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.

Submission Identification Number (SID)

Taxpay	er's name	Social secur	ity numb	er
RAM	A NAIDU KATTA	816-27	-1173	3
Spouse's name Spouse's social sec				
Pari	Tax Return Information – Tax Year Ending December 31, 2020 (Enter	r vear vou a	are aut	horizina.)
Enter	whole dollars only on lines 1 through 5.	, ,		<u> </u>
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	124,177.
2	Total tax		2	20,906.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	21,849.
4	Amount you want refunded to you		4	943.
5	Amount you owe		5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	_
	ERO firm name		5

			gits, all ze		as my
7	1	1	7	3	

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature > Rama Katta

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 03/12/2021

		as my
er fiv n't er		

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signatu	ure Da	ate 🕨	•							
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Cer	rtification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN	I. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8		 -	6 all ze	9	8	9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►		Date 🕨	
	t Retain This Form — s Form to the IRS Un	 See Instructions less Requested To Do So 	
E. D			Fam. 9970 (Day 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/06/21 PRO

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying window(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box. Parried the qualifying midow(er) (QW) Your first name and middle initial Last name Your social security number RAMA NAIDU KATTA 816-27-1173 If joint return, spouse's first name and middle initial Last name Spouse's social security number 3210 ESPERANZA CROSSING Apt. no. 5279 Ciboc knew of you cry our sour sour sour sour sour sour sour	E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		⁽⁹⁹⁾ 202	20	OMB No. 1545	5-0074	IRS Use C	Dnly–	-Do not wr	ite or staple	in this space.
RAMA NAIDU KATTA 816 - 27 - 1173 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address fumber and street, If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 3210 ESPERANZA CROSSING S279 Opcode there if you, rey our spouse of filing injoint, want S3 Gity, tewr, or post office. If you have a foreign address, also complete spaces below. State ZP code to post of the fund. Opcoding a post of th	Check only	lf yc	ou checked the MFS box, enter the n	ame of						· -		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 5279 City, town, or post office. If you have a foreign address, also complete spaces below. State 78758 Attorn (Initial Checking a Data State) TX 78758 Check here if you, or your Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your (Sour Standard) Dependents (see instructions): (2) Social security (3) Relationship (4) If qualifies or (see instructions): If more than four dependents. Sa Docial security Sa Docial security Cheid tax credit Credit for other dependents If and check Indicationship (6) If itst name Last name Indicationship (6) If qualifies or (see instructions): (a) Indicationship (b) If autherest 2b Add check Sa Doralise amount. Sa Sa	Your first name	e and m	iddle initial	Last na	me						Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 5279 S210 ESPERANZA_CROSSING 5279 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code TX 78758 Foreign country name Foreign porvince/state/county Foreign postal code your tax or refund. You Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents see instructions): (P) First name Last name number Check here 2b If more than four dependents, see instructions): (P) Social security (P) Relationship (4) f/ fl qualifies for (see instructions): Check here 2b If more than four dependents, see instructions 3a b Taxable interest 2b 2b 5b Standard Gas Qualified dividends 3a b Taxable interest 2b 2b 5b Attach Sa Qualified dividends Sa D b Taxable amount 6b 5c 6c 6c 3c0 5c	RAMA NA	IDU		KATI	'A						816-2	27-117	3
3210 ESPERANZA CROSSING 5279 Check here if you, or your City, tow, or post office. If you have a foreign address, also complete spaces below. TX 78 758 go to this intro. Checking a box below will not change you below below below below you below you way a dual-status alien Standard Deduction Someone can claim: You as a dependent You you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: (1) First name Last name (1) First name	lf joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse's	s social se	curity number
