# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Sacritime	Submi	ssion Identification Number (SID)		·			
Spouse's parse   Spouse's part   Spouse's signature	Taxpaye	ity numb	er				
Spouse's parse   Spouse's part   Spouse's signature	SIVA	K SATHIRAJU	818-50	-356	5		
Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)  Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Spouse's	cial secu	ırity numl	oer			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	MOUN	IKA MARTINENI	974-99	-553	9		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 14, 255. 4 Amount you want refunded to you 5 Amount you want refunded to you 10 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 11 Under penalties of perluy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of refunding knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended). I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the tax preparations software for any delay in processing the return or return (and (e) the date of any refund. If applicable, I authorize the U.S. Treasury financial Agent to Intelies an ACH electronic indicable that the spreparation software for any delay in processing the return or return declared that the superparation software for any delay in processing the return or returnd, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury financial Agent to I tested in the payment of the payment indicated in the tax preparation software for authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment. I further acknowledge that the personal identification number (Pfil) below is my signature for the income tax return (original or amended) I am now authorizing, Check this box only if you are ente	Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you a	are au	thorizin	g.)	
Adjusted gross income  1 1 113, 224. 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 14, 255. 4 Amount you want refunded to you 4 5, 021. 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want you 9 Amount you 9 Amount you want you 9 Amount you 9 Amount you want you 9 Amount yo	Enter v	hole dollars only on lines 1 through 5.					
2 11, 1, 0.34.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 14, 255.  4 Amount you want refunded to you . 4 5, 0.21.  5 Amount you want refund to the payment feather want and you prefund. If applicable, not the substitute of the payment feather want you have feather want you want you have the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjunt, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or chiral from the income tax return (original or amended) I am now authorizing and it is presented in the part of any refund it of any refund	1	Adjusted gross income		1	11	.3,2	224.
A amount you want refunded to you  5 Amount you want refunded to you  7 Amount you want refunded to you  8 Amount you want refunded to you  9 Amount you want refunded to your return)  10 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  10 Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my refund. If applicable, I authorize the U.S. Treasury and its designated Friancial Agent to intent an ACH electronic funds withorized (life to deal) entry to the financial institution account indication software for any refund. If applicable, I authorize the U.S. Treasury friancial institution account indication software for any refund authorization is to remain in full force and effect until I notify the U.S. Treasury Friancial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Friancial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Friancial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Friancial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Friancial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Friancial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Friancial Agent to the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic PIN Withdrawal Consent.  1 Taxpayer's PIN: check one box only  1 I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box	2	Total tax		2	1	1,0	034.
S Amount you owe	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	4,2	255.
Under panalize of pointy. I declar that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the event or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Teasury and its designated Financial Agent to initiate an ACH electronic funds withdrawall (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my to total the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must be received not later than 2 business days prior to the payment of particular to the payment of the electronic payment of payment of the payment of the electronic payment of my the declaration number (PNI) below is my signature for the income tax return (original or amended) I am now authorizing.    I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Paratitioner PIN Method Returns Only—continue below   Par	4	Amount you want refunded to you		4		5,0	021.
under penalties of perjuny. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of wyknowledge and belief, it is true, correct, and compilet of Luther declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for retion of the transmission, (b) the reson for any delay in processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain in full force and effect until I notify the U.S. Treasury. Financial Agent to terminate the authorization. To revoke (cancel) a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This undorization is to remain in full force and effect until I notify the U.S. Treasury. Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later that 2 submisses days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below it my signature for the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature on the income tax return (original or amended) I am now authorizing. Check this box	5	Amount you owe					
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return foriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or amended I) and now authorizing. I death of the precipitation or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of the internation is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a dayment, I further accovered no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (and information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PN) below is my signature for the Income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Fund's Windhards Chosent.  **Taxpayer's PIN: check one box only**	Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our re	turn	1)
I authorize   GLOBAL TAXES LLC   ERO firm name   signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only   I authorize   GLOBAL TAXES LLC   ERO firm name   Signature on the income tax return (original or amended) I am now authorizing. On the enter all zeros   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only   If you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Spouse's signature   Date   Practitioner PIN Method Returns Only—continue below   Part III   Certification and Authentication — Practitioner PIN Method Only   ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   5   8   7   2   7   8   6   1   9   8   9   Don't enter all zeros   Don't enter all z	return (control to send for any Agent to paymer authorize paymer business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication in the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and	ter, or electriction of the factor of the fa	ronic references and its contact and its conta	turn originates on, (b) designate paration so this action for the control of the	nator the ed Fire softwate cour e (ca ater payn ge th	r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the
I authorize   GLOBAL TAXES LLC   ERO firm name   signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only   I authorize   GLOBAL TAXES LLC   ERO firm name   Signature on the income tax return (original or amended) I am now authorizing. Check this box only   I authorize   GLOBAL TAXES LLC   ERO firm name   signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Spouse's signature   Date   Practitioner PIN Method Only   Date   Part III   Certification and Authentication - Practitioner PIN Method Only   ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   5 8 7 2 7 8 6 1 9 8 9   Don't enter all zeros   Don't en	Taxpa	ver's PIN: check one box only					
ERO firm name signature on the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶ □ Date ▶  Spouse's PIN: check one box only □ I authorize ☐ LOBAL TAXES LLC ☐ to enter or generate my PIN ☐ J S J S J S J S A S MY Enter five digits, but don't enter all zeros if you are entering your own PIN am sy signature on the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶ □ Date ▶  Practitioner PIN Method Returns Only—continue below  Part III ○ Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. □ S R 7 2 7 8 6 1 9 8 9 □ Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.		•	nv PIN └─			⊣ ຄ	as mv
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶		ERO firm name	ř Ei			t	,
Spouse's PIN: check one box only    Authorize   GLOBAL TAXES   LLC		if you are entering your own PIN and your return is filed using the Practitioner PIN method					
Spouse's signature   Certification and Authentication — Practitioner PIN Method Only    ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   Selection   Sele	Your s	gnature ▶ Date ▶					
Spouse's signature   Certification and Authentication — Practitioner PIN Method Only    ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   Selection   Sele	Cnaus	ala DINI, ahaak ana hay antu					
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶	· —	I authorize GLOBAL TAXES LLC to enter or generate no signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN method.	Ei do ow authoriz	nter five on't ente ing. Ch	digits, bur all zeros	t s s bo	x only
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶	Spous						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  5 8 7 2 7 8 6 1 9 8 9  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature   Date							
Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature	Part I	Certification and Authentication — Practitioner PIN Method Only					
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	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this ret	urn in a	accordan	ce w	
	EDQ:						
	<u>⊨KU</u> 'S	<u> </u>					

