E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	-0074	IRS Use	e Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly unchecked the MFS box, enter the name on is a child but not your dependent	ame of	ed filing se your spous						,		, ,	ow(er) (QW) ne qualifying
Your first name	and mi	iddle initial	Last na	ime							Your so	cial securi	ty number
SATHEESI	I		BOMM	IAVARAM	1						304-	71-836	4
lf joint return, s	oouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Home address 6473 ARI	`	er and street). If you have a P.O. box, see ALE DR	instructi	ons.				A D	pt. no.			ntial Electi nere if you,	on Campaign or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belov	N.	Sta	te	ZIP co	de				ntly, want \$3
COLUMBUS	3					OI	Н	432	30		•	o this fund. ow will not	Checking a change
Foreign country	name		I	Foreign prov	/ince/stat	e/coun	ty	Foreigr	n postal c	code		c or refund	•
												You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exch	nange, c	or otherwis	e acquir	e any	financial intere	est in ar	ny virtu	al cu	rrency?	Ves	X No
Standard Deduction Age/Blindness		eone can claim:	n or you		ual-statu			rn hofo	ro Janu	on (0 1056	□ Is b	lind
	_		330 L	1		-							-
Dependents		instructions): irst name Last name			cial secur 1umber	ity	(3) Relationsh to you	11p	(4) ♥ Child 1			r (see instru Credit for ot	her dependents
lf more than four	(1) 1									cuit			
dependents,										\exists			
see instructions and check	s ——									\exists			
here										$\overline{\square}$			
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .						<u> </u>	. 1	1	00,279.
Attach	2a	- · · · · ·	2a 🎽			bТ	axable interes	t.			. 2b		
Sch. B if	3a	· –	3a		26.		Ordinary divide				. 3b	,	27.
required.	4a	IRA distributions	4a				axable amoun				. 4b	,	
	5a	Pensions and annuities	5a			bТ	axable amoun	t			. 5b)	
Standard	6a	Social security benefits	6a			bТ	axable amoun	t			. 6b	,	
Deduction for -	7	Capital gain or (loss). Attach Scheo	dule D if	f required.	If not re	quired	, check here			►□	7		12,465.
 Single or Married filing 	8	Other income from Schedule 1, line	e9.								. 8		-6,500.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	This is you	total in	come				.	▶ 9	1	06,271.
Married filing	10	Adjustments to income:											
Jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	с	Add lines 10a and 10b. These are your total adjustments to income						► <u>10</u>	c				
household, \$18,650	11	Subtract line 10c from line 9. This	otract line 10c from line 9. This is your adjusted gross income					.	▶ 11	1	06,271.		
 If you checked 	12	Standard deduction or itemized	deduct	ions (from	Schedu	le A)					. 12		12,400.
any box under Standard	13	Qualified business income deducti											
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
)	15	Taxable income. Subtract line 14	from lin	ne 11. lf ze	ro or less	s, ente	er-0				. 15		93,871.

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): 1 🗌 881	4 2 49	972	3			16	16,602.
	17	Amount from Schedule 2, lin	ie3							17	
	18	Add lines 16 and 17								18	16,602.
	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	16,602.
	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 total tax						. 🕨	24	16,602.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	13	,041.		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	13,041.
• 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				
	31	Amount from Schedule 3, lin	ie 13				31				
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and ref	funda	ble cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	13,041.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the a	amour	nt you	overpaid		34	
neiuliu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached	l, chec	ck here			35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:		Check	king 🗌 S	Savings		
See instructions.	►d	Account number X X X	X X X X	X X X X	КХХУ	хIХ	X	x	-		
	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 vou owe	now				. 🕨	37	3,594.
You Owe		Note: Schedule H and Sch		-							
For details on		2020. See Schedule 3, line 1			•						
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .				38		33.		
Third Party	Do	you want to allow another					See				
Designee	ins	structions						🗌 Yes. Co	mplete	below.	× No
		signee's		Phone					nal ident		
		me 🕨		no. 🕨					er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here			piete. Deciaration			,		an informatio			, 0
	, to	ur signature		Date	Your occupa	ation					nt you an Identity IN, enter it here
Joint return?					SOFTWAR	RE E	INGI	VEER		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's oc				If th	e IRS ser	nt your spouse an
Keep a copy for your records.											ection PIN, enter it here
your records.										inst.) 🕨	
		one no. (814)384-552		Email address	SATHEESI	HRAO	1	GMAIL.CO			
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer	SYAM		SYAM PRIYA	RAM SAGAR	GUPTA TAI	LLAM	09/3	16/2021	P0208		Self-employed
Use Only		m's name 🕨 GLOBAL TAX							Pho	ne no. (678)965-9522
	Firi	m's address 🕨 2530 Pebb	le Creek L	n Cummin	g GA 300	041			Firm	i's EIN ▶	► <u>30-1017196</u>
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV	07/28/21 PRO			Form 1040 (2020)