City, town, or post office. If you have a foreign address, also complete spaces below. State TX ZIP code 78 758 spouse if filing jointly, want \$3, to post if walfiles Attach Someone can claim: You as a dependent Orur sor you were a dual-status allen Age/Blindness You: Ware born before January 2, 1956 Are bildn Spouse: Was bon before January 2, 1956 Is blind Age/Blindness You: Ware and many \$2, 1956 Are bildn Spouse: Was bon before January 2, 1956 Is blind Age/Blindness You: Ware and many \$2, 1956 Is and the \$2, to you Oher number Oher number Oher number <td></td> <td>`</td> <td></td> <td>instructio</td> <td>ons.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		`		instructio	ons.								
AISTIN TX 78758 to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You Spouse Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (I) First name Last name (I) Prist name Last name Image: Cell to other dependents; see instructions; I also, 785. Tequired. 2a Attach 2a b Taxable interest 2b 2b Attach 2a a Qualified dividends 3a b Taxable amount 4b 5b Standard Capital gain or (loss). Attach Schedule D If required. If not required, check here > 7 387. Standard Foreign poor (loss). Attach Schedule D If required. If not required, check here > 1 124.,4777. 0 </td <td></td> <td></td> <td></td> <td>mplete s</td> <td>paces below.</td> <td>Sta</td> <td>ate</td> <td></td> <td></td> <td></td> <td>spouse i</td> <td>f filing joir</td> <td>ntly, want \$3</td>				mplete s	paces below.	Sta	ate				spouse i	f filing joir	ntly, want \$3
Foreign country name Foreign province/state/county Foreign postal code Your tax or refund. Your tax or refund. \overlap or or the wise acquire any financial interest in any virtual currency? Yes X no Standard Deduction Someone can claim: You as a dependent Your say or refund. Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): Child tax credit Credit for other dependents if more than four (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): (2) Social security (4) Deduction (5) Credit for other dependents is en instructions			,,								0		•
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? You Spouse Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Gependents (see instructions): (1) First name Last name Immber Child tar credit Credit for other dependents see instructions In arx-exempt interest 2a Dependents Dependents Dependents Immber I		v name		F	oreian province/st			-					•
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 Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind 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 (1) First name Credit for other dependents ade intervel 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 1 30, 785. Attach 3a Dependents Dependents 2b 2b Attach 3a Datable interest 2b 3b 5. Standard Deduction for Ga Social security benefits Ga Social security benefits 5b 6b Standard Deduction for Ga Social security benefits Ga Social security benefits Ga Social security benefits 6a -6,700. Standard Deduction for Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total inc		,					,				·		_
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): (1) First name Last name (2) Social security (3) Relationship (4) ✓ If qualifies for (see instructions): If more than four (1) First name Last name (2) Social security (3) Relationship (4) ✓ If qualifies for (see instructions): If more dependents, see instructions Last name (2) Social security (3) Relationship (4) ✓ If qualifies for (see instructions): If more did cleack Immber (2) Social security (3) Relationship (4) ✓ If qualifies for (see instructions): Attach 2 Immber Immber <thimmber< th=""> <</thimmber<>	At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	lire any	financial intere	est in a	any virtual	cur	rency?		
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Image: Credit for other dependents see instructions and check here ▶ Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents and check here ▶ Image: Credit for other dependents Image: Credit for other dependents 3a Image: Credit for other dependents Image: Credit for other dependents 3a Image: Credit for other dependents Image: Credit for other dependents 3a Image: Credit for other dependents Image: Credit for other dependents 3a Image: Credit for other dependents Image: Credit for other dependents 3a Image: Credit for other dependents Image: Credit for other dependents 3a Image: Credit for other dependents Image: Credit for other dependents 3a Image: Credit for other dependents Image: Credit for other dependents 4a IRA distributions Image: Credit for other dependents Image: Credit for other dependents		_		•	·		·						
If more than four dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here <thimage: dependents,="" instruc<="" see="" standard="" td="" the=""><td>Age/Blindnes</td><td>s You</td><td>: 🗌 Were born before January 2, 1</td><td>956</td><td>Are blind</td><td>Spouse</td><td>e: 🗌 Was bo</td><td>rn bef</td><td>ore Janua</td><td>ry 2,</td><td>, 1956</td><td>🗌 ls b</td><td>lind</td></thimage:>	Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn bef	ore Janua	ry 2,	, 1956	🗌 ls b	lind
