# **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

note box.    Preson is a child but not your dependent	Filing Status	X	Single Married filing jointly	Marrie	ed filing separately (l	MFS)	Head of	household	(НОН)	Qu	alifying wid	iow(er) (QW)	
SRIKANTH   Last name   Sopuse's social security number and street). If you have a P.O. box, see instructions.   Apt. no.   Check here if you, or your spouse's first name and middle initial   Last name   Sopuse's social security number and street). If you have a P.O. box, see instructions.   Apt. no.   Check here if you, or your spouse are foreign address, also complete spaces below.   State   ZIP code   OR   97.229   DR   Poreign postal code   Poreign post	Check only one box.	•	-		your spouse. If you o	check	ed the HOH o	r QW box,	enter	the child'	s name if th	ne qualifying	
Home address (number and street), if you have a P.O. box, see instructions.	Your first name and middle initial			Last na	me					Your s	ocial securi	ty number	
Home address (number and street). If you have a P.O. box, see instructions.  4447 NW WOODGATE AVE  City, town, or post office. If you have a foreign address, also complete spaces below.  Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 apont 1.0 below will not change your town or your spouse if filing jointly, want \$3 apont 1.0 below will not change your town or your spouse if filing jointly, want \$3 apont 1.0 below will not change your town or your as one town or your as one town or your as or effort.  Standard Dependent   You as a dependent   Your spouse as a dependent   Your spouse as a dependent    Someone can claim: You as a dependent   Your spouse as a dependent    Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness   You: Were born before January 2, 1956   Are blind   Spouse: Was born before January 2, 1956   Is blind    Dependents   See instructions   (1) First name   Last name   La	SRIKANTH			KASA	MOLU					200-	200-19-7979		
City, town, or post office. If you have a foreign address, also complete spaces below.   State   ZIP code   OR   972.29   Spouse if filing jointly, want \$3 to go to this fund. Checking a boy to take the standard deduction. See instructions and check here   You have a foreign address, also complete spaces below.   State   ZIP code   OR   972.29   Spouse it filing jointly, want \$3 to go to this fund. Checking a boy to take the standard deduction. See instructions   Foreign province/state/county   Foreign postal code   Standard   Tax-exempt interest   Your spouse as a dependent   Your spouse   Yill   Your spous	If joint return, spouse's first name and middle initial Last n				me					Spouse	Spouse's social security number		
Standard   Porticipation   Post office   P		•		instruction	ons.			Apt. n	0.	Check	here if you,	or your	
Foreign country name  Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county    You   Spouse   You   Standard   You as a dependent   Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You:   Were born before January 2, 1956   Are blind   Spouse:   Was born before January 2, 1956   Is blind    Dependents (see instructions):  If more	-		ce. If you have a foreign address, also co	omplete s <sub>l</sub>				O.7.0.00		to go t	to go to this fund. Checking a		
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No  Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind  Dependents (see instructions):  If more (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions):  If more (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions):  Attach See instructions and check here Are last name (3) Age (4) If qualifies for other dependents (see instructions):  Attach 2a Tax-exempt interest 2a b Taxable interest 2b Oualified dividends 3a b Ordinary dividends 3b Iraxable amount 4b Iraxable amount 5b Iraxable amount 5b Iraxable amount 5b Iraxable amount 6b Iraxable a					Foreign province/state/co						· ·		
Standard Deduction  Someone can claim:					r dreigh province/state/county			. Sroigh postal code		l'			
Age/Blindness You:	At any time du	ring 20	020, did you receive, sell, send, exc	hange, o	or otherwise acquire	any	financial intere	st in any v	rtual o	currency?	Yes	⊠ No	
Dependents (see instructions):  If more than four dependents, see instructions and check here			<del></del>	•									
If more than four dependents see instructions and check here      1	Age/Blindness	You:	Were born before January 2, 1	956	Are blind Sp	ouse	: Was bor	n before J	anuary	2, 1956	☐ Is b	lind	
If more if more than four dependents, see instructions and check here ▶ □  Attach Sch. B if required.  Attach Sch	Dependents	s (see	instructions):		(2) Social security	/	(3) Relationsh	ip <b>(</b> -	<b>4)</b> 🗸 if	qualifies f	or (see instru	uctions):	
than four dependents, see instructions and check here ▶ □    1 Wages, salaries, tips, etc. Attach Form(s) W-2	-				number to yo								
see instructions and check here	than four												
and check here      Tax-exempt interest   Ta													
Attach Sch. B if required.  2a Tax-exempt interest . 2a b Taxable interest . 2b  3a Qualified dividends . 3a b Ordinary dividends . 3b  4a IRA distributions . 4a b Taxable amount . 4b  5a Pensions and annuities . 5a b Taxable amount . 5b  5a Social security benefits . 6a b Taxable amount . 6b  7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 57 - 3,000.  8 Other income from Schedule 1, line 9 . 8  9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 155,749.  10 Adjustments to income:  a From Schedule 1, line 22 . 10a  b Charitable contributions if you take the standard deduction. See instructions  c Add lines 10a and 10b. These are your total adjustments to income . 10b  flyou checked any box under Standard Deduction.  13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . 13  Capital gain or (loss). Attach Form 8995 or Form 8995-A . 14 Add lines 12 and 13		, 											
Attach Sch. B if required.  2a	here ▶												
Sch. B if required.  3a Qualified dividends 3a b Ordinary dividends		_1_	Wages, salaries, tips, etc. Attach I	Form(s) \	N-2					. 1	1.	58,749.	
Trequired.    Standard		<b>2</b> a	Tax-exempt interest	2a		b T	axable interes	:		. 2	b		
4a IRA distributions		3a	Qualified dividends	3a		<b>b</b> C	rdinary divide	nds		. 3	b		
Standard Deduction for—Single or Married filing separately, \$12,400  Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650  If you checked any box under Standard Deduction, See instructions  If you checked any box under Standard Deduction, See instructions  Deduction, 50  Add lines 12 and 13  Add lines 12 and 13  Atd a box Taxable amount  B Taxable a		4a	IRA distributions	4a		b T	axable amoun	t		. 4	b		
Deduction for—Single or Married filing separately, \$12,400     8     Other income from Schedule 1, line 9     8       9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income     ▶     9     155,749       10 Adjustments to income: Qualifying widow(er), \$24,800     b Charitable contributions if you take the standard deduction. See instructions     10b       11 Subtract line 10c from line 9. This is your adjusted gross income     ▶     10 In		5a	Pensions and annuities	5a		b T	axable amoun	t		. 5	b		
Single or Married filing separately, \$12,400  Married filing separately, \$12,400  Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  Head of household, \$18,650  If you checked any box under Standard Deduction, see instructions.  Deduction, see instructions.  To Capital gain of (loss). Attach Schedule I in required, check here  7	Standard	6a	Social security benefits	6a		b T	axable amoun	t		. 6	b		
Married filing separately, \$12,400  Married filing separately, \$12,400  Married filing separately, \$12,400  Married filing separately, \$12,400  Married filing separately, \$10  Married filing separately \$10  Married filing separate		7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [								,	-3,000.	
## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 68, 7, and 8. This is your total income  ## Add lines 1, 26, 36, 46, 56, 56, 46, 56, 56, 47, 47, 47, 47, 47, 47, 47, 47, 47, 47	Married filing	8	Other income from Schedule 1, line 9							. [	3		
Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income  Try ou checked any box under Standard Deduction, see instructions.  10		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							▶ 9	1.	55,749.	
Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked any box under Standard Deduction, see instructions  Deduction, see instructions  Add lines 10a and 10b. These are your total adjustments to income  Subtract line 10c from line 9. This is your adjusted gross income  Standard deduction or itemized deductions (from Schedule A)  Qualified business income deduction. Attach Form 8995 or Form 8995-A  Add lines 12 and 13  14  15,957.	Married filing	10	Adjustments to income:										
widow(er), \$24,800  Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income		а											
Head of household, \$18,650CAdd lines 10a and 10b. These are your total adjustments to incomeIncompany to the property of the proper	widow(er),	b	Charitable contributions if you take the standard deduction. See instructions 10b										
\$18,650   11   Subtract line 10c from line 9. This is your adjusted gross income   11   155,749.    If you checked any box under Standard Deduction, see instructions, see instructions.   12   15,957.    Add lines 12 and 13	Head of	С	Add lines 10a and 10b. These are your total adjustments to income								)c		
Tif you checked any box under Standard Deduction, see instructions.  12 Standard deduction or itemized deductions (from Schedule A)	household,	11	•								1 1	55,749.	
any box under Standard Qualified business income deduction. Attach Form 8995 or Form 8995-A	If you checked												
Deduction, see instructions. see instructions.	any box under Standard Deduction,		,							. 1			
See instructions.		14	Add lines 12 and 13							. 1	4	 15,957.	
	See Instructions.		Taxable income. Subtract line 14 from line 11. If zero or less, enter -0							_			

