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)

Taxnaver's name

Taxpayer's name	Social security number
VENKATA GOWTHAM GUTTA	073-02-6650
Spouse's name	Spouse's social security number
MOUNIKA GADDE	273-23-9079
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 200,268.
2 Total tax	2 30,270.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 25,001.
4 Amount you want refunded to you	4
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)

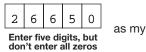
Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax 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 lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

Date



7 9

as mv

0

Enter five digits, but don't enter all zeros

9

3

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.

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 signature ►	Date 🕨
Practitioner PIN Method F	eturns Only—continue below
Part III Certification and Authentication – Practition	er PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-o	ligit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros

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 🕨	
	ERO Must Retain This F Don't Submit This Form to the I		
For Demonstrate Deduction	A st Nistian and some terr web we instructions		Farm 8870 (Day, 01 0001)

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

THEN use this address to send in your payment		
Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214		
Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000		
Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501		
Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303		

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2020

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service

2020

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

(99)

Enter the amount of your payment . 1555

5,308.

REV 03/13/21 PRO

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KX 40543-7000

VENKATA GOWTHAM GUTTA MOUNIKA GADDE 51 EDRIS LANE MECHANICSBURG PA 17050

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	20	OMB No.	1545-007	4 IRS Use	e Only-	-Do not wr	rite or staple	in this space.
Filing Status Check only one box.	נו If yo] Marrie ame of y	ed filing separately				sehold (HC	DH) [Qual	lifying wid	low(er) (QW)
Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ty number
VENKATA	GOW'	THAM	GUTT	'A						073-0	02-665	0
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse's	s social se	curity number
MOUNIKA			GADD)E						273-2	23-907	9
	(numbe	er and street). If you have a P.O. box, see						Apt. no.				on Campaign
51 EDRI:	S LAI	NE							- A -		nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP	code				ntly, want \$3
MECHANI					P	A	17	050			this fund.	Checking a
Foreign countr			F	oreign province/stat	e/cour	 ntv		eign postal o			or refund.	
5				5 1		,		5 1			You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exch	nange, o	or otherwise acquir	e any	financial in	iterest in	any virtu	al cur	rency?		X No
Standard Deduction	_	eone can claim: Vou as a de Spouse itemizes on a separate return		— ·		s a depende n	ent					
Age/Blindness	S You:	Were born before January 2, 1	956	Are blind S	pouse	e: 🗌 Was	born be	efore Janu	ary 2	, 1956	🗌 Is bl	lind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relati	onship	(4) 🖌	if qu	alifies for	r (see instru	uctions):
- If more		irst name Last name		number		to yo	bu	Child				ther dependents
than four												
dependents, see instruction												
and check	5											
here 🕨 🗌												
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2						1	1	98,932.
Attach	2a	Tax-exempt interest	2a		b 1	Taxable inte	erest			2b		940.
Sch. B if	3a	Qualified dividends	3a	8.		Ordinary div				3b		12.
required.	4a	IRA distributions	4a			Taxable am				4b		
	5a	Pensions and annuities	5a		b 1	Taxable am	ount .			5b		
Standard	6a	Social security benefits	6a		b 7	Taxable am	ount .			6b		
Deduction for –	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not re	quirec	d, check he	re .			7		384.
 Single or Married filing 	8	Other income from Schedule 1, line			· 	·				8		
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a		his is vour total in	come	ə				• 9	2	00,268.
\$12,400Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er),	b	Charitable contributions if you take					10b					
\$24,800 • Head of	c	Add lines 10a and 10b. These are								► 10c		
household,	11	Subtract line 10c from line 9. This		•						► <u>11</u>		00,268.
\$18,650If you checked	12	Standard deduction or itemized										24,800.
any box under	13	Qualified business income deducti		,	,							0.
Standard Deduction,	14	Add lines 12 and 13			0.111				• •	14	-	24,800.
see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf zero or les	 s. entr				• •			75,468.
For Disclosure		Act and Paperwork Reduction Act N								10		1040 (2020)

Form 1040 (2

Form 1040 (2020)			Page
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	30,270.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	30,270.
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	30,270.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
	24	Add lines 22 and 23. This is your total tax	24	30,270.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	25,001.
If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child, attach Sch. EIC. □	27	Earned income credit (EIC)		
If you have	28	Additional child tax credit. Attach Schedule 8812		
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8		
see instructions.	30	Recovery rebate credit. See instructions .	_	
	31	Amount from Schedule 3, line 13		
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	25,001.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit?	►b	Routing number X X X X X X X X X Savings		
See instructions.	►d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2021 estimated tax 36	_	
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	5,308.
You Owe 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.		
instructions.	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	nelow	× No
Designee		signee's Phone Personal ident		
		ne hono number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here	bel	ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic	1 prepar	er has any knowledge.
	Yo			nt you an Identity IN, enter it here
Joint return?			inst.)	
See instructions.	Sp		e IRS se	nt your spouse an
Keep a copy for		Iden	tity Prot	ection PIN, enter it here
your records.		SOFTWARE DEVELOPER (see	inst.) 🕨	
		one no. Email address		1
Paid		parer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/18/2021 P0208		Self-employed
Use Only			ne no. (678)965-9522
			i's EIN ▶	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information. BAA REV 03/13/21 PRO		Form 1040 (2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