If more than four dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here Image: the standard dependents, see instructions and check here <thimage: dependents,="" instruc<="" see="" standard="" td="" the=""><td>Dependent</td><td>s (see</td><td>instructions):</td><td></td><td>(2) Social sec</td><td>uritv</td><td>(3) Relationsh</td><td>air</td><td>(4) 🖌</td><td>if au</td><td>alifies for</td><td>(see instru</td><td>uctions):</td></thimage:>	Dependent	s (see	instructions):		(2) Social sec	uritv	(3) Relationsh	air	(4) 🖌	if au	alifies for	(see instru	uctions):
than four dependents, see instructions and check here inductions if you take the standard deduction. See instructions is sour adjusted gross income	•				.,	,	1	·	• •		1		,
see instructions and check here ▶ □ □ □ Attach Sch. B if required. 2a 2a b Tax-exempt interest 2b Attach Sch. B if required. 2a 2a b Taxable interest 2b 3a Qualified dividends 3a b Ordinary dividends 2b 5a 3a b Taxable amount 4b 3b 5. 5a 5a b Taxable amount 4b 5b 5a 5a b Taxable amount 5b 5a 5b 5a b Taxable amount 5b 5a 0 Cherincome from Schedule D if required. If not required, check here 7 7 387. 51/2.400 9 Add lines 1, 2b, 3b, 4													
and check here image: state in the	•												
here Image: Standard Deduction for - Single or Married filing pointy or Qualifying widewice, \$\$24,800 Image: Standard Standard Geduction or itemized deduction. See instructions Image: Standard Geduction or itemized deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemized deduction. Standard deduction. See instructions Image: Standard Geduction or itemi		IS ——											
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if required. 3a Qualified dividends 3a b Ordinary dividends 3b 5. 3a IRA distributions 4a b Ordinary dividends 4b b 5a Pensions and annuities 5a b Taxable amount 5b b 6a Social security benefits 6a b Taxable amount 7 387. 6a Social security benefits 6a b Taxable amount 7 387. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 387. 8 Other income from Schedule 1, line 9 7 387. 9 124,477. 8 -6,700. 9 124,477. 9 124,477. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total and the standard deduction. See instructions 10b 300. 9 Add lines 10a and 10b. These are your total adjustments to income 10c 300. 14 Subtract line 10c from line 9. This is your adjus													
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if required. 3a Qualified dividends 3a b Ordinary dividends 3b 5. 3a B Ordinary dividends 3a b Ordinary dividends 3b 5. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 387. 8 Other income from Schedule 1, line 9 7 387. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 387. 9 124, 477. 9 124, 477. 9 124, 477. 9 124, 477. 10 Adjustments to income: 10b 300. 9 124, 477. 10 Adjustments on come: 10b 300. 14 <t< td=""><td></td><td>1</td><td>Wages, salaries, tips, etc. Attach F</td><td>orm(s)</td><td>N-2</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td>1</td><td>30,785.</td></t<>		1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2						1	1	30,785.
required. 3a Qualified dividends 3a b Ordinary dividends 3b 5. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b 5b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 387. 8 Other income from Schedule 1, line 9 8 -6,700. 8 -6,700. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 124,477. 9 10 Adjustments to income: 10a 10b 300. 10c 300. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 124,477. 11 124,477. 12 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 11 124,477. 13 Subtract line 10c from line 9. This is your adjusted gross income 11 124,177. 12 12,400.		2a	Tax-exempt interest	2a		b 1	Faxable interes	t.			2b		
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard 6a Social security benefits 6a b Taxable amount 6b Standard 6a Social security benefits 6a b Taxable amount 7 387. Married filing separately, sit2,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 387. Married filing jointly or Qualifying widow(en), \$24,800 6 Add lines 10a and 10b. These are your total adjustments to income: 9 124,477. Image: New Order 11 Subtract line 10c from line 9. This is your adjusted gross income 10b 300. Image: Head of household, 518,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 124,177. Image: Standard Deduction, see instructions 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. Image: Standard Deduction, see instructions 15 111,777. 111,777.		3a	Qualified dividends	3a		b(Ordinary divide	nds .			3b		5.
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here > > 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 124,477. 10 Adjustments to income: 10a 9 124,477. 10 Adjustments to income: 10b 300. 300. * Head of household, \$18,660 * * 10c 300. * If you checked any box under Standard deduction or itemized deductions (from Schedule A) * 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 Add lines 12 and 13 11. If zero or less, enter -0- 15 1111,777.	required.	4a	IRA distributions	4a		b 1	raxable amoun	ıt			4b		
