Filing Status       Gingle X       Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         One korks       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying widow(er) (QW)         Your first name and middle initial       Last name       Your social security number         HARTLERT SINA       GADE       370-71-489.0         HARTLERT SINA       GAJULA       956-92-3724         Nov XASREE       GAJULA       956-92-3724         Home address, future and street, If you have a P.O. box, see instructions.       Apt. no.         552.0       SPRINCHOUSS DR       Apt. no.         Foreign country name       Foreign province/state/county       Foreign postal code         Foreign country name       Foreign province/state/county       Foreign postal code         Charlow address, also complete spaces below.       State       Qualify in guida code of the space show before January 2, 1956         Standard       Someone can claim:       You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes X No         Standard       Someone can claim:       You sea dependent       You sea dependent       You sea dependent         Deduction       (I) Fint name       Last name       <	<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20	20	OMB No. 1545	-0074	IRS Use Only	r—Do not w	rite or staple	in this space.
HARIKRISHNA       GADE       370 - 71 - 489 0         If join treturn, spouse's first name and middle initial       Last name       Spouse's social socurity number         NAVYASREE       GAJULA       956 - 92 - 3724         Home address fumbor and street, if you have a P.O. box, see instructions.       Apt. no.       37         Science       37       Check here if you, or your       Spouse's social socurity want St boyo to this fund. Checking a boyo tax or reling individual social socurity name       Foreign province/state/county	Check only	If yo	u checked the MFS box, enter the n	ame of y	• •	• •	,		· · ·			. , . ,
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         IMPORTASTREE       Spouse's social security number       956-92-3724         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       37         5620       SPR INGHOUSE DR       37       Check here if you, or your         Gity, town, or post office. If you have a foreign address, also complete spaces below.       State       24         Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Spouse's Social security name       Foreign province/state/country       Foreign postal code       your tax or refund.         Standard       Someone can claim:       You so a dependent       Your your spouse as a dependent       Your your spouse as a dependent         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) V <sup>I</sup> (f qualifies for (see instructions):         If more       (1) First name       Last name       inumber       in you       in 120, 634.         Attach       Sa       29.       b       at a rave, exempt interest       24       b       in 120, 634.         Attach       a fave, exampt interest       .       2a       b       b       orditic tak credit	Your first name	and mi	iddle initial	Last na	me					Your so	cial securi	ty number
NAVYASREE     GAJULA     956-92-3724       Home address (number and street). If you have a P.O. box, see instructions.     Apt. no.     Presidential Electron Campaign 70       Sc20     SPRINGHOUSE DR     37       Check here If you, or your spouse if filing jointly, want S3     State     ZIP code       PLEASANTON     Pats88     you bave a foreign address, also complete spaces below.     CA       PLEASANTON     Foreign province/state/county     Foreign postal code     you bin this function.       Foreign country name     Foreign province/state/county     Foreign postal code     you as or effinit.       Standard     Someone can claim:     or us as a dependent     Poreign postal code     You       Deduction     Spouse itemizes on a separate return or you were a dual-status alien     Age/Blindness     You:     No       Age/Blindness     You:     Ware born before January 2, 1956     Are blind     Spouse:     Was born before January 2, 1956     Is blind       Dependents     gee instructions):     (2) Social security     (3) Relationship     (4) ¥ fu qualifies for gee instructions;     for draft for order danuary 2, 1956     Is blind       dependents, see instructions:     1     120, 634.     2a     Tax-exempt interest     2a     2a     Tax-exempt interest     2a     2a     3a     29.       dependents, see instructions	HARIKRI	SHNA		GADE	1					370-'	71-489	0
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       37       Presidential Election Campaign         5620       SPRINCHOUSE DR       37       Check here if you, or your       Check here if you, or your         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       Space if filling jointy, want S3       tog to this fund. Checking a         Foreign country name       Foreign province/state/county       Foreign postal code       you tax or refund.       You Spouse         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yee X No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent          Dependents       (see instructions):       (10 First name       (a) Fold your credits for gee instructions):       (a) Feldinatia Election change you find you is for going for the structions):         If more than four dependents, see instructions:       (a) Fold you you find you you for a dual-status alien       Spouse:       (b) Fold you fold you you for a dualities for see instructions):       (a) Fold you you fold you fold you receive, sell, send, exchange, you	If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse's social security numbe		
5620 SPRINGHOUSE DR     37     Check here if you, or your       City, town, or post office. If you have a foreign address, also complete spaces below.     State     2P code     spouse if filling jointly, want \$3       DELEASANTON     CA     94588     box below will not change       Foreign country mane     Foreign province/statk/country     Foreign postal code     your tax or raturd.       You and the during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?     Yes X No       Standard     Someone can claim:     You as a dependent     Your spouse as a dependent       Deduction     Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness     You:     You Spouse     You Spouse       Age/Blindness     You:     You Spouse     You Spouse     You Credit for other dependent       Dependents     (see instructions):     (2) Social security     (3) Relationship     (4) ✓ if qualifies for (see instructions):       If more     (1) First name     Last name     Immeer     Immeer     Immeer       If equired.     1     120, 634.     2a     2b       Sch. Bif     Goulaified dividends     3a     29.     3b     29.       If a distributions     4a     b     Taxable amount     5b       Goulaified dividends     5a<	NAVYASRI	ΞE		GAJU	JLA					956-9	92-372	4
City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing jointly, wart \$3 to go to this fund. Checking a box below will not change a box below will not change a box below will not change a box below.       You       Spouse if filing jointly, wart \$3 to go to this fund. Checking a box below will not change a box below.         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       Your spouse as a dependent       Yes       No         Age/Blindness You:       Ware 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' If qualifies for (see instructions):       Credit for other dependents; see instructions;         if more than four dependents, see instructions       Immber	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Presider	ntial Election	on Campaign
Cuty, with, or bost other, in your have a holegin address, also bothplete spaces below.       State       2P dode       to go to this fund, checking a box below with or change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       W and the change your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):       Credit for other dependents         if more       1       120, 634.       1       120, 634.         2b       Social security benefits .       5a       b       Taxable amount .       5b         5a       b       Taxable amount .       .       6b       .         5a/bit       Ga annutifes .       5a       .       6b       .	5620 SPI	RING	HOUSE DR						37			
PEREASANTON       CA       94588       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       A te blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       (i) First name       Last name       number       Image: Credit for other dependents         see instructions:       (i) First name       Last name       Image: Credit for other dependents       Chalt tax credit       Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit f	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or othenwise acquire any financial interest in any virtual currency?       Yes       Xes         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       Xes         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (a) Relationship       (d) I ' requiring of the dependents         in our dependents, see instructions       (1) First name       Last name       (2) Social security       (a) Relationship       (d) I ' I qualifies for (see instructions):         required.       1       120, 634.       1       120, 634.         3a       29.       b Taxable interest       2b       2b         Standard       Deduction for-       6a       Social security benefits       6a       b       2a         sequired.       1       120, 634.       3b       29.       1       120, 634.         Standard       Dereductio	PLEASAN'	ΓΟN				C	A	945	88	U U		•
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Vest No   Standard Someone can claim: You as a dependent Your spouse as a dependent   Deduction Spouse iternizes on a separate return or you were a dual-status alien   Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (1) First name Last name (1) First name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (1) Auges, salaries, tips, etc. Attach Form(s) W-2 1) 120, 634. 24 24 24 3a Qualified dividends 3a 29. 14 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 5b 5b Child tas credit 7) 7 -3,000. 8) Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income: 11 21.1, 663. 11 24,800. 12 24,800. 13 Childe the return of the subard deduction. Schedule Al income 14 24,800. 24,800. 14 24,800. 24,800. 14 24,800. 24,800. 24,800. 24,800. 24,800. 25 <p< td=""><td>Foreign country</td><td>y name</td><td></td><td>F</td><td>oreign province/s</td><td>state/cour</td><td>nty</td><td>Foreig</td><td>n postal code</td><td></td><td></td><td>0</td></p<>	Foreign country	y name		F	oreign province/s	state/cour	nty	Foreig	n postal code			0
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Deduction       Spouse itemizes on a separate return or you were a dual-status alien         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       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions       1       Issue instructions       1       Issue instructions       1       Issue instructions         and check       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       Issue interest       1       Issue interest       2b         Attach       3a       Qualified dividends       3a       29       b       Taxable interest       2b       2b         Standard       5a       Ga       b       Taxable amount       5b       3b       29       3c       26       <	At any time du	iring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acc	luire any	financial intere	est in a	iny virtual cu	irrency?	<b>Yes</b>	X No
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If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents, see instructions         and check				-	(2) Social se			nin	(4) 🖌 if a	ualifies for	(see instru	ictions):
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and check   here   here   1   Wages, salaries, tips, etc. Attach Form(s) W-2   attach   Sch. B if   required.   4a   Ba   Qualified dividends   4a   BA   Ba   Qualified dividends   4a   Ba   Ba   Capital gain or (loss). Attach Schedule D if required. If not required, check here   Standard   Deduction for-   Single or   Married filing   separately,   separately,   St2,400   • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   • Capital gain or (loss). Attach Schedule D if required. If not required, check here   • Capital gain or (loss). Attach Schedule D if required. If not required, check here   • Capital gain or (loss). Attach Schedule D if required. If not required, check here   • Capital gain or (loss). Attach Schedule D if required. If not required, check here   • Capital gain or (loss). Attach Schedule D if required. If not required, check here   • Da   • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   • Charitable contributions if you take the standard deduction. See instructions   • Head of   • Head of   • Household,   • Hau of   • Head of   • Head of   • Household,   • Head of   • Head of   • Household,   • Hau of   • Household, <td></td> <td>[</td> <td></td>											[	
here   Attach   Sch. B if   required.   2a   3a   Qualified dividends   4a   B   4a   RA distributions   4a   Pensions and annuities   5a   Pensions and annuities   5a   Pensions and annuities   5a   Pensions and annuities   5a   Schalder   b    7   7   7   7    7   7   7   7    7    7    7   7    7   7    7   7    7   7    7   7    7   7    7   7   7   7   7   7   7   7   7   7   7    7   7    7   7   7   7    7   7   7   7    7   7 <t< td=""><td></td><td>s ——</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>[</td><td></td></t<>		s ——									[	
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Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       29.       b       Ordinary dividends       3b       29.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, 512,400       Other income from Schedule 1, line 9       5a       Taxable contributions if you take the standard deduction. See instructions       8       -6,000         • Married filing jointly or Qualifying widow(en), \$24,800       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       -3,000         • Married filing jointly or Qualifying widow(en), \$24,800       Other income from Schedule 1, line 9       10a       10a       111,663         • Head of household, \$11       Subtract line 10c from line 9. This is your adjusted gross income       10c       111       111,663         • Head of household, \$18,650       Standard deduction or itemized deductions (from Schedule A)       12       <		1	Wages, salaries, tips, etc, Attach F	orm(s) \	N-2					. 1	1	<u> </u>
Sch. B if required.       3a       Qualified dividends       3a       29.       b       Ordinary dividends       3b       29.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       7       7       -3,000.         * Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       b       Taxable amount       b       7       -3,000.         8       -6,000.       9       111,663.       9       111,663.       9       111,663.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       10b       11       111,663.         9       Add lines 10a and 10b. These are your total adjustments to income       11       111,663.         9       Is you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       1	Attach	2a		I` ´		Ь	Faxable interes	t.		2b		
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Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         • 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       -6,000.         • Married filing jointly or Qualifying widow(er), \$24,800       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       111, 663.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       9         • Married filing jointly or Qualifying widow(er), \$24,800       •       Add lines 10a and 10b. These are your total adjustments to income       10b       10c         • Head of household, \$18,650       •       Add lines 10a and 10b. These are your total adjustments to income       •       11       111,663.         • Head of standard Deduction, see instructions, see instructions, ese instructions,       12       24,800.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       24,800.       14       24,800.       14       24,800.		5a	Pensions and annuities	5a		b1	raxable amoun	t		. 5b		
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the filing subtract line 10c filing subtract line 10c from 8995 or Form 8995-A</li> <li>In the filing subtract line 10c filing subtract line 10c filing subtract line 10c filing subtract line 10c filing s</li></ul>	Standard	6a	Social security benefits	ба		b1	raxable amoun	t		. 6b		
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Id Add lines 12 and 13</li> </ul>		7	Capital gain or (loss). Attach Scheo	dule D if	required. If not	_ requirec	l, check here		🕨 [	7	· .	-3,000.
separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       111,663.         • Married filing jointy or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Head of household, \$14,650       C       Add lines 10a and 10b. These are your total adjustments to income.       10b       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       111,663.         • If you checked any box under Standard       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.		8								. 8		
<ul> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions,</li> <li>Inon Inon</li> <li>Inon</li> <li>Inon<td></td><td>9</td><td>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a</td><td>and 8. T</td><td>his is your <b>tota</b></td><td>l income</td><td></td><td></td><td></td><td>▶ 9</td><td></td><td></td></li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your <b>tota</b>	l income				▶ 9		
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22        10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income        >       10c         • If you checked any box under Standard       12       Standard deduction or itemized deduction. (from Schedule A)		10										
widow(er), \$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .		а	From Schedule 1, line 22				10	a				
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>	widow(er),	b	Charitable contributions if you take	the star	dard deduction	. See inst	tructions 10	b				
\$18,650       11       Subtract line for from line 9. This is your adjusted gross income       11       111       111       111       111       111       111       111       111       111       111       111       111       111       111       111       111       111       000		с	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments	s to inco	me			► 10c	;	
12       12       24,800.         13       900 checked any box under Standard Deduction, see instructions.       14       13       14       24,800.		11	Subtract line 10c from line 9. This	is your a	adjusted gross	income				▶ 11	1.	11,663.
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 131424,800.	<ul> <li>If you checked</li> </ul>									. 12		
Deduction, see instructions.         14         Add lines 12 and 13         13         14         24,800	any box under					,	3995-A			. 13		<u>`</u>
	Deduction,	14									1	24,800.
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or I	ess, ente	er-0	<u> </u>	<u> </u>	. 15		