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	27,630.
	17				_			17	
	18	Add lines 16 and 17						18	27,630.
	19	Child tax credit or credit for other dependen	nts					19	
	20	Amount from Schedule 3, line 7						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or less,						22	27,630.
	23	Other taxes, including self-employment tax,						23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>		•				24	27,630.
	25	Federal income tax withheld from:					•		27,000
	а	Form(s) W-2			25a	26	,308		
	b	Form(s) 1099			25b		, , , ,		
	c	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	26,308.
		2020 estimated tax payments and amount a						26	20,300.
<ul> <li>If you have a L qualifying child,</li> </ul>	26	Earned income credit (EIC)			27			20	
attach Sch. EIC.	27 28	Additional child tax credit. Attach Schedule			28			-	
If you have nontaxable								-	
combat pay,	29	American opportunity credit from Form 8863	•		29			_	
see instructions.	30	Recovery rebate credit. See instructions .			30			-	
	31	Amount from Schedule 3, line 13							
	32	Add lines 27 through 31. These are your <b>total other payments and refundable credits Add lines 25d, 26, and 32. These are your <b>total payments</b></b>							06.200
	33	<u> </u>					. •	33	26,308.
Refund	34	If line 33 is more than line 24, subtract line 2			•	-		34 35a	
	35a								
Direct deposit? See instructions.	►b								
coo mondonono.	►d				<u> </u>	_			
	36	Amount of line 34 you want applied to your	2021 estimate	ed tax ►	36				1 000
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe	now			. ▶	37	1,322.
You Owe For details on		Note: Schedule H and Schedule SE filers,	-						
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.							
instructions.	38	Estimated tax penalty (see instructions) .			38				
Third Party		you want to allow another person to dis				٦,, ۵			₩.
Designee		structions			. ▶ ∟	<b>Yes.</b> Co	•		X No
		signee's me ▶	Phone no. ▶				onal iden oer (PIN)	tification	
Cian		der penalties of perjury, I declare that I have examine			nedules ar				st of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration							
Here	Yo	ur signature						ne IRS sei	nt you an Identity
	k				·				IN, enter it here
Joint return? See instructions. Keep a copy for	_			SOFTWARE ENGINEER			(se	e inst.) 🕨	
	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	1 · · · · · · · · · · · · · · · · · · ·					nt your spouse an
your records.	,		l I					e inst.) ▶	ection PIN, enter it here
	————	one no. (630)418-8838	Email address	SRIKANTH.KAS	AMOT HA	OMATI CO		,,	
-		eparer's name Preparer's signa		CAN. IIIMANIA	Date	)). HTWIN	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		מווסיית ייתוד אות		3/2021	P0208	27702	Self-employed
Preparer			NADAG MAN	GUPIA IALLAM	1 0 5 / 2.	J/ ZUZI			
Use Only		0500 - 117 - 1 - 2 - 20045						(678)965-9522	
			TI CUIIIIIII					m's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 0	08/30/21 PRC	)		Form <b>1040</b> (2020)