Deduction for- 7 387. • Single or Married filing separately, \$12,400 7 387. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -6, 700. 9 124,477. 9 124,477. 10 Adjustments to income: 9 124,477. 10 Adjustments to income: 10a 10b 300. • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10b 300. • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income • 11 124,177. 11 124,177. 11 124,177. 12 12,400. 11 124,177. 11 124,177. 12 12,400. 12 12,400. 11 124,177. 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 14 12,400. 14 12,400. 14 12,400. 15 111,777. 15 111,777.		5a	Pensions and annuities	5a		b 7	Faxable amoun	ıt			5b		
 Single or Married filing separately, \$12,400 Married filing jointy or Qualifying widow(er), \$24,800 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income In the second deduction or itemized deductions (from Schedule A) Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A Gualified business income deduction. Attach Form 8995 or Form 8995-A Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- In the second business income in the form line 11. If zero or less, enter -0- In the second business income in the second busines income in the second business income in the second busines income in the second busine	Standard	6a	Social security benefits	6a		b 7	Faxable amoun	ıt			6b		
Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 6 6 700. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 124,477. 9 Adjustments to income: 9 124,477. 9 Adjustments to income: 10a 9 9 Adjustments to income: 10a 10b 9 Adjustments to income: 10b 300. 9 Add lines 10a and 10b. These are your total adjustments to income 10b 300. 9 Add lines 10a and 10b. These are your total adjustments to income 11 124,477. 11 124,177. 11 124,177. 14 124,177. 11 124,177. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 111,777.		7	Capital gain or (loss). Attach Sche	dule D if	required. If not r	equired	d, check here		Þ		7		387.
\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 124,477. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10b 300. • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, lin	e9.							8		-6,700.
 Married filing jointy or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A Qualified business income deduction. Attach Form 8995 or Form 8995-A Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- Married filing jointy or Qualified business income 14 from line 11. If zero or less, enter -0- 		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total i	income	.				• 9	1	24,477.
Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b 300. • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income 10c 300. • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 124,177. • If you checked any box under Standard Deduction, see instructions. 12 Standard deduction or itemized deductions (from Schedule A) . <td></td> <td>10</td> <td>Adjustments to income:</td> <td></td>		10	Adjustments to income:										
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 300. • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income . <td></td> <td>а</td> <td>From Schedule 1, line 22</td> <td></td> <td></td> <td></td> <td> 10</td> <td>a</td> <td></td> <td></td> <td></td> <td></td> <td></td>		а	From Schedule 1, line 22				10	a					
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions. If you checked any box under Standard Deductions. If you checked any box under Standard Deduction. If you checked Standar	widow(er), b Charitable contributions if you take the standard deduction. See instructions 10b 300												
\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 124,177. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 13 0 0 13 0 13 14 12,400. 14 12 and 13 13 11 12,400. 14 12,400. 15 15 111,777. 15 111,777. 15 111,777.		с	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	me				► 10c		300.
 If you checked any box under Standard deduction or itemized deductions (from Schedule A) Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A Ia Add lines 12 and 13 Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- If you checked any box under Standard deduction or itemized deductions (from Schedule A) Ia 12 12,400. Ib 111,777. 		11									► <u>11</u>	1	24,177.
any box under Standard Deduction, see instructions.131314Add lines 12 and 13	 If you checked 	12	Standard deduction or itemized	deduct	ions (from Sched	lule A)					12		12,400.
Deduction, see instructions. 14 Add lines 12 and 13 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 111,777.							13						
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14											12,400.
1040		[′] 15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0				15	1	-