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single  Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you	•	_		, ,	_	-	-	. , . ,	
Your first name and middle initial Last name You							Your	Your social security number					
SIVA K			SATE	IIRAJU					818	818-50-3565			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spous	se's so	cial seci	urity number	
MOUNIKA			MART	INENI					974	-99	-5539	)	
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	Presi	Presidential Election Campaign			
2620 TO	LEDO	DR									if you, o	•	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta	ate	ZIP	code			0,	ly, want \$3 Checking a	
IRVING					Т	X	75	062			will not o	•	
Foreign country	y name		F	oreign province/state	e/cour	ty	Fore	ign postal cod	le your	_	refund. You	Spouse	
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial intere	est in	any virtual	currency	? [	Yes	<b>⊠</b> No	
Standard Deduction		eone can claim:	•										
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	fore Januar	y 2, 1956	3 [	] Is blir	nd	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸 i	f qualifies	for (se	e instruc	tions):	
If more		irst name Last name		number to you			.	Child tax		- 1		er dependents	
than four									]				
dependents, see instruction									]				
and check									]			]	
here ▶ □									]			]	
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	N-2						1	11	5,184.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b 7	axable interes	t		:	2b			
required.	3a	Qualified dividends	3a	2.	<b>b</b> (	Ordinary divide	nds		;	3b		2.	
	4a	IRA distributions	4a		b 7	axable amoun	ıt.		. 4	4b			
	5a	Pensions and annuities	5a		b 7	axable amoun	ıt.		. !	5b			
Standard	6a	Social security benefits	6a		b 7	axable amoun	ıt.		. (	6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quirec	l, check here		🕨		7		4,738.	
Married filing	8	Other income from Schedule 1, li	ine 9 .							8		6,700.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				<b></b>	9	11	3,224.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	а						
widow(er), \$24,800	b	Charitable contributions if you tak	Charitable contributions if you take the standard deduction. See instructions 10b										
Head of	С	Add lines 10a and 10b. These are	e your <b>tot</b>	al adjustments to	inco	me			<b>▶</b> 1	0с			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				<b>•</b>	11	11	3,224.	
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedul	e A)					12	2	4,800.	
any box under Standard	13	Qualified business income deduc	ction. Atta	ich Form 8995 or F	orm 8	3995-A			. <u> </u>	13			
Deduction, see instructions.	14	Add lines 12 and 13								14		4,800.	
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er -0			.	15	8	8,424.	

