E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		⁽⁹⁹⁾ 20)	20	OMB No. 1545	-0074	IRS Use O)nly–	-Do not wr	ite or staple	in this space.
Filing Statu Check only one box.	lf yc	Single Married filing jointly Checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separatel your spouse. If yo								
Your first name	e and m	iddle initial	Last na	me						Your soc	cial securi	ty number
RAJEEV			POOS	SA						082-9	97-095	6
If joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse's	s social se	curity number
6308 N	maca	er and street). If you have a P.O. box, see rthur blvd						vpt. no.		Check h	ere if you,	on Campaign , or your htly, want \$3
	oost offi	ce. If you have a foreign address, also co	implete s	paces below.	Sta							Checking a
IRVING					<u> </u> T		750				w will not	•
Foreign countr	y name		1	Foreign province/st	ate/cour	nty	Foreig	n postal coo	de	your tax	or refund	_
	uring 20	020, did you receive, sell, send, excl		r othorwise acqu	uiro apv	financial intere				ropov2	Vou	Spouse
	-	eone can claim: You as a de			-	a dependent	51 11 a	iny virtual	Curi	rency :		
Standard Deduction	_	Spouse itemizes on a separate retur	•	— ·		•						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore Januar	y 2,	1956	Is b	lind
Dependent				(2) Social sec	urity	(3) Relationsh	nip	(4) 🖌 i	f qua	alifies for	(see instru	uctions):
If more	(1) F	irst name Last name		number		to you		Child tax cred		edit (Credit for ot	ther dependents
than four dependents,												<u> </u>
see instruction	ıs ——											<u> </u>
and check												<u> </u>
here 🕨 🔝												
Attack	1	Wages, salaries, tips, etc. Attach F	erm(s) ۱	N-2						1	1	01,998.
Attach Sch. B if	2a	Tax-exempt interest	2a		b 1	laxable interes	t.			2b		
required.	3a	Qualified dividends	3a	3.	b (Ordinary divide	nds .			3b		3.
) 4a	IRA distributions	4a		b 1	Faxable amoun	t			4b		
	5a	Pensions and annuities	5a		b 1	laxable amoun	t			5b		
Standard	6a	Social security benefits	6a		b 1	laxable amoun	t			6b		
 Deduction for – Single or 	7	Capital gain or (loss). Attach Schee	dule D if	required. If not r	equirec	l, check here		Þ	•	7		696.
Married filing	8	Other income from Schedule 1, lin	e9.							8		-4,450.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total i	ncome	•				9		98,247.
Married filing	10	Adjustments to income:										
Jointly or Qualifying	а	From Schedule 1, line 22				10	а			_		
widow(er), \$24,800	b	Charitable contributions if you take	the star	dard deduction.	See inst	tructions 10	b					
 Head of 	с	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	me				• 10c	:	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross i	ncome					11		98,247.
 If you checked 	12	Standard deduction or itemized	deduct	i ons (from Schec	lule A)					12		12,400.
any box under Standard	13	Qualified business income deduction	ion. Atta	ach Form 8995 or	Form 8	3995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13							14		12,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0				15		85,847.
												1040 (

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4	972	3			16	14,678.
	17	Amount from Schedule 2, lin	ie3							17	
	18	Add lines 16 and 17								18	14,678.
	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	14,678.
	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	14,678.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	17	,651.		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	17,651.
• 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)			_. No		27				
attach Sch. EIC. • If you have	28	Additional child tax credit. A	ttach Schedule	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 tot a	al other paym	ents and re	efunda	able cr	redits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	17,651.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the	amou	nt you	overpaid		34	2,973.
neruna	35a	Amount of line 34 you want			3 is attached	d, che	ck here	ə		35a	2,973.
Direct deposit?	►b	Routing number 1 0 1	1 0 0 0	4 5	► c Type	: X	Chec	king 🗌 🤅	Savings		
See instructions.	►d	Account number 5 1 8	0 0 8 8	5 0 8 5	5 4						
	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		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represer	nt all d	of the	taxes you	owe for		
For details on how to pay, see		2020. See Schedule 3, line 1			•						
instructions.	38	Estimated tax penalty (see ir	nstructions) .				38				
Third Party	Do	you want to allow another									
Designee	ins	structions						Yes. Co	omplete	below.	× No
		signee's		Phone						tification	
		me 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date		,			1		nt you an Identity
		ar signature		Duic		ation					IN, enter it here
Joint return?					SOFTWA	RE I	ENGI	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's or	ccupati	ion				nt your spouse an
Keep a copy for your records.	,									ntity Prot e inst.) ►	ection PIN, enter it here
,		(012)(2)(204	<i>c</i>	_		DOO		ava ti aa		e ii ist.) 🕨	
		one no. (913)636-394 eparer's name	6 Preparer's signat	Email address	KAJEEV.	POOSI	A999@	GMAIL.CC	M PTIN		Check if:
Paid					<u>مىتىكى سە</u>	T T 7 14				00700	
Preparer			SYAM PRIYA	KAM SAGAR	GUPIA TA	⊔⊔АМ	108/	25/2021	P0208		Self-employed
Use Only		m's name ► GLOBAL TA				0.4.1					678)965-9522
		m's address ► 2530 Pebb.		in Cumming	-					n's EIN 🖡	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA		RE\	/ 07/28/21 PRC			Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2