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

Form **1040** (2020)

Form 1040 (2020))										Pa	age 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	20,90	6.
	17	Amount from Schedule 2, lir	ne3						·	17		
	18	Add lines 16 and 17								18	20,90	6.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	20,90	6.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	20,90	6.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	21	,849			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	21,84	9.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)			^N	IÒ .	27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	ble cr	redits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	21,84	9.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	ne amour	nt you	overpaid		34	94	3.
Horana	35a	Amount of line 34 you want			3 is attacl	ned, cheo	ck here	ə		35 a	94	3.
Direct deposit?	►b	Routing number 0 7 2			► c Ty	pe: 🗙	Chec	king 🗌	Saving	s		
See instructions.	►d	Account number 3 7 5	0 1 5 8	1 3 7 3	39							
	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 amo	ount you owe	now .				. 🕨	37		
You Owe For details on		Note: Schedule H and Sch 2020. See Schedule 3, line 1			•	sent all c	of the	taxes you	owe fo	or		
how to pay, see instructions.	38	Estimated tax penalty (see in					38	1				
Third Party Designee		you want to allow another	•					Yes. C	omplet	e below.	× No	
Designee		signee's		Phone					•	ntification		
		me 🕨		no. 🕨					ber (PIN			
Sign		der penalties of perjury, I declare t										
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxp	ayer) is ba	ised on	all informati			-	dge.
nere	Yo	ur signature		Date	Your occ	cupation					nt you an Identity IN, enter it here	
loint votuum?						ANAGEF	,			ee inst.)		
Joint return? See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date		s occupati				,	nt your spouse an	
Keep a copy for			g								ection PIN, enter i	
your records.									(s	ee inst.) 🕨		
		one no.	1	Email address							1	
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	03/	12/2021	P020	82703	Self-employ	/ed
Use Only	Fin	m's name 🕨 GLOBAL TA	XES LLC						Pl	none no. (678)965-95	522
	Fin	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 3	30041			Fi	rm's EIN 🕨	30-10171	.96
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	/ 03/06/21 PRO)		Form 1040	(2020)

Go to www.irs.gov/Form1040 for instructions and the latest information.

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR. . ./E. OMB No. 1545-0074 2020 Attachment

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information.	•
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soo

uon		Sequence No. UI
	Your soc	ial security number
	816-27	-1173

RAMA NAIDU KATTA Part Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,700.
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	-6,700.
Par	line 8 . <th>5</th> <th>-0,700.</th>	5	-0,700.
10		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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/06/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2020 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

RAMA NAIDU KATTA

Your social security number

816-27-1173

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,084.	1,697.		0.	387.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	387.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(sales price)		line 2, column (g)		with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12	12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions			-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	387.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 03/06/21 PRO

Schedule D (Form 1040) 2020

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

(0)**2**(0)

► 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.

and 10 of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
RAMA NAIDU KATTA	816-27-1173

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)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) (g) Code(s) from instructions		If you enter an amount in column (g), enter a code in column (f). See the separate 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			from column (d) and combine the result with column (g)			
Robinhood Securities LLC	01/01/20	11/11/20	2,084.	1,697.	W	0.	387.			
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your 1e 2 (if Box B	2,084.	1,697.		0.	387.			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Donortm	ant of the Treesury	Attach to Form 1040), 1040)-SR, 104	10-NR, d	or 1041.					
	ent of the Treasury Revenue Service (99)	► Go to www.irs.gov/ScheduleE f	or inst	ructions	and the	e latest	information.			Attach Seque	nment ence No. 13
	shown on return							Yo	ur socia		y number
RAMA	NAIDU KATTA							8	16-27	-117	3
Part	Income or Los	s From Rental Real Estate and Ro	yaltie	s Note	: If you	are in th	e business of	rent	ing per	sonal pr	roperty, use
		instructions. If you are an individual, rep	ort farı	m rental	ncome	or loss f	rom Form 483	35 or	n page 2	2, line 4	0.
A Dic	l vou make anv pavme	ents in 2020 that would require you to	o file F	orm(s) 1	099? S	ee inst	ructions .				res 🛛 No
		ou file required Form(s) 1099?		. ,							res 🗌 No
1a		each property (street, city, state, ZIF									
A		AMMURTHY NAG HYDERABAD		-	IN 5	00046					
В											
С											
1b	Type of Property	2 For each rental real estate prop	oertv I	isted		Fair	^r Rental	Per	rsonal	Use	0.11/
	(from list below)	above report the number of fa	ir rent	al and		[Days		Days		QJV
Α	3	personal use days. Check the if you meet the requirements to	QJV b o file a	lox only	Α		365			0	
В		qualified joint venture. See inst	tructio	ns.	В						
С		-			С						
Туре с	of Property:	1					I				
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
-	ti-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	er (describe)				
Incom	e:	Properties:		Í	Α		В				С
3	Rents received	·	3			300.					
4			4								
Expen											
5	Advertising		5								
6	Auto and travel (see i	nstructions)	6								
7	Cleaning and mainter	nance	7		1,	000.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	essional fees	10								
11	Management fees .		11		1,	200.					
12	Mortgage interest pa	id to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		1,	200.					
15	Supplies		15		1,	400.					
16	Taxes		16								
17	Utilities		17		2,	200.					
18	Depreciation expense	e or depletion	18								
19	Other (list) ►		19								
20	Total expenses. Add	lines 5 through 19	20		7,	000.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see	instructions to find out if you must									
	file Form 6198		21		-б,	700.					
22	Deductible rental rea	I estate loss after limitation, if any,									
	on Form 8582 (see in	structions)	22	(-6,7	<u>'00.)</u>	()()
23a	Total of all amounts r	eported on line 3 for all rental prope	rties			23a		3	00.		
b		eported on line 4 for all royalty prop	erties			23b					
С		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		7,0	00.		
24		e amounts shown on line 21. Do no							24		
25	Losses. Add royalty lo	osses from line 21 and rental real estate	losse	s from li	ne 22. E	nter tot	al losses here		25 (6,700.)
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not		-				on			
	Schedule 1 (Form 10)	40), line 5, Otherwise, include this ar	mount	t in the t	otal on	line 41	on page 2		26		-6,700.