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SATHEESH BOMMAVARAM	304-71-8364
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	-6,500.
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	-6,500.
Par			
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	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. 12 Your social security number

20

Name(s) shown on return

304-71-8364

SATHEESH BOMMAVARAM

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? × No **Yes** 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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	100,752.	90,081.	1,7	94.	12,465.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (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	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	•		7	12,465.

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

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	1 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 8824					
12 13	_ ····································					
	 Gapital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 				13	
14	Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15				

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 12,465.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	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 07/28/21 PRO

Schedule D (Form 1040) 2020

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074 (0)20 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
SATHEESH BOMMAVARAM	304-71-8364

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

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

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

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

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

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

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

1 (a) Description of property	(b) (c) Date sold		(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	amount in column (g), ode in column (f). arate instructions.	(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	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
APEX CLEARING	01/01/20	11/20/20	5,305.	4,761.			544.	
Robinhood Securities LLC	01/01/20	08/11/20	95,447.	85,320.	W	1,794.	11,921.	
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 A	al here and inc is checked), lir	lude on your ne 2 (if Box B	100,752.	90,081.		1,794.	12,465.	

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

SCHEDULE	Ε
(Form 1040)	

Department of the Treasury

OMB No. 1545-0074

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. SchoduloE for instructions .

2 () Attachment

	levenue Service (99)	► Go to www.irs.gov/ScheduleE fo	or instru	uctions	and the	e latest	informatior	ı.	Attach Seque	nment ence No. 13
lame(s)	shown on return							Your so	cial securit	
SATH	EESH BOMMAVARAM								71-836	
Part	Income or Loss	s From Rental Real Estate and Roy	yalties	Note	e: If you	are in th	e business	of renting p	ersonal pr	operty, use
	Schedule C. See	instructions. If you are an individual, repo	ort farm	rental	income	or loss fi	om Form 4	835 on pag	e 2, line 4	0.
	, , , ,	nts in 2020 that would require you to		· · ·						res 🗙 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							. 🗆 🔪	Yes 🗌 No
1a	Physical address of e	each property (street, city, state, ZIF	ode)							
Α	MAITRIVANAM HY	DERABAD TELANGANA IN 500	045							
В										
С										
1b	Type of Property	2 For each rental real estate prop above, report the number of fa	perty lis	ted			Rental	Person		QJV
	(from list below)	personal use days. Check the	QJV bo	x onlv	-	L	ays	Day	-	
A	3	if you meet the requirements to	o file as	a	Α		365		0	
B		qualified joint venture. See inst	ruction	5.	B					
С					С					
	of Property:									
-	le Family Residence	3 Vacation/Short-Term Rental				7 Self-				
	i-Family Residence		6 Roy	alties		8 Othe	r (describe			
ncom		Properties:			Α			В		C
3			3			650.				
4			4							
Expen										
5			5							
6	•	nstructions)	6							
7		nance	7		1,	550.				
8			8							
9			9							
10		essional fees	10							
11	-		11							
12		d to banks, etc. (see instructions)	12							
13			13							
14			14			750.				
15			15		1,	650.				
16			16							
17			17		2,	200.				
18		e or depletion	18							
19	Other (list) ►		19							
20	-	lines 5 through 19	20		7,	150.			+	
21		line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must			~	F 0 0				
			21		-6,	500.			+	
22		l estate loss after limitation, if any,					(
00-	on Form 8582 (see in		22 (500.)	(650)(
23a		eported on line 3 for all rental prope		• •		23a		650.	-	
b		eported on line 4 for all royalty prop				23b			-	
C		eported on line 12 for all properties		• •		23c			-	
d		eported on line 18 for all properties	• •			23d		7 1 5 0	-	
e		eported on line 20 for all properties	 Alionalisat			23e		7,150.	-	
24		e amounts shown on line 21. Do no		-				24		
25		sses from line 21 and rental real estate							_(6,500.
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not								E FOO
	Schedule I (Form 104	40), line 5. Otherwise, include this ar	nount I	n the t	utal on	iine 41	on page 2	. 26		-6,500

