Form 8879	
(Rev. August 2020)	
Department of the Treasury Internal Revenue Service	

IRS effle Signature Authorization

▶ EROmust obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Fam8879far the latest information

Submission Identification Number (SID)	
Taxpayer's name	Social security number
HEMANTH REDDY ALAVALA	804-56-0500
apouædsname	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, (Enter	r year you are authorizing)
Enterwhole dollars only on lines 1 through 5.	
Note: Form 1C40-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 99,762.
2 Total tax	2 15,050.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 17,799.
4 Amount you want refunded to you	· · · · 4 2,749.
5 Amountyou owe	5

PartII Texpayer 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 retum (criginal 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 transmission, (b) the receiver for any cellay 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 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 to debit the entry to this account This authorization is b 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 latter 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 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 is my signature for the income tax return (original or amended) I am now authorizing and, if applicade my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

signature on the income tax return I will enter my PIN as my signatur if you are entering your own PIN below.	ERO firm name (original or amended) I am now authorizing. e on the income tax return (original or amende	generate my PIN Enter five digits, but don't enter all zeros e
Yoursignature >		Date
Spouse's PIN: check one box only	to enter or	generate my PIN asmy
	ERO firm name n (original or amended) I am now authorizing.	Enter five digits, but: don't enter all zeros
		ed) I am now authorizing. Check this box only PIN method. The ERO must complete Part III
Spolee's signature		Date ►
	itioner PIN Method Returns Only—continu	Wenter National States
Part III Certification and Authenti	ication — Practitioner PIN Method Only	
EROSEFIN/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
authorized to file for tax year indicated above		I income tax return (original or amended) I am now I am submitting this return in accordance with the oviders of Individual Income Tax Returns
EROssignature►		Date
	20 Must Retain This Form — See Instru mit This Form to the IRS Unless Reque	
For Paranuark Podention Act Nation son a	r tox potr poincts ptions	101/15/21 BBO Eam 8279/Dov 08 200

OMB No 1545-0074	IRS Use Only—Do not write or staple in this space

Filing Status X single Married filing jointly Check only					
are box. If you checked the MFS box, enter the r person is a child but not your depender	5 1 5	checked the HOHa	"QW box, enter	h echild's	name if the qualitying
Your first name and middle initial Last name You					cial security number
HEMANTH REDDY	ALAVALA			804-	56-0500
lfjaintretum spa <i>se's first-name an</i> almichte initial	Lastname			Spouse	s social security number
Home address (rumber and street). If you have a P.O. box, see 90 LEGACY BARN DR	e instructions.		Apt. no. 301		ntial Election Campaign nere if you, or your
City, town or pos office. If you have a foreign address, also co	omplete spaces below.	State	ZIP code	spouse	if filing jointly, want \$3
COLLIERVILLE		TN	38017		this fund. Checking a ow will not change
Fareign country name	Foreign province/state/	county	Foreign postal code		or refund.
Atany time during 2020, did you receive, sell, send, excl	hange, or otherwise acquire	any financial interes	at in any virtual o	currency?	Yes X No
Standard Someone can claim: 🗌 You as a de		e as a dependent			
Deduction Spouse itemizes on a separate retur	rn or you were a dual-status	alien			
Age/Blindness You: Were born before January 2, 1	1956 Are blind Sp	ouse: 🗌 Was borr	h before January		Is blind
Dependents (see instructions):	(2) Social security				r (see instructions):
Ifmore (1) First name Last name	number	to you	Child tax	credit	Credit for other dependents
than four dependents					<u>_</u>
see instructions					
and check					
Mages, salaries, tips, etc. Attach F				. 1	104,712.
Sch Bif	2a	b Taxable interest		. 2b	
required. 3a Qualified dividends	3a	b Ordinary dividen		. 3b	
4a IRA distributions	4a	b Taxable amount		. 4b	
5a Pensions and annuities	5a	b Taxable amount	an an an tao ta	. 5b	
	6a	b Taxable amount		. 6b	·
Deduction for— • Singleor 7 Capital gain or (loss). Attach Sche	dule D if required. If not requ	uired, check here	.	7	
Married filing 8 Other income from Schedule 1, lin	ne9			. 8	-4,950.
separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This is your total inc	ome		▶ 9	99,762.
Married filing 10 Adjustments to income:					
Jaintlyan Qualifying a From Schedule 1, line 22		10 a			
wichwer), \$24800 b Charitable contributions if you take	the standard deduction. See	instructions 10b			
Head of c Add lines 10a and 10b. These are	your total adjustments to i	ncome		► 10c	;
household, \$1860 11 Subtract line 10c from line 9. This	is your adjusted gross inco	ome		▶ 11	99,762.
Ifyouchecked 12 Standard deduction or itemized	deductions (from Schedule	eA)		. 12	12,400.
Standard 13 Qualified business income deduct	tion. Attach Form 8995 or Fo	orm 8995-A		. 13	
Deduction see instructions 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	
For Disclosure, Privacy Act, and Paperwork Reduction Act N	lotice, see separate instructio	ns.			Form 1040(2020)

(99)