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

2020

Form	8889
Depar	tment of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Attachment Sequence No. **52**

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
RAMA NAIDU KATTA	have HSAs, see instructions ► 816-27-1173

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
4	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.	each	spous	c.
1		X Sel	f-only	Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3		3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,550.
9	Employer contributions made to your HSAs for 2020 9 650.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		650.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		2,900.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	arate H	ISAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			

21

REV 03/06/21 PRO

BAA

Form UUUL See sepa Department of the Treasury		Passive Activity Loss Limitati	ons			0	MB No. 1545-1008
		 See separate instructions. Attach to Form 1040, 1040-SR, or 1041. 	m 1040, 1040-SR, or 1041.				
	ternal Revenue Service (99) • Go to www.irs.gov/Form8582 for instructions and the latest information.					_	equence No. 858
. ,) shown on return	T17			Identif		
	A NAIDU KAT				810-	- 2 / -	1173
Part		ssive Activity Loss					
D ł .		Complete Worksheets 1, 2, and 3 before completing Part I.					
		Activities With Active Participation (For the definition of act or Rental Real Estate Activities in the instructions.)	ive par	ticipation,	see		
-		net income (enter the amount from Worksheet 1, column (a))	1a		0.		
		net loss (enter the amount from Worksheet 1, column (a))	1b (6,7			
		allowed losses (enter the amount from Worksheet 1, column (c))	1c (0,7	<u> </u>		
	-	1a, 1b, and 1c	- \		/	1d	6 700
		zation Deductions From Rental Real Estate Activities			•	Tu	-6,700
		vitalization deductions from Worksheet 2, column (a)	2a (
			2a (/		
a	column (b)	llowed commercial revitalization deductions from Worksheet 2,	2b (
с		nd 2b	20 (/	2c	(
	her Passive Ac				•	20	(
		net income (enter the amount from Worksheet 3, column (a)) .	3a				
		net loss (enter the amount from Worksheet 3, column (a))	3b (
		allowed losses (enter the amount from Worksheet 3, column (c))	30 (3C (
c d	Combine lines		\		/	3d	
					•	Su	
4		1d, 2c, and 3d. If this line is zero or more, stop here and includes are allowed, including any prior year unallowed losses entered					
		es are allowed including any prior vear linaliowed losses entered					
					r 3C.	4	6 700
	Report the loss	ses on the forms and schedules normally used			r 3C.	4	-6,700
		ses on the forms and schedules normally used				4	-6,700
	Report the loss	 ses on the forms and schedules normally used	· ·	go to Part	· · [1	
Cauti	Report the loss If line 4 is a los	 ses on the forms and schedules normally used	· · · t II and e), skip	 go to Part Parts II and	: III. d III and	d go t	to line 15.
	Report the loss If line 4 is a los on: If your filing	 ses on the forms and schedules normally used	· · · t II and e), skip	 go to Part Parts II and	: III. d III and	d go t	to line 15.
Part II	Report the loss If line 4 is a los on: If your filing or Part III. Inste	 ses on the forms and schedules normally used	· · · et II and e), skip e at any	go to Part Parts II and time durir	: III. d III and	d go t	to line 15.
	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special	 ses on the forms and schedules normally used	t II and), skip at any Partici	go to Part Parts II and time durir pation	: III. d III and	d go t	to line 15.
Part II Part	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: En:	 ses on the forms and schedules normally used	t II and), skip at any Partici	go to Part Parts II and time durir pation	: III. d III and	d go t year,	to line 15. do not comple
Part II Part 5	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the small	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan	go to Part Parts II and time durir pation nple.	lll. d III and ng the y	d go t	to line 15. do not comple