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Form	2582	Passive Activity Loss Limitati	ons		OMB No. 1545-1008
Form		► See separate instructions.			2020
Departm	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	א א רי ג ז ז		Identifying	
Part	EESH BOMMA	assive Activity Loss		304-71	-8364
Part		Complete Worksheets 1, 2, and 3 before completing Part I.			
Donto		Activities With Active Participation (For the definition of act	ivo participation	000	
		or Rental Real Estate Activities in the instructions.)	ive participation,	See	
-		net income (enter the amount from Worksheet 1, column (a))	1a	0.	
b		net loss (enter the amount from Worksheet 1, column (b))	1b (6,50		
c		nallowed losses (enter the amount from Worksheet 1, column (c))	1c ()	
d	-	a 1a, 1b, and 1c		. 1d	-6,500.
Comn		ization Deductions From Rental Real Estate Activities			
2a	Commercial r	evitalization deductions from Worksheet 2, column (a)	2a ()	
b	Prior year una	allowed commercial revitalization deductions from Worksheet 2,			
	column (b)		2b ()	
С	Add lines 2a a	nd 2b		. 2c	()
All Otl	ner Passive A	tivities			
3a		net income (enter the amount from Worksheet 3, column (a)) .	3a		
b		net loss (enter the amount from Worksheet 3, column (b))	3b ()	
С	-	nallowed losses (enter the amount from Worksheet 3, column (c))	3c ()	
d	Combine lines	3a, 3b, and 3c		. 3d	
4		s 1d, 2c, and 3d. If this line is zero or more, stop here and includ			
		es are allowed, including any prior year unallowed losses entered			
	-	ses on the forms and schedules normally used		. 4	-6,500.
	If line 4 is a lo		till and and to David		
		Line 2c is a loss (and line 1d is zero or more), skip Par	-		to line 1E
Cautio	n: If your filing	 Line 3d is a loss (and lines 1d and 2c are zero or more status is married filing separately and you lived with your spouse 		-	
		ead, go to line 15.		g the year	, do not complete
Part		Allowance for Rental Real Estate Activities With Active	Participation		
		ter all numbers in Part II as positive amounts. See instructions for			
5		Iler of the loss on line 1d or the loss on line 4		. 5	6,500.
6	Enter \$150,00	0. If married filing separately, see instructions	6 150,00	0.	
7	Enter modified	adjusted gross income, but not less than zero. See instructions	7 112,77	1.	
	Note: If line 7	is greater than or equal to line 6, skip lines 8 and 9, enter -0- on			
	line 10. Other	vise, go to line 8.			
8	Subtract line		8 37,22		
9	Multiply line 8	by 50% (0.50). Do not enter more than \$25,000. If married filing sepa	rately, see instructi	ons 9	18,615.
10		Iller of line 5 or line 9		. 10	6,500.
		oss, go to Part III. Otherwise, go to line 15.			
Part		Allowance for Commercial Revitalization Deductions Fr			ctivities
		ter all numbers in Part III as positive amounts. See the example for			
11		reduced by the amount, if any, on line 10. If married filing separate			
12		from line 4			
13 14		2 by the amount on line 10			
Part		Disses Allowed		. 14	<u> </u>
15		ne, if any, on lines 1a and 3a and enter the total		. 15	0
15 16		allowed from all passive activities for 2020. Add lines 10, 14, and			0.
10		w to report the losses on your tax return			6,500.
For Pa		tion Ant Nation and instructions	REV 07/28/21 PRO		Form 8582 (2020)
u		and Act Notice, see instructions. BAA			

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) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
MAITRIVANAM	0.	6,500.			6,500.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	6,500.				