Form 1040(202)			Page ∠
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	15,050.
	17	Amount from Schedule 2 line 3	17	
	18	Add lines 16and 17	18	15,050.
	19	Child taxarea itararea itara theradependents	19	
	20	Amount from Schedule 3 line 7	20	
	21	Add lines 19and 20	21	
	22	Subtractline 21 from line 18 If zero an less, enter -O	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:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	17,799.
• Ifyouhavea	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child,	2	Earned income credit (EIC)		
attachSch EIC. • If you have	28	Additional child tax credit. Attach Schedule 8812		
nontaxable combat pay,	2	American opportunity credit from Form 8863, line 8	1	
sæinstructions	Œ	Recovery rebate credit. See instructions		
	3	Amount from Schedule 3, line 13		
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	3	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.
Reid M	3 a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,749.
Direct deposit?	►b	Routing number X X X X X X X X X X X X F C Type: Checking Savings		
Seeinstructions	►d	Account number 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 applied to your 2021 estimated tax > 36		
Amount	Э	Subtract line 33 from line 24. This is the amount you owe now	37	
YouOwe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.		
instructions	З	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		structions	elow.	× No
		signee's Personal identif		
		ne no. number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				nt you an Identity
	10			IN, enter it here
Jaintretum?		SOFTWARE ENGINEER (see	inst.) 🕨	
Sæinstructions	Sp			nt your spoilæan
Keepacopyfor yourrecords	,		ity Prote inst.) Þ	ection PIN, enterithere
			nst.)	
		Email address		
Paid		parer's name Preparer's signature Date PTIN		Check if:
Preparer	_	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/21/2021 P02082 m's name ► GLOBAL TAXES LLC Phor		Self-employed
UseOnly	Fin		(678) 965-9522	
	Fin	m's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm'	s EIN 🕨	
Gotowww.irsg	JV/Forn	n1040 for instructions and the latest information. BAA REV 01/15/21 PRO		Form 1040(2020)

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/Form1040for instructions and the latest information.

Attachment Sequence No OI

Name(s) shown an Farm 1040 1040-SR, ar 1040-NR	Your social security number
HEMANTH REDDY ALAVALA	804-56-0500

Part I Additional Income

		1	
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a		2 a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-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.
Par			· · · · ·
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a		18 a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ►		
19		19	
20	Student loan interest deduction	20	
21	Tuttor and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
		22	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and an Farm 1040, 1040-SR, or 1040-NR, line 10a	22	ule 1 (Form 1040) 20

	EDULEE			S	Supplementa	al Inc	ome	andL	OSS -				OMB	Na 1545-0	J 74
(Form 1	1040)	(From	rental r	eal estate, ro	oyalties, partners	hips, s	Scarpor	ations,	estates,	trusts, REM	IICs, e	etc.) [$\overline{\mathbf{n}}$	5
Donartm	entoftheTreesury			► Att	tach to Form 104	Q 104)-SR, 10	40NR,	ar 1041.)
	Revenue Service (99)		►G	otowww.irs.	.gov/ScheduleE f	òrins	ruction	sandtr	re latest	information.			Sequ	ment enceNa 1;	3
Name(s)	shownonreturn										Yau	rsocial	securi	tynumber	
HEMA	NTH REDDY 2											4-56			
Part					l Estate and Ro	•		-					-		æ
	Schedule	C. Sæi	instructio	ons Ifyouare	eanindividual, rep	portfan	m rental	income	arlæsf	iram Farm 48	æа	npæge 2	2, line 4	Ø	
					uld require you to									res 🛛 🖻	vo
B If"	Yes," did you o	r will yo	ou <mark>file r</mark> e	quired Form	n(s) 1099?			5 B B						res 🗌 🗅	JO
1a					et, city, state, ZI										
Α	MADHURA N	AGAR	HYDER	ABAD TEL	ANGANA IN	5000	38								
В															
С															
1b	Typeof Prop		2 Fo	or each renta	al real estate pro	perty	isted			Rental	Per	sonal		QV	/
	(from list be	low)	at	ove, report	the number of fa days. Check the	O.IV h	al and			Days		Days			
Α	3		l if	you meet the	e requirements to	o file a	sa	Α		365			0		
В			q	Jalified joint	venture. See ins	tructio	ns.	В			_				
С								С							
0.	of Property:														
	de Family Resid		3 V	acation/Sho	ort-Term Rental	5 La	nd		7 Self-	Rental					
	ti-FamilyReside	ence	<u>4</u> C	ommercial		6 Ro	yalties		8 Othe	r (describe)					
Incom					Properties:			Α		В				С	
З	Rentsreceived					3			500.						
4	Royalties recei	ived .				4									
Exper	BES														
5	Adventising .					5			80.						
6	Auto and trave	el (see ir	nstructio	ons)		6			270.						
7	Cleaning and r	nainten	ance .			7			120.						
8	Commissions.					8									
9	Insurance	• •				9									
10	Legal and othe	er profe	ssional	fees		10									
11	Management f	ees .				11									
12	Mortgage inter					12									
13	Other interest.					13		4,	800.						
14	Repairs	• •				14	r		180.						
15	Supplies			• • • • •		15									
16	Taxes	• •				16									
17	Utilities					17									
18	Depreciation e	xpense	or dep	letion .		18									
19	Other (list) 🕨					19									
20	Total expenses	s. Add I	ines 5 t	hrough 19		20		5,	450.						
21					r 4 (royalties). If										
			instructi	ons to find	out if you must										
	fileForm 6198					21		-4,	950.						
22					mitation, if any,										
	an Form 8582					22	(-4,	950.)	()()
23a			-		r all rental prope				23a		5(.00			
b			-		r all royalty prop		• •		23b						
С					or all properties		• •		23c						
d					or all properties				23d						
е					or all properties		· ·		23e		5,45				
24		•			n line 21. Do no						-	24			
25	Losses. Add ro	cyaltylc	esses fro	m line 21 and	d rental real estat	elasse	sfromli	re 22 l	Entertot	al losses har	э.	25 (4,950	<u>).)</u>
26					come or (loss).										
					page 2 do not									-	
	Schedule 1 (Fo	crm 10	40, line	5 Otherwis	e, indude trisa	maun	tin the	total or	nline 41	onpage 2		26		-4,95	ō0.

