E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single X Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name o			_							
Your first name	and m	iddle initial	name					Y	Your social security number				
VIDHYAD	HAR		VAN	MAI					8	822-41-2087			
If joint return, s	pouse's	s first name and middle initial	Last r	name					Sp	oouse'	s social sec	curity number	
SAI SHR	JTHI		SAY	'INI					9	957-97-4898			
Home address	(numbe	er and street). If you have a P.O. box, se	e instruc	ctions.				Apt. no.	Pı	reside	ntial Election	on Campaign	
23067 S	AGEB	RUSH,									nere if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete	spaces below.	Sta	ite	ZIP	code				tly, want \$3	
NOVI				MI			48	10275			to go to this fund. Checking a box below will not change		
Foreign countr	y name			Foreign province/state	e/coun	ty	Fore			your tax or refund.		•	
At any time du	ring 20	020, did you receive, sell, send, exc		•	e any	financial intere	est in	any virtual	curre	ncy?	Yes	⊠ No	
Standard Deduction		neone can claim:	•	•									
Age/Blindnes	You	: Were born before January 2,	1956	Are blind Sp	oouse	: Was bo	rn be	efore Januar	y 2, 1	956	☐ Is bli	ind	
Dependent	s (see	instructions):		(2) Social securi	tv	(3) Relationsh	air	(4) 🗸 i	f auali	fies fo	r (see instru	ctions):	
If more		First name Last name		number		to you		Child tax		- 1	Credit for other depen		
than four	ADV	/IK SAI VANAM	961-98-3061			Son					[	X	
dependents,									]				
see instruction and check	s —												
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s	) W-2						1	10	03,760.	
Attach	2a	Tax-exempt interest	2a		b 7	axable interes	t			2b			
Sch. B if	За	Qualified dividends	3a			Ordinary divide				3b			
required.	4a	IRA distributions	4a			axable amoun				4b			
	5a	Pensions and annuities	5a		b 7	Taxable amount				5b			
Standard	6a	Social security benefits	6a		b 7	axable amoun	ıt .			6b			
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D	if required. If not red	quirec	, check here		•		7			
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line 9								8	-	-7,450.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total in	come				•	9		96,310.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	а						
widow(er),	b	Charitable contributions if you take the standard deduction. See instructions  Add lines 10a and 10b. These are your <b>total adjustments to income</b>											
\$24,800 • Head of	С								<b></b>	100	5		
household, \$18,650	11	Subtract line 10c from line 9. This	s is you	r adjusted gross inc	ome				•	11	2	96,310.	
If you checked	12	Standard deduction or itemized	d deduc	ctions (from Schedul	le A)					12	. 2	24,800.	
any box under Standard	13	Qualified business income deduc	tion. At	tach Form 8995 or F	orm 8	8995-A				13			
Deduction,	14	Add lines 12 and 13								14	2	24,800.	
see instructions.	15	Taxable income. Subtract line 1-	4 from I	ine 11. If zero or less	s, ente	er -0				15	7	71,510.	