Form 1040 (2020	))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		[	16	11,034.
	17	Amount from Schedule 2, lir	ne 3					[	17	
	18	Add lines 16 and 17						[	18	11,034.
	19	Child tax credit or credit for	other dependen	ts				[	19	
	20	Amount from Schedule 3, lir	ne7					[	20	
	21	Add lines 19 and 20						[	21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				[	22	11,034.
	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	11,034.
	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a	14,2	255.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	14,255.
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	119 return			[	26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	1,8	300.		
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27 through 31. The					<b>3</b>	. ▶	32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. ▶	33	16,055.
Defund	34	If line 33 is more than line 24							34	5,021.
Refund	35a	Amount of line 34 you want				-	=	▶ □ [	35a	5,021.
Direct deposit?	▶b	Routing number 0 2 1			▶ c Type: 🔀			vings		
See instructions.	►d	Account number 3 8 1					_			
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36		- 1		
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now			. ▶	37	
You Owe										
For details on how to pay, see		<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.								
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	? See				
Designee	ins	structions				. ▶ 🗌 Y	<b>'es.</b> Com	plete be	low.	X No
		signee's		Phone				al identific	ation	
		me ►		no. ▶				(PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature	•	Date						nt you an Identity
		ar orginaturo		Date	Tour occupation					N, enter it here
Joint return?					SOFTWARE	ENGINEE	R	(see in	st.) ▶	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupa	tion				nt your spouse an
your records.	,				HOME MAKE	D		(see in	. ,	ection PIN, enter it here
		one no.		Email address	HOME MAKE	K.		(666	J., P	
		eparer's name	Preparer's signat			Date		TIN	$\neg \neg$	Check if:
Paid		•	1 .		מווחתה תחודה.				702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM DAGAR	GUPIA IALLAN	1   05/07/2	2021   P	02082		
Use Only		m's name ► GLOBAL TA		n Cummin	~ (7 20041					678)965-9522
		m's address ▶ 2530 Pebb		in Cummin				Firm's	EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 04/20	/21 PRO			Form <b>1040</b> (2020)

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

Attachment

Your social security number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

OMB No. 1545-0074

SIVA K SATHIRAJU & MOUNIKA MARTINENI 818-50-3565 Part I **Additional Income** 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -6,700. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -6,700. Adjustments to Income Part II 10 Educator expenses . . . . . . . . 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 . . . . . . 13 13 14 Deductible part of self-employment tax. Attach Schedule SE . . . . . . . . . . . 14 15 Self-employed SEP, SIMPLE, and qualified plans . . . . . . . . . . . . . . . . . 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . . . . 20 20 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and

on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . . . . . . . . .

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

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.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return Your social security number 818-50-3565 SIVA K SATHIRAJU & MOUNIKA MARTINENI 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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2, column (a) 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 . . . . . . . . . . . . . . . . . 23,151. 4,738. 18,413. 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 . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 4,738. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with

Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

11

12

13

14

15

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** 4,738. 16 Combine lines 7 and 15 and enter the result 16 • 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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

Department of the Treasury

## Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

OMB No. 1545-0074

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

Sequence No. 12A Social security number or taxpayer identification number

SIVA K SATHIRAJU & MOUNIKA MARTINENI

818-50-3565

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	d to you on F	orm 1099-B	·			
(a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sepa	(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 Crypto LLC	01/01/19	01/15/20	8,583.	9,193.			-610.
Robinhood Securities LLC	01/01/20	12/10/20	14,568.	9,220.			5,348.
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), <b>lir</b>	lude on your ne 2 (if Box B	23.151.	18.413.			4.738.

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.

### **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

( )	Z CAMILITA TIL C M								O FO SECULI	-
		IOUNIKA MARTINENI From Rental Real Estate and Roy	rol±io.	o Noto	. If var	ava in th	a husinasa s		8-50-356	
Part		structions. If you are an individual, repo			•				• .	
A Die		ts in 2020 that would require you to								
										res ∧ No Yes   No
<u>В II</u>	Dhysical address of as	u file required Form(s) 1099? ach property (street, city, state, ZIP							· · ⊔	Tes INO
A					0045					
B	BANJARA HILLS, R	D NO:2 HYDERABAD TELANG	ANA	IN 50	0045					
	Type of Property	2	12	-41		Fair	Rental	Doro	onal Use	
ID	(from list below)	2 For each rental real estate propabove, report the number of fai	erty II ir renta	isted al and			Days		Days	QJV
	, , ,	personal use days. Check the	<b>QJV</b> b	ox onlv⊢	Λ		365		0	
<u></u>	3	if you meet the requirements to qualified joint venture. See inst	ille a ructio	sa ns.	A B		303			<u> </u>
		quaea je remarer eeee.		-	С					<u> </u>
	│ of Property:				C					
	gle Family Residence	3 Vacation/Short-Term Rental	5 Lo	ad		7 Self-	Dontal			
_	ti-Family Residence							١		
Incom		4 Commercial Properties:		yalties	Α	8 Otne	er (describe E	•		С
3			3			600.		,		
4			4			000.				
Expen			7							
5			5							
6		structions)	6							
7		ince	7		1	200.				
8			8		<u> </u>	200.				
9			9							
10		sional fees	10							
11	=		11			800.				
12		to banks, etc. (see instructions)	12			800.				
13			13							
14			14		1	500.				
15			15			500.				
16			16			500.				
17			17		2	300.				
18		or depletion	18		4,	300.				
19	Other (list)	·	19							
20	` ′	nes 5 through 19	20		7	300.				
		· ·				300.				
21		ne 3 (rents) and/or 4 (royalties). If structions to find out if you must								
	file <b>Form 6198</b>	-	21		-6.	700.				
22		estate loss after limitation, if any,			- ,					
	on Form 8582 (see inst		22	(	-6.7	00.)	(		)(	)
23a		ported on line 3 for all rental proper				23a	\	60	10.	,
b	-	ported on line 4 for all royalty prope				23b				
c	-	ported on line 12 for all properties				23c				
d	-	ported on line 18 for all properties				23d				
e	-	ported on line 20 for all properties				23e		7,30	0.	
24	-	amounts shown on line 21. <b>Do no</b> t	t inclu	ıde anv l	osses			.	24	
25	•	ses from line 21 and rental real estate		-		nter tot	al losses her	æ. H	25 (	6,700.)
26		te and royalty income or (loss).							- (	., /
20		, and line 40 on page 2 do not a								
		)), line 5. Otherwise, include this an							26	-6,700.