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

Form **1040** (2020)

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	10,686.
	17	Amount from Schedule 2, lin	ne3					. 17	
	18	Add lines 16 and 17						. 18	10,686.
	19	Child tax credit or credit for	other dependen	ts				. 19	
	20	Amount from Schedule 3, lin	ne7					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	10,686.
	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	10,686.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	12,20	52.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	12,262.
• If you have a	26	2020 estimated tax payment							
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit. A				28	-		
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29			
combat pay, see instructions.	30	Recovery rebate credit. See		-		30	1,20	00.	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27 through 31. The						▶ 32	1,200.
	33	Add lines 25d, 26, and 32. T	,						13,462.
	34	If line 33 is more than line 24						. 34	2,776.
Refund	35a	Amount of line 34 you want				, .		. <u></u> 35a	
Direct deposit?	►b	Routing number 1 1 1				Checking			277701
See instructions.	►d	Account number 4 8 8						ligo	
	36	Amount of line 34 you want a							
Amount	37	Subtract line 33 from line 24						▶ 37	
You Owe	31								
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.						for	
how to pay, see instructions.	38	Estimated tax penalty (see in				38			
		you want to allow another							
Third Party Designee		structions				_	Comp	lete below.	× No
Deelightee		signee's		Phone			•	identification	
		me ►		no. 🕨			umber (F		
Sign		der penalties of perjury, I declare t							
Here	bel	ief, they are true, correct, and com		of preparer (othe	1 5 7	ased on all inform	ation of		, ,
nore	Yo	ur signature		Date	Your occupation				ent you an Identity
La international O	N.				SOFTWARE	<u>гистигг</u> р		(see inst.) ▶	PIN, enter it here ▶
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>i</b>	noth must sign	Date	Spouse's occupat			· /	ent your spouse an
Keep a copy for			sour must sign.	Duic					tection PIN, enter it here
your records.			HOME MAKE						
	Ph	one no. (469)996-478	1	Email address	HARI.GADE2	108@GMAIL.	СОМ		
Deid	Pre	eparer's name	Preparer's signat	ture		Date	PTI	IN	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 09/23/202	1   P01	2082703	Self-employed
Preparer	Firi	m's name 🕨 GLOBAL TAX	XES LLC					Phone no.	(678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041			Firm's EIN	
Go to www.irs.ad		n1040 for instructions and the late			BAA	REV 08/30/21 F	 RO		Form <b>1040</b> (2020)
							-		( /

SCHEDULE	1
(Form 1040)	

### Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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.

