

(Rev. August 2010)

Department of the Treasury Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879
▶ Go to www.irs.gov/Form8879 for the latest information

Submission Identification Number (SID)

Taxpayer's name: HEMANTH REDDY ALAVALA
Social security number: 804-56-0500
Spouse's name:
Spouse's social security number:

Part I Tax Return Information - Tax Year Ending December 31, (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.

Table with 5 rows: 1 Adjusted gross income (99,762), 2 Total tax (15,050), 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 (17,799), 4 Amount you want refunded to you (2,749), 5 Amount you owe.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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.

Taxpayer's PIN: check one box only

- [X] I authorize GLOBAL TAXES LLC to enter or generate 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.

6 0 5 0 0
Enter five digits, but don't enter all zeros

Your signature: Date:

Spouse's PIN: check one box only

- [ ] I authorize to enter or generate 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.

Enter five digits, but don't enter all zeros

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

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:

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial <b>HEMANTH REDDY</b>	Last name <b>ALAVALA</b>	Your social security number <b>804-56-0500</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>90 LEGACY BARN DR</b>		Apt. no. <b>301</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>COLLIERVILLE</b>	State <b>TN</b>	ZIP code <b>38017</b>	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

Standard Deduction **Someone can claim:**  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

Dependents (see instructions): If more than four dependents see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	104,712.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 9 . . . . .	<b>8</b>	-4,950.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	99,762.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions	<b>10</b> Adjustments to income:		
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	99,762.
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,400.
	<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	12,400.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	87,362.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	15,050.																
17	Amount from Schedule 2 line 3	17																	
18	Add lines 16 and 17	18	15,050.																
19	Child tax credit or credit for other dependents	19																	
20	Amount from Schedule 3 line 7	20																	
21	Add lines 19 and 20	21																	
22	Subtract line 21 from line 18. If zero or less, enter -0	22	15,050.																
23	Other taxes, including self-employment tax, from Schedule 2 line 10	23	0.																
24	Add lines 22 and 23. This is your <b>total tax</b>	24	15,050.																
25	Federal income tax withheld from:																		
a	Form(s) W-2	25a	17,799.																
b	Form(s) 1099	25b																	
c	Other forms (see instructions)	25c																	
d	Add lines 25a through 25c	25d	17,799.																
26	2020 estimated tax payments and amount applied from 2019 return	26																	
27	Earned income credit (EIC) <span style="float:right">No</span>	27																	
28	Additional child tax credit. Attach Schedule 8812	28																	
29	American opportunity credit from Form 8863, line 8	29																	
30	Recovery rebate credit. See instructions	30																	
31	Amount from Schedule 3, line 13	31																	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32																	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	17,799.																
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,749.																
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,749.																
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X								
X	X	X	X	X	X	X	X	X	X										
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36																	
37	Subtract line 33 from line 24. This is the <b>amount you owe now</b> <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.	37																	
38	Estimated tax penalty (see instructions)	38																	

• If you have a qualifying child, attach Sch EIC.  
• If you have non-taxable combat pay, see instructions.

Refund

Direct deposit?  
See instructions

Amount You Owe

For details on how to pay, see instructions

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name  Phone no.  Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?  
See instructions. Keep a copy for your records

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/21/2021	P02082703	
Firm's name	Firm's address		Phone no. (678) 965-9522	
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		Firm's EIN 30-1017196	

# Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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

Your social security number  
804-56-0500

## Part 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	-4,950.
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 8. . . . .	9	-4,950.

## Part II Adjustments to Income

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 . . . . . ▶ _____		
c	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 1041)

Supplemental Income and Loss

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

OMB No 1545-0074

2020

Attachment  
Sequence No. 13

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1041, 1041-SR, 1041-NR, or 1041.  
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number  
804-56-0500

HEMANTH REDDY ALAVALA

**Part I** Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2 line 40

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions  Yes  No  
 B If "Yes," did you or will you file required Form(s) 1099?  Yes  No

1a	Physical address of each property (street, city, state, ZIP code)				
A	MADHURA NAGAR HYDERABAD TELANGANA IN 500038				
B					
C					
1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	500.		
4 Royalties received	4			
<b>Expenses</b>				
5 Advertising	5	80.		
6 Auto and travel (see instructions)	6	270.		
7 Cleaning and maintenance	7	120.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	4,800.		
14 Repairs	14	180.		
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	5,450.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-4,950.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-4,950.)		
23a Total of all amounts reported on line 3 for all rental properties	23a		500.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		5,450.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.	25	(4,950.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2.	26			-4,950.

# Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
 ▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**HEMANTH REDDY ALAVALA**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **804-56-0500**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . .		<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> 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 . . . . .	<b>2</b>	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 . . . . .	<b>3</b>	3,550.
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 . . . . .	<b>4</b>	0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	3,550.
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 . . . . .	<b>6</b>	3,550.
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 . . . . .	<b>7</b>	0.
8	Add lines 6 and 7 . . . . .	<b>8</b>	3,550.
9	Employer contributions made to your HSAs for 2020 . . . . .	<b>9</b>	1,000.
10	Qualified HSA funding distributions . . . . .	<b>10</b>	
11	Add lines 9 and 10 . . . . .	<b>11</b>	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	2,550.
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.	<b>13</b>	0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions) . . . . .	<b>14a</b>	
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 . . . . .	<b>14b</b>	
c	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
16	Taxable <b>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 . . . . .	<b>16</b>	
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 . . . . .		<input type="checkbox"/>
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 . . . . .	<b>17b</b>	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	<b>18</b>	
19	Qualified HSA funding distribution . . . . .	<b>19</b>	
20	Total income. 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 . . . . .	<b>20</b>	
21	Additional tax. Multiply line 20 by 1.0% (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 . . . . .	<b>21</b>	

# Passive Activity Loss Limitations

▶ See separate instructions.  
 ▶ Attach to Form 1040, 1040-SR, or 1041.  
 ▶ Go to [www.irs.gov/Form8382](http://www.irs.gov/Form8382) for instructions and the latest information.

Name(s) shown on return: **HEMANTH REDDY ALAVALA** Identifying number: **804-56-0500**

**Part I 2020 Passive Activity Loss**  
 Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	<b>1a</b>	0.
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	<b>1b</b>	( 4,950. )
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	<b>1c</b>	( )
1d	Combine lines 1a, 1b, and 1c	<b>1d</b>	-4,950.
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>			
2a	Commercial revitalization deductions from Worksheet 2, column (a)	<b>2a</b>	( )
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	<b>2b</b>	( )
2c	Add lines 2a and 2b	<b>2c</b>	( )
<b>All Other Passive Activities</b>			
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	<b>3a</b>	( )
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	<b>3b</b>	( )
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	<b>3c</b>	( )
3d	Combine lines 3a, 3b, and 3c	<b>3d</b>	( )
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. 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.	<b>4</b>	-4,950.

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.

**Part II 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	<b>5</b>	4,950.
6	Enter \$50,000. If married filing separately, see instructions	<b>6</b>	150,000.
7	Enter modified adjusted gross income, but not less than zero. See instructions. 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.	<b>7</b>	104,712.
8	Subtract line 7 from line 6	<b>8</b>	45,288.
9	Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>9</b>	22,644.
10	Enter the <b>smaller</b> of line 5 or line 9 If line 2 is a loss, go to Part III. Otherwise, go to line 15.	<b>10</b>	4,950.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**  
 Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$5,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	<b>11</b>	
12	Enter the loss from line 4	<b>12</b>	
13	Reduce line 12 by the amount on line 10	<b>13</b>	
14	Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13	<b>14</b>	

**Part IV Total Losses Allowed**

15	Add the income, if any, on lines 1a and 3a and enter the total	<b>15</b>	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	<b>16</b>	4,950.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
MADHURA NAGAR	0.	4,950.			4,950.
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	4,950.			

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

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

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

Name of activity	Current 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					

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
MADHURA NAGAR	E Ln 22	4,950.	1.00000000	4,950.	0.
Total		4,950.	1.00	4,950.	0.

Worksheet 5—Allocation of Unallowed Losses (see instructions)

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



< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR Use Only

Form D-400 (50) header section containing taxpayer information (HEMANTH REDDY ALAVALA), filing status (Single), and various checkboxes for veteran status and residency.

FS 1 PP Y DT N OC N TPRES N SPRES N VT Y SVT N
ALAV 90 L 38017 DS N EA N TD SD FDEXT N
HEMANTH REDDY ALAVALA 804560500 TN 38017

90 LEGACY BARN DR 301 COLLIERVILLE
06 99762 16 0 26C 0
07 0 18 Y 0 26E 0
09 0 20A 3507 EU
10A 0 20B 0 27 0
10B 0 21A 0 29 0
11 S Y I N 21B 0 30 0
11 10750 21C 0 31 0
13 06623 21D 0 32 0
14 58953 26A 0 34 412
15 3095 26B 0
TN 3135063997 PN 6789659522 PP P02082703



7020150022

Sign Return Below section with checkboxes for Refund Due (412) and Payment Due (0), signature lines for taxpayer and preparer, and return instructions.

