E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn 20	20	OMB No. 1545	-0074	IRS Use Only	/—Do not w	vrite or staple i	in this space.
Filing Status Check only one box.	lf yc	Single X Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separate your spouse. If y	•			. ,		, ,	
Your first name	e and m	iddle initial	Last na	me					Your so	cial securit	ty number
RAVINDR	ANAT	н	NETH	II					673-	29-325	0
If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse	's social sec	curity number
DIVYA Y	Adav		SART	PILLI					056-	83-935	0
		er and street). If you have a P.O. box, see					Apt	. no.			on Campaign
3301 AR							15		1	here if you,	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP code				tly, want \$3
SACRAME			inploto o	pacco below.	C		9583				Checking a
Foreign countr				Foreign province/s	-			oostal code	-	ow will not x or refund.	0
i oreigii couriti	ynane			oreign province/s	ale/cour	ity			your ta	You Spouse	
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acq	luire any	financial intere	est in any	virtual cu	urrency?	Yes	🗙 No
Standard Deduction	_	eone can claim:  Vou as a de Spouse itemizes on a separate retur	•			a dependent					
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956 🗌	Are blind	Spouse	: 🗌 Was bo	rn before	January 2	2, 1956	🗌 Is bli	ind
Dependent	s (see	instructions):		(2) Social se	curity	(3) Relationsh	nip	(4) 🖌 if q	ualifies fo	r (see instru	ctions):
If more		irst name Last name		number		to you		Child tax c			her dependents
than four										] ]	
dependents,	_									] ]	
see instruction and check	IS										
here											
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		
Attach	2a		2a		b]	axable interes	+		2b		
Sch. B if	3a	· · -	3a	89.		Ordinary divide			3b		89.
required.			4a			axable amoun			. 4b		
	5a		5a		-	axable amoun			. 5b		
Standard	6a		6a		-	Taxable amoun			. 6b		
Deduction for –	7	Capital gain or (loss). Attach Sche		Frequired If not				 ► [	7		22,945.
Single or	8	Other income from Schedule 1, lin		•	•		• •	• [	. 8		-6,000.
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,					• •		· <u>0</u>		-0,000. 96,143.
\$12,400		Add lifes 1, 2b, 3b, 4b, 3b, 6b, 7, 8 Adjustments to income:		This is your total	income	,			9		90,143.
<ul> <li>Married filing jointly or</li> </ul>	10	· <b>,</b> · · · · · · ·				40	_				
Qualifying widow(er),	a								_		
\$24,800	b	Charitable contributions if you take							<u> </u>		
<ul> <li>Head of household,</li> </ul>	с	Add lines 10a and 10b. These are							► <u>10</u>		26 142
\$18,650	11	Subtract line 10c from line 9. This					• •		► <u>11</u>		96,143.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized		,	,						24,800.
Standard	13	Qualified business income deducti									
Deduction, see instructions.	14	Add lines 12 and 13									24,800.
	´ 15	Taxable income. Subtract line 14	trom lin	e 11. If zero or l	ess, ente	er-0			. 15		71,343.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020	D)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		. 16	8,158.
	17	Amount from Schedule 2, lir	ie3					. 17	
	18	Add lines 16 and 17						. 18	8,158.
	19	Child tax credit or credit for	other dependen	ts				. 19	
	20	Amount from Schedule 3, lin	ie7					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	8,158.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					▶ 24	8,158.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 1	0,72	0.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. <b>25</b> d	10,720.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .			. 26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	8812		28			
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29			
see instructions.	30	Recovery rebate credit. See	instructions .			30	1,80	0.	
	31	Amount from Schedule 3, lir	ie 13			31			
	32	Add lines 27 through 31. The	ese are your <b>tota</b>	al other paym	ents and refund	able credits .		▶ 32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				▶ 33	12,520.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		. 34	4,362.
neruna	35a	Amount of line 34 you want			is attached, che	ck here	. 🕨 [	35a	4,362.
Direct deposit?	►b	Routing number 1 2 1				Checking	Saving	gs	
See instructions.	►d	Account number 3 2 5	1 4 5 4	2 7 8 2	2 5				
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			▶ 37	
You Owe		Subtract line 33 from line 24. This is the <b>amount you owe now</b>						for	
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.							
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				. 🕨 🗌 Yes. 🤇	Comple	te below.	× No
		signee's		Phone				lentification	
		ne 🕨		no. 🕨			nber (Pll	,	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date					nt you an Identity
		ar oighataro		Duto			F	Protection P	IN, enter it here
Joint return?				SYSTEM ANALYST			(	(see inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an
your records.	,				LIONE MAKE	D		dentity Prote (see inst.) 🕨	ection PIN, enter it here
		one no. (248)761-937 eparer's name	4 Preparer's signat	Email address	MEIHIKAVI	Date			Check if:
Paid									Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPIA TALLAM	1 09/29/2021		082703	
Use Only		m's name ► GLOBAL TA			~ 07 20041				678)965-9522
		m's address ► 2530 Pebb		an Cumming	-			Firm's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 08/30/21 PF	0		Form <b>1040</b> (2020)

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SCHEDULE 1	
(Form 1040)	

## Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form

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

2020	
Attachment Sequence No. <b>01</b>	

Name(s) shown on Fo	rm 1040,	1040-SR,	, or 1040-N	IR
RAVINDRANATH N	ETHI &	DIVYA	YADAV	SARIPILLI

Your social security number 673-29-3250

## 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	-6,000.
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	-6,000.
Par	t 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		
С	Date of original divorce or separation agreement (see instructions)		
19		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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 08/30/21 PRO	Schedul	e 1 (Form 1040) 2020

## SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

20

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

Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Your social security number

20

Attachment

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

Department of the Treasury

RAVINDRANATH NETHI & DIVYA YADAV SARIPILLI

673-29-3250

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, I line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				- (g)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	911,042.	948,319.	60,8	18.	23,541.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6						( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	•	.,		7	23,541.

### Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

instructions for how to figure the amounts to enter on the s below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
le dollars.	(sales price)	(or other basis)			combine the result with column (g)
Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
		• •	, ,	11	
Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
Capital gain distributions. See the instructions		13			
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover					
		14	( 596.)		
Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	olumn (h). Then, go	o to Part III		
on the back	<u></u>			15	-596.
	below.         form may be easier to complete if you round off cents to le dollars.         Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).         However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b         Totals for all transactions reported on Form(s) 8949 with Box D checked         Box D checked       .         Totals for all transactions reported on Form(s) 8949 with Box E checked         Box F checked       .         So all transactions reported on Form(s) 8949 with Box F checked         Box F checked       .         Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824         Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions         Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions         Net long-term capital gain or (loss). Combine lines 8a	is below.       (d)         form may be easier to complete if you round off cents to le dollars.       (d)         Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).       For which basis was reported to the IRS and for which you have no adjustments (see instructions).         However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b       .         Totals for all transactions reported on Form(s) 8949 with       Box D checked         Box D checked       .       .         Totals for all transactions reported on Form(s) 8949 with       Box E checked         Box F checked       .       .         Totals for all transactions reported on Form(s) 8949 with       Box F checked         Box F checked       .       .         Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824       .       .         Net long-term gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions       .       .         Long-term capital loss carryover. Enter the amount, if any, from line 13 of y       Worksheet in the instructions       .         Net long-term capital gain or (loss). Combine lines 8a through 14 in combine lines 70 (loss)       .       .       .	is below.(d) Proceeds (sales price)(e) Cost (or other basis)form may be easier to complete if you round off cents to le dollars.(d) Proceeds (sales price)(e) Cost (or other basis)Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8bImage: Cost (or other basis)Totals for all transactions reported on Form(s) 8949 with Box D checkedImage: Cost (or other basis)Box D checkedImage: Cost (or other basis)Totals for all transactions reported on Form(s) 8949 with Box E checkedImage: Cost (or other basis)Box F checkedImage: Cost (or other basis)Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gat from Forms 4684, 6781, and 8824Image: Cost (or other basis)Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schee Capital gain distributions. See the instructionsImage: Cost (or other basis)Net long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Worksheet in the instructionsImage: Cost (or other basis)Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, gainImage: Cost (or other basis)	debelow.(d) Proceeds (sales price)(e) Cost (or other basis)Adjustmen to gain or loss form(s) 8949, fine 2, columnTotals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8bImage: Cost (or other basis)Adjustmen to gain or loss form 8949, leave this line blank and go to line 8bTotals for all transactions reported on Form(s) 8949 with Box D checkedImage: Cost (or other basis)Image: Cost (or other basis)Totals for all transactions reported on Form(s) 8949 with Box E checkedImage: Cost (or other basis)Image: Cost (or other basis)Totals for all transactions reported on Form(s) 8949 with Box F checkedImage: Cost (or other basis)Image: Cost (or other basis)Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824Image: Cost (or other basis)Image: Cost (or other basis)Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 Capital gain distributions. See the instructionsImage: Cost (or other basis)Image: Cost (or other basis)	is below.       (d)       (e)       Adjustments         form may be easier to complete if you round off cents to le dollars.       Proceeds (sales price)       Cost (or other basis)       Adjustments         Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b       Image: Cost (Sales price)       Image: Cost (Sales price)         Totals for all transactions reported on Form 1099-B for which basis was reported on Form(s) 8949 with Box D checked       Image: Cost (Sales price)       Image: Cost (Sales price)

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 22,945.
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss,</b> skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 08/30/21 PRO

Schedule D (Form 1040) 2020

Form <b>8949</b>
------------------

Department of the Treasury

Internal Revenue Service

### **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

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

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

2020 Attachment Sequence No. 12A

Name(s) shown on return		Social security number or taxpayer identification number
RAVINDRANATH NETHI & DIVYA YADAV	SARIPILLI	673-29-3250

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	f <b>any, to gain or loss</b> . amount in column (g), ode in column (f). <b>arate instructions.</b>	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	01/01/20	12/22/20	911,041.	947,704.	W	60,818.	24,155.	
Robinhood Securities LLC	01/01/17	08/26/20	1.	615.			-614.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	911,042.	948,319.		60,818.	23,541.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

SCHE (Form 1	DULE E 1040)	(From ı	rental real estat	/IICs, etc.)	OMB No. 1545-0074							
Doportm	opt of the Treesury		•	Attach to Form 1040	), 1040	)-SR, 104	10-NR,	or 1041.			4	
	ent of the Treasury Revenue Service (99)		► Go to www	.irs.gov/ScheduleE f	or inst	ructions	and th	e latest	information		Attach Seque	ment nce No. <b>13</b>
-	shown on return									Your soci		
RAVI	RAVINDRANATH NETHI & DIVYA YADAV SARIPILLI 673-29-										9-325	0
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting person										rsonal pr	operty, use
				u are an individual, rep	-		•			÷ .		
A Dic				would require you to								
				Form(s) 1099?		• • •						
1a				treet, city, state, ZIF							· _ ·	
A				STRICT ANDHRA		,	IN 52	23225				
B		20 114						19229				
	Type of Prop	perty	2 For each	ental real estate pro	norty I	istad		Fair	Rental	Persona	Use	
	(from list be		above rer	port the number of fa	ir rent	al and		-	Days	Days		QJV
Α	3	- /	personal i	use days. Check the	QJV b	ox only	Α		365	-	0	
B	+		qualified j	pint venture. See inst	tructio	ns.	B		505		<u> </u>	
	+					-	C					
	of Property:						•					
	gle Family Resid	lanca	3 Vacation/	Short-Term Rental	5 1 2	nd		7 Self-	Rontal			
-	ti-Family Reside		4 Commerce			yalties			r (describe	)		
Incom			+ Commerc	Properties:			Α	0 Othe		) 3		С
3	Rents received	4			3		~	600.		<u> </u>		
4					4							
Expen					-							
5					5							
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7					7		1	,200.				
8					8		,	,200.				
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12	•			(see instructions)	12			500.				
13		-			13							
14					14		1	,200.				
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17					17		2	,500.				
18					18		, <u>ک</u>	, 500.				
19	Other (list)	•			19							
20				19	20		6	,600.				
	•		•	d/or 4 (royalties). If	20			,000.				
21			( )	ind out if you must								
					21		-6	,000.				
22				er limitation, if any,	21		• 1	,				
22					22	(	-6	000.)	(	)	(	)
23a				3 for all rental prope				<b>23a</b>	1	600.	<u> </u>	)
b			•	4 for all royalty prop				23b		000.		
c			-	12 for all properties				230 23c				
d			•	18 for all properties				23d				
e			-	20 for all properties				23u		6,600.		
24			-	n on line 21. <b>Do no</b>						. <b>24</b>		
24 25				and rental real estate		-					(	6,000.)
											(	0,000.)
26				income or (loss).								
				on page 2 do not wise, include this ar								-6,000.
	Concure i (FC	1040	$\sigma_{j}$ , inte 5. Outlet	wise, include this al	Tour			1 11110 41	on paye 2	. 20		0,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