Sequence No. 01
Attachment

Name(s) shown on Form 1040, 1040-SR, or 1040-NR HARIKRISHNA GADE & NAVYASREE GAJULA

Your social security	'nu
370-71-4890	

### Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	<b>2</b> 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	-6,000.
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,		
Dar	line 8	9	-6,000.
		40	
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		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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 08/30/21 PRO	Schedule	e 1 (Form 1040) 2020

## SCHEDULE D

(Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

20

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

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. 12 Your social security number

20

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

Department of the Treasury

HARIKRISHNA GADE & NAVYASREE GAJULA

370-71-4890

× No

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	127,279.	133,873.	3,4	82.	-3,112.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if ar <b>Worksheet</b> in the instructions	<u>,</u>	•	-	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	-3,112.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustmen to gain or loss Form(s) 8949, I	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
who	e dollars.			line 2, colum	n (g)	with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11				
12	Net long-term gain or (loss) from partnerships, S corporat	12				
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-3,112.
	<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or</li> </ul>		
17	1040-NR, line 7. Then, go to line 22. Are lines 15 and 16 <b>both</b> gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 (	3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	<b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 08/30/21 PRO

Schedule D (Form 1040) 2020

Form <b>8949</b>
------------------

### Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
HARIKRISHNA GADE & NAVYASREE GAJULA	370-71-4890

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)			
Robinhood Securities LI	LC 01/01/20	11/11/20	127,279.	133,873.	W	3,482.	-3,112.			
2 Totals. Add the amounts in colu negative amounts). Enter each Schedule D, line 1b (if Box A ab above is checked), or line 3 (if Bo	total here and inc ove is checked), <b>li</b>	lude on your ne 2 (if Box B	127,279.	133,873.		3,482.	-3,112.			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

(Form <sup>-</sup>	(From rental real estate, royalties, partners				hips, S corporations, estates, trusts, REMICs, etc.)					2020		
Departm	ment of the Treasury Attach to Form 1040				, 1040	-SR, 104	40-NR, c	or 1041.				
	Revenue Service (99)		► Go to <i>www.irs.go</i>	v/ScheduleE fo	or inst	ructions	and the	e latest	information.		Seque	hment ence No. <b>13</b>
Name(s)	shown on return									Your soc		ty number
HARI	KRISHNA GA	DE &	NAVYASREE GAJUI	LA						370-7	71-489	0
Part	Income of	or Los	s From Rental Real E	state and Roy	yaltie	s Note	e: If you a	are in th	e business o	f renting p	ersonal p	roperty, use
	Schedule	C. See	instructions. If you are ar	n individual, repo	ort farı	m rental i	income o	or loss fi	rom Form 48	<b>35</b> on pag	e 2, line 4	0.
A Dio	d you make any	payme	ents in 2020 that would	require you to	file F	orm(s) 1	099? S	ee instr	uctions .		. 🗆 '	Yes 🗙 No
B If "	Yes," did you o	r will y	ou file required Form(s	) 1099?							. 🗆 🏻	Yes 🗌 No
1a			each property (street,									
Α	SRI NAGAR	COLC	ONY HYDERABAD TH	ELANGANA I	N 5	00045						
В												
С												
1b	Type of Prop	perty	2 For each rental r	eal estate prop	oerty I	isted		Fair	Rental	Persona	al Use	QJV
	(from list be	low)	above report the	e number of fai	ir rent	al and		0	Days	Day	/s	QUV
Α	3		personal use day if you meet the r	equirements to	o file a	is a	Α		365		0	
В			qualified joint ve	nture. See inst	ructio	ns.	В					
С			-				С					
Туре	of Property:											
1 Sing	gle Family Resid	dence	3 Vacation/Short-	Term Rental	5 La	nd	-	7 Self-	Rental			
2 Mul	ti-Family Reside	ence	4 Commercial		6 Ro	yalties	8	8 Othe	r (describe)			
Incom	ne:			Properties:			Α		В			С
3	Rents received	t			3			600.				
4	Royalties recei	ived .			4							
Exper	ises:											
5	Advertising .				5							
6	Auto and trave	el (see i	nstructions)		6							
7			nance		7		1,	400.				
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. (see ir	nstructions)	12							
13	Other interest.				13							
14	Repairs				14			200.				
15	Supplies				15		1,	200.				
16					16							
17	Utilities				17		2,	300.				
18	Depreciation e	xpense	e or depletion		18							
19	Other (list) 🕨				19							
20	Total expenses	s. Add	lines 5 through 19 .		20		б,	600.				
21	Subtract line 2	0 from	line 3 (rents) and/or 4	(royalties). If								
			instructions to find ou				_					
					21		-6,	000.				
22			l estate loss after limit						,			
	on Form 8582	-			22	(	-6,0	00.)	(		)(	)
23a			eported on line 3 for a					23a		600.		
b			eported on line 4 for a					23b				
С			eported on line 12 for					23c				
d			eported on line 18 for		• •			23d				
е			eported on line 20 for					23e		6,600.		
24		•	e amounts shown on I							. 24		
25	Losses. Add ro	oyalty lo	osses from line 21 and re	ental real estate	losse	s from lii	ne 22. E	nter tota	al losses here	e. <b>25</b>	(	6,000.)
26			ate and royalty incor									
			V, and line 40 on pa									
	Schedule 1 (Fo	orm 104	40), line 5. Otherwise, i	include this ar	nount	in the t	otal on	line 41	on page 2	. 26	1	-6,000.