Form Department of the Treasuy Internal Revenue Service

Health Savings Accounts (HEAS)

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

OMB No 1545-0074 . Ζ Attachment

Sequence No 52

venueService	helatestinformation
nun on Form 10	Social seg rity number of

Neme(s) shown on Farm 1040, 1040SR, ar 1040NR	Social security number of HSA
HEMANTH REDDY ALAVALA	beneficiary. Ifboth spouses back FSAs speinstructions▶ 804-56-0500

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

Par	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 he box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.		-only 🗌 Family
_		► Sell	
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 overage). 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 coverace under an HDHP at any time during 2020, see the instructions for the amount to enter	6	3,550.
7	If youvere 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		
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	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: 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 sepa	arate H	ISAs, complette
	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	
		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 cotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional	10	
	23% Tax (see instructions), check here		
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, Fart II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	
Part			
	completing this part. If you are filing jointly and both you and your spouse each have sep	arate	HSAS,
18	Læst-month rule	18	
19	Qualified H54 funding distribution	1 9	
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 10% (0.10), Include this amount in the total on Schedule 2.(Form	
~		
	1040, PartII, line 8 check box c and enter "HDHP" and the amount on the line next to the box	2

Dependent Tellines (a) Patted the Section 300 10058 or 101. Description 300 10058 or 101. Number of the Section 300 10058 or 101. Section 300 10058 or 101. Section 300 10058 or 101. Period Real Section 300 10058 or 101. Both Time Real Section 300 10058 or 101. Both Time Real Section 300 10058 or 101. Period Real Section 300 10058 or 101. Both Time Real Section 300 10058 or 101. Both Time Real Section 300 10058 or 101. Period Real Section 300 10058 or 101. Image Section 300 10058 or 101. Image Section 300 10058 or 101. Period Real Section 300 10058 or 101. Image Section 300 10058 or 101. Image Section 300 10058 or 101. Period Real Section 300 10058 or 101. Image Section 300 10058 or 101. Image Section 300 10058 or 101. Period Real Section 300 10058 or 101. Image Section 300 10058 or 101. Image Section 300 10058 or 101. Period Real Section 300 10058 or 101. Image Section 300 10058 or 101. Image Section 300 10058 or 101. Period Real Section 300 10058 or 101. Image Section 300 10058 or 101. Image Section 300 10058 or 101. Period Real Section 300 10050 000 10010 000 1000 0000 000 1001. Image Section 300 1000 000 0000 0000 000 0000 0000 0	Form C	Passive Activity Loss Limitations See separate instructions	0	MB No 1545-1008					
Term Revendence Corbox/withsgp/form2832/brinstuctors and the latest information Sequence is, EBB Newley-towords.n Bit Availa Bi	Departm	entof the Treasury Attach to Form 1040, 1040SR, or 1041.		Attachment					
Image: State Activities 804-56-0500 Image: State Activities Activities Activities Caution CompleteWorkStreads 1, 2 and 3bdGreeCompletingPart1. Rend Real Estate Activities in the instructions.) 1a ActMds with net loss ence for Hental Real Estate Activities in the instructions.) 1a ActMds with net loss ence for Hental Real Estate Activities in the instructions.) 1a ActMds with net loss ence for Hental Real Estate Activities 2a Image: ActMds with net loss ence mercial revisitation deductions from Worksheet 1, column (g). 1b Combine Instructions from Worksheet 2, column (g). 2a Image: ActMds with net loss ence mercial revisitation deductions from Worksheet 2, column (g). 2b Image: ActMds with net loss ence mercial revisitation deductions from Worksheet 3, column (g). 3a ActMds with net loss ence for the manunt from Worksheet 3, column (g). 3b ActMds with net loss ence for the manunt from Worksheet 3, column (g). 3a Image: ActMds with net loss ence for the manunt from Worksheet 3, column (g). 3b Image: ActMds with net loss ence mercial with advalues and 2b 4 Combine Ines 3a, 3b, and 3c Image: ActMds with advalues and 2b 4 Combine Ines 3a, 3b, and 3c Image: ActMds with advalues and 2b	Internal Revenue Service (99) Go to www.irs.gov/Form 8582 for instructions and the latest information Se								
Ext 220Pressive Activity Loss Caution Complete Worksheets 1, 2 and 3baffreecompleting Pert I. Rentbl Reat Estate Activities With Active Participation (For the definition of active participation, see Stocial Allowance for Rental Real Estate Activities in the instructions.) 1 1a ActWise with net loss (enter the amount from Worksheet 1, column (g)). 1 0 b ActWise with net loss (enter the amount from Worksheet 1, column (g)). 1 1 c Commercial revitalization Deductions From Rental Real Estate Activities 1 -4,950. Commercial revitalization deductions from Worksheet 2, column (a) 1 1 -4,950. Cardiner al revitalization deductions from Worksheet 3, column (a) 2 1 2 -4,950. Cardiners 2a and 2b - 2 2 () -4,950. Cardiners inters 1a, 1b, and 1c - 2 () -4,950. Cardiners 2a and 2b - 2 () 2 () Cardiners inset 3a, 3b, and 3c - - 3 3 - - - - - - - - - - - - - - - - -	Name(s)	Ider	ntifyingr	number					
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9 Multiplyline 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 2 is a loss, go to Part III. Otherwise, go to line 15. 10 4,950. PartIII Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activitiess 11 Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. 11 11 Enter the loss from line 4 12 12 Enter the smallest of line 2 (treated as a positive amount), line 11, or line 13 13 14 Enter the income, if any, on lines 1a and 3a and enter the total 15 0. 15 Acd the income, if any, on lines 1a and 3a and enter the total 14, 950. 16 4,950. 4,950.									
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PartIII Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activitiess 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 . 12 Enter the loss from line 4	10		10	4,950.					
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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	Part			ctivities					
12 Enter the loss from line 4 12 13 Reduceline 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 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 14 Part IV Total Losses Allowed 14 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 cut how to report the losses on your tax return 16 4, 950.			ns.						
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15 Add the income, if any, on lines 1a and 3a and enter the total. 15 0. 16 Total Icsses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find cut how to report the losses on your tax return 16 4,950.	_14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14						
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to find cut how to report the losses on your tax return	16								
			16	4,950.					
	For Pa			Form 8382(2020)					

