# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEIIIAI I	evenue del vice								
Submis	ssion Identification Number (SID)								
Taxpayer	's name	Social secur	ty numl	er					
VEER	A VENKATA VINAY KANDULA	684-42-4775							
Spouse's		Spouse's social security number							
Part		year you a	are au	thoriz	ing.)				
	hole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4		0.0	077			
	Adjusted gross income		2			$\frac{877.}{834.}$			
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3						
	Amount you want refunded to you		4			081.			
	Amount you want refunded to you		5		3,	253.			
Part		eep a cor		our r	eturi	າ)			
Under pmy knoreturn (cto send for any Agent to paymen busines taxes to persona Electror	weldge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above priginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected provider. It is intituted an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the payment information necessary to answer inquiries and resolve issues related to the payment information in the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the payment information necessary to answer inquiries and resolve issues related to the payment information necessary to answer inquiries and resolve issues related to the payment information in the informatio	I am now au e are the am tter, or electrication of the treated in the treated in the treated in the authorizates must be processing cayment. I furn now authorizates must be processing to a more authorizates must be processed authorizates authorizates and the control of the co	thorizing ounts on ounts on ounts on ounts of ounts of ounts of ounts of ounts outs outs outs outs outs outs outs ou	g, and rom the turn or the tur	to the ne inco- iginato (b) the ated Fin softwaccou bke (cab later ic payredge tapplica  but ros  his bo	best of ome tax or (ERO) reason inancial ware for nt. This ancel) a than 2 ment of hat the ble, my as my			
1001 01									
Spous	e's PIN: check one box only			$\Box$	$\neg$				
	I authorize to enter or generate r					as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		iter five n't ente						
	I will enter my PIN as my signature on the income tax return (original or amended) I am no					v only			
	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholelow.		_			_			
Spouse	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part I	Certification and Authentication — Practitioner PIN Method Only								
FRO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5   8	7 2 7	8 6	1 9	8 8	9			
LIIO 3	ET HAT THE ETTER YOUR SIX digit ET HATOHOWOOD BY YOUR TWO digit Soll Solocious THA.	Don't en							
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	itting this ret	urn in a	accord	anće v				
ERO's	signature ► Date ►								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To D	o So							

## **£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 bu checked the MFS box, enter the son is a child but not your depende	name of y	ed filing separately your spouse. If you		_		•	_				
Your first name and middle initial Last name Yo								Your	Your social security number				
VEERA VENKATA VINAY KAN				ULA					684	684-42-4775			
If joint return, spouse's first name and middle initial Last na				me					Spou	Spouse's social security number			
		er and street). If you have a P.O. box, se N SQUARE DRIVE	e instruction	ons.				Apt. no.	Chec	ck he	ere if you, o	n Campaign or your ly, want \$3	
	ost offi	ce. If you have a foreign address, also c	complete s	paces below.	Sta			code			0,	Checking a	
TAMPA					F:			3610			w will not o	change	
Foreign country	y name		F	Foreign province/state	e/coun	ty	For	eign postal cod	de your	our tax or refund.  You Spouse			
At any time du	ring 20	D20, did you receive, sell, send, exc	change, o	or otherwise acquir	e any	financial in	terest ir	n any virtual	currency	y?	Yes	⊠ No	
Standard Deduction		neone can claim:	•				ent						
Age/Blindness	You:	: Were born before January 2,	1956	Are blind S	pouse	: Was	born be	efore Januar	y 2, 195	6	☐ Is blir	nd	
Dependents	s (see	instructions):		(2) Social securi	ity	(3) Relati	onship	(4) 🗸 i	f qualifies	qualifies for (see instructions):			
If more		irst name Last name		number to		to yo	to you Child tax			- 1		er dependents	
than four													
dependents, see instruction	e									$\perp$		]	
and check												<u>]</u>	
here ▶									]			]	
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	10	6,177.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable inte	erest			2b			
required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary div	/idends			3b			
	4a	IRA distributions	4a		<b>b</b> Taxable amount .					4b			
	5a	Pensions and annuities	5a		<b>b</b> T	axable am	ount .			5b			
Standard	6a	Social security benefits	6a		b T	axable am	ount .		· -	6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D if	required. If not red	quired	, check he	re .	•	· 🗆 📙	7			
Married filing	8	Other income from Schedule 1, li	ne 9							8	_	7,000.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				<b>&gt;</b> _	9	9	9,177.	
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 tak	contributions if you take the standard deduction. See instructions 10b 300.						00.				
Head of	С	Add lines 10a and 10b. These are	e your <b>tot</b>	al adjustments to	inco	me			<b>•</b>	10c		300.	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross ind	come				▶ [	11	9	8,877.	
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedu	le A)				. [	12	1	2,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm 8	8995-A .			. [	13			
Deduction, see instructions.	14	Add lines 12 and 13							. [	14	1	2,400.	
See monuctions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0									8	6,477.	