**Supplemental Income and Loss** 

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

	582	Passive Activity Loss Limitations		OMB No. 1545-1008		
Form U	JUZ	► See separate instructions.		20 <b>20</b>		
Departme	nt of the Treasury	► Attach to Form 1040, 1040-SR, or 1041.		Attachment		
	evenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the latest information.		Sequence No. 858		
Name(s) s	shown on return		Identifying	number		
HARIH	KRISHNA GA	DE & NAVYASREE GAJULA	370-71	L-4890		
Part		ssive Activity Loss				
	Caution:	Complete Worksheets 1, 2, and 3 before completing Part I.				
		Activities With Active Participation (For the definition of active participation	n, see			
-		or Rental Real Estate Activities in the instructions.)				
		net income (enter the amount from Worksheet 1, column (a)) . 1a	0.			
			000.)			
		allowed losses (enter the amount from Worksheet 1, column (c))	)			
		1a, 1b, and 1c	1d	-6,000.		
		zation Deductions From Rental Real Estate Activities				
		evitalization deductions from Worksheet 2, column (a) 2a (	)			
	,	Illowed commercial revitalization deductions from Worksheet 2,				
	( )	2b (	)			
		nd 2b	2c	(		
	er Passive Ac					
		net income (enter the amount from Worksheet 3, column (a)) . 3a				
		net loss (enter the amount from Worksheet 3, column (b)) 3b (	)			
	-	allowed losses (enter the amount from Worksheet 3, column (c))	)			
		3a, 3b, and 3c	3d			
4	Combine lines					
		a 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with				
	return; all loss	es are allowed, including any prior year unallowed losses entered on line 1c, 2b,	or 3c.	C 000		
	return; all loss Report the loss	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used		-6,000.		
	return; all loss	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c.	-6,000.		
	return; all loss Report the loss	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. <u>4</u> art III.			
	return; all loss Report the loss If line 4 is a los	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used . • 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 Pa • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II a	or 3c. 4 art III. nd III and go	o to line 15.		
Cautio	return; all loss Report the loss If line 4 is a los <b>n:</b> If your filing	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used . • 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 Pa • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II a status is married filing separately and you lived with your spouse at any time due	or 3c. 4 art III. nd III and go	o to line 15.		
<b>Cautio</b> Part II c	return; all loss Report the loss If line 4 is a los <b>n:</b> If your filing or Part III. Inste	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go	o to line 15.		
<b>Cautio</b> Part II c	return; all loss Report the loss If line 4 is a los n: If your filing or Part III. Inste Special	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go	o to line 15.		
<b>Cautio</b> Part II o <b>Part I</b>	return; all loss Report the loss If line 4 is a los n: If your filing or Part III. Inste Special Note: Em	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea	o to line 15. r, <b>do not</b> complet		
Cautio Part II c Part I 5	return; all loss Report the loss If line 4 is a los n: If your filing or Part III. Inste Special Note: Em Enter the small	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used . • 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 Pa • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II a status is married filing separately and you lived with your spouse at any time due ad, go to line 15. Allowance for Rental Real Estate Activities With Active Participation ter all numbers in Part II as positive amounts. See instructions for an example. Iler of the loss on line 1d or the loss on line 4	or 3c. 4 art III. nd III and go ring the yea	o to line 15.		
Cautio Part II c Part I 5 6	return; all loss Report the loss If line 4 is a loss n: If your filing or Part III. Inste Special Note: En Enter the smal Enter \$150,000	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000.	o to line 15. r, <b>do not</b> complete		
Cautio Part II c Part I 5 6 7	return; all loss Report the loss If line 4 is a loss n: If your filing or Part III. Inste Special Note: En Enter the smal Enter \$150,000 Enter modified	<ul> <li>es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used</li></ul>	or 3c. 4 art III. nd III and go ring the yea 5 000.	o to line 15. r, <b>do not</b> complete		
Cautio Part II o Part I 5 6 7	return; all loss Report the loss If line 4 is a loss n: If your filing or Part III. Inste Special Note: En Enter the smal Enter \$150,000 Enter modified Note: If line 7	<ul> <li>es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used</li></ul>	or 3c. 4 art III. nd III and go ring the yea 5 000.	o to line 15. r, <b>do not</b> complet		
Cautio Part II c Part I 5 6 7	return; all loss Report the loss If line 4 is a loss <b>n:</b> If your filing or Part III. Inste <b>Special</b> <b>Note:</b> Em Enter the <b>smal</b> Enter \$150,000 Enter modified <b>Note:</b> If line 7 line 10. Otherv	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000. 663.	o to line 15. r, <b>do not</b> complete		
Cautio Part II o Part I 5 6 7 8	return; all loss Report the loss If line 4 is a loss <b>n:</b> If your filing or Part III. Inste <b>Special</b> <b>Note:</b> Em Enter the <b>sma</b> Enter \$150,000 Enter modified <b>Note:</b> If line 7 line 10. Otherv Subtract line 7	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000. 663. 337.	6 , 000 .		
Cautio Part II c Part I 5 6 7 8 9	return; all loss Report the loss If line 4 is a loss <b>n:</b> If your filing or Part III. Inste <b>I</b> Special Note: Em Enter the <b>sma</b> Enter \$150,000 Enter modified <b>Note:</b> If line 7 line 10. Otherw Subtract line 7 Multiply line 8 b	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000. 663. 337. ctions 9	6,000.		
Cautio Part II o Part I 5 6 7 8 9 10	return; all loss Report the loss If line 4 is a loss <b>n:</b> If your filing or Part III. Inste <b>I</b> Special Note: Em Enter the <b>sma</b> Enter \$150,000 Enter modified <b>Note:</b> If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the <b>sma</b>	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000. 663. 337. ctions 9	6,000.		
Cautio Part II c Part I 5 6 7 8 9 10	return; all loss Report the loss If line 4 is a loss If line 4 is a loss reaction of the second or Part III. Inste Special Note: Enter Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the smal If line 2c is a log	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000. 663. 337. ctions 9 10	to line 15. r, <b>do not</b> complet 6,000. 16,169. 6,000.		
Cautio Part II c Part I 5 6 7 8 9 10	return; all loss Report the loss If line 4 is a loss If line 4 is a loss reaction of the second prevent III. Inster Special Note: En Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the smal If line 2c is a loc Special	<ul> <li>es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used</li></ul>	or 3c. 4 4 art III. nd III and go ring the yea 5 000. 663. 337. Ictions 9 10 al Estate A	to line 15. r, <b>do not</b> complet 6,000. 16,169. 6,000.		
Cautio Part II o Part I 5 6 7 8 9 10 Part I	return; all loss Report the loss If line 4 is a loss or Part III. Inste Depart III. Inste Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the smal If line 2c is a loc Depart III. Special Note: Em	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 4 art III. nd III and go ring the yea 5 000. 663. 337. Ictions 9 10 al Estate A structions.	to line 15.         r, <b>do not</b> complet         6,000.         16,169.         6,000.		
Part II o Part II o Part I 5 6 7 8 9 10 Part I Part I	return; all loss Report the loss If line 4 is a loss <b>n:</b> If your filing or Part III. Inste <b>I</b> Special Note: Em Enter the <b>sma</b> Enter \$150,000 Enter modified <b>Note:</b> If line 7 line 10. Otherw Subtract line 7 Multiply line 8 t Enter the <b>sma</b> If line 2c is a loss <b>Special</b> Note: Em Enter \$25,000	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000. 663. 337. 10 al Estate A structions. ons. 11	6,000. 16,169. 6,000.		
Cautio Part II c Part I 5 6 7 8 9 10 Part I 11 12	return; all loss Report the loss If line 4 is a loss <b>n:</b> If your filing or Part III. Inste <b>I</b> Special Note: Em Enter the <b>sma</b> Enter \$150,000 Enter modified <b>Note:</b> If line 7 line 10. Otherw Subtract line 7 Multiply line 8 t Enter the <b>sma</b> If line 2c is a lo <b>Special</b> Note: Em Enter \$25,000 Enter the loss	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000. 663. 337. Interiors 9 10 al Estate A structions. ons . 11 12	6,000. 16,169. 6,000.		
<b>Part II</b> <b>Part II</b> <b>5</b> 6 7 8 9 10 <b>Part I</b> <b>11</b> 12 13	return; all loss Report the loss If line 4 is a loss If line 4 is a loss or Part III. Inste Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 k Enter the smal If line 2c is a loss Note: Em Enter \$25,000 Enter the loss Reduce line 12	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000. 663. 337. Interiors 9 10 al Estate A structions. ons . 11 12 13	b to line 15.         r, <b>do not</b> complet         6,000.         16,169.         6,000.		
Cautio Part II c Part II 5 6 7 8 9 10 Part I 11 12 13 14	return; all loss Report the loss If line 4 is a loss or Part III. Inste Depart III.	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 art III. nd III and go ring the yea 5 000. 663. 337. Interiors 9 10 al Estate A structions. ons . 11 12 13	b to line 15.         r, <b>do not</b> complet         6,000.         16,169.         6,000.		
Cautio Part II c Part II 5 6 7 8 9 10 Part I 11 12 13 14 Part I	return; all loss Report the loss If line 4 is a loss or Part III. Inste Depart III.	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 4 art III. nd III and go ring the yea 5 000. 663. 337. 10 al Estate A structions. ons. 11 12 13 14	b to line 15.         r, <b>do not</b> complete         6,000.         16,169.         6,000.		
Cautio Part II C Part I 5 6 7 8 9 10 Part I 11 12 13 14 Part I 15	return; all loss Report the loss If line 4 is a loss or Part III. Inste Depart III. Inste Special Note: En Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 t Enter the smal If line 2c is a lo Depart III Special Note: En Enter \$25,000 Enter the loss Reduce line 12 Enter the smal V Total Lo Add the incom	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 4 art III. nd III and go ring the yea 5 000. 663. 337. 10 al Estate A structions. ons. 11 12 13 15	b to line 15.         r, <b>do not</b> complete         6,000.         16,169.         6,000.		
<b>Part I</b> 5 6 7 8 9 10 <b>Part I</b> 11 12 13 14 <b>Part I</b> 15 16	return; all loss: Report the loss If line 4 is a loss or Part III. Inste Depart III. Inste Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the smal If line 2c is a loss Multiply line 8 the Enter the smal If line 2c is a loss Enter the smal Note: Em Enter \$25,000 Enter the loss Reduce line 12 Enter the smal V Total Loss Add the incom	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, ses on the forms and schedules normally used	or 3c. 4 4 art III. nd III and go ring the yea 5 000. 663. 337. 10 al Estate A structions. ons. 11 12 13 15 ctions	b to line 15.         r, <b>do not</b> complete         6,000.         16,169.         6,000.		

# **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 ga		ain or loss	
Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss	
SRI NAGAR COLONY	0.	6,000.			6,000.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	6,000.				