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

	Currer	ntyær	Prioryærs	Overall g	ainarlass
Nameofactivity	(a) Netincome (irre 1a)	(b) Netloss (ine 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)

New of early the	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(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 E-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	

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Name	e (First 10 Characters) ALAVALA Your	Social Security Number 80	456	0500
	D-400 Line-by-Line Information			
6.	Federal Adjusted Gross Income		6.	9976
7.	Additions to Federal Adjusted Gross Income		7.	
8.	Add Lines 6 and 7		8.	9976
9.	Deductions From Federal Adjusted Gross Income		9.	
10.	Child Deduction			
	a. Enter the number of qualifying children for whom you were allowed a federal child t	ax credit 10	a.	
	b. Enter the amount of the child deduction	10	b.	
11.	N.C. Standard Deduction	1	1.	
11.	N.C. Itemized Deduction	1	1.	
11.	Deduction amount	1	1.	1075
12.	a. Add Lines 9, 10b, and 11	12		1075
	b. Subtract amount on Line 12a from Line 8	12		8901
13.	Part-year Residents and Nonresidents Taxable Percentage		3.	0.662
14.	N.C. Taxable Income		4.	5895
15.	N.C. Income Tax		5.	309
16.	Tax Credits		6.	
17.	Subtract Line 16 from Line 15		7.	309
18.	Consumer Use Tax	1	8.	
	You certify that no Consumer Use Tax is due			
19.	Add Lines 17 and 18	1	9.	309
20a. 20b.	Your tax withheld Spouse's tax withheld	20 20		350
<u>Other</u>	r Tax Payments			
21a.	2020 estimated tax	21	a	
21b.	Paid with extension	21		
21c.	Partnership	21		
21d.	S Corporation	21		
22.	Amended Returns Only - Previous payments		2.	
23.	Total Payments		3.	350
24.	Amended Returns Only - Previous refunds		4.	
25.	Subtract Line 24 from Line 23		5.	350
26a.	Tax Due	26	a.	
26b.	Penalties	26		
26c.	Interest	26		
26d.	Add Lines 26b and 26c and enter the total on 26d	26	d.	
EU	Exception to Underpayment of Estimated Tax	E	U	
26e.	Interest on the Underpayment of Estimated Income Tax	26	e.	
27.	Pay this Amount	2	7.	
28.	Overpayment	2	8.	42
Δmou	unt of Refund to Apply to:			
Aniol				
29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	2	9.	

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.	Amount to be Refunded	34.	412

D-400	Sch	PN	(50)
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8-12-20

2020 Part-Year Resident and Nonresident Schedule

DOR
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Onlv

North Carolina Department of Revenue

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 N	PYT PYS	N	22 66077 23 99762
СЛИ 	IN	FIS	IN	23 99702
Part A. Residency S	Status			
Taxpa Full-Year Resident Date N.C. residency beg	X Non	elect applicable nresident [e box) Part-Year Resident Date N.C. residency ended	Spouse is: (Select applicable box) Full-Year Resident Nonresident 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	COLUMN B
Total I	ncome		Total Income	Amount of Column A
			from all sources	subject to N.C. tax
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	COLUMN B
North	Carolina Adjustments	En	ter the amount from	Amount of Column A
	*	For	m D-400 Schedule S	subject to N.C. tax
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		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

D-400 Sch. PN 2020 Page 2 (50)

Last Name (First 10 Characters) ALAVALA

Your Social Security Number

804560500

ductions State or Local Income Tax Refund Interest From Obligations of the United States or United States' Possessions Taxable Portion of Social Security or Railroad Retirement Benefits Bailey Retirement Benefits Bonus Depreciation		or of the second	Amount of Column A subject to N.C. tax 0
State or Local Income Tax Refund Interest From Obligations of the United States or United States' Possessions Taxable Portion of Social Security or Railroad Retirement Benefits Bailey Retirement Benefits	19a. 19b. 19c.		0
State or Local Income Tax Refund Interest From Obligations of the United States or United States' Possessions Taxable Portion of Social Security or Railroad Retirement Benefits Bailey Retirement Benefits	19b. 19c.	0	0
Interest From Obligations of the United States or United States' Possessions Taxable Portion of Social Security or Railroad Retirement Benefits Bailey Retirement Benefits	19b. 19c.	0	0
or United States' Possessions Taxable Portion of Social Security or Railroad Retirement Benefits Bailey Retirement Benefits	19c.	0	0
Taxable Portion of Social Security or Railroad Retirement Benefits Bailey Retirement Benefits	19c.	0 0	0
Railroad Retirement Benefits Bailey Retirement Benefits		0	0
Bailey Retirement Benefits		0	0
-	19d.		0
Bonus Depreciation		0	0
Donus Depreciation	19e.	0	0
IRC Section 179	19f.	0	0
Recognized IRC Section 1400Z-2 Gain	19g.	0	0
Other Deductions From Federal Adjusted Gross			
Income That Relate to Gross Income	19h.	0	0
al Deductions	<mark>2</mark> 0.	0	0
al Income Modified by N.C. Adjustments	21.	99762	66077
Part-Year Residents and Nonresidents Taxable Percenta	age		
er the Amount From Column B. Line 21		22	6607 7
or the Amount From Column A Line 21			
er	the Amount From Column B, Line 21 the Amount From Column A, Line 21		the Amount From Column B, Line 2122.the Amount From Column A, Line 2123.