20

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

	Attachment Sequence No. 01
ur soc	ial security number
82-97	-0956

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR,

Name(s) sh	iown on Fo	orm 1040, 1040-SR, or 1040-NR	You
RAJEEV	POOSA		30
Part I	Additio	onal Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,450.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
	line 8	9	-4,450.
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		
10		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		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	Schedu	le 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Name(s) shown on return RAJEEV POOSA

Department of the Treasury

Internal Revenue Service (99)

Your social security number 082-97-0956

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X 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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part I, line 2, column (g)		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					
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	3,831.	3,174.		39.	696.
4	Short-term gain from Form 6252 and short-term gain or (I	324	4			
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5				
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	696.			

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	st to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11				
12 13	Net long-term gain or (loss) from partnerships, S corporat	12 13				
	 I3 Capital gain distributions. See the instructions					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

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

Schedule D (Form 1040) 2020

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 696.
	• 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

Form	8949	
Form	8949	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► 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.

S 1D, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

Name(s) shown on return					
RAJEEV	POOSA				

082-97-0956

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.

(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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. 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)	
Robinhood Securities LLC	03/25/20	12/22/20	3,831.	3,174.	W	39.	696.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your 1e 2 (if Box B	3,831.	3,174.		39.	696.	

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

(Form 1	040)	(From	rental real estate, roy	alties, partnersł	nips, S	corpora	ations, e	states,	trusts, REM	ICs, etc	>.)	9		0
Denartme	ent of the Treasury		► Atta	ch to Form 1040	, 1040	-SR, 104	0-NR, c	r 1041.				<u></u>		V
	levenue Service (99)		► Go to www.irs.g	ov/ScheduleE fo	or inst	ructions	and the	latest	information.			Sequ	hment ence No.	13
Name(s)	shown on return												ty numbe	ər
RAJE	EV POOSA										-97-			
Part			s From Rental Real I		-		•			-				use
			instructions. If you are a								-			
			nts in 2020 that would			. ,								
B If "			ou file required Form(Yes	No
1a	-		each property (street,			-								
Α	GANDHI NAG	SAR,G	GODAVARIKHANI P	PEDDAPALLI	TEI	LANGAN	JA IN	5052	09					
B														
С														
1b	Type of Prop		2 For each rental above, report the	real estate prop	perty li	sted			Rental		onal Us	se	Q	JV
-	(from list belo	ow)	personal use da	avs. Check the (QJV b	ox only		L	Days		ays			
<u>A</u>	3		if you meet the qualified joint v	requirements to	o file a	sa	A		365		0			
B	+				luctio	115.	B							
C	(December 1						С							
	of Property:		0. Magation (Chard	Tarma Dantal	5 a.	a al			Dentel					
	le Family Reside		3 Vacation/Short			na valties		7 Self-						
Incom	i-Family Reside	nce	4 Commercial	Properties:	0 KU	yanies	A	3 Othe	<u>r (describe)</u> B				С	
3	-			-	3			650.					C	
4					4			050.						
Expen		leu .			-									
5					5									
6	-		nstructions)		6									
7		•			7			800.						
8					8									
9					9									
10			essional fees		10									
11					11									
12			d to banks, etc. (see		12									
13					13									
14					14		1,	000.						
15	Supplies				15			800.						
16	Taxes				16									
17	Utilities				17		2,	500.						
18	Depreciation ex	pense	e or depletion		18									
19	Other (list) ►				19									
20	Total expenses	. Add	lines 5 through 19 .		20		5,	100.						
21			line 3 (rents) and/or	,										
			instructions to find o	-										
	file Form 6198				21		-4,	450.						
22			l estate loss after lim						,					,
	on Form 8582 (-	-		22	(-4,4	50.)	()()
			eported on line 3 for			• •		23a		650).			
b			eported on line 4 for					23b						
C			eported on line 12 for			• •		23c			_			
d			eported on line 18 for			• •		23d		F 100	_			
			eported on line 20 for			· ·		23e		5,100				
24 25			e amounts shown on			-		• •			24		1 1	
25	-		sses from line 21 and r								25 (4,4	<u>1</u> 50.)
26			ate and royalty inco											
			V, and line 40 on pa 40). line 5. Otherwise.								26		-4.	450.

