E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status	s 🗌 :	Single X Married filing jointly	Marrie	ed filing separately (M	MFS) Head o	of househ	old (HOH)	Qual	lifying wid	low(er) (QW)	
Check only one box.	If yo	u checked the MFS box, enter the noon is a child but not your dependen		our spouse. If you c	hecked the HOH	or QW b	ox, enter the	e child's	name if th	ne qualifying	
Your first name and middle initial Last name Y							Your social security number				
BALAKRISHNAN				LIAH				602-98-5150			
If joint return, s	pouse's	s first name and middle initial	Last nar	ne				Spouse's social security number			
SIVAKAM	Y		CHAN	DRAHASAN				679-12-2577			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.		Ap	ot. no.	Preside	ntial Electi	on Campaign	
1324 LA	NSIN	G STREET						The second second	nere if you,	,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	oaces below.	State	ZIP cod	le			ntly, want \$3	
LITTLE 1	ROCK			AR			23		to go to this fund. Checking a box below will not change		
Foreign country	y name		F	oreign province/state/o	county	Foreign	postal code	your tax	or refund.		
									You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	hange, o	r otherwise acquire	any financial inte	rest in ar	y virtual cui	rrency?	Yes	⊠ No	
Standard		eone can claim: You as a de		_	e as a dependent	1					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien						
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind Spo	ouse: Was b	orn befor	e <mark>Jan</mark> uary 2	, 1956	☐ Is bl	lind	
Dependent	s (see	instructions):		(2) Social security	(3) Relations	ship	(4) ✓ if qu	ualifies for	r (see instru	uctions):	
If more		irst name Last name		number to you				edit	Credit for ot	her dependents	
than four	SRI	DHARASUDHAN CHELLIAH	659-51-6992 Son				X				
dependents, see instruction											
and check	3 —										
here ▶ □											
	1_	Wages, salaries, tips, etc. Attach I	orm(s) V	N-2				. 1	1	09,892.	
Attach	2a	Tax-exempt interest	2a		b Taxable intere	est .		2b			
Sch. B if required.	3a	Qualified dividends 3a b Ordinary dividends						3b	1		
required.	4a	IRA distributions	b Taxable amount						1		
	5a	Pensions and annuities	5a		b Taxable amou	ınt		. 5b			
Standard	6a	Social security benefits	6a		b Taxable amou	ınt		6b			
Deduction for—	7	Capital gain or (loss). Attach Sche	ch Schedule D if required. If not required, check here								
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.					. 8	-:	14,570.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inco	ome		1	9		95,322.	
 Married filing 	10	Adjustments to income:			Y						
jointly or Qualifying	а	From Schedule 1, line 22			1	0a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	instructions 1	0b					
• Head of											
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	djusted gross inco	me)	▶ 11		95 , 322.	
If you checked	12	Standard deduction or itemized	deducti	ons (from Schedule	A)			. 12		24,800.	
any box under Standard	13	Qualified business income deduct	ion. Atta	ch Form 8995 or Fo	rm 8995-A			. 13			
Deduction, see instructions.	14	Add lines 12 and 13						. 14		24,800.	
	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	enter -0			15		70,522.	

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	n(s): 1 881	4 2 🗌 4972	3 🗌		16	8,068.		
	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	8,068.		
	19	Child tax credit or credit for other dependen	nts				19	2,000.		
	20	Amount from Schedule 3, line 7					20			
	21	Add lines 19 and 20					21	2,000.		
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	6,068.		
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 10 .			23	0.		
	24	Add lines 22 and 23. This is your total tax				🕨	24	6,068.		
	25	Federal income tax withheld from:								
	a	Form(s) W-2			25a	6,881.				
	b	Form(s) 1099			25b					
	C	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	6,881.		
If you have a	26	2020 estimated tax payments and amount a					26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27					
If you have	28	Additional child tax credit. Attach Schedule	8812		28		M			
nontaxable combat pay,	29	American opportunity credit from Form 8863	3, line 8		29					
see instructions.	30	Recovery rebate credit. See instructions .			30					
	31	Amount from Schedule 3, line 13			31					
	32	Add lines 27 through 31. These are your tot		,		▶	32			
	33	Add lines 25d, 26, and 32. These are your to	otal payments			🕨	33	6,881.		
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amou	ınt you overpaid		34	813.		
	35a	Amount of line 34 you want refunded to yo				. 🕨 🗌	35a	813.		
Direct deposit?	▶b	Routing number 1 2 1 0 0 0 3		▶ c Type: 🔀	Checking	Savings				
See instructions.	▶d	Account number 1 0 5 1 5 0 4	4 5 5							
	36	Amount of line 34 you want applied to your	2021 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe	now		▶	37			
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
For details on 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				Nama 1242		X No		
Designee		instructions								
		ne D	no.			sonal ident nber (PIN)				
Sign	Un	der penalties of perjury, I declare that I have examine	ed this return and	d accompanying sch		, ,		st of my knowledge and		
•		ef, they are true, correct, and complete. Declaration	of preparer (other	r than taxpayer) is b						
Here	You	ur signature	Date	Your occupation			nt you an Identity			
	N			100 100 100 100 100 100 100 100 100 100		100	ection P inst.) ▶	IN, enter it here		
Joint return? See instructions.	Cn	ouse's signature. If a joint return, both must sign.	Date	SOFTWARE Spouse's occupat	,	,	nt your spouse an			
Keep a copy for	Sh	buse's signature. If a joint return, both must sign.	Date	Spouse's occupa			ection PIN, enter it here			
your records.				ADMINISTRA	,	inst.) ▶				
	Pho	one no.	Email address							
Deid	Pre	parer's name Preparer's signa	ture		Date	PTIN		Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/12/2021	P0208	2703	Self-employed		
Preparer	Firr	n's name ▶ GLOBAL TAXES LLC				Pho	ne no. ((678) 965-9522		
Use Only	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041							30-1017196		
Go to www.irs.go	v/Forn	1040 for instructions and the latest information.		BAA	REV 03/06/21 PR	10		Form 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