Part II Part 5 6	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan	go to Part Parts II and time durir pation nple.	III. d III and ng the y	d go t year,	to line 15. do not comple
Part II Part 5	Report the loss If line 4 is a loss on: If your filing or Part III. Inste 11 Special Note: Em Enter the smal Enter \$150,000 Enter modified	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan	go to Part Parts II and time durir pation nple.	III. d III and ng the y	d go t year,	to line 15. do not comple
Part II Part 5 6	Report the loss If line 4 is a loss on: If your filing or Part III. Inste Description Special Note: Em Enter the sma Enter \$150,000 Enter modified Note: If line 7	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan	go to Part Parts II and time durir pation nple.	III. d III and ng the y	d go t year,	to line 15. do not comple
Part II Part 5 6 7	Report the loss If line 4 is a loss on: If your filing or Part III. Inste Description Special Note: Em Enter the sma Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw	 ses on the forms and schedules normally used	rt II and e), skip e at any Partici an exan 6 7	go to Part Parts II and time durin pation nple. <u>150,0</u> <u>130,8</u>	. III. d III and ng the y 00. 77.	d go t year,	to line 15. do not comple
Part II Part 5 6 7 8	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 8	go to Part Parts II and time durin pation nple. <u>150,00</u> <u>130,8</u>	111. d III and ng the 00. 77. 23.	d go t year, 5	to line 15. do not comple 6 , 700 .
Part II Part 5 6 7 8 9	Report the loss If line 4 is a loss on: If your filing or Part III. Inste Description Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 b	 ses on the forms and schedules normally used	t II and s), skip at any Partici an exan 6 7 8 8	go to Part Parts II and time durin pation nple. 150,0 130,8 19,1 see instruct	: III. d III and ng the y 00. 77. 23. tions	d go t year, 5	to line 15. do not comple 6,700. 9,562.
Part II Part 5 6 7 8	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 there is the small	 ses on the forms and schedules normally used	t II and s), skip at any Partici an exan 6 7 8 8	go to Part Parts II and time durin pation nple. 150,0 130,8 19,1 see instruct	: III. d III and ng the y 00. 77. 23. tions	d go t year, 5	to line 15. do not comple 6 , 700 9 , 562
Part II Part 5 6 7 8 9 10	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 there the small If line 2c is a loss	 ses on the forms and schedules normally used	rt II and e), skip e at any Partici an exan 6 7 8 arately, s	go to Part Parts II and time durin pation nple. <u>150,0</u> <u>130,8</u> <u>19,1</u> see instruct	: III. d III and ng the 00. 77. 23. tions	5 9 10	to line 15. do not comple 6 , 700 <u>9 , 562</u> 6 , 700
Part II Part 5 6 7 8 9	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the smal If line 2c is a loc III Special	 Ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 8 urately, s	go to Part Parts II and time durin pation nple. 150,00 130,8 19,1 see instruct	: III. d III and ng the 00. 77. 23. tions	5 9 10 5 5	to line 15. do not comple 6 , 700 <u>9 , 562</u> 6 , 700
Part II Part 5 6 7 8 9 10 Part	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the smal If line 2c is a loss III Special Note: Em	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 7 8 xrately, s 0 m Re	go to Part Parts II and r time durin pation nple. <u>150,00</u> <u>130,8</u> <u>19,1</u> see instruct 	III. d III and ng the 00. 77. 23. tions I Estat	5 9 10 te Acc s.	to line 15. do not comple 6 , 700 <u>9 , 562</u> 6 , 700
Part II Part 5 6 7 8 9 10 Part 11	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the smal If line 2c is a loss III Special Note: Em Enter \$25,000	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 7 8 xrately, s om Re Part II ely, see	go to Part Parts II and r time durin pation nple. <u>150,00</u> <u>130,8</u> <u>19,1</u> see instruct 	III. d III and ng the 00. 77. 23. tions UEstat ructions	9 9 10 10 11	to line 15. do not comple 6 , 700 <u>9 , 562</u> 6 , 700