# Form **8889**

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 52

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

SIVA K SATHIRAJU

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 818-50-3565

Betoi	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	r requ	irea.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.			
	See instructions	Sel	f-only	▼ Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		7,100.
9	Employer contributions made to your HSAs for 2020			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		5,562.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		1,538.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.		HSAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here			
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21		

**Passive Activity Loss Limitations** 

► See separate instructions.

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

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

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

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

SIVA K SATHIRAJU & MOUNIKA MARTINENI

Identifying number 818-50-3565

Par	t I 2020 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see ial Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) .   1a   0.		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) <b>1b</b> ( 6,700.)		
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))		
d	Combine lines 1a, 1b, and 1c	1d	-6,700.
Comr	mercial Revitalization Deductions From Rental Real Estate Activities		,
2a	Commercial revitalization deductions from Worksheet 2, column (a)   2a   (		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
С	Add lines 2a and 2b	2c	( )
All Ot	ther Passive Activities		
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b (		
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))  3c (		
d	Combine lines 3a, 3b, and 3c	3d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your		
	return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c.		
	Report the losses on the forms and schedules normally used	4	-6,700.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		
	<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.</li> </ul>		
	<ul> <li>Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III ar</li> </ul>	id go	to line 15.
	<b>on:</b> If your filing status is married filing separately and you lived with your spouse at any time during the I or Part III. Instead, go to line 15.	year,	do not complete
Part	Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4	5	6,700.
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 119,924.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	9	15,038.
10	Enter the <b>smaller</b> of line 5 or line 9	10	6,700.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part	III Special Allowance for Commercial Revitalization Deductions From Rental Real Esta	te A	ctivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction	ıs.	
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions .	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13	14	
Part			
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		
	to find out how to report the losses on your tax return	16	6.700

Caution: The worksheets must be filed worksheet 1—For Form 8582, Lines 1:				y for you	r record	S.		
TOTAL TOTAL COLOR	Currer		) (3)	Prior	years		Overall	gain or loss
Name of activity	(a) Net income	(b) Net lo		(c) Una	allowed			(e) Loss
BANJARA HILLS,RD NO:2	(line 1a) 0.	(line 1b	) 700.	loss (I	ine 1c)			6,700.
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c	0.	6,7	700.					
Worksheet 2—For Form 8582, Lines 2	,	,						
Name of activity	(a) Current deductions (		unall	(b) Pr lowed ded	ior year ductions (	line 2b)	(с	) Overall loss
Total. Enter on Form 8582, lines 2a and 2b								
Worksheet 3—For Form 8582, Lines 3	<b>a, 3b, and 3c</b> (se	e instruction	ons)			ı		
Name of activity	Currer	nt year		Prior	years		Overall	gain or loss
	(a) Net income (line 3a)	(b) Net loss (line 3b)		(c) Unallowed loss (line 3c)		(d	) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c	n Amount lo Sh	own on Ea	wm 0	2500 Lin	o 10 or	14 50	inatruo	tions
Worksheet 4—Ose This Worksheet ii a	Form or schedule	OWII OII FO	11110	562, LIII	e io or	14. 366	HISTIUC	
Name of activity	and line number to be reported on (see instructions)	(a) Los	S	(b) Ratio (c) Speciallowan		-	(d) Subtract column (c) from column (a)	
BANJARA HILLS,RD NO:2	E Ln 22	6,7	700.	1.000	0000000 6		6,700	. 0.
Total		6,7	700.	1.	00		6,700	. 0.
Worksheet 5-Allocation of Unallowed	,							
Name of activity	Form or scheduland line number to be reported (see instruction	er on	(a) Lo	Loss (b) Ra		(b) Ratio		c) Unallowed loss
Total		. ▶				1.00		