\$	2582	Passive Activity Loss Limitati	ons		OMB No. 1545-1008		
Form	JJUZ	► See separate instructions.			2020		
	ent of the Treasury	Attach to Form 1040, 1040-SR, or 1041.			Attachment		
-	Revenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the late	est information.		Sequence No. 858		
( )	shown on return	IETHI & DIVYA YADAV SARIPILLI		Identifying 673-29			
Part		assive Activity Loss		073-29	-3250		
Fart		Complete Worksheets 1, 2, and 3 before completing Part I.					
Renta		Activities With Active Participation (For the definition of act	ive participation	999			
		or Rental Real Estate Activities in the instructions.)		366			
1a		net income (enter the amount from Worksheet 1, column (a))	1a	0.			
b		net loss (enter the amount from Worksheet 1, column (b))	<b>1b</b> ( 6,00				
с		nallowed losses (enter the amount from Worksheet 1, column (c))	1c (	)			
d	-	a 1a, 1b, and 1c		. 1d	-6,000.		
Comn		ization Deductions From Rental Real Estate Activities					
2a	Commercial re	evitalization deductions from Worksheet 2, column (a)	2a (	)			
b	Prior year una	allowed commercial revitalization deductions from Worksheet 2,					
	column (b)		2b (	)			
	Add lines 2a a			. 2c	( )		
All Otl	ner Passive Ac		1 1				
3a		net income (enter the amount from Worksheet 3, column (a)) .	3a				
b		net loss (enter the amount from Worksheet 3, column (b))	3b (	)			
c	-	nallowed losses (enter the amount from Worksheet 3, column (c))	3c (	)			
d		3a, 3b, and 3c	· · · · · ·	. 3d			
4		s 1d, 2c, and 3d. If this line is zero or more, stop here and includ	•				
		ses are allowed, including any prior year unallowed losses entered ses on the forms and schedules normally used		3c. <b>4</b>	-6,000.		
	If line 4 is a los	-		. 4	-0,000.		
		<ul> <li>Line 1d is a loss, go to 1 art it.</li> <li>Line 2c is a loss (and line 1d is zero or more), skip Par</li> </ul>	t II and go to Part				
		<ul> <li>Line 3d is a loss (and lines 1d is zero of more), skip r all</li> <li>Line 3d is a loss (and lines 1d and 2c are zero or more)</li> </ul>	-		to line 15		
Cautio	on: If your filing	status is married filing separately and you lived with your spouse		-			
		ead, go to line 15.	· ··· ··· · · · · · · · · · · · · · ·	5 <b>,</b>	,		
Part	II Special	Allowance for Rental Real Estate Activities With Active I	Participation				
	Note: Er	ter all numbers in Part II as positive amounts. See instructions for a	an example.				
5	Enter the sma	Iller of the loss on line 1d or the loss on line 4		. 5	6,000.		
6	Enter \$150,00	0. If married filing separately, see instructions	<b>6</b> 150,00	0.			
7	Enter modified	d adjusted gross income, but not less than zero. See instructions	7 102,14	3.			
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on					
		<i>w</i> ise, go to line 8.					
8	Subtract line 7		8 47,85				
9		by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing sepa			23,929.		
10		Iller of line 5 or line 9		. 10	6,000.		
Deut		oss, go to Part III. Otherwise, go to line 15.	and Danital Daal	Catata A			
Part		Allowance for Commercial Revitalization Deductions Fr			ctivities		
11		ter all numbers in Part III as positive amounts. See the example for reduced by the amount, if any, on line 10. If married filing separate			1		
12		from line 4					
13		2 by the amount on line 10					
14		<b>Illest</b> of line 2c (treated as a positive amount), line 11, or line 13					
Part		osses Allowed			1		
15		ne, if any, on lines 1a and 3a and enter the total		. 15	0.		
16		allowed from all passive activities for 2020. Add lines 10, 14, and					
		w to report the losses on your tax return			6,000.		
For Pa		tion Act Notice, see instructions. BAA	REV 08/30/21 PRO		Form <b>8582</b> (2020)		
		2,01					

# **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	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)			
CHILAKAPADU	0.	6,000.			6,000.	
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c	0.	6,000.				

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

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

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

	Currer	nt year	Prior years	Overall ga	ain or loss
Name of activity	<b>(a)</b> Net income (line 3a)	<b>(b)</b> Net loss (line 3b)	(c) Unallowed loss (line 3c)	<b>(d)</b> Gain	(e) Loss
<b>Total.</b> 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)		<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
CHILAKAPADU	E Ln 22	6,000.	1.00000000	6,000.	0.
Total	6,000.	1.00	6,000.	0.	

