E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the reson is a child but not your dependen	ame of y									
Your first name	and mi	iddle initial	Last nar	me					Y	our so	cial secur	ity number
VIKAS			YASA	LA					4	169-	87-365	58
If joint return, s	pouse's	s first name and middle initial	Last nar	me					s	Spouse'	s social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	F	Preside	ntial Elect	ion Campaign
4740 TO	VERO	PASS									here if you	. •
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ite	ZIF	code				ntly, want \$3
CUMMING					G.	A	30	0040			o this fund. ow will no	. Checking a
Foreign countr	y name		F	oreign province/stat	e/coun	ty	For	eign postal c			k or refund	•
											You	Spouse
At any time du	iring 20	020, did you receive, sell, send, exc	hange, o	or otherwise acquir	e any	financial in	terest ir	n any virtua	al curre	ency?	Yes	⋉ No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur		•			ent					
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind S	pouse	: Was	born b	efore Janua	ary 2,	1956	☐ Is b	olind
Dependent	-			(2) Social secur		(3) Relati					r (see instri	uctions):
If more	,	irst name Last name	number		ity	to you		Child tax cred			1	ther dependents
than four								Г				
dependents,									_			$\overline{\square}$
see instruction and check	s											$\overline{\Box}$
here ▶ □												
	1	Wages, salaries, tips, etc. Attach I	orm(s) V	N-2						1		88,000.
Attach	2a		2a 🗎		bΤ	axable inte	erest			2b		
Sch. B if	За	Qualified dividends	3a			Ordinary div				3b	,	
required.	4a	IRA distributions	4a			axable am				4b	,	
	5a	Pensions and annuities	5a		bΊ	axable am	ount .			5b	,	
Standard	6a	Social security benefits	6a		b٦	axable am	ount .			6b	,	
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quirec	l, check he	re .		▶ □	7		-78.
 Single or Married filing 	8	Other income from Schedule 1, lin	ie 9		٠					8		-5,905.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come				. ▶	9		82,017.
 Married filing 	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. Se	e inst	ructions	10b					
• Head of	С	Add lines 10a and 10b. These are							. ▶	100	2	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross in	come				. ▶	11		82,017.
If you checked	12	Standard deduction or itemized	deducti	ions (from Schedu	le A)					12	:	12,400.
any box under Standard	13	Qualified business income deduct	ion. Atta	ich Form 8995 or F	orm 8	8995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
	15	Taxable income. Subtract line 14	from line	e 11. If zero or less	s, ente	er -0				15	,	69,617.

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	11,	108.
	17	Amount from Schedule 2, lin	e3						. 17		
	18	Add lines 16 and 17								11,	108.
	19	Child tax credit or credit for	other dependen	ts					. 19		
	20	Amount from Schedule 3, lin	e7						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	11,	108.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				. 23		0.
	24	Add lines 22 and 23. This is			•				▶ 24	11.	108.
	25	Federal income tax withheld	•								
	а	Form(s) W-2				25a	14	,58	8.		
	b	Form(s) 1099				25b		•			
	С	Other forms (see instructions				25c					
	d	Add lines 25a through 25c	•						. 25d	14.	588.
	26	2020 estimated tax payment									
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27					
attach Sch. EIC. If you have	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	,09	R		
000 111011 001101101	31	Amount from Schedule 3, lin				31		, 0 5	·		
	32	Add lines 27 through 31. The					dite		▶ 32	1.	098.
	33	Add lines 25d, 26, and 32. T	,						► 33	· ·	686.
	34	If line 33 is more than line 24						•	. 34		578.
Refund	35a	Amount of line 34 you want				•	-	▶ [35a		578.
Direct deposit?	⊳ b	Routing number 1 1 1				Check		Savin			370.
See instructions.	►d	Account number 4 8 8				J OHECK		Javiii	95		
	36	Amount of line 34 you want a				36	_				
Amount	37	Subtract line 33 from line 24							▶ 37		
You Owe	31			-							
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line 1	· ·	•	•	of the t	axes you	owe 1	for		
how to pay, see instructions.	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another									
Designee		structions					Yes. C	omple	te below.	X No	
Doolgiloo		signee's		Phone		_			entification		
-		me ►		no. ►				ber (PI			
Sign		der penalties of perjury, I declare t									
Here	bel	ief, they are true, correct, and com	plete. Declaration		, , ,	ased on a	all informati			,	J
	Yo	ur signature		Date	Your occupation					nt you an Iden IN, enter it her	
laint vatuus 0					 SOFTWARE	DEMET.	ODFD		see inst.)		<u> </u>
Joint return? See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign	Date	Spouse's occupat		ОГЫК			nt your spouse	an
Keep a copy for	op.	oues o signaturer ir a jenit return, i	our mast sign							ection PIN, en	
your records.								(see inst.) ►		
	Ph	one no.		Email address							
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/2	6/2021	P02	082703	Self-em	ployed
Preparer Use Only	Fir	m's name ▶ GLOBAL TAX	XES LLC					F	Phone no.	(678) 965-	-9522
————	Fin	m's address ▶ 2530 Pebb.	le Creek I	n Cummin	g GA 30041			F	irm's EIN I	> 30-101	L7196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	02/21/21 PRO)		Form 10	40 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