REV 12/18/20 PRO

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Dependent				(2) Social secur	it∨	(3) Relationsh		5		pr (sæ instru	uctions):
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	1	Wages, salaries, tips, etc. Attach	Farm(s	\$W-2		· · · · ·			. 1	1	04,712.
Attach	2a	Tax-exemptinterest	2a		b -	Taxable interes	st.		. 2	c	
Sch Bif required	Ca	Qualified dividends	3a		b	Ordinarydivide	ends .		. 3	c	
	4a	IRAdistributions	4a		b	Taxable amour	nt		. 4	D C	
	5a	Pensions and annuities	5a		b	Taxable amour	nt		. 51	2	
Standard	6 a	Social security benefits	6 a		b	Taxable amour	nt		. 6	2	
 Deduction for— Single or 	7	Capital gain or (loss). Attach Sche	xdUe D)ifrequired Ifrotre	quire	d, chæck here		>		,	
Married filing	8	Other income from Schedule 1, lin	æ9.						. 8	3	-4,950.
separately, \$12,400	9	Add lines 1, 20, 30, 40, 50, 60, 7,	and 8	This is your total in		е				>	99,762.
• Married filing	10	Adjustments to income									
jaintlyar Qualifying	а	From Schedule 1, line 22				10	2a				
widov(er), \$24,800	b	Charitable contributions if you take	ethest	andard deduction Se	æins	structions 10	Do 🛛				
• Head of	С	Add lines 10a and 10b. These are	eyart	otal adjustments to	bincc	ome			▶ 10	è	
hausehold, \$18,650	11	Subtractline 10c from line 9. This	sisya.	radjusted gross in	come	e			► <u>1</u>	1	99,762.
• If you checked	12	Standard deduction or itemized	l dedu	ctions (from Schedu	leA)				. 1	2	12,400.
anyboxunder Standard	13	Qualified business income deduc	tion A	ttach Farm 8995 ar F	am	8995-A			. 1:	3	
Deduction, see instructions.	14	Add lines 12 and 13							. 14		12,400.
	15	Taxable income Subtract line 14	4from l	ine 11. Ifzero or less	s ent	er-0			. 1!	5	87,362.
For Disclosure,	Privac	y Act, and Paperwork Reduction Act N	Votice,	see separate instructi	ans					Fan	n 1040 (2020)

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Fam 1040(202)								Page 2	
	16	Tax (see instructions). Check	ifany from Form	n(s): 1 🗌 881	4 2 4972	3		16	15,050.	
	17	Amount from Schedule 2 lir	ез					17		
	18	Add lines 16 and 17						18	15,050.	
	19	Child tax area it ar area it for	otherdepender	nts				19		
	20	Amount from Schedule 3 lir	ne7					20		
	21	Add lines 19and 20						21		
	22	Subtractline 21 from line 18	3 lfzeroar less	enter-O.				22	15,050.	
	23	Other taxes, including self-e	mployment tax,	from Schedul	e2, line 10			23	0.	
	24	Add lines 22 and 23 This is					. 🕨	24	15,050.	
	25	Federal income tax withheld	5							
	а	Fam(s)W-2				25a 17	,799.			
	b	Form(s) 1099				230	•	1		
	C	Otherfams (see instruction				250		1		
	d	Add lines 25a through 25c	,					250	17,799.	
	26	2020estimated tax payment						26		
 Ifyou have a L qualifying child, 	27	Earned income credit (EIC)				27		20		
attach Sch EIC.	28	Additional child tax credit A				28		-		
• If you have nontaxable	20 29	Americanopportunity credit				29		-		
combatpay,	27 30	Recovery rebate credit See				30		-		
sæinstructions		Amount from Schedule 3 lin				31		-		
	31									
	32	Add lines 27 through 31. Th	-					32	17 700	
	33	Add lines 25d, 26, and 32 T					. 🕨	33	17,799.	
Refund	34 ~	Ifline 33 is more than line 2				5		34	2,749.	
	35a	Amount of line 34 you want						35a	2,749.	
Direct deposit? See instructions	►b	Routing number X X X			▶сТуре		Savings			
	►d	Accountrumber X X X				<u>i </u>				
	36	Amount of line 34 you want	applied to your	221 estimati	edtax 🕨	36		_		
Amount	37	Subtractline 33 from line 24	1. Thisis the amo	ountyouowe	now		. 🕨	37		
YouOwe		Note: Schedule H and Sch				of the taxes you	ove for			
For details on how to pay, see		2020 See Schedule 3 line 1				1 1				
instructions	38	Estimated tax penality (see in				38				
Third Party		you want to allow another	•							
Designæ		structions								
		signæls me ▶		Phone ro ►			onal identi cer (PIN) 🖡			
Sign		der penalties of perjury, I dedare :	that I have examine		d accompanying sch				stofmy knowledde an	
Here		ief, they are true, correct, and com								
IBE	Yo	ursignature		Date	Yaraaqpation				ntyouanldentity	
	Ν							ec∎on⊦ inst)▶	9N, enterithere	
Jaintretum? Sæinstructions	-	oueessignature. Ifa jointreturn, l		Date	SOFTWARE E		,		htyaurspause an	
Keepacopyfor) sh	uses ag alle il ajonitieun fi	Conneragn	Late	Spolæscalpati				tection PIN, enter it her	
yourrecords								æirst)▶		
	Ph	oreno.		Email address						
	Pre	parer's name	Preparer*s signa	ture		Date	ΡΠΝ		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/21/2021	P0208	2703	Self-employed	
Preparer	Fin	m′sname► GLOBAL TAX	XES LLC						(678)965-9522	
UseOnly		m′sadatess►2530 Pebbi		n Cummin	g GA 30041			(sen)		
Gotowww.irso		n1040for instructions and the late			BAA	REV 01/15/21 PRC			Fam 1040(202	
	GII				DAA					