### Worksheet 5—Allocation of Unallowed Losses (see instructions)

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

Your name       Your SNN or TTIN         RAVINDRANATH NETHI       673-29-3250         SpouseSi/RDP's name       SpouseSi/RDP's SSN or TTIN         DIVYA YADAV       SARIPILLI         056-83-9350       Part I         Tax Return Information (whole dollars only)       1         1       California Adjusted Gross Income (AGI). See instructions       2         3       Amount You Owe. See instructions       2         3       at , 675.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perjury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual, or a comparable for the estimated tax payments as shown on my return and an ontom FIB 4455, California e-tile Payment Record for Individuals, or a comparable for the estimated tax payments as shown on my return and individual in come tax return. Indicare that direct deposit return the processing of my return or return is delayed, I authorize the FIB to disclose to my REO, intermediate service provider to transmitter, or intermediate service provider to transmitter, or intermediate service provider to transmitter the resonal identification number and/to the stalibuility. Intermediata service provider to	TAXABLE YEAR		FORM
Sour name         Your SSN or TIN           RAUTRORNATTI NETHI         673-29-3250           SpougeshDPD same         SpougeshDPD sSN or TIN           DIVYA VADAV SARIPILLI         056-83-9350           Part I Tax Return Information (whole dollars only)         0           1 California Adjusted from Income (AGI). See instructions         1           3 Amount You Dve. See instructions         2           3 Return Information (whole dollars only)         3           Part I Taxpyor Declaration statutions         1           96,143.         3           2 Amount You Dve. See instructions         2           3 Return Information I provided         3           1 (Indee prenifies of perjury, Iddata ad Signature Authorization (Be sure you obtain and keep a copy of your return.)           Under peraities of perjury, Iddata ad Signature Authorization (Be sure you obtain and keep a copy of your return.)           Under peraities of perjury, Iddata and the operaities and the information in provided           Indee peraities of perjury, Iddata and the operaities and and amount on time a comparable form.           Indee peraities of perjury, Iddata ad input advalue of the advalue and amount on time a candor the estimated tax perpendition (Be sure you obtain advalue and indee advalues and amount on time a periodica hadditic advalue on periodic hadditic advalue on periodic hadditic advalue advalue in the return, this is an irrevorable apopointemperiodic advalue advaluperiodic hadditic advalu	2020 California e-file Signature Authorization for I	ndividuals	8879
SpouseVRDP's name         spouseVRDP's SNN or TIN           DIVYA VADAV         SARIPILLI         056-83-9350           Part I Tax Return Information (whole dollars only)         1         96,143.           2 Amount You Uver. See instructions         2         3         1,675.           Part I Tax Return Information (whole dollars only)         3         1,675.           Part II Taxpeyer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         3         1,675.           Part II Taxpeyer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         3         1,675.           Part II Taxpeyer Declaration to the best of my knowledge and belin, it is true, correct, and complete. Hurther dearet that the information is provided to my electronic income tax return and accompanying submitts as shown on my return income tax return. Tapplicable, Hurther deelectronic thruth withdrawal of the anount on line 2 and/or the estimated tax shown on my return do in franciousta, sing of my return or terms of address, and social social number of MD sing the decise to my return to the francise Tax Return my RDM sing the result and there operation of the dollar social number of PAI sing the Payment Result of Individual Income tax return and accompanying submitts as shown on my return to the francise Tax Return PAID method. The return Sing PAID sing the corresponding lines of my electronic income tax return. Tappleter PAI sing the payment as a shown on my return to the dollar social social number of PAID sing the payment of my tax than or return Sing PAID sing the payment as a shown on my return to the dollar payment of my tax t			
Spouler/HDP's name       Spouler/HDP's SSN or TTN         DIVYA YADAY SARIPILLI       056-83-9350         Part I tax Return Information (whole dollars only)       1         1       California Adjusted Gross Income (AGI). See instructions       1       96,143.         2       Amount You Owe. See instructions       2       3       1,675.         Part II tax Return Information (whole dollars only)       3       1,675.         Part II tax Return Information (RGI). See instructions       2       3       1,675.         Part II and Advance Due. See instructions       3       1,675.         Part II and tax Return and accompanying schedules and statements for the tax return and accompanying schedules and statements for the tax return and accounts whow on the corresponding lines of my electronic number and the bast of my knowledge and belin. It is true, correct, and complete. Intermediate service provider (including my name, address, and social security number of midvidual income tax return. It applicable, Hambrize an electronic truth withdrawal of the anoth on line 2 and/or the estimated tax paynents as shown on my return to the franchise Tax Board (TFB). It he processing of my return or return disclass controls. The Return II applicable, advort the data whole the advort the data whole and applicable interest and paynents as shown on my return to the franchise Tax Board (TFB). It he processing of my return or return disclass controls. The Return II applicable in my complete provider, and/or transmitter, or intermediate service or return Stellass envice on transmitter, or intermediate service and consent to the Electronic FIIII. The pro	RAVINDRANATH NETHI	673-29-3250	1
Part I       Tax Return Information (whole dollars only)       1       California Adjusted Gross Income (AGI). See instructions       1       96,143.         2       Amount You Wes. See instructions       3       1,675.         Part II       Taxpeyre Destantion and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       1,675.         Part II       Taxpeyre Destantion and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       1,675.         Part II       Taxpeyre Destantion and Signature Authorization (Be sure you obtain and keep a copy of your return.)       1       Outer ponsites of opinyu, I coleans that I have samined a copy of my individual income tax return chun origitanci (ERO), transmitter, or intermediate survice provider (Individues, and coleans as shown on my return and on torm FIB 4355, California e-file Payment Record for Individuals, or a comparable form. If applicable, 1 advatorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize an electronic funds withdrawal or direct deposit 1 authorize anelectronic funds withdrawal or direct depo		Spouse's/RDP's SSN	N or ITIN
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2 Anount You Owe. See instructions			
Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perjury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge are provider (including my name, address, and social security number or individual tax identification number) and the amounts shown on in the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic funds withdrawal of the amount shown on the corresponding lines of my electronic income tax return. B applicable, 1 authorize an electronic funds withdrawal of direct deposit return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal of direct deposit return. Flop, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or retund is delayed, 1 authorize the FTB disclose to my ERD, intermediate service provider to transmit my complete return. In the second Correlate when the refund was sent. If 1 and this applicable income tax return. I understate associes to the electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent include on the corp of my electronic income tax return. I understate associes to my ERD, intermediate service perioder to tamsmitter.         I authorize GLOBAL TAXES LLC       to enter my PIN       9 3 2 5 (C)         I authorize GLOBAL TAXES LLC       to enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perjury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge are provider (including my name, address, and social security number or individual tax identification number) and the amounts shown on in the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic funds withdrawal of the amount shown on the corresponding lines of my electronic income tax return. B applicable, 1 authorize an electronic funds withdrawal of direct deposit return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal of direct deposit return. Flop, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or retund is delayed, 1 authorize the FTB disclose to my ERD, intermediate service provider to transmit my complete return. In the second Correlate when the refund was sent. If 1 and this applicable income tax return. I understate associes to the electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent include on the corp of my electronic income tax return. I understate associes to my ERD, intermediate service perioder to tamsmitter.         I authorize GLOBAL TAXES LLC       to enter my PIN       9 3 2 5 (C)         I authorize GLOBAL TAXES LLC       to enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	2 Amount You Owe. See instructions		1 675
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year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete, further declare that the information 1 provided tax identification number) and the amounts shown in Part 1 above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, authorize an electronic funds withdrawal of a amount on line 2 and/or the estimated tax agreements as shown on my return and on form FTB 4455. California e-file Payment Record for Individuals, or a comparable form. If applicable, Ideater that direct deposit refund amount on line 2 and/or the estimated tax tay payments as shown on my return and on form FTB 4455. California e-file Payment Record for Individuals, or a comparable form. If applicable, Ideater that direct deposit refund shown complete payment of my taken the resource provider. If the direct deposit is ultimorized on the resource tay of the delay or the date when the refund was sent. If 1 am filing a balance due return, I understand that if the FTB to disclose to my ERO, intermediate service provider to transmitter, or intermediate service provider to transmitter the reason(s) for the delay or the date when the refund was sent. If 1 am filing a balance due return, I understand that if the FTB to disclose to my ERO, intermediate service provider to my electronic funds withdrawal Consent included on the copy of my electronic funds withdrawal Consent. Taxawar Teurn and, if applicable, my Electronic funds withdrawal Consent.  Expanyer's PIN: check one box only  A lauthorize GLOBAL TAXES LLC ERO Irm name set signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO		·	
Taxpayer's PIN: check one box only       I authorize GLOBAL TAXES LLC       to enter my PIN       9 3 2 5 0         I authorize GLOBAL TAXES LLC       ERO firm name       Do not enter all zeros         as my signature on my 2020 e-filed California individual income tax return.       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Your signature ▶       Date ▶         Spouse's/RDP's PIN: check one box only       I authorize GLOBAL TAXES LLC       to enter my PIN         I authorize GLOBAL TAXES LLC       to enter my PIN       3 9 3 5 0         Do not enter all zeros       as my signature on my 2020 e-filed California individual income tax return.       I authorize GLOBAL TAXES LLC       to enter my PIN         I authorize GLOBAL TAXES LLC       to enter my PIN       3 9 3 5 0         Do not enter all zeros       as my signature on my 2020 e-filed California individual income tax return.       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PI and your return is filed using the Practitioner PIN Method Returns Only continue below.         Spouse's/RDP's signature ▶	and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I decl agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediat return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a ba does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable inte read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax re	are that direct deposit refund appointment of the other spou te service provider to transmit to disclose to my ERO, intern lance due return, I understand rest and penalties. I acknowle turn. I have selected a person	amount on line 3 ise/RDP as an my complete <b>nediate service</b> I that if the FTB dge that I have
I authorize GLOBAL TAXES LLC       to enter my PIN       9 3 2 5 0         Do not enter all zeros       Do not enter all zeros         as my signature on my 2020 e-filed California individual income tax return.       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Your signature ▶		wai Gonsent.	
ERO firm name       Do not enter all zeros         as my signature on my 2020 e-filed California individual income tax return. <ul> <li>I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.</li> </ul> <ul> <li>Your signature</li></ul>			3 2 5 0
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Spouse's/RDP's PIN: check one box only         I authorize GLOBAL TAXES LLC       to enter my PIN         BRO firm name       Do not enter all zeros         as my signature on my 2020 e-filed California individual income tax return.       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own P and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Spouse's/RDP's signature		a <b>only</b> if you are entering your	own PIN and you
I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize I authorize   to enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN   I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature is filed using the 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. To cont enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirem	Your signature  Date  Date		
I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize GLOBAL TAXES LLC   to enter my PIN   I authorize I authorize   to enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN   I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature is filed using the 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. To cont enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirem	Spouse's/RDP's PIN: check one box only		
ERO firm name       Do not enter all zeros         as my signature on my 2020 e-filed California individual income tax return.       Do not enter all zeros         I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own P and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Spouse's/RDP's signature		to enter my PIN 3 0	3 5 0
and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.   Spouse's/RDP's signature	ERO firm name		
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 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authoriz e-file Providers.		nis box <b>only</b> if you are enteri	ng your own PIN
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         Do not enter all zeros         I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authoriz e-file Providers.	Spouse's/RDP's signature  Date	e ▶	
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         Do not enter all zeros         I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authoriz e-file Providers.			
Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authoriz e-file Providers.			
I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authoriz e-file Providers.			9
ERO's signature  Date  09/29/2021	I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and	tax return for the taxpayer(s)	
	ERO's signature Date Date 09	9/29/2021	
	5 ·240 · /		