VIKAS YASALA

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

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

Your social security number 469-87-3658

Par	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	-5,905.
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	_5 005
Par	line 8	J J	-5,905.
10		10	
11	Educator expenses	10	
••	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	
	·, , ,		

SCHEDULE D (Form 1040)

Capital Gains and Losses

200

2020

OMB No. 1545-0074

Attachment Sequence No. **12**

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.

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.

Name(s) shown on return
VIKAS YASALA

Your social security number
469-87-3658

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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 4,506. 4,586. 0. -80. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -80. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 13. 15. 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

2.

14

15

Schedule D (Form 1040) 2020 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -78. • 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 • 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 78.) 21 • (\$3,000), or if married filing separately, (\$1,500) **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? ☐ 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.

8949 Form

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

2020
Attachment Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

VIKAS YASALA

Department of the Treasury

Social security number or taxpayer identification number

469-87-3658

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 (B) Short-term transactions							e)
(C) Short-term transactions				·			
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). varate 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	01/01/20	12/31/20	4,506.	4,586.	W	0.	-80.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), lir	lude on your ne 2 (if Box B	4,506.	4,586.		0.	-80.

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.

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side $VIKAS\ YASALA$

Social security number or taxpayer identification number 469-87-3658

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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 (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☐ (E) Long-term transaction☐ (F) Long-term transaction				sis wasn't reporte	ed to the IF	RS	,	
1 (a) Description of property	(b) Date acquired	to acquired Date sold or	(b) (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). parate 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	02/19/18	12/03/20	15.	13.			2.	
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 8b (if Box D abo	otal here and inc	lude on your						

Note: If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) ▶

15.

13.

SCHEDULE E

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

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.

OMB No. 1545-0074

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

Attachment Sequence No. 13

Name(s) shown on return Your social security number 469-87-3658 VIKAS YASALA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α 1-5-949/1 FLAT NO.303 MARUTHI NAGAR HYDERABAD, TELANGANA IN 500060 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a (from list below) **Days Days** Α 365 Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 540. 4 4 Royalties received Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,000. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 14 Repairs. 1,340. 15 1,105. 15 Supplies . Taxes 16 16 17 1,800. 17 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 20 20 6,445. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must file Form 6198 21 -5,905. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -5,905.) 540 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e 6,445. Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 5,905. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -5,905. Schedule E