BAA

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

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

OMB No 15450074

Department of the Treasury Internal Revenue Service

	Attachment Sequence No. Ol
Yoursoc	ial security number

804-56-0500

Part I Additional Income

HEMANTH REDDY ALAVALA

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

1	Taxable refunds, credits, croffsets of state and local income taxes	1	
2a	Alimany received	2a	
b	Date of original divorce or separation agreement (see instructions)		
З	Business income or (loss). Attach Schedule C	3	
4	Othergains or (losses). Attach Form 4797	4	
5	Rental real estate, royal ties, 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,		
	line8	9	-4,950.
Par	tll Adjustments to Income		
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		

11	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 3908	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	Penaltyonearlywithdrawal of savings	17
18a	Alimony paid	18a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions)	
19	IRA deduction	19
20	Student loan interest deduction	20
21	Tuition and fees deduction Attach Form 8917	21
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040SR, or 1040NR, line 10a	22
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21 PRO	Schedule 1 (Form 1040) 2020

SCH	-ED.	JLE	E

(Form 1040)

Supplemental Income and Loss

OMB No 1545-0074 $\overline{\gamma}$

(Form 1040)	(From rental real estate, royal ties, partnerships, S corporations, estates, trusts, REMICs, etc.
Department of the Treasury	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Internal Para a Saria (9)	

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	Attachm Sequen	13
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	entot the Treesury Jevenue Service (99)	► Go to www.irs.gov/ScheduleE fo	brinst	uction	sandtr	relatest	information	ı	Attad	ment enceNo 13
	shownanreturn	0						Yourso	cial securit	
HEMA	NTH REDDY ALAVA	LA						804-	56-050	0
Part	Income or Loss	s From Rental Real Estate and Ro	valtie	s Not	e Ifya	uareint	ebusinesso		personal p	operty, use
		instructions If you are an individual, rep	•		-			— ·		
A Dic		nts in 2020 that would require you to							-	
		ou file required Farm(s) 1099?								res 🗌 No
 1a		each property (street, city, state, ZIF								
A	-	HYDERABAD TELANGANA IN 5								
В										
С										
1b	TypeofProperty	2 For each rental real estate pro	rentvli	sted		Fair	Rental	Person	nal Use	
	(from list below)	² For each rental real estate pro above, report the number of fa	irrent	aland		[Days	Da	iys	QV
Α	3	personal use days Check the	UV b ofilea	oxony sa	A		365		0	
В		if you meet the requirements to qualified joint venture. See ins	tuctio	лБ.	В				-	
С					C					
Type	of Property.				-	1			I	
	e Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd		7 Self-	Rental			
	ti-Family Residence	4 Commercial		valties		8 Othe	r (describe	9)		
Incom		Properties		<u> </u>	Α	0.011		<u>/</u> 3		С
3	Rentsreceived		3			500.				
4			4							
Exper										
5			5			80.				
6	0	nstructions)	6			270.				
7		nance	7			120.				
8	0		8							
9			9							
10		essional fees	10							
11	U		11							
12	-	d tobanks, etc. (see instructions)	12							
13			13		4,	800.				
14	Repairs		14			180.				
15	•		15							
16			16							
17			17							
18	Depreciation expense	eardepletion	18							
19	Other (ist) ►		19							
20	Total expenses Add	lines5through19	20		5,	450.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must								
			21		-4,	950.				
22	Deductible rental real	l estate loss after limitation, if any,								
	an Form 8582 (see in	structions)	22	(-4,9	950.)	()()
23a	Total of all amounts r	eported on line 3 for all rental prope	rties			23a		500.		
b	Total of all amounts r	eported on line 4 for all royalty prop	erties			23 b				
С	Total of all amounts r	eported on line 12 for all properties				23c				
d	Total of all amounts r	eported on line 18for all properties				23 d				
е	Total of all amounts r	eported on line 20for all properties				23e		5,450.		
24	Income. Add positiv	eamounts shown on line 21. Do no	otindu	deany	losses	<u> </u>		. 24	1	
25	Losses. Addroyaltylo	sses from line 21 and rental real estate	elasse	sfromli	re 22 l	Entertot	al losses he	re. 25	5 (4,950.)
26	Total rental real est	ate and royalty income or (loss). (Cambi	irelire	is 24a	nd 25 E	Inter the re	sult		_
	here If Parts II, III, I	V, and line 40 on page 2 do not	apply	to ya	l also	enter ti	ris amoun	tan		
	Schedule 1 (Form 1G	40, line 5 Otherwise, include this ar	maunt	in the	total or	nline 41	onpage 2	2.26	5	-4,950.