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

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

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

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	<b>(d)</b> Gain	(e) Loss	
<b>Total.</b> 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)	(a)   oss	<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
SRI NAGAR COLONY	E Ln 22	6,000.	1.00000000	6,000.	0.
Total		6,000.	1.00	6,000.	0.

### Worksheet 5-Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Loss	<b>(b)</b> Ratio	(c) Unallowed loss
Total			1.00	

TAXABLE YEAR								F	ORM
2020 C	alifornia e-file	<b>Signature</b>	Author	ization	for Indi	viduals	5	8	879
Your name						Your SSN	or ITIN		
HARIKRISHNA G	ADE					370-71	L-4890		
Spouse's/RDP's name						Spouse's/	RDP's SSN	or ITIN	
NAVYASREE GAJ	ULA					956-92	2-3724		
Part I Tax Return Inf	ormation (whole dollars only	()							
1 California Adjusted G	ross Income (AGI). See instru						.1	111	,663.
2 Amount You Owe. Se	e instructions						. 2		
3 Refund or No Amoun	t Due. See instructions						. 3	1	,042.
year ending December 3 to my electronic return o tax identification number income tax return. If app and on form FTB 8455, C agrees with the direct de agent to authorize an elec return to the Franchise Ta <b>provider, and/or transmi</b> does not receive full and read and consent to the F	y, I declare that I have examin 1, 2020, and to the best of my riginator (ERO), transmitter, of and the amounts shown in licable, I authorize an electror california e-file Payment Reco posit authorization stated on ctronic funds withdrawal or ax Board (FTB). If the process itter the reason(s) for the de timely payment of my tax lial Electronic Funds Withdrawal ( hature for my electronic incom	y knowledge and belief or intermediate service Part I above agree with nic funds withdrawal of ord for Individuals, or a my return. If I have file direct deposit. I authoriz ssing of my return or re elay or the date when th bility, I remain liable for Consent included on th	f, it is true, corn e provider (incluent the information f the amount on comparable for ed a joint return ze my ERO, tra <b>efund is delaye</b> <b>the refund was</b> r the tax liabilit ne copy of my e	rect, and comp uding my name on and amounts n line 2 and/or rrm. If applicab n, this is an irre nsmitter, or int red, I authorize sent. If I am fi y and all applic electronic incor	lete. I further d a address, and s shown on the the estimated le, I declare the vocable appoin ermediate serv <b>the FTB to dis</b> ling a balance able interest an ne tax return. I	eclare that the social security e correspondin tax payments a at direct depos ntment of the c close to my Ef due return, I u nd penalties. I have selected	informatic y number of g lines of as shown of sit refund a other spou o transmit <b>RO</b> , interm nderstand acknowled	on I pro or indiv my electon my i mount se/RDF my con <b>ediate</b> that if i ge that	ovided idual ctronic return on line 3 P as an nplete <b>service</b> the FTB t I have
number (1 m) as my sign		ne tax return anu, n ap	φποαυίο, πιχ ει		withurawai ot	J1130111.			
Taxpayer's PIN: check o	ne box only								
	-				to	enter mv PIN	1 4	8	9 0
	ne box only Al TAXES LLC	ERO firm name			to	enter my PIN	1 4 Do not e		
I authorize <u>GLOB</u>	-				to	enter my PIN			
I authorize <u>GLOB</u> as my signature on     I will enter my PIN a	AL TAXES LLC	dividual income tax ret e-filed California individ	turn. dual income ta	x return. Check		,	Do not e	enter a	ll zeros
<ul> <li>I authorize <u>GLOBA</u></li> <li>as my signature on</li> <li>I will enter my PIN a return is filed using</li> </ul>	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 d	dividual income tax ret e-filed California individ . The ERO must comple	turn. dual income ta ete Part III belo	x return. Check ow.		if you are ente	Do not e	wn PI	II zeros
I authorize <u>GLOB</u> as my signature on     I will enter my PIN a     return is filed using Your signature	AL TAXES LLC my 2020 e-filed California in as my signature on my 2020 the Practitioner PIN method.	dividual income tax ret e-filed California individ . The ERO must comple	turn. dual income ta ete Part III belo	x return. Check ow.	this box <b>only</b>	if you are ente	Do not e	wn PI	II zeros
<ul> <li>I authorize <u>GLOB2</u></li> <li>as my signature on</li> <li>I will enter my PIN a return is filed using</li> <li>Your signature </li> <li>Spouse's/RDP's PIN: chemical statements</li> </ul>	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 d the Practitioner PIN method.	dividual income tax ret e-filed California individ . The ERO must comple	turn. dual income ta ete Part III belo	x return. Check ow.	this box only	if you are ente	Do not o	wn PI	Il zeros
<ul> <li>I authorize <u>GLOB2</u></li> <li>as my signature on</li> <li>I will enter my PIN a return is filed using</li> <li>Your signature </li> <li>Spouse's/RDP's PIN: chemical statements</li> </ul>	AL TAXES LLC my 2020 e-filed California in as my signature on my 2020 the Practitioner PIN method.	dividual income tax ret e-filed California individ . The ERO must comple	turn. dual income ta ete Part III belo	x return. Check ow.	this box only	if you are ente	Do not o	wn PI	Il zeros
<ul> <li>I authorize <u>GLOBA</u> as my signature on</li> <li>I will enter my PIN a return is filed using</li> <li>Your signature </li> <li>Spouse's/RDP's PIN: cho</li> <li>I authorize <u>GLOBA</u></li> </ul>	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 d the Practitioner PIN method.	dividual income tax ret e-filed California individ . The ERO must comple ERO firm name	turn. dual income ta ete Part III belo	x return. Check ow.	this box only	if you are ente	Do not o	wn PI	Il zeros
I authorize <u>GLOBA</u> as my signature on I will enter my PIN a return is filed using Your signature  Spouse's/RDP's PIN: che I authorize <u>GLOBA</u> as my signature on I will enter my PIN	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 of the Practitioner PIN method. eck one box only AL TAXES LLC	e-filed California individ e-filed California individ The ERO must comple ERO firm name Idividual income tax ret	turn. dual income ta: ete Part III belo turn. ndividual incor	x return. Check w Date Date	this box only	if you are ente	Do not of ring your of a second secon	wn PIN	11 zeros     N and you     2     4     Il zeros
<ul> <li>I authorize <u>GLOBA</u> as my signature on</li> <li>I will enter my PIN a return is filed using</li> <li>Your signature          <u>Your signature</u> </li> <li>Spouse's/RDP's PIN: cho</li> <li>I authorize <u>GLOBA</u> as my signature on</li> <li>I will enter my PIN and your return is filed</li> </ul>	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 the Practitioner PIN method. eck one box only AL TAXES LLC my 2020 e-filed California ind I as my signature on my 20	e-filed California individ e-filed California individ I. The ERO must comple ERO firm name Idividual income tax ret D20 e-filed California ir N method. The ERO mu	turn. dual income ta: ete Part III belo turn. ndividual incor ust complete Pa	x return. Check w. Date Date  ne tax return. art III below.	this box only	if you are ente enter my PIN x <b>only</b> if you	Do not of a contract of the second se	wn Plf wn Plf 7 enter a	11 zeros     N and you     2     4     11 zeros     r own PIN
<ul> <li>I authorize <u>GLOBA</u> as my signature on</li> <li>I will enter my PIN a return is filed using</li> <li>Your signature          <u>Your signature</u> </li> <li>Spouse's/RDP's PIN: cho</li> <li>I authorize <u>GLOBA</u> as my signature on</li> <li>I will enter my PIN and your return is filed</li> </ul>	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 of the Practitioner PIN method. eck one box only AL TAXES LLC my 2020 e-filed California ind I as my signature on my 20 iled using the Practitioner PIN e	dividual income tax ret e-filed California individ I. The ERO must comple <b>ERO firm name</b> Idividual income tax ret D20 e-filed California ir N method. The ERO mu	turn. dual income ta: ete Part III belo turn. ndividual incor ust complete Pa	x return. Check w. Date ne tax return. art III below.	this box only	if you are ente enter my PIN x <b>only</b> if you	Do not of a contract of the second se	wn Plf wn Plf 7 enter a	11 zeros     N and you     2     4     11 zeros     r own PIN
I authorize <u>GLOBA</u> as my signature on I will enter my PIN are turn is filed using Your signature  Your signature   Spouse's/RDP's PIN: che I authorize <u>GLOBA</u> as my signature on I will enter my PIN and your return is f Spouse's/RDP's signature	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 of the Practitioner PIN method. eck one box only AL TAXES LLC my 2020 e-filed California ind I as my signature on my 20 iled using the Practitioner PIN e	e-filed California individ e-filed California individ I. The ERO must comple <b>ERO firm name</b> Idividual income tax ret D20 e-filed California ir N method. The ERO mu Practitioner PIN Method	turn. dual income ta: ete Part III belo turn. ndividual incor ust complete Pa d Returns Only	x return. Check w. Date ne tax return. art III below.	this box only	if you are ente enter my PIN x <b>only</b> if you	Do not of a contract of the second se	wn Plf wn Plf 7 enter a	11 zeros     11 zeros     2     4     11 zeros     r own PIN
I authorize GLOBA         as my signature on         I will enter my PIN areturn is filed using         Your signature ▶         Spouse's/RDP's PIN: choose         I authorize GLOBA         as my signature on         I authorize GLOBA         as my signature on         I will enter my PIN and your return is fi         Spouse's/RDP's signature         Part III Certification	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 of the Practitioner PIN method. eck one box only AL TAXES LLC my 2020 e-filed California ind I as my signature on my 20 iled using the Practitioner PIN e	ERO firm name dividual income tax ret e-filed California individ The ERO must comple ERO firm name dividual income tax ret D20 e-filed California ir N method. The ERO mu Practitioner PIN Method Or titioner PIN Method Or	turn. dual income ta ete Part III belo turn. ndividual incor ust complete Pa d Returns Only <b>nly</b>	x return. Check w. Date ne tax return. art III below.	this box only	if you are ente enter my PIN x <b>only</b> if you 8 6 1	Do not of a contract of the second se	wn Plf wn Plf 7 enter a	Il zeros N and you 2 4 Il zeros r own PII
I authorize GLOBA         as my signature on         I will enter my PIN areturn is filed using         Your signature ▶         Spouse's/RDP's PIN: cho         I authorize GLOBA         as my signature on         I authorize GLOBA         as my signature on         I authorize GLOBA         as my signature on         I will enter my PIN and your return is f         Spouse's/RDP's signature         Part III Certification         ERO's EFIN/PIN. Enter you         I certify that the above n	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 e the Practitioner PIN method. eck one box only AL TAXES LLC my 2020 e-filed California ind I as my signature on my 20 iled using the Practitioner PIN e  F and Authentication — Practi	ERO firm name dividual income tax ret e-filed California individ The ERO must comple dividual income tax ret D20 e-filed California ir N method. The ERO mu Practitioner PIN Method titioner PIN Method Or y your five-digit self-sel ch is my signature for t	turn. dual income ta ete Part III belo turn. ndividual incor ust complete Pa d Returns Only nly lected PIN. the 2020 Califo	x return. Check w. Date Date ne tax return. art III below. continue be 5 8 7 ornia individual	this box only	if you are ente enter my PIN x <b>only</b> if you 8 6 1 all zeros turn for the tax	Do not of a	enter a wm PIN 7 enter a ng your 9 ndicate	I zeros I and you 2 4 I zeros r own PI
<ul> <li>I authorize <u>GLOBA</u> as my signature on</li> <li>I will enter my PIN a return is filed using</li> <li>Your signature         </li></ul>	AL TAXES LLC my 2020 e-filed California ind as my signature on my 2020 e the Practitioner PIN method. eck one box only AL TAXES LLC my 2020 e-filed California ind I as my signature on my 20 iled using the Practitioner PIN e  Fand Authentication — Pract our six-digit EFIN followed by umeric entry is my PIN, which	ERO firm name dividual income tax ret e-filed California individ . The ERO must comple dividual income tax ret 220 e-filed California ir N method. The ERO mu Practitioner PIN Method Or titioner PIN Method Or y your five-digit self-sel ch is my signature for t ce with the requirement	turn. dual income ta: ete Part III belo turn. ndividual incor ust complete Pa d Returns Only nly lected PIN. the 2020 Califo ts of the Practi	x return. Check w. Date Date ne tax return. art III below. continue be 5 8 7 prnia individual tioner PIN met	this box only	if you are ente enter my PIN x <b>only</b> if you 8 6 1 all zeros turn for the tax Pub. 1345, 202	Do not of a	enter a wm PIN 7 enter a ng your 9 ndicate	Il zeros Il zeros I and you 2 4 Il zeros r own PIN ced above.