Schedule E Worksheet

► Keep for your records

2020

Name(s) shown on return Social Security No. VIKAS YASALA 469-87-3658 General Information: Property type. . 3 Vacation/Short-term If type is other, enter a description. . Location (street address) 1-5-949/1 FLAT NO.303 City MARUTHI NAGAR _____ State ZIP code If a foreign address: Foreign province or state . . HYDERABAD, TELANGANA Foreign postal code 500060 Foreign country India **Complete For All Properties:** Did you make any payments that would require you to file Form(s) 1099? Yes No If yes, did you or will you file all required Form(s) 1099?.... Yes Nο **Complete For All Rental Properties:** 0 **Check All That Apply:** Owned by spouse В С Active participation. X D Qualified joint venture F Ε Some investment is not at risk G Н Other passive exceptions Complete taxable disposition — See Help . . ı Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes Treat all assets acquired after August 27, 2005 as J qualified GO Zone property? Regular Extension No Κ Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No L Was this activity located in a Qualified Disaster Area? Yes M Check this box if filing this Schedule E as an LLC in CA or TX Ownership Percentage: Check to allocate income and expenses using ownership percentage 0 **Owner-Occupied Rentals:** Q Vacation Home or Property with Personal Use Days: Check to allocate interest and taxes using the Tax Court Method S

Property Location Page 2
1-5-949/1 FLAT NO.303, MARUTHI NAGAR, HYDERABAD, TELANGANA, 500060, India

	-3-949/1 FLAI NO.303, MAROIHI NAGAR,	TIDERADAD, I.	ELANGANA, JU	oooo, mara
Inco	me	% if Different	Total	
3	Enter rental income (not reported elsewhere)	540.		
	Rental income from Form 1099-MISC			
	Rental income from Form 1099-K			
	Rental Income from Cancellation of Debt Wks			
	Total rents received	540.	100.000000	540.
4	Enter royalties received (not reported elsewhere) .			
	Royalty income from Form 1099-MISC			
	Royalty income from Form 1099-K			
	Royalty Income from Cancellation of Debt Wks			
	Royalty Income from Schedule K-1			
	Total royalties received			

Expenses	(a) Total	(b) Enter % if not	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint	1,000.		1,000.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
I0 Legal & other prof fees					
11 Management fees	1,200.		1,200.		
12 a Mortgage int qualified .	•		·		
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import		1			
Total mort int other					
3 Other interest					
4 Repairs	1,340.		1,340.		
5 Supplies	1,105.		1,105.		
6 a Real estate taxes	1,100.		1,100.		
From Form 1098 import		1			
Total real estate taxes					
b Other taxes					
7 Utilities	1,800.		1,800.		
8 a Depreciation	1,000.		1,000.		
b Depletion					
c Depreciation carryover					
9 Other expenses					
a					
b					
C					
u					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental		-			
h Amortization					
20 Add lines 5 through 19	6,445.	-	6,445.		
Income or (loss)			-5,905.		
22 Deductible rental real estat	e loss		-5 , 905.		

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

CUMMING

	1990
469-87-3658	
VIKAS	YASALA
4740 TOVERO PASS	

GA

30040

DUPAGE



	С	Filing status: Single Married filing jointly Married filing separately Widowed Head of Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident	Spouse - Attach S	ch. NR
	Ste	p 2: Income	(Whole	e dollars only)
+	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1 2 3 4	.00 .00 .00 82,017.00
_	Ste	p 3: Base Income		
Staple W-2 and 1099 forms here	5 6 7	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Other subtractions. Attach Schedule M.	.00 .00 .00	
90	_	Check if Line 7 includes any amount from Schedule 1299-C.	•	0.0
Ď	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	8 9	.00 82,017.00
an		p 4: Exemptions		027017.00
► Staple W	10	a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older:	0.00 .00 .00 .00	2,325.00
T	Stai	p 5: Net Income and Tax		, 100
		Residents: Net income. Subtract Line 10 from Line 9.		
▲ >		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule N Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	R. 11 12	79,692.00 3,945.00
40	13	Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	13	.00
-10		·	14	3,945.00
Ė		p 6: Tax After Nonrefundable Credits		7 - 100
check and IL-1040-V	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	.00	
λeι	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	.00	
ur C		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	_ <u>.00</u> 	0.00
70/	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	3,945 <u>.00</u>
Staple yo	Ste	p 7: Other Taxes		
tap		Household employment tax. See instructions.	20	.00
Ś	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table		0
	22	in the instructions. Do not leave blank.	21	0.00
٠	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 23	3,945.00
	23	Total Tax. Add Lines 19, 20, 21, and 22.	۷۵	J, 34J.00