DO NOT MAIL THIS FORM TO THE FTB

## 2020 California Resident Income Tax Return

	APE			ATTACH	FEDERAL	RETURN	
673-29-3250 NETH RAVINDRANAT NETHI DIVYAYADAV SARIPI	056-83-9350 ILLI			20			
3301 ARENA BLVD SACRAMENTO CA	95834	APT	156	5			
05-30-1984 01-20-1991	L						

		Enter your county at time of filing (see instructions)								
ë	igodoldoldoldoldoldoldoldoldoldoldoldoldol	SACRAMENTO								
lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 💌 🗙								
esic		If not, enter below your principal/physical residence address at the time of filing.								
Ē		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.								
Principal Residence	ullet									
Prin		City State ZIP code								
	۲									
		If your California filing status is different from your federal filing status, check the box here								
tus	1	Single 4 Head of household (with qualifying person). See instructions.								
Filing Status	2	2 X Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.								
		See instructions.								
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.								
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst • 6								
_	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.								
รเ	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked								
tior	_	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. <b>•</b> 7 $\begin{array}{c} 2 \\ 2 \\ 48 \end{array}$								
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2								
Ж	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;								
		if both are 65 or older, enter 2								
		REV 05/29/21 PRO								
		175 3101204 Form 540 2020 <b>Side 1</b>								

You	ır na	me:	NETH	I			You	ur SSN c	or ITIN:	673-	29-32	50					
	10	Depen	dents:		ot include Dependen	•	or your sp	ouse/RD		ndent 2				Depend	lant 2		
		First	t Name	۲	Dependen				• Dehe								
s		Last	Name	۲					•								
Exemptions			. See														
Exem		Depe	ructions. endent's														
		to yo	tionship Du	۲					•		Г						
	Tota	al depei	ndent e	xemp	otions					0	10	X \$	\$383 = 🤇	<b>\$</b>			
	11	Exem	nption a	amou	Int: Add li	ne 7 throu	ıgh line 10	. Transfer	this amo	ount to li	ne 32		🖲 1	1\$		2	48
	12	State	wages	from	n your fed	eral		• 1			ŗ	79109	. 00				
																96143	
	13 14	California adjustments – subtractions. Enter the amount from Schedule CA (540),															
	15						than zero,						• 14				.00
ome	16	See i	nstruct	ions									15			96143	• 00
e Inc	10												• 16				.00
Taxable Income	17	Califo	ornia ac	ljuste	ed gross i	ncome. Co	ombine line	e 15 and I	ine 16				• 17			96143	. 00
Ë	18	Enter								•		, line 30; <b>0</b>	R				
		Iarger of       Your California standard deduction shown below for your filing status:         • Single or Married/RDP filing separately.       \$4,601										•					
		• Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,202												9202	.00		
	19												86941				
		If les	s than z	zero,	enter -0-								• 19				<u>    00                               </u>
	31	Tay (	Chack t	ho ho	ox if from	×	Tax Table		Tax	Rate Sc	hedule						
	51	1ax. (				•	FTB 3800	) •	FTI	3 3803 .			• 31			2852	.00
	32		•				from line	5					• 32			248	.00
Тах		·											0			2604	
	33									Г			0			2001	<b>.</b> 00
	34	Tax. S	See ins	tructi	ons. Che	ck the box	if from: ●	Sc	hedule G	-1 ●∟	FTB	5870A	• 34				.00
	35	Add I	line 33	and li	ine 34								• 35			2604	.00
its	40	Nonr	efunda	hle Cl	hild and r	)enendent	Care Evpe	inses Crei	dit See in	nstructio	ns		<ul> <li>40</li> </ul>				. 00
Special Credits	43		r credit			spondont			code •		]	mount					.00
ecial								]			]						
sp	44		r credit						code 🗨		」 and a	mount	• 44				<b>.</b> 00
			ev 05/29, Porm				17	5	310	2204	I						