Form 1040 (2020	))								Page <b>2</b>		
	16	Tax (see instructions). Check if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	8,188.		
	17	Amount from Schedule 2, line 3				<del></del> .	. [	17			
	18	Add lines 16 and 17					. [	18	8,188.		
	19	Child tax credit or credit for other dependen	ts				. [	19	500.		
	20	Amount from Schedule 3, line 7						20			
	21	Add lines 19 and 20					_	21	500.		
	22	Subtract line 21 from line 18. If zero or less,						22	7,688.		
	23	Other taxes, including self-employment tax,					-	23	0.		
	24	Add lines 22 and 23. This is your <b>total tax</b>						24	7,688.		
	25	Federal income tax withheld from:							,,,,,,,		
	а	Form(s) W-2			25a	8,5	91.				
	b	Form(s) 1099			25b	0,0					
	c	Other forms (see instructions)			25c		-				
	d	Add lines 25a through 25c						25d	8,591.		
		2020 estimated tax payments and amount a						26	0,371.		
<ul> <li>If you have a L qualifying child,</li> </ul>	26				27			20			
attach Sch. EIC.	27	Earned income credit (EIC)									
If you have nontaxable	28	Additional child tax credit. Attach Schedule			28		-				
combat pay,	29	American opportunity credit from Form 8863	-		29						
see instructions.	30	Recovery rebate credit. See instructions									
	31	Amount from Schedule 3, line 13	_								
	32	Add lines 27 through 31. These are your total					-	32	0 501		
	33	Add lines 25d, 26, and 32. These are your to						33	8,591.		
Refund	34	If line 33 is more than line 24, subtract line 2			•		<u>.</u>	34	903.		
	35a	Amount of line 34 you want refunded to you						35a	903.		
Direct deposit? See instructions.	►b	Routing number 1 1 1 0 0 0 0 0			Checking	Sav	rings				
	<b>▶</b> d	Account number 4 8 8 0 4 9 1			+						
	36	Amount of line 34 you want applied to your	2021 estimate	ed tax ►	36						
Amount	37	Subtract line 33 from line 24. This is the amo	ount you owe	now			<b>•</b>	37			
You Owe		Note: Schedule H and Schedule SE filers,	e for								
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.									
instructions.	38	Estimated tax penalty (see instructions) .			38						
Third Party		you want to allow another person to disc							<b></b>		
Designee		structions			_				X No		
		signee's me ▶	Phone no. ▶			Personal number (		ation [			
Cian				d accompanying sch			,	ne hes	of my knowledge and		
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Here	Yo	ur signature	Date	1					IRS sent you an Identity		
	k						Protect (see ins		N, enter it here		
Joint return?	<b>L</b>			SOFTWARE ENGINEER							
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	tion				t your spouse an ection PIN, enter it here		
your records.	,			HOME MAKE	D		(see ins		CHOILE HIN, enter it here		
	————	one no. (817)233-1152	Email address	VIDHYADHAR.		COM	,	71			
		eparer's name Preparer's signat		VIDHIADHAK.	Date		ΓIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		מווסיית ייתודת או			20827	702	Self-employed		
Preparer			אאטאט ויוהאי	OUFIA TALLAM	1 0 2 / 2 2 / 2 0	<u> </u>	1				
Use Only									678)965-9522		
			ni Cullilliin				Firm's	EIIV 🏲			
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 08/30/2	I PRO			Form <b>1040</b> (2020)		

# SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

VIDHYADHAR VANAM & SAI SHRUTHI SAYINI

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

Attachment Sequence No. 01 Your social security number

822-41-2087

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,450.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 9		7 450
Par	t II Adjustments to Income	9	-7,450.
		40	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

## **SCHEDULE E**

(Form 1040)

### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

Attachment Sequence No. **13** 

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

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

Your social security number

VIDH	YADHAR VANAM &	SAI SHRUTHI SAYINI						82	22-41-2	087	
Part		From Rental Real Estate and Ro	valties	Note:	If you a	are in th	e business c				erty, use
		instructions. If you are an individual, rep	-		•				<b>.</b>		,
A Dic		nts in 2020 that would require you to									No No
		ou file required Form(s) 1099?		. ,							
		each property (street, city, state, ZIF									
A		ROAD NO:2 HYDERABAD TELA			50004	45					
В											
C											
1b	Type of Property (from list below)	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only					Rental Days	Per	sonal Use Days	Э	QJV
A	3	personal use days. Check the if you meet the requirements to	personal use days. Check the QJV box of if you meet the requirements to file as a			365			0		П
В		qualified joint venture. See inst	truction	ns.	В						$\overline{\Box}$
С					С						$\overline{\Box}$
Type	of Property:										
	le Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd	-	7 Self-	Rental				
_	ti-Family Residence	4 Commercial		yalties			r (describe)	)			
Incom		Properties:		,	Α	3 0 11 10	E			(	C
3	Rents received		3			650.					
4			4								
Expen											
5			5								
6		nstructions)	6								
7	· ·	nance	7		1.	350.					
8	_		8			330.					
9			9								
10		ssional fees	10								
11			11			800.					
12	_	d to banks, etc. (see instructions)	12		•	000.					
13			13								
14			14		1 :	800.					
15			15			650.					
16			16			050.					
17			17		2	500.					
18		or depletion	18		۷,.	300.					
19	Other (liet)	·	19								
20	` ′	lines 5 through 19	20		Ω.	100.					
	· ·	_	20		0,.	100.					
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
	, , ,	· · · · · · · · · · · · · · · · · · ·	21		-7.4	450.					
22		estate loss after limitation, if any,			· ,						
~~	on <b>Form 8582</b> (see in		22	(	_7 A	50.)	(		)(		١
23a	-	eported on line 3 for all rental prope		\	,,1	23a	\	6	50.		,
b		eported on line 4 for all royalty prop			•	23b					
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e		8,1	20		
24		e amounts shown on line 21. <b>Do no</b>				200		0,1	<b>24</b>		
25		sses from line 21 and rental real estate		•		· ·		٠.	25 (		7,450.)
	• •							t	20 (		,, <sub>1</sub> , <sub>1</sub>
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar							26		-7,450.