Form Constants of the Treesury Internal Revenue Service

Health Savings Accounts (HBAs)

OMB No. 1545-0074

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

▶ Go to www.irs.gov/Form 8889 for instructions and the latest information

	Attachment Sequence No. 52
7	

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Name(s) shown or	nFarm 104) 1040SR, ar '	1040NR
HEMANTH	REDDY	ALAVALA	

Social security number of HSA	
beneficiary. If both spouses	
have H5As sæinstructions ≥ 804-	56-0500

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

Part			
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	ispate
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.		
		Ľ Se	lf-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 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 Archen MSAs for 2020 from Form 8853 lines 1 and 2. If you or your spouse had family coverage under an HD-P at any time during 2020 also include any amount contributed to your spouse's Archen MSAs. Subtract line 4 from line 3. If zero or less, enter -O	4	0
5		5	5,550.
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		
10	Qualified H5A funding distributions		
11	Add lines 9and 10.	11	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,550.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Dort		rata	
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa	arate	HSAs, complete
	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate PartII for each spouse		HSAs, complette
14a	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse Total distributions your received in 2020 from all HSAs (see instructions)	arate 14a	HSAs, complette
	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse. Total distributions you received in 2020 from all HSAs (see instructions)	14a	HSAs, complette
14a b	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse Total distributions you received in 2020 from all HSAs (see instructions)	14a 14o	HSAs, complette
14a b c	III HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse Total distributions your excited in 2020 from all HSAs (see instructions)	14a 14o 14c	HSAs, complete
14a b c 15	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse Total distributions you received in 2020 from all HSAs (see instructions)	14a 14o	HSAs, complette
14a b c	III HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse Total distributions your excited in 2020 from all HSAs (see instructions)	14a 14b 14c 15	HSAs, complete
14a b c 15 16	III HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse Total distributions your excived in 2020 from all HSAs (see instructions)	14a 14o 14c	HSAs, complete
14a b c 15	III HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse Total distributions your excited in 2020 from all HSAs (see instructions)	14a 14b 14c 15	HSAs, complete
14a b 15 16 17a	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa aseparate PartII for each spouse Total distributions your each spouse Total distributions your each spouse Distributions induced on line 14a that you rolled over to another HSA. Also induce any excess contributions (and the earnings on those excess contributions) induced on line 14a that were with drawn by the due date of your return. See instructions Subtract line 14b from line 14a. Qualified medical expenses paid using HSA distributions (eaci instructions) Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -O. Also, induce this amount in the total on Schedule 1 (Form 1040), Part I, line 8 and enter "HSA" and the amount on the dotted line If any of the distributions induced on line 16 meet any of the Exceptions to the Additional 20% tax (see instructions). Enter 20% (O20) of the distributions induced on line 16 that are subject to the additional 20% tax. Also, induce this amount in the total on Schedule 2 (Form	14a 140 14c 15	HSAs, complete
14a b 15 16 17a b	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate PartII for each spouse. Total distributions you received in 2020 from all HSAs (see instructions) 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 Subtract line 14b from line 14a. Qualified medical expenses paid using HSA distributions (see instructions) Taxable HSA distributions Subtract line 15 from line 14c. If zero or less, enter -O. Also, include this amount in the total on Schedule 1 (Form 1040), PartII, line 8 and enter "HSA" and the amount on the dotted line Additional 20% tax (see instructions). Enter 20% (O20) 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), PartII, line 8 check box c and enter "HSA" and the amount on the dotted on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the amount on the line result on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the amount on the lotal on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the amount on the lotal on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the amount on the lotal on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the amount on the lotal on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the amount on the lotal on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the amount on the lotal on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the amount on the line result on Schedule 2 (Form 1040), PartIII, line 8 check box c and en	14a 140 14c 15 16	
14a b 15 16 17a	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa aseparate PartII for each spouse. Total distributions your exceived in 2020 from all HSAs (see instructions) 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. Subtract line 14b from line 14a. Qualified medical expenses paid using HSA distributions (see instructions) Taxable HSA distributions Subtract line 15 from line 14c. If zero or less, enter -O. Also, include this amount in the total on Schedule 1 (Form 1040), PartII, line 8 and enter "HSA" and the amount on the dotted line Additional 20% tax (see instructions). Enter 20% (O20) 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), PartII, line 8 check box c and enter "HSA" and the instructions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the instructions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the instruction the line result on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the instruction the line result on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the instruction the line result on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the instruction the line result on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the instruction the line result on Schedule 2 (Form 1040), PartII, line 8 check box c and enter "HSA" and the instruction the line result on Schedule 2 (Form 1040),	14a 140 14c 15 16 170	
14a b 15 16 17a b	 HSA Distributions. If you are filing jointly and both you and your spouse each have separate PartII for each spouse Total distributions your excessed in 2020 from all HSAs (see instructions) 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 Subtract line 14b from line 14a. Qualified medical expenses paid using HSA distributions (see instructions). Taxable HSA distributions Subtract line 15 from line 14c. If zero or less enter -O. Also, include this amount in the total on Schedule 1 (Form 1040), PartII, line 8 and enter "HSA" and the amount on the dotted line If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% tax (see instructions). Additional 20% tax (see instructions). Enter 20% (Q20) 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), PartII, line 8 dheck box candenter "HSA" and the amount on the line next to the box. Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part I fyourae filing jointly and both you and your spouse each have separate. 	14a 140 14c 15 16 170	
14a b 15 16 17a b Part	 HSA Distributions. If you are filing jointly and both you and your spouse each have separate PartII for each spouse Total distributions you received in 2020 from all HSAs (see instructions) 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 Outlified medical expanses paid using HSA distributions (see instructions) Taxable HSA distributions Subtract line 15 from line 14a. If zero or less enter -O. Also include this amount in the total on Schedule 1 (Form 1040), PartII, line 8 and enter "HSA" and the amount on the dotted line Additional 20% tax (see instructions) Enter 20% (O20) of the distributions included on line 16 that are subject to the additional Tax for Failure To Maintain HDHP Coverage. See the instruction of the sponse. 	14a 140 14c 15 16 17b	
14a b 15 16 17a b Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse Total distributions your eacived in 2000 from all HSAs (see instructions) 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 Subtract line 14b from line 14a. Qualified medical expenses paid using HSA distributions (see instructions). Taxable HSA distributions Subtract line 15 from line 14c. If zero or less, enter -O. 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. If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% tax (see instructions), check here. Income and Additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8 and enter "HSA" and the amount on the inspect to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8 dheck box candideter "HSA" and the amount on the line next to the box. Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have segment the total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and	14a 140 14c 15 16 17b ionsk arate	
14a b 15 16 17a b Part 18 19	 HSA Distributions. If you are filing jointly and both you and your spouse each have separate PartII for each spouse Total distributions your eacked in 2020 from all HSAs (see instructions) 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 Subtract line 14b from line 14a. Qualified medical expanses paid using HSA distributions (see instructions) Taxable HSA distributions Subtract line 15 from line 14c. If zero or less, enter -O. Also, include this amount in the total on Schedule 1 (Form 1040), PartII, line 8 and enter "HSA" and the amount on the dotted line Tax (see instructions). Enter 20% (Q22) 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), PartII, line 8 check box cand enter "HSA" and the amount on the dotted on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), PartII, line 8 check box cand enter "HSA" and the amount on the line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), PartII, line 8 check box cand enter "HSA" and the amount on the line reset to the box. Income and Additional Tax for Failure To Maintain HDH-P Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have seg acmilete a separate PartIII for each spouse. Lastmonthrule. Qualified HSA funding distribution. 	14a 140 14c 15 16 170 ionsk arate	