#### SCHEDULE A (Form 1040)

### **Itemized Deductions**

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

► Attach to Form 1040 or 1040-SR

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachmer Sequence

OMB No. 1545-0074

2020
Attachment
Sequence No. 07

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or 1040-SR Your social security number SRIKANTH KASAMOLU 200-19-7979 Caution: Do not include expenses reimbursed or paid by others. Medical 1 and 1 Medical and dental expenses (see instructions) . . . . . . . **Dental** 2 Enter amount from Form 1040 or 1040-SR, line 11 | 2 | **Expenses 3** Multiply line 2 by 7.5% (0.075) . . . . . . . . . . . . . . . . 3 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. . 4 **Taxes You** 5 State and local taxes. **Paid** a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, 5a 12,116. **b** State and local real estate taxes (see instructions) . . . . . . . 5<sub>b</sub> 5c **c** State and local personal property taxes . . . . . . . . . . . 5d 12,116. e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 5e 10,000. 6 Other taxes. List type and amount ▶ 6 10,000. 8 Home mortgage interest and points. If you didn't use all of your home Interest You Paid mortgage loan(s) to buy, build, or improve your home, see Caution: Your mortgage interest a Home mortgage interest and points reported to you on Form 1098. deduction may be limited (see 8a 5,957. instructions). b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., \_\_\_\_\_ 8b c Points not reported to you on Form 1098. See instructions for special 8c d Mortgage insurance premiums (see instructions) . . . . . . . . 8d 0. 8e 5,957. 9 Investment interest. Attach Form 4952 if required. See instructions . 9 **10** Add lines 8e and 9 . . . . . . . . . . . . . . . . . . 10 5,957. Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, see Charity 11 Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more, made a gift and see instructions. You **must** attach Form 8283 if over \$500. . . . 12 got a benefit for it, see instructions. 13 Casualty and theft loss(es) from a federally declared disaster (other than net qualified Casualty and 15 Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 16 Other—from list in instructions. List type and amount ▶ \_\_\_\_\_ Other Itemized **Deductions** 16 Total 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on 17 Itemized 15,957. Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction, 

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ▶ 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 Your social security number

200-19-7979 SRIKANTH KASAMOLU 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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) 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 . . . . . . . . . . . . . . . . . . 306,785. -18,435. 331,425. 6,205. 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 . . . . . . . . . . . . . . . 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 -18,435. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 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 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

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Schedule D (Form 1040) 2020 Page 2

## Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -18,435. • 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. 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 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

# Form **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

2020
Attachment
Sequence No. 12A

Name(s) shown on return SRIKANTH KASAMOLU

Social security number or taxpayer identification number 200-19-7979

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

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

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

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

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

<ul><li>☐ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>		٠,	•	sis <b>wasn't</b> report	ed to the IF	RS	
1 (a) Description of property	(b) Date acquired	(c)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/20	302,519.	326,925.	W	6,205.	-18,201.
Robinhood Crypto LLC	01/01/20	03/17/20	4,266.	4,500.			-234.
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 6).	306.785.	331.425.		6.205.	-18.435.		

**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.