# Form **8867**

## Paid Preparer's Due Diligence Checklist

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

OMB No. 1545-0074

Attachment Sequence No. **70** 

Taxpayer identification number

Internal Revenue Service

Taxpayer name(s) shown on return

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

VIDHYADHAR VANAM & SAI SHRUTHI SAYINI 822-41-2087 Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ▼ CTC/ACTC/ODC AOTC HOH No N/A Did you complete the return based on information for tax year 2020 provided by the taxpayer or X If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . . . . . . . . . . X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing X Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"  $\mathbf{x}$ Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure X List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . .  $\mathbf{x}$ (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

orm 8	867 (2020)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	,			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the question and related expenses for the claimed AOTC?		Yes	No
Part			o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	k year	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? VI Eligibility Certification			Ш
ıaıt	➤ You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);			
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	ist for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	"s eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	(s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>			
	▶ If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	ire to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t and	Yes	No
	complete?	., a	<b>₩</b>	

Department of the Treasury

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

**Passive Activity Loss Limitations** 

► See separate instructions.

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

Attachment

Identifying number

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

Sequence No. 858

OMB No. 1545-1008

VIDHYADHAR VANAM & SAI SHRUTHI SAYINI 822-41-2087 Part I 2020 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a 1a Activities with net income (enter the amount from Worksheet 1, column (a)) . 0. 7,450. **b** Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . 1b c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c 1d -7,450. **Commercial Revitalization Deductions From Rental Real Estate Activities** 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a Prior year unallowed commercial revitalization deductions from Worksheet 2, 2b column (b) c Add lines 2a and 2b 2c **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a **b** Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . 3b 3с c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c. 2b. or 3c. 4 -7,450.If line 4 is a loss and: Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5 Enter the **smaller** of the loss on line 1d or the loss on line 4 . . . . . . . . 5 7,450. 6 Enter \$150,000. If married filing separately, see instructions . . . . . . 150,000. 7 7 Enter modified adjusted gross income, but not less than zero. See instructions 103,760. Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. 8 Subtract line 7 from line 6 . . . . . . . 46,240. Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 9 9 23,120. 10 10 7,450. If line 2c is a loss, go to Part III. Otherwise, go to line 15. Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Part III Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions. 11 12 12 13 13 14 Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13 14 **Total Losses Allowed** Part IV 15 Add the income, if any, on lines 1a and 3a and enter the total . . . . . . . . . 15 0.

16

Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions

Caution: The worksheets must be filed to				/ for your	record	S.				
Worksheet 1—For Form 8582, Lines 1	<b>a, 1b, and 1c</b> (se	e instruction	ns)							
Name of activity	Currer	ent year		Prior years			Overall g	rall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net Io (line 1b		(c) Una loss (lir		(d)	) Gain	(e) Loss		
BANJARA HILLS ROAD NO:2	0.	7,4	50.					7,450.		
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c	0.	7,4	50.							
and 1c	a and 2b (see ins	structions)						'		
Name of activity	(a) Current deductions (	year		(b) Prior year unallowed deductions		line 2b)	(c)	Overall loss		
Total. Enter on Form 8582, lines 2a and										
Worksheet 3—For Form 8582, Lines 3										
Worksheet 3—For Form 8582, Lines 3	<b>a, 3b, and 3c</b> (se	e instructio	ns)							
Name of activity	Current year Prior years Overa					Overall g	Il gain or loss			
Name of activity	(a) Net income (line 3a)	(b) Net Ic (line 3b		(c) Una loss (lir			) Gain	(e) Loss		
Total. Enter on Form 8582, lines 3a, 3b, and 3c										
Worksheet 4—Use This Worksheet if a	n Amount Is Sh	own on Fo	rm 8	582, Line	10 or	<b>14.</b> See	instructi	ons.		
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	6	<b>(b)</b> R	atio	(c) Special allowance		(d) Subtract column (c) from column (a)		
BANJARA HILLS ROAD NO:2	E Ln 22	7,4	50.	1.000	00000		7,450.	0.		
Total			50.	1.00			7,450. 0			
Worksheet 5—Allocation of Unallowed	,									
Name of activity	Form or schedu and line number to be reported ( (see instruction	er on	<b>(a)</b> Lo		oss (b		(c)	(c) Unallowed loss		
Total						1 00				