BALAKRISHNAN CHELLIAH & SIVAKAMY CHANDRAHASAN

► 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

602-98-5150

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	-14,570.
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	-14,570.
Par			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

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**

,	KRISHNAN CHELLI	AU C CTIINVAMV	спумгрупу с	דת תי						98 - 515	•
		From Rental Real E			c Note	. If you	ara in th	o husingge s			-
Part		nstructions. If you are a		-		-			• .		
A Di	d you make any paymen	· · · · · · · · · · · · · · · · · · ·									
	Yes," did you or will yo										res □ No
1a	Physical address of e									<u> </u>	
A	1324 LANSING ST		•		<i>-</i>)						
B	1324 HINDING D	I DIIIDD ROOK	111(/2223)	210							7
<u>C</u>										\sim	
1b	Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only								QJV		
Α	3	if you meet the	requirements to	file a	is a	Α		365		0	
В		qualified joint ve	enture. See inst	ructio	ns.	В					
С						С			7		
Туре	of Property:										
1 Sin	gle Family Residence	3 Vacation/Short	-Term Rental	5 La	nd		7 Self-	Rental			
2 Mul	ti-Family Residence	4 Commercial		6 Ro	yalties		8 Othe	er (describe)			
Incon	ne:		Properties:			A		E			С
3	Rents received			3			550.				
4	Royalties received .			4							
Exper	ises:							>			
5	Advertising			5							
6	Auto and travel (see in	structions)		6							
7	Cleaning and maintena			7		3,	000.				
8	Commissions			8							
9	Insurance			9		1,	288.				
10	Legal and other profes	ssional fees		10							
11	Management fees .			11							
12	Mortgage interest paid	d to banks, etc. (see i	nstructions)	12		5,	166.				
13	Other interest			13							
14	Repairs			14		1,	700.				
15	Supplies			15							
16	Taxes			16		2,	466.				
17	Utilities		\cdot \cdot \cdot	17		1,	500.				
18	Depreciation expense	or depletion		18							
19	Other (list)			19							
20	Total expenses. Add li	nes 5 through 19 .		20		15,	120.				
21	Subtract line 20 from I										
	result is a (loss), see in	nstructions to find ou	it if you must								
	file Form 6198			21		-14,	570.				
22	Deductible rental real on Form 8582 (see ins	structions)		22	(-14,5		()()
23a	Total of all amounts re	•					23a		550.		
b	Total of all amounts re			erties			23b		90 90 900 900		
С	Total of all amounts re						23c		5,166.		
d	Total of all amounts re			K			23d				
е	Total of all amounts re						23e	1	5,120.	_	
24	Income. Add positive						14		. 24		
25	Losses. Add royalty los) (14,570.)
26	Total rental real esta										
	here. If Parts II, III, IV Schedule 1 (Form 104									,	-14,570.

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

Identifying number 602-98-5150

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

BALAKRISHNAN CHELLIAH & SIVAKAMY CHANDRAHASAN

Part I 2020 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 14,570. **b** Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . 1b c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c 1d -14,570.**Commercial Revitalization Deductions From Rental Real Estate Activities** 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a Prior year unallowed commercial revitalization deductions from Worksheet 2, 2b column (b) c Add lines 2a and 2b 2c **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, column (a)) **b** Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c **d** Combine lines 3a, 3b, and 3c 3d 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 -14,570.If line 4 is a loss and: Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5 Enter the **smaller** of the loss on line 1d or the loss on line 4 5 14,570. 6 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 7 109,892. 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 40,108. Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 9 9 20,054. 10 10 14,570. If line 2c is a loss, go to Part III. Otherwise, go to line 15. Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Part III Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.

Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions

Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13

Total Losses Allowed

11

12

13 14

Part IV 15

0.

11

12

13

14

15

16

Caution: The worksheets must be filed Worksheet 1—For Form 8582, Lines 1				/ for your	record	S.		, ,	
	Currer		t year		Prior years		verall ga	ain or loss	
Name of activity	(a) Net income (line 1a)		(b) Net loss (line 1b)		(c) Unallowed loss (line 1c)		ain	(e) Loss	
1324 LANSING ST	0.							14,570.	
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.		570.						
Worksheet 2—For Form 8582, Lines 2	,	,							
Name of activity		Current year ctions (line 2a)			rior year ductions (line 2b)		(c)	Overall loss	
Total. Enter on Form 8582, lines 2a and 2b									
Worksheet 3 – For Form 8582, Lines 3	a, 3b, and 3c (se	e instruct	ions)						
Name of activity	Currer	nt year		Prior years		C	verall ga	ain 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 a	an Amount Is Sh	own on F	orm 8	582, Line	10 or	14. See ir	nstructio	ons.	
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Los	SS	(b) R	Ratio		ecial ance	(d) Subtract column (c) from column (a)	
1324 LANSING ST	E Ln 22 1		570.	1.00000000		14,570.		0.	
	_								
Total	• 14,5		570.	70 . 1.00		14,570.		0.	
Worksheet 5-Allocation of Unallowe	d Losses (see in	structions							
Name of activity	Form or schedule and line number to be reported on (see instructions)		(a) Lo	ess	(b) Ratio		(c)	(c) Unallowed loss	
Total						1 00			