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

Q	582	Passive Activity Loss Limitati	ons	1	ON	/IB No. 1545-1008		
Form U	■ 8582 Passive Activity Loss Limitations ► See separate instructions.				(2020		
	Partment of the Treasury Formal Revenue Service (99) Formation. Formation					Attachment Sequence No. 858		
	Internal Revenue Service (99) Go to WWW.Irs.gov/Form8582 for Instructions and the latest information.							
()	EV POOSA			082-9	-			
Part		ssive Activity Loss		002 2				
T GI C I		Complete Worksheets 1, 2, and 3 before completing Part I.						
Rental		Activities With Active Participation (For the definition of act	ive participation.	see				
		or Rental Real Estate Activities in the instructions.)						
1a	Activities with	net income (enter the amount from Worksheet 1, column (a))	1a	0.				
b	Activities with	net loss (enter the amount from Worksheet 1, column (b))	1b (4,45	50.)				
		allowed losses (enter the amount from Worksheet 1, column (c))	1c ()				
	-	1a, 1b, and 1c		. 1	d	-4,450.		
		zation Deductions From Rental Real Estate Activities						
2a	Commercial re	vitalization deductions from Worksheet 2, column (a)	2a ()				
		llowed commercial revitalization deductions from Worksheet 2,	2b ()				
С	Add lines 2a ai	nd 2b		. 2	c (
All Oth	er Passive Ac	tivities						
3a /	Activities with	net income (enter the amount from Worksheet 3, column (a)) .	3a					
b	Activities with	net loss (enter the amount from Worksheet 3, column (b))	3b ()				
С	Prior years' un	allowed losses (enter the amount from Worksheet 3, column (c))	3c ()				
d	Combine lines	3a, 3b, and 3c		. 3	d			
		1d, 2c, and 3d. If this line is zero or more, stop here and include						
I	return; all losse	es are allowed, including any prior year unallowed losses entered	on line 1c, 2b, or	3c.				
l	Report the loss	ses on the forms and schedules normally used		. 4	•	-4,450.		
	If line 4 is a los							
		 Line 2c is a loss (and line 1d is zero or more), skip Par 	t II and go to Part	III.				
		 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	e at any time durir	ng the ye	ar, (do not complet		
		ad, go to line 15.						
Part I		Allowance for Rental Real Estate Activities With Active	-					
		ter all numbers in Part II as positive amounts. See instructions for	an example.					
		ller of the loss on line 1d or the loss on line 4		. 5	5	4,450.		
		D. If married filing separately, see instructions	6 150,00					
		adjusted gross income, but not less than zero. See instructions	7 102,69	97.				
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on						
		vise, go to line 8.						
	Subtract line 7		8 47,30					
		by 50% (0.50). Do not enter more than \$25,000. If married filing sepa	-		-	23,652.		
		ller of line 5 or line 9		. 1	0	4,450.		
		ss, go to Part III. Otherwise, go to line 15.		F				
Part I		Allowance for Commercial Revitalization Deductions Fr			Act	livities		
4.4		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			_			
		from line 4			_			
		by the amount on line 10		. 1				
14	FUTER THE SMAL	lest of the 20 theated as a positive amount). The LL of the 13		1.1.	a			

	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	
Part	IV Total Losses Allowed		
15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions	5	
	to find out how to report the losses on your tax return	16	4,450.
For Pa		Form 8582 (2020)	

For Paperwork Reduction Act Notice, see instructions. BAA

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Form **8582** (2020)

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

	nt year	Prior years	Overall gain or loss	
(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
0.	4,450.			4,450.
0.	4,450.			
	(line 1a) 0. 0.	(line 1a) (line 1b) 0. 4,450.	(line 1a) (line 1b) loss (line 1c) 0. 4,450. 0. 4,450.	O. 4,450. 0. 4,450.

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)
GANDHI NAGAR, GODAVARIKHANI	E Ln 22	4,450.	1.00000000	4,450.	0.
Total		4,450.	1.00	4,450.	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	

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