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

Filing Statu Check only one box.	If yo	Single X Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender	name o											
Your first name	and m	iddle initial	Last r	name						Your so	cial securi	ty number		
SREENAT	Н		GOF	PALAN						215-93-1613				
If joint return, s	pouse's	s first name and middle initial	Last r	name						Spouse's social security number				
SUHAPRI	· YA		BAV	A SUNDARSON						APPLIED FOR				
		er and street). If you have a P.O. box, see										on Campaign		
2323 SA	•			6						Check here if you, or your				
		ce. If you have a foreign address, also co	omplete	mplete spaces below. State ZIP								spouse if filing jointly, want \$3		
PLEASAN		,		·				0.4 0.6		to go to this fund. Checking a box below will not change				
Foreign countr				Foreign province/state/			Foreign postal code				x or refund	•		
· croigir ccairi	,			· · · · · · · · · · · · · · · · · · ·		.,		orong poortai oo ao ,		,	You	Spouse		
At any time du	uring 20	020, did you receive, sell, send, exc	hange,	or otherwise acquire	any 1	financial inte	rest ir	any virtu	al cur	rency?		∑ No		
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retu	•			•								
Age/Blindnes	s You	: Were born before January 2,	1956	Are blind Spe	ouse	: Was be	orn be	efore Janu	arv 2	1956	☐ Is b	lind		
Dependent	-			(2) Social security		(3) Relations				-	r (see instru			
•		irst name Last name		number to you			ыпр	Child			ı	her dependents		
If more than four														
dependents,									$\overline{\sqcap}$					
see instruction and check	s —								H					
here >									$\overline{\sqcap}$					
	1	Wages, salaries, tips, etc. Attach	Form(s) W-2						1	1	07,589.		
Attach		Tax-exempt interest	2a		 ьт	axable intere	· ct			2b		0.		
Sch. B if	3a	Qualified dividends	3a	9.		axable intere ordinary divid				3b		10.		
required.		IRA distributions	4a			axable amou				4b				
	та - 5а	Pensions and annuities	5a		b Taxable amount .					5b				
Standard	6a	Social security benefits	6a			axable amou				6b				
Deduction for—	7	Capital gain or (loss). Attach Sche	_	if required. If not requ					· ·] 7		34.		
 Single or Married filing 	8	Other income from Schedule 1, lin			an ca,	, oricon riore	•		_	8				
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								► 9	_	07,633.		
\$12,400 Married filing	10	Add lines 1, 2b, 3b, 4b, 3b, 6b, 7, and 6. This is your total income										07,033.		
jointly or	а					140	02							
Qualifying widow(er),	b													
\$24,800		Charitable contributions if you take the standard deduction. See instructions Add lines 10a and 10b. These are your total adjustments to income												
 Head of household, 	C		•	•			•			100		07,633.		
\$18,650 • If you checked	11	Subtract line 10c from line 9. This Standard deduction or itemized	•				•		. •	12		24,800.		
any box under	13	Qualified business income deduction		•	,		•			13		<u>∠1,000.</u>		
Standard Deduction,	14	Add lines 12 and 13	ion. At	iacii fuiii 0990 0f F0	1111 0	უუე-A	•			14		24 200		
see instructions.	J		from !		onto		•			_		24,800. 82,833.		
	15	Taxable income. Subtract line 14	· IIOIII I	ine ii. ii zero or iess,	GIIIG	1-0				15	,	04,000.		

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	9,802.
	17	Amount from Schedule 2, lir			.					
	18	Add lines 16 and 17							18	9,802.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18							22	9,802.
	23	Other taxes, including self-e	,						23	0.
	24	Add lines 22 and 23. This is			· ·				▶ 24	9,802.
	25	Federal income tax withheld	•							3,002.
	a	Form(s) W-2				25a	g	,088		
	b	Form(s) 1099				25b		,		
	c	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						25d	9,088.
	26	2020 estimated tax paymen								7,000.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27			20	
attach Sch. EIC.	28	Additional child tax credit. A				28			-	
If you have nontaxable										
combat pay,	29	American opportunity credit		*		29				
see instructions.	30	Recovery rebate credit. See				30			_	
	31	Amount from Schedule 3, lir	▶ 32							
	32	Add lines 27 through 31. These are your total other payments and refundable credits								0.000
	33			9,088.						
Refund	34	If line 33 is more than line 24				•	=		34 35a	
	35a									
Direct deposit? See instructions.	►b								s	
	►d									
	36	•								P14
Amount	37	Subtract line 33 from line 24. This is the amount you owe now							37	714.
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions) ▶ 38								
instructions.	38					38				
Third Party		you want to allow another	•				¬v 0			X No
Designee		structions				. ▶ [Yes. C	•		∧ No
		signee's me ▶		Phone no. ▶				onai ide ber (PIN	entification	
Sign			that I have examine		accompanying sch	edules a			/	st of my knowledge and
		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	Your occupation			lf	the IRS se	nt you an Identity
	k.								rotection P ee inst.) ▶	IN, enter it here
Joint return?	—			SOFTWARE ENGINEER						
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.	,							ee inst.) ▶	ection File, enter it here	
	————	one no.		Email address	TIONE PRICE					
		eparer's name	Preparer's signat	l .		Date		PTIN		Check if:
Paid		SSMANIKUMARAPPANA	RVSSMANIK		Δ		1/2021		90332	Self-employed
Preparer				OLIMICAE E AL	AT 7	0 1 / 2	11/2021			
Use Only	0.000 - 11.7 - 1 - 2 - 2 - 0.0044							646)727-7157		
				III CUIIIIIIII					rm's EIN I	
GO to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	04/02/21 PR)		Form 1040 (2020)