24 To	tal tax from Page 1, Line 23.					24	3,945 <u>.00</u>
Step 8:	Payments and Refundabl	e Credit					
25 Illine	ois Income Tax withheld. Attacl	h Schedule IL-W	IT.		25 4,	356.00	
26 Esti	imated payments from Forms IL	1040-ES and II	505-I,				
incl	uding any overpayment applied	I from a prior yea	ır return.		26	.00	
27 Pas	s-through withholding. Attach S	Schedule K-1-P o	r K-1-T.		27	.00	
28 Ear	ned Income Credit from Schedu	ile IL-E/EIC, Step	4, Line 8. A	ttach Schedule IL-E/EIC	. 28	.00	
	al payments and refundable of	credit. Add Lines	25 through	28.		29	4,356 <u>.00</u>
Step 9:							
	ne 29 is greater than Line 24, su					30	411.00
	ne 24 is greater than Line 29, sul					31	.00
•	0: Underpayment of Estima		•	-		or late-paym	ent penalty
	derpayment of estimated to			y charitable dona		00	
	e-payment penalty for underpay			from forming	32	.00	
_	☐ Check if at least two-thirds of ☐ Check if you or your spouse			-	a homo		
_	☐ Check if your income was not		-		-	n Form II -221	Ω
0 [Attach Form IL-2210.	received everily	daring the y	real and you annually	zea your moonie e	711 OIIII IL 221	0.
dГ	Check if you were not require	ed to file an Illino	is Individual	Income Tax return in	the previous tax	vear.	
	untary charitable donations. Att				33	.00	
34 Tota	al penalty and donations. Add	d Lines 32 and 3	3.			34	.00
Step 1	1: Refund						
35 If yo	ou have an amount on Line 30 a	and this amount	is greater th	an Line 34, subtract I	Line 34 from Line	30.	
-	s is your overpayment .		J	,		35	411.00
36 Amo	ount from Line 35 you want refu	inded to you. Ch	eck one box	on Line 37. See inst	ructions.	36	411.00
37 I ch	oose to receive my refund by						
_	direct deposit - Complete th	ne information be	low if you ch	neck this box.			
	Routing numbe		0 0 0		ecking or Sav	vings	
						, ii igo	
	Account number	er 4 8 8 0	7 0 2	9 2 9 2 3			
b [☐ Illinois Individual Income Ta http://tax.illinois.gov/Debit	ax refund debit	card. I ackn	owledge I have revie	wed the card infor	mation found a	at
_		Card prior to ma	king this ele	ction.			
	paper check.		1: 05			00	0.0
	ount to be credited forward. Su	btract Line 36 fro	m Line 35.	See instructions.		38	.00
Step 12	2: Amount You Owe						
39 If yo	ou have an amount on Line 31,	add Lines 31 an	d 34. - or -				
-	ou have an amount on Line 30 a						
sub	tract Line 30 from Line 34. This	is the amount y	ou owe . Se	e instructions.		39	.00
Step 1	3: If this is a joint return, both yo	u and your spous	e must sign	below.			
	Under penalties of perjury, I s	tate that I have ex	camined this	return and, to the bes	t of my knowledge	, it is true, corre	ct, and complete.
Sign						(510) 565	5-6798
Here	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	e number
	SYAM PRIYA RAM SAGAR GUPTA TA		P02082703				
Paid	Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy)					self-employed	Paid Preparer's PTIN
Preparer	30101719						
Use Only		TAXES LLC ble Creek LnC	'ummina		Firm's FEIN Firm's phone		5-9522
Third	2550 105	OICON BITC		()	priorie		e Department may
Party				()			eturn with the third
	Designee's name (please print)			Designee's phone num	nber		e shown in this step.
	Refer to the 2020	1040 lp	struction		aa ta mail w		