You	r nar	ame: NETHI Your SSN or ITIN: 673-29-3250				
S	45	To claim more than two credits. See instructions. Attach Schedule P (540)	• 45			. 00
Special Credits	46	Nonrefundable Renter's Credit. See instructions	• 46			. 00
scial (	47	Add line 40 through line 46. These are your total credits	• 47			. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0	48		2604	. 00
Xes	61	Alternative Minimum Tax. Attach Schedule P (540)	• 61			<u>00</u>
	62	Mental Health Services Tax. See instructions	• 62			- 00
Other Taxes	63	Other taxes and credit recapture. See instructions	• 63			<u>   00                                </u>
ð	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	• 64			. 00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	• 65		2604	. 00
	71	California income tax withheld. See instructions	• 71		4279	. 00
	72					. 00
	73					. 00
nts	74					. 00
Payments	75					. 00
а.						. 00
	76					
	77 78	Add line 71 through line 77. These are your total payments.	_		4279	• 00
		See instructions	• 78		4279	<b>.</b> 00
Use Tax	91	Use Tax. Do not leave blank. See instructions		0 .00		
Use		If line 91 is zero, check if: X No use tax is owed. You paid your use tax	c obligation	n directly to CDTFA.		
ţ	92	Individual Shared Responsibility (ISR) Penalty. See instructions • 92		.00		
ISR Penaltv	JL	• X Full-year health care coverage.				
X Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	• 93		4279	- 00
Overpaid Tax/Tax Due	94 95	,	• 94			. 00
paid'		subtract line 92 from line 93	• 95		4279	. 00
Over	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	• 96			. 00
		REV 05/29/21 PRO		E 5/0 0000	0.1.0	
		175 3103204		Form 540 2020	Side 3	

Υοι	ır naı	me:	NETHI	Your SSN or ITIN:	673-29-3250			
Overpaid Tax/Tax Due	97	Over	paid tax. If line 95 is more than line 6	5, subtract line 65 from	line 95	• 97	1675	. 00
lax/Ta	98	Amo	unt of line 97 you want applied to you	ur <b>2021</b> estimated tax		• 98	0	. 00
paid 7	99	Over	paid tax available this year. Subtract I	• 99	1675	. 00		
Ovel	100	Tax o	due. If line 95 is less than line 65, sub	tract line 95 from line 6	5	🖲 100		. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		<b>.</b> 00
		Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribu	tion Fund	● 401		<b>.</b> 00
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contrib	ution Program	• 403		. 00
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fun	d	• 405		. 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund						<b>.</b> 00
		Emei	rgency Food for Families Voluntary Ta	x Contribution Fund		• 407		. 00
		Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contr	ibution Fund	• 408		. 00
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		<b>.</b> 00
su		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
Contributions		Scho	ol Supplies for Homeless Children Fu	nd		• 422		. 00
Contr		State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
		Prote	ect Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		. 00
		Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		<b>.</b> 00
		Prev	ention of Animal Homelessness and C	Cruelty Voluntary Tax Co	ntribution Fund	• 431		<b>.</b> 00
		Califo	ornia Senior Citizen Advocacy Volunta	ry Tax Contribution Fun	d	• 438		<b>.</b> 00
		Nativ	re California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		. 00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
		Scho	ols Not Prisons Voluntary Tax Contril	oution Fund		• 443		. 00
		Suici	de Prevention Voluntary Tax Contribu	tion Fund		• 444		. 00
	110	Add	code 400 through code 444. This is y	our total contribution		● 110		- 00

REV 05/29/21 PRO Side 4 Form 540 2020

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You	r nan	ne:	NETHI			Your S	SN or	' ITIN:	673-29-	-32	50					
Amount You Owe	111	Mail	UNT YOU OWE. If to: FRANCHISE Dnline – Go to ftb.	TAX	BOARD, PO	BOX 94286	67, SA			,			ee instru	ctions. Do	not send cas	h. 00
and	112 113		est, late return pe erpayment of estir			ayment per	nalties					112				.00
Interest and Penalties		Chec	k the box:	FT	B 5805 atta	ched $ullet$	F	TB 58051	F attached			113				.00
-		Total	amount due. See	instr	uctions. Enc	lose, but <b>d</b> a	o not s	staple, an	y payment .			114				. 00
	115	REFL	JND OR NO AMOI	UNT C	DUE. Subtra	ct the sum	of line	110, line	112 and lir	ne 11	3 from line 9	99. See i	nstructi	ons.		
		Mail	to: FRANCHISE TA	AX BC	)ARD, PO B	OX 942840	, SACI	RAMENT	O CA 94240	-000	1	115			167	5 .00
Refund and Direct Deposit		See i	n the information t nstructions. <b>Have</b> r the following am	you you	verified the of my refund	routing and	d acco	ount num	<b>bers?</b> Use v	vhole	dollars only	Ι.			or a deposit s	lip.
d Dir		• R	louting number	×	Checking	Accou	int nur	nber		Т			• 116	Direct de	posit amount	
d anc			121000358		Savings	32514	5427	7825							167	5 .00
IMP To le ftb.c	earn a	ANT: S about y v/form	See the instruction your privacy rights	s, how 1131.	Checking Savings ind out if you we may us To request	e your infor this notice b	ach a matior by mai	copy of y n, and the il, call 800	e consequer ).852.5711.	nces	for not provi	ding the	request	ed inform		.00
kno	er pei wledg signat	e and	s of perjury, I decla belief, it is true, c	are th orrect	at I have exa t, and compl	amined this ete.	_	eturn, incle Date	uding accor						o the best of i irn, both must s	-
c:	<b>A</b> 1 1A		Your email add	dress.	Enter only one	e email addre	ess.								red phone num	ber
	gn ere		Paid preparer's si	gnatu	re (declaratio	n of prepare	r is ba	sed on all	information	of wł	hich preparer	has any	knowled	lge)		
			SYAM PRIY	A R	AM SAGA	r gupt <i>i</i>	A TA	LLAM								
It is unlawful to forge a spouse's/			Firm's name (or y	vours, i	f self-employe	ed)										
RDF			GLOBAL TA	XES	LLC										P020827	703
-	t tax		Firm's address												• Firm's FEI	N
retui (See	rn?	2530 PEBBLE CREEK LN CUMMING GA 30041								3010171	L96					
`	uctior	Do you want to allow another person to discuss this tax return with us? See instructions							Yes	× No						
		Print Third Party Designee's Name							Telephone	Number						
_			REV 05/29/21 PRO													
						175		3105	5204	ſ			Fo	rm 540 🖞	2020 Side 5	