Form 1040 (2020	0)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	14,834.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	14,834.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	14,834.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. ▶	24	14,834.
	25	Federal income tax withheld	from:							·
	а	Form(s) W-2				25a	18	081.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	,						25d	18,081.
	26	2020 estimated tax payment							26	,
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27				
attach Sch. EIC. F  If you have	28	Additional child tax credit. A				28			7	
nontaxable	29	American opportunity credit				29			1	
combat pay, see instructions.	30	Recovery rebate credit. See		•		30		6.	1	
	31	Amount from Schedule 3. lin				31			1	
	32							. ▶	32	6.
	33	Add lines 25d, 26, and 32. T	•						33	18,087.
	34	If line 33 is more than line 24						· ·	34	3,253.
Refund	35a					•	-	· ·	35a	3,253.
Direct deposit?	⊳ b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ ☐ Routing number 1 1 1 1 0 0 0 0 2 5 ▶ <b>c</b> Type: ★ Checking Savings								3,233.
See instructions.	►d	Account number 4 8 8					⊪ig 3	aviilys		
	36					36				
Amarint		Amount of line 34 you want a							27	
Amount You Owe	37	Subtract line 33 from line 24		•					37	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.  Estimated tax penalty (see instructions)								
instructions.	38					38				
Third Party		you want to allow another	•				□Vaa Ca		halaw	⊠ No
Designee				Phone		. ▶ [	Yes. Co	•		△ NO
		signee's me ▶		no.				nai ideni er (PIN)	tification	
Sign	Un	der penalties of perjury, I declare t	hat I have examine		d accompanying sch	nedules a	nd statemen	ts. and t	o the bes	st of my knowledge and
•		lief, they are true, correct, and com								
Here	Yo	ur signature		Date Your occupation					e IRS se	nt you an Identity
	k.									IN, enter it here
Joint return?				5.	SOFTWARE :		EER	<u> </u>	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.									e inst.) ▶	
	———Ph	one no.		Email address						
		eparer's name	Preparer's signat	l .		Date		PTIN		Check if:
Paid		•	'		GUPTA TALLAM		6/2021	P0208	2703	Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM   02/16/2021   P0: m's name ► GLOBAL TAXES LLC								678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041				n's EIN ▶	
Go to want ire a						DEV	00/07/04 DDC	1		Form <b>1040</b> (2020)
GO TO WWW.IIS.go	JV/FOIT	n1040 for instructions and the late	ot illiorriddion.		BAA	KEV (	02/07/21 PRO			rom 1040 (2020)

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

Attachment Sequence No. **01** Your social security number

VEEF	RA VENKATA VINAY KANDULA	684-42	2-477	5
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> 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 Schedu	ıle E	5	-7,000.
6	Farm income or (loss). Attach Schedule F	[	6	
7	Unemployment compensation	[	7	
8	Other income. List type and amount ▶			
			8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-	I	0	7 000
Par	line 8		9	-7,000.
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis governr	-	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		8a	
b	Recipient's SSN			
	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 E** (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

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. **13** 

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	A VENKATA VINAY KANDULA	Doveltica	Motor "	f	ua la 11-	o buoisses					
Part	Income or Loss From Rental Real Estate and Schedule C. See instructions. If you are an individual,	-		•				• .	•		
A D:											
	d you make any payments in 2020 that would require yo										
	'Yes," did you or will you file required Form(s) 1099?	7ID and a	<u> </u>	• •			•	<u> </u>	Y	es No	
<u>1a_</u> A	Physical address of each property (street, city, state, VIVEKANANDA NAGAR HYDERABAD IN 5000										
B	VIVERANANDA NAGAR HIDERABAD IN 5000	1 4									
1b	(from list below)  above, report the number of fair rental and personal use days. Check the O.IV hox only.								Personal Use Days		
Α	3 if you meet the requiremen	if you meet the requirements to file as a qualified joint venture. See instructions.				365	0				
В	qualified joint venture. See	instruction	s.	В							
С				С							
Туре	of Property:										
1 Sing	gle Family Residence 3 Vacation/Short-Term Ren	tal 5 Lan	d	7	' Self-	Rental					
	ti-Family Residence 4 Commercial	6 Roy	alties .	8	Othe	r (describe)	)				
Incon	ne: Propertie	es:		Α		E	3			С	
3	Rents received			5	500.						
4	Royalties received	4									
Exper											
5	Advertising										
6	Auto and travel (see instructions)										
7	Cleaning and maintenance			- 6	500.						
8	Commissions										
9	Insurance										
10	Legal and other professional fees										
11	Management fees			1,0	000.						
12	Mortgage interest paid to banks, etc. (see instructions										
13	Other interest				000.						
14	Repairs				000.						
15	Supplies			1,6	500.						
16	Taxes	16									
17	Utilities			1,3	300.						
18	Depreciation expense or depletion										
19	Other (list)				- 0 0						
20	Total expenses. Add lines 5 through 19			/,5	500.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties)										
	result is a (loss), see instructions to find out if you mufile Form 6198	ust   21		-7,0	000						
20	Deductible rental real estate loss after limitation, if a			,, ,	, , , , ,						
22	on <b>Form 8582</b> (see instructions)	- I I.	,	-7 N	00.)	(		)(		١	
23a	Total of all amounts reported on line 3 for all rental pro-			,,00	23a	\	5	00.			
b	Total of all amounts reported on line 4 for all royalty p	•		•	23b						
C	Total of all amounts reported on line 4 for all propert	-		•	23c						
d	Total of all amounts reported on line 12 for all propert				23d						
e	Total of all amounts reported on line 20 for all propert				23e		7,5	00.			
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do</b>		de anv los	sses			.,5	24			
25	Losses. Add royalty losses from line 21 and rental real es		-		ter tota	al losses her	е.	25 (		7,000.)	
26	Total rental real estate and royalty income or (los							(		.,,	
20	here. If Parts II, III, IV, and line 40 on page 2 do r										
	Schedule 1 (Form 1040), line 5. Otherwise, include thi							26		-7,000.	