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1. RR DC IR ID DR_____ AP_____ ID: 3WM REV 02/15/21 PRO





Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

our name as shown of	on Form IL-1040		Your Social Se	ecurity numb	per			
Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C les, Winnings, Gross s, Compensation, etc.	Illinois W Distributio	ss III	Column E Illinois Income Tax Withheld		
W	37-1795098	\$	88 , 000 •00	\$	88,000 .00	\$	4,356 .0	
·		\$	•00	\$	•00	\$	•0	
		\$	<u>•00</u>	\$	•00	\$	•0	
		\$	<u>•00</u>	\$	•00	\$	•0	
<u> </u>		\$	•00	\$	•00	\$	•0	

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
6		_ \$	•00	\$	•00	\$	•00	
7		_ \$	•00	\$	•00	\$	•00	
8		_ \$	<u>•00</u>	\$	•00	\$	•00	
9		_ \$	<u>•00</u>	\$	•00	\$	•00	
10		_ \$	•00	\$	<u>•00</u>	\$	<u>•00</u>	

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 4,356**.00**

→ Attach all Schedules IL-WIT to your IL-1040. ←



Illinois Department of Revenue

		_						_				
			S	ubmi	ssion	ID						

Step 1: Provide taxpayer information			
VIKAS	YASA		
·	st name (and last name if differe	nt) Last name	Social Security number
Print 4740 TOVERO PASS type Mailing address			Spouse's Social Security number
CUMMING	GA	30040	(510) 565-6798
City	State	ZIP	Daytime phone number
Step 2: Complete information from		-	
			1 79 , 692 00
Net income from Form IL-1040, LineTax from Form IL-1040, Line 14	11		2 3,945 l 00
Illinois Income Tax withheld from For	m II -1040 Line 25 only	(enter " 0 " if none)	3 4,356 00
Overpayment from Form IL-1040, Lii		(enter v ir none)	411 00
Total amount due from Form IL-1040			5
Filing status: X Single Marrie		d filing separately	Widowed Head of household
Step 3: Complete direct deposit of	refund or electronic	funda with drawal inf	in wastien (Ontional)
within the United States or those not fundom Routing no. (RN): $1 1 1 1 0$	ed by international funds. 0 0 0 2 5	Electronic payments will	(e.g., debit, deposit) with financial institutions locate not be accepted and refunds will be via paper check
Account no. (AN): 4 8 8 0			
Type of account: X Checking	Savings		
0 Date the payment is to be electronic	ally withdrawn://		
1 Electronic funds withdrawal amount:	I_00		
2 Name on account:			
Step 4: Taxpayer declaration and si	anatura (Sian anly aft	or completing Step 3	and if applicable Stop 2 \
correct. If I have filed a joint return	n, this is an irrevocable ap	pointment of the other s	eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
withdrawal as designated in the e	electronic portion of my 20 electronic overpayment of	20 Illinois Individual Inc	agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutions ential information necessary to answer inquiries
I do not want direct deposit of my	refund, or an electronic f	unds withdrawal (direct	debit) of my balance due.
originator (ERO) are identical. To the best and accompanying information may be se	of my knowledge, my retunt to IDOR by my ERO. I	rn is true, correct, and co authorize IDOR to inform	information I provided to my electronic return omplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has n may be corrected and retransmitted if possible.
here Your signature	Date	Spouse's signatu	re (if joint return, both must sign) Date
Step 5: Electronic return originator declare that I have examined this taxpay	er's electronic Form IL-19 gram and declare, under	040, the information on penalties of perjury, that	this Form IL-8453, and accompanying information. to the best of my knowledge the taxpayer's return
ERO's signature		02/26/2021 Date	Check if paid preparer: (See instructions.)
_		Dale	
ERO GLOBAL TAXES LLC Firm's name or your name if self-employed			
JSE 2530 Pehhle Creek In			3 0 - 1 0 1 7 1 9 6
Mailing address			Federal employer identification number (FEIN)
Cumming	GA	30041	(678) 965-9522
Canana			

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

