope		1/	<del>-</del> , c	23a	1	6	00.	
b		eported on line 4 for all royalty prope				23b				
C		eported on line 4 for all properties				23c				
d		eported on line 18 for all properties				23d				
e		eported on line 20 for all properties				23e		5,4	50.	
24		e amounts shown on line 21. <b>Do no</b>							24	
25	· ·	sses from line 21 and rental real estate		-		nter tota	al losses her	e.	25 (	4,850.)
26	, ,	ate and royalty income or (loss).								,
		V, and line 40 on page 2 do not								
		40), line 5. Otherwise, include this ar							26	-4,850.