FTB 8879 2020

DO NOT MAIL THIS FORM TO THE FTB

# 2020 California Resident Income Tax Return

TAXABLE YEAR

APE	ATTACH FEDERAL RETURN
370-71-4890 GADE 956-92-3724 HARIKRISHNA GADE NAVYASREE GAJULA	20
5620 SPRINGHOUSE DR PLEASANTON CA 94588	APT 37
08-21-1985 05-18-1990	

		Enter your county at time of filing (see instructions)
ë	ullet	ALAMEDA
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙
sid		If not, enter below your principal/physical residence address at the time of filing.
a E		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	ullet	
Prir		City State ZIP code
	۲	
		If your California filing status is different from your federal filing status, check the box here
	4	
atus	1	Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	X Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
Filir		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst 6
	► Fo	or line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
su	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
otio	•	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ( $\bigcirc$ 7 2 X \$124 = ( $\bigcirc$ \$ 248
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
Ж́Ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2
		REV 05/29/21 PRO
		175 3101204 Form 540 2020 <b>Side 1</b>

Υοι	ır na	IME: GADE		Your SSN or ITIN:	370-71-4890	-	
	10	Dependents: Do	not include yourself or you		adamt 0	Demondent 0	
		First Name 🌘	Dependent 1		ndent 2	Dependent 3	
S		Last Name 🌘					
Exemptions		SSN. See					
mex		instructions.   Dependent's					
ш		relationship (• to you					
	Tot	al dependent exem	mptions		• 10 X \$3	83 = • \$	
	11	Exemption amo	ount: Add line 7 through lin	e 10. Transfer this amo	unt to line 32	. • 11 \$	248
	12		om your federal		120634		
			box 16				111663
	13 14		djusted gross income from stments – subtractions. Ent		040-SR, line 11	) 13	
	15	Part I, line 23, c	column B			) 14	.00
me		See instructions	IS			15	111663 .00
e Inco	16		stments – additions. Enter t column C		ule CA (540),	16	.00
Taxable Income	17	California adjus	sted gross income. Combin	e line 15 and line 16		17	111663 .00
Ę	18				CA (540), Part II, line 30; <b>OR</b>		
		~ <	our California <b>standard ded</b> Single or Married/RDP filing		your filing status:	601	
					ualifying widow(er) \$9,2		9202 _00
	19	Subtract line 18	Married/RDP filing separately o 8 from line 17. This is your	taxable income.		) 18	102461
		If less than zero	o, enter -0			9 19	102401 .00
	31	Tax. Check the t	hox if from:	able 🗙 Tax	Rate Schedule		
	51	Tax. Oneok life i	• FTB	3800 • FTB	3803	31	3979 _00
	32	•	dits. Enter the amount from	•	AGI is more than	32	248 .00
Тах							
	33						
	34	Tax. See instruc	ctions. Check the box if from	m: ● Schedule G-	-1 • FTB 5870A •	34	•00
	35	Add line 33 and	d line 34			) 35	3731 .00
lits	40	Nonrefundable	Child and Dependent Care	Expenses Credit. See in	structions •	40	. 00
Special Credits	43	Enter credit nan			and amount		.00
ecial							
sp	44	Enter credit nan		code ●	and amount •	44	00
		<b>Side 2</b> Form 54		175 310	2204		