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)

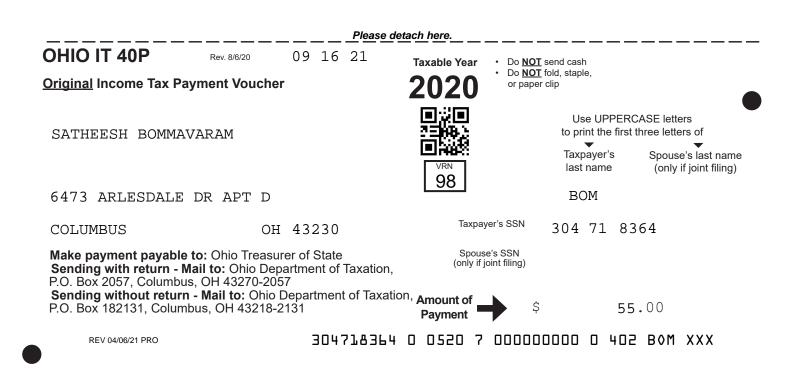
	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
Total. Enter on Form 8582, lines 3a, 3b, and 3c						

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)		(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
MAITRIVANAM	E Ln 22	6,500.	1.00000000	6,500.	0.
Total		6,500.	1.00	6,500.	0.

Worksheet 5-Allocation of Unallowed Losses (see instructions)

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



	Do not staple or paper clip. 0098	Individu	0 Ohio ual Incom	e Tax R	eturn				
	09 16 21	Use only b	lack ink/UP	PERCASE	e letters.		20000198 S	equence	e No. 1
	Check here if this is an <u>amended</u> return. In		RE.	Chec	k here if claim	ing an NOL carryba	ack. Include Sch	edule IT	NOL.
	Do <u>NOT</u> include a copy of the previously file Primary taxpayer's SSN (required) 304 71 8364		use's SSN (if	filing joint	ly)	If deceased	School district (see instruction		
	cł	neck box				check box	SD# ▶ 2	503	
	First name SATHEESH		Last name BOMMAV	ARAM					
	Spouse's first name (only if married filing jointly)	M.I.	Last name						
	Address line 1 (number and street) or P.O. Box 6473 ARLESDALE DR								
	Address line 2 (apartment number, suite number, APT D	etc.)							
	City			State	ZIP code	Ohio cour	nty (first four letters	s)	
	COLUMBUS			OH	43230	FRAI	V		
	Foreign country (if the mailing address is outside t	the U.S.)		Foreign	postal code				
	Residency Status – Check only one for prim	nary		Filing	Status – C	heck one (as report	ed on federal inco	ome tax	return)
	,	resident		× s	ingle, head of	household or quali	fying widow(er)		
	5) resident >> rate state			larried filing jo larried filing se	-	Spouse's SS	ŝN	
	Ohio Nonresident Statement – See instr Primary meets the five criteria for irrebuttable p			С	heck here if yc	ou filed the federal e	xtension form 486	68.	
	Spouse meets the five criteria for irrebuttable p	presumption as no	nresident.		heck here if sc int return) as a	omeone else is able i dependent.	to claim you (or y	our spoi	use if
Do not staple or paper clip.	1. Federal adjusted gross income (federal 1040 of your federal return if the amount is zero or n if the amount is less than zero	egative. Place a '	"-" in the box	at the rig			106	271	00
or pa	2a.Additions – Ohio Schedule A, line 10 (INCLUD	E SCHEDULE)			2a.				00
taple	2b. Deductions – Ohio Schedule A, line 39 (INCLL	JDE SCHEDULE)		2b.				00
Do not s	3. Ohio adjusted gross income (line 1 plus line 2a the right if the amount is less than zero	a minus line 2b). F	Place a "-" in	the box a	t		106	271	00
	 Exemption amount (INCLUDE SCHEDULE J i Number of exemptions including you and your sp 				4.		1	900	00
	5. Ohio income tax base (line 3 minus line 4; if le	ss than zero, ente	er zero)		5.		104	371	00
	6. Taxable business income – Ohio Schedule IT I	BUS, line 13 (INC		EDULE)	6.				00
	7. Line 5 minus line 6 (if less than zero, enter zer	o)			7.		104	371	00
		an tanan se							
					REV 04/06/21 F		I-DD-YY IT 1040 – page	Code	