CA (540)

### California Adjustments — Residents 2020

<u> </u>	ortant: Attach this schedule benind Form 54	to, Side 5 as a supporting Californ	ia sc	1	171			
	e(s) as shown on tax return				or ITI			
	IETHI & D SARIPILLI t I Income Adjustment Schedule		A Ed	deral Amounts	3293	250 Subtractions	0	Additions
	ion A – Income Aujustment Schedule ion A – Income from federal Form 1040 or 1040-SF	ł	<b>A</b> (ta	axable amounts from our federal tax return)	B	See instructions	C	See instructions
1	Wages, salaries, tips, etc. See instructions before n	naking an entry in column B or C <b>1</b>	$oldsymbol{O}$	79,109.	$oldsymbol{O}$		$\odot$	
2	Taxable interest. a 💿	2b	$oldsymbol{igstar}$		$oldsymbol{O}$		$\odot$	
3	Ordinary dividends. See instructions. a 💿	<u> </u>	$oldsymbol{O}$	89.	$\bullet$			
4	IRA distributions. See instructions. a $\odot$	4b	$oldsymbol{O}$		$\bullet$			
5	Pensions and annuities. See instructions. <b>a</b> $oldsymbol{igstarrow}$ _		$\bigcirc$					
6								
7	Capital gain or (loss). See instructions			22,945.	Ŏ			
Sect	ion B – Additional Income from federal Schedule 1		0	22,915.				
1	Taxable refunds, credits, or offsets of state and loca	, ,						
_			~					
2a	Alimony received. See instructions.		-					
3	Business income or (loss). See instructions							
4	Other gains or (losses)							
5	Rental real estate, royalties, partnerships, S corpor			-6,000.				
6	Farm income or (loss)				$\bigcirc$			
7	Unemployment compensation		ullet					
8	Other income.			(	, a <u>)</u>		a	
	a California lottery winnings	e NOL from FTB 3805Z,	-		b 💽		b	
	<b>b</b> Disaster loss deduction from FTB 3805V	3807, or 3809 <b>8</b>	•		C		C 🧕	)
	c Federal NOL (federal Schedule 1	f Other (describe):		Į	d 💽		d	
	(Form 1040), line 8)	•		)	e 🖲		e	
	d NOL deduction from FTB 3805V				f 🖲		f 🧕	)
		g Student loan discharged due to closure of a for-profit school		l	. g 💽		g	
9	<b>Total.</b> Combine Section A, line 1 through line 7, and column A. Add Section A, line 1 through line 7, and column B and column C. Go to Section C	Section B, line 1 through line 8g in	<u>•</u>	96,143.	۲		$   \overline{} $	
Sect	ion C – Adjustments to Income from federal Schedu	ule 1 (Form 1040)						
10	Educator expenses		$oldsymbol{O}$		$\bullet$			
11	Certain business expenses of reservists, performin	g artists, and fee-basis						
	government officials				$oldsymbol{O}$		$\bigcirc$	
12	Health savings account deduction		$oldsymbol{O}$		$oldsymbol{O}$			
13	Moving expenses. Attach federal Form 3903. See in	nstructions <b>13</b>	$oldsymbol{O}$				$\bigcirc$	
14	Deductible part of self-employment tax. See instruct	tions <b>14</b>	$\bullet$		$oldsymbol{O}$			
15	Self-employed SEP, SIMPLE, and qualified plans		ullet					
16	Self-employed health insurance deduction. See inst	tructions	$oldsymbol{O}$		$\bullet$			
17	Penalty on early withdrawal of savings		$oldsymbol{O}$					
18a	Alimony paid. <b>b</b> Recipient's: SSN ()							
			$oldsymbol{O}$					
19	IRA deduction		~					
20	Student loan interest deduction		<u> </u>					
	Tuition and fees	-	~					
21			•					
22	Add line 10 through line 18a and line 19 through lin See instructions		۲		۲			
23	Total. Subtract line 22 from line 9 in columns A, B,	and C. See instructions	۲	96,143.	۲		۲	



I

	rt II Adjustments to Federal Itemized Deductions ck the box if you did NOT itemize for federal but will itemize for California		om federal Schedule A rm 1040)	B	See instructions	U See	e instructions
	lical and Dental Expenses See instructions.						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 () 96 , 143 . 2						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	$\bullet$				$oldsymbol{O}$	
ax	es You Paid						
5a	State and local income tax or general sales taxes	ullet	5,070.	$oldsymbol{O}$	5,070.		
5b							
5c	State and local personal property taxes5c	ullet					
5d	Add line 5a through line 5c	$oldsymbol{O}$	5,070.				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A						
	Enter the amount from line 5a, column B in line 5e, column B						
	Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e		5,070.		5,070.	-	
6	Other taxes. List type • 6			$oldsymbol{O}$		ullet	
7	Add line 5e and line 6	$oldsymbol{0}$	5,070.	$oldsymbol{0}$	5,070.	$oldsymbol{O}$	
ite	rest You Paid						
a	Home mortgage interest and points reported to you on federal Form 1098	$oldsymbol{O}$				$oldsymbol{O}$	
b	Home mortgage interest not reported to you on federal Form 1098	$oldsymbol{O}$				$oldsymbol{O}$	
C	Points not reported to you on federal Form 10988c	$oldsymbol{O}$				$oldsymbol{O}$	
d	Mortgage insurance premiums	ullet		$oldsymbol{O}$			
e	Add line 8a through line 8d	ullet		$oldsymbol{O}$		$oldsymbol{O}$	
	Investment interest	$oldsymbol{eta}$		$oldsymbol{O}$		$oldsymbol{O}$	
0	Add line 8e and line 9	$\bullet$		$oldsymbol{O}$		$oldsymbol{O}$	
ift	s to Charity						
1	Gifts by cash or check	$\bullet$		$oldsymbol{O}$		$oldsymbol{O}$	
2	Other than by cash or check	-		$oldsymbol{O}$		lacksquare	
3	Carryover from prior year	-		lacksquare		$oldsymbol{O}$	
4	Add line 11 through line 13	-		lacksquare		lacksquare	
as	ualty and Theft Losses						
5	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal						
	Form 4684. See instructions	$oldsymbol{O}$		$   \mathbf{O} $		$   \mathbf{O} $	
the	er Itemized Deductions						
6	Other—from list in federal instructions						
7	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		5,070.	<u> </u>	5,070.		