You	r nar	e: GADE Your SSN or ITIN: 370-71-4890	
S	45	To claim more than two credits. See instructions. Attach Schedule P (540)	)0
Credit	46	Nonrefundable Renter's Credit. See instructions	)0
Special Credits	47	Add line 40 through line 46. These are your total credits	)0
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0	)0
			— 一
	61	Alternative Minimum Tax. Attach Schedule P (540) ● 61	
axes	62	Mental Health Services Tax. See instructions	
Other Taxes	63	Other taxes and credit recapture. See instructions	)0
ð	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions • 64	)0
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax • 65 3731 .	)0
	71	California income tax withheld. See instructions	00
	72	2020 CA estimated tax and other payments. See instructions	
ıts	73		
Payments	74	Excess SDI (or VPDI) withheld. See instructions	
ä	75	Earned Income Tax Credit (EITC)	
	76	Young Child Tax Credit (YCTC). See instructions	)0
	77 78	Net Premium Assistance Subsidy (PAS). See instructions	)0
	10	See instructions	00
ax	91	Use Tax. Do not leave blank. See instructions	
Use Tax		If line 91 is zero, check if: 🗙 No use tax is owed. You paid your use tax obligation directly to CDTFA.	
			—
ISR Penaltv	92	Individual Shared Responsibility (ISR) Penalty. See instructions • 92 00	
- Pe		• × Full-year health care coverage.	
one	02	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78  93 4773	00
/Tax I	93		
Overpaid Tax/Tax Due	94 95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,	
/erpai	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then	00
ó		subtract line 93 from line 92	)0
		175 3103204 Form 540 2020 Side 3	

/our	r nar	ne:	GADE	Your SSN or ITIN:	370-71-4890			
Overpain lax lax Due	97	Over	paid tax. If line 95 is more than line 6	5, subtract line 65 from	line 95	<ul><li>97</li></ul>	1042	. 00
	98	Amo	unt of line 97 you want applied to you		• 98	0	<u>   00    </u>	
palu	99	Over	paid tax available this year. Subtract I	ine 98 from line 97		• 99	1042	. 00
Iano	100	Tax c	lue. If line 95 is less than line 65, sub	tract line 95 from line 6	5 (	• 100		. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		<b>.</b> 00
		Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribu	tion Fund	• 401		<b>_</b> 00
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ution Program	• 403		<b>.</b> 00
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	d	• 405		<b>.</b> 00
		Califo	ornia Firefighters' Memorial Voluntary	v Tax Contribution Fund .		• 406		<u>   00    </u>
		Emer	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		<u>   00    </u>
		Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	ibution Fund	• 408		. 00
		Califo	ornia Sea Otter Voluntary Tax Contribu	ution Fund		• 410		<b>.</b> 00
suc		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		<u>   00    </u>
Contributions		Scho	ol Supplies for Homeless Children Fu	nd		• 422		. 00
Cont		State	Parks Protection Fund/Parks Pass P	urchase		• 423		<u>    00</u>
		Prote	ct Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		<u>   00    </u>
		Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		<b>.</b> 00
		Preve	ention of Animal Homelessness and C	Cruelty Voluntary Tax Co	ntribution Fund	• 431		<u>   00    </u>
		Califo	ornia Senior Citizen Advocacy Volunta	ry Tax Contribution Fun	d	• 438		. 00
		Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	ı Fund	• 439		<b>.</b> 00
		Rape	Kit Backlog Voluntary Tax Contribution	on Fund		• 440		<b>.</b> 00
		Scho	ols Not Prisons Voluntary Tax Contril	oution Fund		• 443		. 00
		Suici	de Prevention Voluntary Tax Contribu	tion Fund		• 444		. 00
	110	Add	code 400 through code 444. This is y	our total contribution		• 110		. 00

REV 05/29/21 PRO Side 4 Form 540 2020

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3104204

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Your na	ame:	GADE	Your SSN	or ITIN:	370-71-	-489	90	-			
Amount You Owe	Mail	UNT YOU OWE. If you do not have to: FRANCHISE TAX BOARD, P Inline – Go to ftb.ca.gov/pay for	0 BOX 942867,	SACRAME				See instru	ctions. Do		. 00
Interest and Penalties		est, late return penalties, and late rpayment of estimated tax.	payment penalt	ies			112				. 00
nteres Penal	Chec	k the box:	ached 🏾 🕒	FTB 5805	5F attached		• 113				. 00
114	4 Total	amount due. See instructions. E	iclose, but <b>do n</b> i	<b>ot</b> staple, a	ny payment .		114				. 00
115	5 REFL	IND OR NO AMOUNT DUE. Subt	act the sum of I	ine 110, lin	e 112 and lin	ie 113	3 from line 99. See	e instructio	ons.		
	Mail	to: FRANCHISE TAX BOARD, PO	BOX 942840, S	ACRAMEN	TO CA 94240	-0001	1 • 115			1042	. 00
Refund and Direct Deposit	See i All or	the information to authorize directions. Have you verified the the following amount of my refu	e routing and a nd (line 115) is	<b>ccount nun</b> authorized	nbers? Use w	vhole	dollars only.	hown belc	ow:		
id pu		outing number X Checking	Account 4880437			]		• 116	Direct de	posit amount	
ind ai		111000025 Savings	4000437	51411						1042	<b>.</b> 00
Re		emaining amount of my refund (				]	the account show		Direct de	posit amount	. 00
To learn ftb.ca.ge	about y ov/form enalties lge and	See the instructions to find out if y your privacy rights, how we may in a and search for <b>1131</b> . To request of perjury, I declare that I have e belief, it is true, correct, and corr	se your informa t this notice by r xamined this tax	tion, and th nail, call 80	ne consequer 0.852.5711.	nces f npany	or not providing th	d stateme	nts, and to	o the best of my	
Sign		Your email address. Enter only o	ne email address.						Prefer	red phone number	
Here		Paid preparer's signature (declarat	on of preparer is	based on a	II information	of wh	ich preparer has ar	y knowled	lge)		
It is unla		SYAM PRIYA RAM SAG	AR GUPTA .	TALLAM							
to forge a spouse's		Firm's name (or yours, if self-emplo	yed)								
RDP's signature	e.	GLOBAL TAXES LLC								P02082703	
Joint tax return?	(	Firm's address	LN CUMMIN	G GA 30	041					• Firm's FEIN 301017196	
(See instructio	ons)	Do you want to allow another p Print Third Party Designee's Name				See	instructions		Yes Telephone	× No	]
		REV 05/29/21 PRO						]	L		]

CA (540)

# 2020 California Adjustments — Residents

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Nam	e(s) as shown on tax return		SS	SN or	TITIN		_
	RIKRISHNA GADE & NAVYASREE GAJULA			707	714890		
	t I Income Adjustment Schedule	A	Federal Amounts (taxable amounts from	m	B Subtractions See instructions	C Additions See instructions	
Sect	i <b>on A – Income</b> from federal Form 1040 or 1040-SR		ýour federal tax returr	·			
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C $\ldots$ . 1	-					
2	Taxable interest. a () 2b						
3	Ordinary dividends. See instructions. a ( 3b					0	
4	IRA distributions. See instructions. a (e) 4b	_		_			
5	Pensions and annuities. See instructions. a 🖲 5b						
6	Social security benefits. a 🔘 6b	-					
7		$\mathbf{O}$	) -3,000	. (			
Sect	ion B – Additional Income from federal Schedule 1 (Form 1040)						
1	Taxable refunds, credits, or offsets of state and local income taxes 1	$\bullet$	)	(			
2a	Alimony received. See instructions	$\bullet$	)			$\bigcirc$	
3	Business income or (loss). See instructions	$\bullet$	)			$\bullet$	
4	Other gains or (losses) 4	$\bullet$	)			$\bullet$	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	$\bullet$	) -6,000				
6	Farm income or (loss) 6	$\bullet$	)			$\bullet$	
7	Unemployment compensation		)				
8	Other income.			(a		a	
	a California lottery winnings e NOL from FTB 3805Z,			b	$\bigcirc$	b	
	b Disaster loss deduction from FTB 3805V 3807, or 3809 8		)	c			
	c Federal NOL (federal Schedule 1 f Other (describe):			) d	$\overline{\bullet}$	d	
	(Form 1040), line 8)			) e		e	
	d NOL deduction from FTB 3805V			f	$\overline{\bullet}$	f 💽	
	g Student loan discharged due to closure of a for-profit school			( g		g	
9	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 incolumn A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g incolumn B and column C. Go to Section C.9	•	) 111,663.				
Sect	ion C – Adjustments to Income from federal Schedule 1 (Form 1040)						
10	Educator expenses		)	(			
11	Certain business expenses of reservists, performing artists, and fee-basis			$\uparrow$	~		
	government officials 11		)			$\bullet$	
12	Health savings account deduction 12		)				
13	Moving expenses. Attach federal Form 3903. See instructions	$\bullet$	)				
14	Deductible part of self-employment tax. See instructions	lacksquare	)	(			
15	Self-employed SEP, SIMPLE, and qualified plans						
16	Self-employed health insurance deduction. See instructions 16	lacksquare	)	(			
17	Penalty on early withdrawal of savings	$\bullet$	)				
18a	Alimony paid. <b>b</b> Recipient's: SSN 💿 — —						
	Last name () 18a	6	)				
19	IRA deduction						
20	Student loan interest deduction	<u> </u>					_
21	Tuition and fees         21						
		ľ	/				
22	Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions	•	)	(		۲	
23	Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions 23	lacksquare	) 111,663	. 🤇		$\odot$	

For Privacy Notice, get FTB 1131 ENG/SP.