**Passive Activity Loss Limitations** 

► See separate instructions.

► Attach to Form 1040, 1040-SR, or 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number 604 40 4775

VEEL	RA VENKATA VINAY KANDULA   68	4-42	-4//5
Par	t I 2020 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see ial Allowance for 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 ( 7,000.	)	
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c (	)	
d	Combine lines 1a, 1b, and 1c	1d	-7,000.
Comr	mercial Revitalization Deductions From Rental Real Estate Activities		,
2a	Commercial revitalization deductions from Worksheet 2, column (a)   2a   (	)	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,		
	column (b)	)	
С	Add lines 2a and 2b	2c	( )
All Ot	ther Passive Activities		
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' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c (	)	
d	Combine lines 3a, 3b, and 3c	3d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your		
-	return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c.		
	Report the losses on the forms and schedules normally used	4	-7,000.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		•
	<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.</li> </ul>		
	<ul> <li>Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III a</li> </ul>	and go	to line 15.
Cauti	on: If your filing status is married filing separately and you lived with your spouse at any time during th	e year.	, do not complete
Part II	l or Part III. Instead, go to line 15.		
Part	II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4	5	7,000.
6	Enter \$150,000. If married filing separately, see instructions 6 150,000.		
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 105,877.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	22,062.
10	Enter the <b>smaller</b> of line 5 or line 9	10	7,000.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part	III Special Allowance for Commercial Revitalization Deductions From Rental Real Est	ate A	ctivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction	ns.	
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions .	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the <b>smallest</b> 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		

16

Caution: The worksheets must be filed to				/ for your	record	S.			
Worksheet 1—For Form 8582, Lines 1	<b>a, 1b, and 1c</b> (se	e instruction	ons)						
Name of activity	Currer	ent 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)		) Gain	(e) Loss	
VIVEKANANDA NAGAR	0.	7,0	00.					7,000.	
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	7,0	000.						
Worksheet 2—For Form 8582, Lines 2	a and 2b (see ins	structions)							
Name of activity	<b>(a)</b> Current deductions (		unall	<b>(b)</b> Pri owed ded	or year uctions (	line 2b)	(c)	Overall loss	
Total. Enter on Form 8582, lines 2a and									
2b			<u> </u>						
Worksheet 3—For Form 8582, Lines 3	<b>a, 3b, and 3c</b> (se	e instruction	ons)						
Name of activity	Currer	nt year		Prior	or years		Overall g	ain or loss	
Name of activity	(a) Net income (line 3a)		(b) Net loss (line 3b)		(c) Unallowed loss (line 3c)		) Gain	(e) Loss	
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c									
Worksheet 4—Use This Worksheet if a	n Amount Is Sh	own on Fo	rm 8	582, Line	e 10 or	<b>14.</b> See	e instructi	ions.	
Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Los		( <b>b)</b> R		(a) Spo		(d) Subtract column (c) from column (a)	
VIVEKANANDA NAGAR	E Ln 22	7,0	000.	1.000	00000	7,000.		0.	
otal		7,000.		1.00		7,000.		0.	
Worksheet 5—Allocation of Unallowed	d Losses (see ins	structions)							
Name of activity	Form or schedu and line number to be reported of (see instruction	er on	<b>(a)</b> Lo	oss <b>(b)</b> Ratio		(c)	) Unallowed loss		
Total						1 00			