Job	<b>Expenses</b>	and Certain	Miscellaneous	Deductions
-----	-----------------	-------------	---------------	------------

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses - investment, safe deposit box, etc. List type		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 🕥96 , 143 .		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	• • 25	0.
26	Total Itemized Deductions. Add line 18 and line 25.	• <b>26</b>	0.
27	Other adjustments. See instructions. Specify.	• • 27 [	
28	Combine line 26 and line 27	. • 28	0.
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	. • 29	0.
30	Enter the larger of the amount on line 29 or your standard deduction listed belowSingle or married/RDP filing separately. See instructions.\$4,601Married/RDP filing jointly, head of household, or qualifying widow(er)\$9,202		
	Transfer the amount on line 30 to Form 540, line 18	. • 30	9,202.

2020	<b>Passive</b>	Activity	Loss	Limitations

	540 E	E AONID	E	E 4000
Attach to Form	540. ⊢orm	) 540NK.	Form 541.	or Form 100S.

TAXABLE YEAR

Name(s) as shown on tax return			SS	N, ITIN	I, FEIN, or CA corporation	n no.
R NETHI & D SARIPILLI			67	7329	3250	
Part I         2020 Passive Activity Loss           See the instructions for Worksheet 1 and Worksheet 3 for federal For	n 8582	2 before completing Pa	rt I. Be	sure	to <b>use California amo</b>	unts.
Rental Real Estate Activities with Active Participation						
<b>1a</b> Activities with net income from Worksheet 1, column (a)	<b>1</b> a	0.	00			
<b>1b</b> Activities with net loss from Worksheet 1, column (b)	1b	( -6,000.)	00			
<b>1c</b> Prior year unallowed losses from Worksheet 1, column (c)	10	( )	00			
del Compline line de line de and line de				4.4		
1d         Combine line 1a, line 1b, and line 1c.           All Other Passive Activities				1d	-6,000.	00
All Ollier Passive Activities						
<b>2a</b> Activities with net income from Worksheet 2, column (a)	2a		00			
	20		00			
<b>2b</b> Activities with net loss from Worksheet 2, column (b)	2b	( )	00			
<b>2c</b> Prior year unallowed losses from Worksheet 2, column (c)	2c	( )	00			
, (,		, , , , , , , , , , , , , , , , , , , ,	I			
2d Combine line 2a, line 2b, and line 2c				2d		00
3 Combine line 1d and line 2d. If the result is net income or zero, see the instru	ctions	for line 3. If line 3 and				
line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 1	). See	instructions		3	-6,000.	00
Part II Special Allowance for Rental Real Estate with Active Partici	ation					
Enter all numbers in Part II as positive amounts. See instructions.						
					[	
4 Enter the <b>smaller</b> of losses from line 1d or line 3				4	6,000.	00
			00			
<b>5</b> Enter \$150,000. If married/RDP filing a separate tax return, see instructions.	5	150,000.	00			
6 Enter federal modified adjusted gross income, but not less than zero.						
See instructions. If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0-						
on line 9, and then go to line 10. Otherwise, go to line 7	6	100 140	00			
		102,143.	00			
7 Subtract line 6 from line 5	7	47 057	00			
		47,857.	00			
8 Multiply line 7 by 50% (.50). <b>Do not</b> enter more than \$25,000				8	23,929.	00
					23,929.	
9 Enter the smaller of line 4 or line 8				9	6,000.	00
						I
Part III Total Losses Allowed						
<b>10</b> Add the income, if any, from line 1a and line 2a and enter the total				10	0.	00
11 Total losses allowed from all passive activities for 2020. Add line 9 and lin	e 10			11	6,000.	00

See the instructions on Page 2 to find out how to report the losses on your tax return.

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California Passive Activity Worksheet (See General Instructions for Step 1.)



Use this worksheet to figu	ure California income (los	s) from passive activities	before application of pass	sive activity loss (PAL) rul	es.	
(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)	
KUKATPALLY	SCH E	N/A	-6,000.	0.	-6,000.	
California Adjust	tment Worksheet	s (See General Instruct	ions for Step 4.)	I		
Use these worksheets to						
(a) Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment		
Enter a description of the activity. Group activities by the federal schedules on which they were reported	Enter the character of the activity as passive or nonpassive for California purposes	Enter the California net income (loss) from the activity after application of the PAL rules	Enter the federal net income (loss) from the activity after application of the PAL rules	Subtract the Total amount of column (d) from the Total amount of column (c) and enter the		
	(b)	(C)	(d)		e)	
Schedule C Activities	Passive or Nonpassive	California Amount	Federal Amount		Adjustment	
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C		
				to Sch. CA (540), Part I of	<b>jative</b> , transfer the amount r Sch. CA (540NR), Part II, amount) line 3, column B.	
Total		1(c)	1(d)*	1(e)	· ·	
					<b>`</b>	
(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	California	e) Adjustment	

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
kukatpally, hyderabad, telangana, 500072, india	PASSIVE	-6,000.	-6,000.	
				amount to Sch. CA (540), Part I or Sch. CA
				(540NR), Part II, Section B, line 5, column C.
				If the amount below is <b>negative</b> , transfer the amount
				to Sch. CA (540), Part I or Sch. CA (540NR), Part II,
				Section B, (as a positive amount) line 5, column B.
Total		2(c) -6,000.	2(d)** -6,000.	2(e) 0.

(a) (b) Schedule F Activities Passive or Nonpassiv	(c) california Amount	(d) Federal Amount	(e) California Adjustment
			If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
			If the amount below is <b>negative</b> , transfer the amoun to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
otal	3(c)	3(d)***	3(e)

\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.

\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.

\*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.



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