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	rt II Adjustments to Federal Itemized Deductions ck the box if you did NOT itemize for federal but will itemize for California	A	Federal Amounts (from federal Schedule A (Form 1040)	B	Subtractions See instructions	<b>C</b> 5	dditions See instructions
	lical and Dental Expenses See instructions.			1			
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 () 111,663.2						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	$\bigcirc$				lacksquare	
axe	es You Paid						
5a	State and local income tax or general sales taxes	$\odot$	6,002.	$\bullet$	6,002.		
5b							
5c	State and local personal property taxes	-					
	Add line 5a through line 5c		6,002.				
	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A						
	Enter the amount from line 5a, column B in line 5e, column B						
	Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	$\odot$	6,002.	$oldsymbol{O}$	6,002.	$oldsymbol{O}$	
6	Other taxes. List type • 6	$\odot$		$oldsymbol{O}$		$oldsymbol{O}$	
7	Add line 5e and line 6	$\odot$	6,002.	$oldsymbol{O}$	6,002.	$oldsymbol{O}$	
nte	rest You Paid						
a	Home mortgage interest and points reported to you on federal Form 1098	$\odot$				$oldsymbol{O}$	
b	Home mortgage interest not reported to you on federal Form 1098	-				lacksquare	
C	Points not reported to you on federal Form 10988c	$\bigcirc$				$oldsymbol{O}$	
d	Mortgage insurance premiums	$\bigcirc$		$oldsymbol{O}$			
e	Add line 8a through line 8d			$oldsymbol{O}$		lacksquare	
	Investment interest	-		lacksquare		٢	
0	Add line 8e and line 9			lacksquare			
-	s to Charity						
1	Gifts by cash or check			$\bullet$		$\bigcirc$	
2	Other than by cash or check	-		۲			
3	Carryover from prior year	-		٢		۲	
4	Add line 11 through line 13	-		Ŏ		Ŏ	
as	ualty and Theft Losses					<u> </u>	
5	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal						
				$ \bigcirc $		$\odot$	
the	er Itemized Deductions						
6	Other—from list in federal instructions						
7	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<u> </u>	6,002.	<u> </u>	6,002.		

Job I	Expenses	and	Certain	Miscellaneous	Deductions
-------	----------	-----	---------	---------------	------------

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses - investment, safe deposit box, etc. List type		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 💿111 , 663 .		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	• • 25	0.
26	Total Itemized Deductions. Add line 18 and line 25	• • 26	0.
27	Other adjustments. See instructions. Specify.	. • 27	
28	Combine line 26 and line 27.	. • 28	0.
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	. • 29	0.
30	Enter the larger of the amount on line 29 or your standard deduction listed belowSingle or married/RDP filing separately. See instructions.\$4,601Married/RDP filing jointly, head of household, or qualifying widow(er)\$9,202		
	Transfer the amount on line 30 to Form 540, line 18	. • 30 [	9,202.

2020	<b>Passive</b>	<b>Activity</b>	Loss	Limitations

TAXABLE YEAR

# 3801

Atta	ich to Form 540, Form 540NR, Form 541, or Form 100S.						
Nam	e(s) as shown on tax return			SS	SN, ITIN	I, FEIN, or CA corporation	n no.
HAI	RIKRISHNA GADE & NAVYASREE GAJULA			37	7071	4890	
Pa	rt I 2020 Passive Activity Loss See the instructions for Worksheet 1 and Worksheet 3 for federal Form	8582	before completing Pa	ırt I. Be	sure	to <b>use California amo</b>	unts.
Ren	tal Real Estate Activities with Active Participation						
1a	Activities with net income from Worksheet 1, column (a)	1a	0.	00			
1b	Activities with net loss from Worksheet 1, column (b)	1b	( -6,000.)	00			
1c	Prior year unallowed losses from Worksheet 1, column (c)	1c	( )	00			
	Combine line 1a, line 1b, and line 1c			<u></u>	1d	-6,000.	00
2a	Activities with net income from Worksheet 2, column (a)	2a		00			
<b>2</b> b	Activities with net loss from Worksheet 2, column (b)	<b>2</b> b	( )	00			
2c	Prior year unallowed losses from Worksheet 2, column (c)	2c	( )	00			
2d	Combine line 2a, line 2b, and line 2c.				2d		00
3	Combine line 1d and line 2d. If the result is net income or zero, see the instruct						
	line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.	See i	nstructions		3	-6,000.	00
Pa	<b>rt II</b> Special Allowance for Rental Real Estate with Active Participa Enter all numbers in Part II as positive amounts. See instructions.	ation					
4	Enter the <b>smaller</b> of losses from line 1d or line 3				4	6,000.	00
5 6	Enter \$150,000. If married/RDP filing a separate tax return, see instructions Enter federal modified adjusted gross income, but not less than zero. See instructions.	5	150,000.	00			
	If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6	117,663.	00			
7	Subtract line 6 from line 5	7	32,337.	00			
8	Multiply line 7 by 50% (.50). <b>Do not</b> enter more than \$25,000				8	16,169.	00
9	Enter the smaller of line 4 or line 8				9	6,000.	00
Ра	rt III Total Losses Allowed				i.		
10	Add the income, if any, from line 1a and line 2a and enter the total				10	0.	00
11	Total losses allowed from all passive activities for 2020. Add line 9 and line	10			11	6,000.	00

See the instructions on Page 2 to find out how to report the losses on your tax return.

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California Passive Activity Worksheet (See General Instructions for Step 1.)



Use this worksheet to fig	ure California income (los	s) from passive activities	before application of pas	sive activity loss (PAL) ru	les.	
(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	o (loss) before application differences in federa and California law		nent Combine column (d) n and column (e) leral	
RAAM NAGAR	SCH E	N/A	-6,000.	0.	-6,000.	
<u> </u>						
	tment Worksheet		• •			
(a)	figure your California adju	(c)	(d)		e)	
Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	California Amount Enter the California net income (loss) from the activity after application of the PAL rules	Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	Subtract the Total amo the Total amount of co difference in column should transfe	Adjustment bunt of column (d) from blumn (c) and enter the (e) below. Individuals r this amount to br 540NR) as follows:	
(a)	(b)	(C)	(d)	(	e)	
Schedule C Activities	Passive or Nonpassive	California Amount	Federal Ámount		Ádjustment	
				amount to Sch. CA (	s <b>positive,</b> transfer the 540), Part I or Sch. CA ion B, line 3, column C.	
				to Sch. CA (540), Part I o	<b>gative</b> , transfer the amoun r Sch. CA (540NR), Part II amount) line 3, column B.	
Total		1(c)	1(d)*	1(e)		
(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount		e) Adjustment	
RAAM NAGAR, HYDERABAD, TELANGANA, 500045, INDIA	PASSIVE	-6,000.	-6,000.	amount to Sch. CA (	s <b>positive,</b> transfer the 540), Part I or Sch. CA ion B, line 5, column C.	

Total	 2(c)	-6,000.	2(d)**	-6,000.	2(e) 0.
					If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B.
					If the amount below is <b>regative</b> transfer the amount
					(540NR), Part II, Section B, line 5, column 6.

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
Total		3(c)	3(d)***	3(e) (OND) Part II. Section P. line 2. column A

\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.

\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.

\*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.



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