Form Departm Internal F		MB No 1545-1008	
.,		tifyingr	
_		4-56-	0500
Part	5		
	Caution Complete Worksheets 1, 2 and 3before completing Part I.		
	I Real Estate Activities With Active Participation (For the definition of active participation, see		
	al Allowance for Rental Real Estate Activities in the instructions)		
	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 0.	-	
	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b (4,950.		
	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c (
	Combine lines 1a, 1b, and 1c	1d	-4,950.
	nercial Revitalization Deductions From Rental Real Estate Activities		
	Commercial revitalization deductions from Worksheet 2, column (a) 2a (2	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2		
	cdumn(b)		
	Add lines 2a and 20	2	()
	ner Passive Activities		
	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)) 30 (
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3; (
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		4 050
	Report the losses on the forms and schedules normally used.	4	-4,950.
	If line 4 is a loss and • Line 1 d 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 3 dis a loss (and lines 1 d and 2 care zero or more), skip Parts II and III a	<u> </u>	
	m If your filing status is married filing separately and you lived with your spouse at any time during the most till leaded on to lime 15	e yæar,	ao not complete
_	or Part III. Instead, go to line 15		
Part			
	Note: Enterall numbers in Part II as positive amounts. See instructions for an example.		4 050
5		5	4,950.
6	Enter \$150,000 If married filing separately, see instructions	-	
7	Entermodified adjusted gross income, but not less than zero. See instructions 7 104,712.	-	
	Note: If line 7 is greater than an equal to line 6 skip lines 8 and 9 enter -O on		
0	line 10 Otherwise, go to line 8 8 45,288.		
8			22 644
9	Multiply line 8by 50% (050). Do not entermore than \$25,000 If married filing separately, see instructions		22,644.
10	Enter the smaller of line 5 or line 9	10	4,950.
Dort	3		
Part	Note: Enterall numbers in Part III as positive amounts. See the example for Part II in the instruction		
11			
11 12	Enter \$25,000 reduced by the amount, if any, on line 10 If married filing separately, see instructions.	11	
12 13	Enter the loss from line 4. Reduce line 12by the amount on line 10 Reduce line 1. Re	12	
13 14	Reduce line 12 by the amount on line 10	13	
		14	
Part		1	
15 14	Add the income, if any, onlines 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	
		10	4,950. Form 8582(2020)
FOTPa	perwark Reduction Act Notice, see instructions BAA REV 01/15/21 PRO		rum and (212)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

	Currer	ntyær	Prioryears	Overall gain or loss		
Nameofactivity	(a) Netincome (irre 1a)	(b) Netloss (ine 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 F		0	· · · · · · · · · · · · · · · · · · ·
M (n c n c n c n c n c n c n c n c n c n	$-\alpha m + 2 + 2 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1$	\cdot and n more	

Nameofactivity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
20			

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

Nome effectivity	Currer	ntyær	Prioryears	Overall gain or loss	
Nameofactivity	(a) Netincome (ine 3a)	(b) Netloss (ine 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3o,					

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

Nameofactivity	Fam ar schedule and line number to be reported an (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)

Nameofactivity	Form anschedule and line number to be reported an (see instructions)	(a) (a)	(b) Ratio	(c) Unallowed loss
Total			100	