Part II Part 5 6 7 7 8 9 10 Part 11 12	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the small If line 2c is a loc III Special Note: Ent Enter \$25,000 Enter the loss	 Ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 8 wrately, s om Re Part II ely, see	go to Part Parts II and time durin pation nple. <u>150,0</u> 130,8 <u>19,1</u> see instruct 	III. d III and ng the y 00. 77. 23. tions UEstat ructions	9 9 10 11 12	to line 15. do not comple 6 , 700 <u>9 , 562</u> 6 , 700
Part II Part 5 6 7 8 9 10 Part 11 12 13	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the small If line 2c is a loc III Special Note: Ent Enter \$25,000 Enter the loss Reduce line 12	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 8 vrately, s om Re Part II ely, see	go to Part Parts II and time durin pation nple. <u>150,0</u> 130,8 <u>19,1</u> see instruct see instruct in the instr instruction	III. d III and ng the y 00. 77. 23. tions UEstat ructions	9 9 10 12 11 12 13	to line 15. do not compl 6 , 700 <u>9 , 562</u> 6 , 700
Part II Part 5 6 7 8 9 10 Part 11 12 13 14	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the small If line 2c is a loss III Special Note: Em Enter \$25,000 Enter the loss Reduce line 12 Enter the small	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 8 vrately, s om Re Part II ely, see	go to Part Parts II and time durin pation nple. <u>150,0</u> 130,8 <u>19,1</u> see instruct see instruct in the instr instruction	III. d III and ng the y 00. 77. 23. tions UEstat ructions	9 9 10 11 12	to line 15. do not compl 6,700 9,562 6,700
Part II Part 5 6 7 7 8 9 10 Part 11 12 13 14 Part	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the small If line 2c is a loss Enter the small III Special Note: Em Enter \$25,000 Enter the loss Reduce line 12 Enter the small IV Total Loss	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 8 urately, s 0 m Re Part II ely, see 	go to Part Parts II and time durin pation nple. 150,00 130,8 19,1 see instruct 	III. d III and ng the y 00. 77. 23. tions 23. tions uctions ns .	9 9 10 11 12 13 14	to line 15. do not compl 6,700 9,562 6,700 :tivities
Part II Part 5 6 7 7 8 9 10 Part 11 12 13 14 Part 15	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 th Enter the small If line 2c is a loc III Special Note: Em Enter \$25,000 Enter the loss Reduce line 12 Enter the small IV Total Loc Add the incom	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 7 8	go to Part Parts II and r time durin pation nple. 150,00 130,8 19,1 see instruct mtal Real in the instr instructior 	III. d III and ng the y 00. 77. 23. tions uctions ns .	9 9 10 12 11 12 13	to line 15. do not comple 6,700 9,562 6,700 Stivities
Part II Part 5 6 7 7 8 9 10 Part 11 12 13 14 Part	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 th Enter the small If line 2c is a loss Enter the loss Reduce line 12 Enter the small IV Total Loss Add the incom	 ses on the forms and schedules normally used	t II and e), skip e at any Partici an exan 6 7 7 8	go to Part Parts II and r time durin pation nple. 150,00 130,8 19,1 see instruct 	III. d III and ng the y 00. 77. 23. tions uctions ns .	9 9 10 11 12 13 14	do not comple 6,700. 9,562. 6,700.

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

	Currer	nt year	Prior years	Overall ga	ain or loss
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
CBCID COLONY, RAMMURTHY NAG	0.	6,700.			6,700.
Total. Enter on Form 8582, lines 1a, 1b,					
and 1c	0.	6,700.			
Worksheet 2–For Form 8582, Lines 2	a and 2b (see ins	structions)			

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
2b			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) oss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
CBCID COLONY, RAMMURTHY NAG	E Ln 22	6,700.	1.00000000	6,700.	0.
Total	🕨	6,700.	1.00	6,700.	0.

Worksheet 5-Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	