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	99762
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	99762
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	89012
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.6623
14.	N.C. Taxable Income	14.	58953
15.	N.C. Income Tax	15.	3095
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	3095
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3095

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	3507
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2020 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	3507
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3507
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	0
28.	<b>Overpayment</b>	28.	412

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>412</b>

**D-400 Sch PN (50)**

8-12-20

**2020 Part-Year Resident and Nonresident Schedule**

North Carolina Department of Revenue

DOR  
Use  
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **ALAVALA**

Your Social Security Number **804560500**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT Y PYT N

22 66077

NRS N PYS N

23 99762

**Part A. Residency Status**

Taxpayer is: (Select applicable box)

Full-Year Resident  Nonresident  Part-Year Resident  
Date N.C. residency began Date N.C. residency ended

Spouse is: (Select applicable box)

Full-Year Resident  Nonresident  Part-Year Resident  
Date N.C. residency began Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

**Part B. Allocation of Income for Part-Year Residents and Nonresidents**

	COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
<b>Total Income</b>		
1. Wages, Salaries, Tips, Etc.	1. 104712	66077
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5. Alimony Received	5. 0	0
6. Business Income or (Loss)	6. 0	0
7. Capital Gain or (Loss)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. -4950	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 99762	66077



	COLUMN A Enter the amount from Form D-400 Schedule 3	COLUMN B Amount of Column A subject to N.C. tax
<b>North Carolina Adjustments</b>		
17. Additions		
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0
b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	17b. 0	0
c. Bonus Depreciation	17c. 0	0
d. IRC Section 179 Expense	17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18. Total Additions	18. 0	0

Last Name (First 10 Characters) ALAVALA

Your Social Security Number

804560500

**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security or Railroad Retirement Benefits	19c. 0	0
d. Bailey Retirement Benefits	19d. 0	0
e. Bonus Depreciation	19e. 0	0
f. IRC Section 179	19f. 0	0
g. Recognized IRC Section 1400Z-2 Gain	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 99762	66077

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the Amount From Column B, Line 21	22. 66077
23. Enter the Amount From Column A, Line 21	23. 99762
24. Part-Year Residents and Nonresident Taxable Percentage	24. 0.6623

Filing Status  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial <b>HEMANTH REDDY</b>	Last name <b>ALAVALA</b>	Your social security number <b>804-56-0500</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>90 LEGACY BARN DR</b>		Apt no. <b>301</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>COLLIERVILLE</b>		State <b>TN</b>
Foreign country name		ZIP code <b>38017</b>
Foreign province/state/county		Foreign postal code

Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2020 did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

Standard Deduction  Spouse itemizes on a separate return or you were a dual-status alien  
 Someone can claim:  You as a dependent  Your spouse as a dependent

Age/Blindness You  Were born before January 2, 1956  Are blind Spouse:  Was born before January 2, 1956  Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	104,712.
	2a	Tax-exempt interest . . . . .	2a	
	2b	Taxable interest . . . . .	2b	
	3a	Qualified dividends . . . . .	3a	
	3b	Ordinary dividends . . . . .	3b	
	3c	Taxable amount . . . . .	3c	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions	4a	IRA distributions . . . . .	4a	
	4b	Taxable amount . . . . .	4b	
	5a	Pensions and annuities . . . . .	5a	
	5b	Taxable amount . . . . .	5b	
	6a	Social security benefits . . . . .	6a	
	6b	Taxable amount . . . . .	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9 . . . . .	8	-4,950.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . ▶	9	99,762.
	10	Adjustments to income		
a	From Schedule 1, line 22 . . . . .	10a		
b	Charitable contributions if you take the standard deduction. See instructions . . . . .	10b		
c	Add lines 10a and 10b. These are your total adjustments to income . . . . . ▶	10c		
11	Subtract line 10c from line 9. This is your adjusted gross income . . . . . ▶	11	99,762.	
12	Standard deduction or itemized deductions (from Schedule A) . . . . .	12	12,400.	
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	13		
14	Add lines 12 and 13 . . . . .	14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 . . . . .	15	87,362.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	15,050.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	15,050.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3 line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	15,050.
23	Other taxes, including self-employment tax, from Schedule 2 line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	15,050.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,799.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,799.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>No</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3 line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	17,799.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,749.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,749.
Direct deposit? See instructions	▶ b Routing number: X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number: X X X X X X X X X X X X X X X X X X		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions	Note: 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.		
	38 Estimated tax penalty (see instructions)	38	

• If you have a qualifying child, attach Sch. EIC.  
• If you have non-taxable combat pay, see instructions.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name ▶ Phone no ▶ Personal identification number (PIN) ▶

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst) ▶
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst) ▶
Phone no	Email address		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/21/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ GLOBAL TAXES LLC	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Phone no (678) 965-9522
				Firm's EIN ▶ 30-1017196

SCHEDULE 1  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

# Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment  
Sequence No. 01

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

Your social security number  
804-56-0500

## Part 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	-4,950.
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 8. . . . .	9	-4,950.