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

40, 1040 SB, or 1040 NB

2020

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/ScheduleD for instructions and the latest information.

Name(s) shown on return

SREENATH GOPALAN & SUHAPRIYA BAVA SUNDARSON

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

Your social security number
215-93-1613

No

	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•	_		
Pa	Short-Term Capital Gains and Losses – Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
See lines This whol	ts from Part I, n (g)	(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 Box A checked	313.	279.			34.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	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	6	()				
7	7	34.				
Pai	term capital gains or losses, go to Part II below. Otherwise Long-Term Capital Gains and Losses—Ger			One Year		
See lines	ts from	(h) Gain or (loss) Subtract column (e) from column (d) and				
This form may be easier to complete if you round off cents to whole dollars. Proceeds (sales price) Cost (or other basis) to gain or loss Form(s) 8949, F line 2, column						combine the result 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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F 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	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a					,
					1	l .

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 34. • 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. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both 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 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

▶ 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.

OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

215-93-1613

SREENATH GOPALAN & SUHAPRIYA BAVA SUNDARSON 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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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 F	orm 1099-B	·			
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	03/18/20	03/24/20	313.	279.			34.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	313.	279.			34.

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.



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Before you begin	taxpayer identification numb : is form if you have, or are eligib			-	-		⋉ Ap	ply for	(check one box): a new ITIN existing ITIN
must file a U.S. fe	ubmitting Form W-7. Read the ederal tax return with Form W alien required to get an ITIN to cla alien filing a U.S. federal tax return	/-7 unless you im tax treaty ben	meet one			-			, d, e, f, or g, you
c U.S. residen	t alien (based on days present in of U.S. citizen/resident alien	the United State					ructions) ►		
e 🛭 Spouse of U	•	d or e, enter nam REENATH GO					ılien (see ins		ns) ▶ 5-93-1613
g Dependent/s h Other (see in	·	ng a U.S. visa		turn or cla					
Additional information	on for a and f : Enter treaty country I			and t	reaty arti	cle numb	oer ▶		
Name (see instructions)	1a First name SUHAPRIYA		dle name			Last n BAV	ame 'A SUNDA	RSON	
Name at birth if different ▶	1b First name		dle name			Last n			
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2323 SANTA RITA RD Apt 61								
Address	City or town, state or province PLEASANTON	e, and country. In	clude ZIP co	de or posta	al code w CA	here ap _l USA	•		
Foreign (non- U.S.) Address (see instructions)	3 Street address, apartment nur City or town, state or province						er.		
(**************************************									
Birth Information	4 Date of birth (month / day / year) 09/17/1984	Country of birth INDIA		City and	state or p	rovince	(optional)	_	Male Female
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	ax I.D. number (if any) 6c Type of U.S. vi				visa (if any), number, and expiration date P6250601 05/29/2021		
	6d Identification document(s) submitted (see instructions) ☐ USCIS documentation ☐ Other ☐ Date of entry the United S						try into		
	Issued by: INDIA No.: R9722674 Exp. date: 03/20/2028 (MM/DD/YYYY): 02/20/202 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?								02/20/2021
	No/Don't know. Skip lin Yes. Complete line 6f. If		st on a sheet	and attac	h to this t	orm (see	e instruction	ıs).	
	6f Enter ITIN and/or IRSN ► IT		IRSN				and		
	name under which it was issued ► First name Middle name Last name								
	6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶								
Sign Here	Under penalties of perjury, I (applic documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, it	t is true,	correct, a	and complete	. I autho	orize the IRS to share
Keep a copy for your records.	Signature of applicant (if dele	uctions) Date (month / day / ye			rear) Phone number				
	Name of delegate, if applicate	ole (type or print)	Delegate's relationship to applicant			hip [Parent Court-appointed guardian Power of attorney		
Acceptance	Signature			Date (month / day / year)			Phone Fax		
Agent's Use ONLY	Name and title (type or print)		Name of co	ompany		EIN Office c		PT	IN
	*					Onice code			