SSN 304 71 8364

2020 Ohio IT 1040



Individual Income Tax Return

330 304 11 0304	20000298 Sequer	nce No. 2
7a. Amount from line 7 on page 17a.	104371	00
8a.Nonbusiness income tax liability on line 7a (see instructions for tax tables)8	a. 3021	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	b.	00
8c. Income tax liability before credits (line 8a plus line 8b)	ac. 3021	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9. (00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	0. 3021	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	1.	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	2.	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)1	3. 3021	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)1	4. 2966	5 00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	5.	00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	6.	00
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	7.	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)1	8. 2966	5 00
19. Amended return only – overpayment previously requested on original and/or amended return	9.	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	0. 2966	5 00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	1. 55	5 00
22. Interest due on late payment of tax (see instructions)	22.	00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE > 2	3. 55	5 00
24. Overpayment (line 20 minus line 13)	4.	00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability	5.	00
26. <u>Original return only</u> – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves c. Breast/Cervical Cancer		
0 0 0 0 0 0 Total 26	n	00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	9.	00
00 00 00		
27. REFUND (line 24 minus lines 25 and 26g)		00
and belief, the return and all enclosures are true, correct and complete.	If your refund is \$1.00 or less, no refund will If you owe \$1.00 or less, no payment is ne	
Primary signature Phone number (814)384-5525	NO Payment Included – Mail Ohio Department of Taxation	to:
Spouse's signature Date (MM/DD/YY)	P.O. Box 2679 Columbus, OH 43270-2679	
Check here to authorize your preparer to discuss this return with the Department.	Payment Included – Mail to	o:
Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUP</u> Phone number (678)965-9522 Preparer's TIN (PTIN) P02082703	Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057	



2020 Schedule of Ohio Withholding



20350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

304 71 8364

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 2966 00 Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN 13041 00 100279 00 Ρ 814083144 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 54075518 2966 00 100279 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. 00 00 Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 3. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00 Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation 00 00 Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 7. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00



00



0098

Dout C	4000 Ba	Withholding Primary taxpayer's SSN 304 71 8364	II	20350298 Sequ
<u>Part C -</u> 1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	T ()	
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	В	ox 14 - Ohio tax withhel
		00		00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	B	ox 14 - Ohio tax withhel
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	B	ox 14 - Ohio tax withhel
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	B	ox 14 - Ohio tax withhel
		00		00
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withh
1. 175		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	В	ox 15 - Ohio income tax
		00		00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withh
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	B	ox 15 - Ohio income tax
		00		00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withh
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	В	ox 15 - Ohio income tax
		00		00
	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation 0 0	Box 4 - Fe	ederal income tax withhe
	Dev O. Devenie Okie wereken			
	Box 6 - Payer's Ohio number	Box 7 - State income 0 0	B	ox 5 - Ohio tax withheld 0 0
2 0/0	Povor's TIN	Box 1 - Nonemployee compensation	Roy / E	ederal income tax withh
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	DUX 4 - F6	
	Box 6 - Payer's Ohio number	Box 7 - State income	R	ox 5 - Ohio tax withheld
		00	Di	
		00		

2020 Schedule of Ohio



Sequence No. 12

me tax withheld 0

> io income tax withheld 00

me tax withheld 0

> io income tax withheld 00

me tax withheld 0

> io income tax withheld 00

me tax withheld 0 tax withheld

00 me tax withheld 0 tax withheld

00

Pres. 8/25/20. Schedule of Withholding - page 2 of 2 REV 04/06/21 PRO