## Part II Adjustments to Income

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 . . . . . ▶ _____		
c 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 adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	22	

SCHEDULE E  
(Form 1040)

Supplemental Income and Loss

OMB No 1545-0074

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

2020

Department of the Treasury  
Internal Revenue Service (99)

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

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

Attachment  
Sequence No. 13

Name(s) shown on return

Your social security number

HEMANTH REDDY ALAVALA

804-56-0500

**Part I** Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions  Yes  No  
 B If "Yes," did you or will you file required Form(s) 1099?  Yes  No

1a	Physical address of each property (street, city, state, ZIP code)				
A	MADHURA NAGAR HYDERABAD TELANGANA IN 500038				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties	A	B	C
3 Rents received	3	500.		
4 Royalties received	4			
<b>Expenses</b>				
5 Advertising	5	80.		
6 Auto and travel (see instructions)	6	270.		
7 Cleaning and maintenance	7	120.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	4,800.		
14 Repairs	14	180.		
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19.	20	5,450.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198.	21	-4,950.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( -4,950. )	( )	( )
23a Total of all amounts reported on line 3 for all rental properties	23a		500.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		5,450.	
24 Income. Add positive amounts shown on line 21. Do not include any losses.	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.	25	( 4,950. )		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.	26			-4,950.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



# Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
 ▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**HEMANTH REDDY ALAVALA**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **804-56-0500**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions. ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> 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. Do not 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 every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter.	3	3,550.
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	3,550.
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	3,550.
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	0.
8	Add lines 6 and 7.	8	3,550.
9	Employer contributions made to your HSAs for 2020.	9	1,000.
10	Qualified HSA funding distributions.	10	
11	Add lines 9 and 10.	11	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0.	12	2,550.
13	<b>HSA deduction.</b> Enter the smaller 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 II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

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	
c	Subtract line 14b from line 14a.	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions).	15	
16	Taxable HSA distributions. 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 Exceptions to the Additional 20% Tax (see instructions), check here. ▶	<input type="checkbox"/>	
b	Additional 20% tax (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 III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule.	18	
19	Qualified HSA funding distribution.	19	
20	Total income. 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	Additional tax. Multiply line 20 by 1.0% (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/Form8382](http://www.irs.gov/Form8382) for instructions and the latest information.

Name(s) shown on return <b>HEMANTH REDDY ALAVALA</b>	Identifying number <b>804-56-0500</b>
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**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 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)) . . . . .	1b	( 4,950. )	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	1c	( )	
d Combine lines 1a, 1b, and 1c . . . . .	1d		-4,950.
Commercial 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) . . . . .	2b	( )	
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	( )	
c 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		-4,950.

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.

**Part II** **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 smaller of the loss on line 1d or the loss on line 4 . . . . .	5	4,950.	
6 Enter \$150,000 if married filing separately, see instructions . . . . .	6	150,000.	
7 Enter modified adjusted gross income, but not less than zero. See instructions. 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 . . . . .	7	104,712.	
8 Subtract line 7 from line 6 . . . . .	8	45,288.	
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000 if married filing separately, see instructions . . . . .	9	22,644.	
10 Enter the smaller of line 5 or line 9 . . . . .	10	4,950.	

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 Estate Activities**  
 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 Enter the loss from line 4 . . . . .	12		
13 Reduce line 12 by the amount on line 10 . . . . .	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 . . . . .	14		

**Part IV** **Total Losses Allowed**

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	4,950.	

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
MADHURA NAGAR	0.	4,950.			4,950.
Total. Enter on Form 8582, lines 1a, 1b, and 1c . . . . . ▶	0.	4,950.			

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

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

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

Name of activity	Current 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 . . . . . ▶					

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
MADHURA NAGAR	E Ln 22	4,950.	1.00000000	4,950.	0.
Total . . . . . ▶		4,950.	1.00	4,950.	0.

Worksheet 5—Allocation of Unallowed Losses (see instructions)

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