Department of the Treasury	
Internal Revenue Service (99)	

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

Attachment Sequence No. 12

20

Name(s) shown on return

VENKATA GOWTHAM GUTTA & MOUNIKA GADDE

Your social security number

073-02-6650

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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 art 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	11,718.	11,610.	3!	56.	464.
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.	11.			-7.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	24	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	iy, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	457.

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, F line 2, colum	Part II,	from column (d) and combine the result 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	153.	83.			70.
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.	2.	147.			-145.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	lule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	2.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	-73.

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16	3	84.
	• 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?			
	Yes. Go to line 18.			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
10	If you are required to complete the Unrecentured Section 1950 Coin Worksheet (see			
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 03/13/21 PRO	Sc	hedule D (Form 1040) 2020

Form	8949
Form	8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► 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.

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
VENKATA GOWTHAM GUTTA & MOUNIKA GADDE	073-02-6650

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.		Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	07/20/20	08/10/20	11,718.	11,610.	W	356.	464.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above	al here and inc is checked), lir	lude on your 1e 2 (if Box B						
above is checked), or line 3 (if Box (C above is chec	ked) 🕨	11,718.	11,610.		356.	464.	

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification numl	oer

VENKATA GOWTHAM GUTTA & MOUNIKA GADDE

Social security number or taxpayer identification number 073–02–6650

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

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

- [] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	If you enter an enter a c See the sep	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	03/08/17	04/27/20	153.	83.			70.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inclusion in the inclusion of the interval in the inclusion of the interval in the interval interval in the interval interva interval	lude on your 1e 9 (if Box E	153.	83.			70.

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

Form 8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 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.

Attachment Sequence No. 12A

Name(s) snown on return		Social security number or taxpayer identification number			
VENKATA GOWTHAM	GUTTA & MOUNIKA GADDE	073-02-6650			
Pofora vou obook Pox A	ar Chalaw, and whathar you readined any Farm(a) 1000 P	ar aubatituta atatamant(a) from your brokar. A aubatituta			

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

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

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

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

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

_		<u> </u>			– ()					100
	(B)	Short-term	transactions	reported on	Form(s)	1099-B showing	basis wasn	' t reported t	o th	e IRS
	·-/									

X (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.		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 <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	03/24/20	04/14/20	4.	11.			-7.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	4.	11.			-7.	

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification numl	oer

VENKATA GOWTHAM GUTTA & MOUNIKA GADDE

Social security number or taxpayer identification number 073–02–6650

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

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

☑ (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	09/12/16	04/27/20	2.	147.			-145.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	2.	147.			-145.

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

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
MOUNIKA GADDE	beneficiary. If both spouses have HSAs, see instructions ► 273-23-9079

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

Part	Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.							
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.							
	See instructions	Se	lf-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	7,100.					
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	7,100.					
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	7,100.					
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						
8	Add lines 6 and 7	8	7,100.					
9	Employer contributions made to your HSAs for 202092,600.	_						
10	Qualified HSA funding distributions 10							
11		11	2,600.					
12	Subtract line 11 from line 8. If zero or less, enter -0	12	4,500.					
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.					
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.II HSA Distributions. If you are filing jointly and both you and your spouse each have separately and your spouse each	urata I						
Tart	a separate Part II for each spouse.	ii ale i	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						
	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						
1 7a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here							
b	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). Bot II this are subject to the additional 20% tax.	176						
Part	1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	efore					
- art	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	
	1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21

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

BAA REV 03/13/21 PRO

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest inform	nation.
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2020 Attachment Sequence No. 55

OMB No. 1545-2294

Name(s) show	n on return			
VENKATZ	A GOWTHAM	GUTTA &	MOUNTKA	GADDE

Your taxpayer identification number

073-02-6650	
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Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)	6 1.	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	B 1.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	0.
11 12		1 175,468. 2 8.		
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	35,092.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter the applicable line of your return	nter this amount on	15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than z	ero, enter -0	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and			
	zero, enter -0		17	(0.)
For Priv	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/13/	21 PRO		Form 8995 (2020)

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG, PA 17129-0001 NOTE: WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT), DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2020 PA-40 V PA PAYMENT VOUCHER

1555 REV 03/16/21 PRO

PAYMENT AMOUNT

30.00

2000918793

\$

073-02-6650

273-23-9079

GU

GUTTA VENKATA GOWT GADDE MOUNIKA

51 EDRIS LANE MECHANICSBURG PA 17050

716-471-7731

DEPARTMENT USE ONLY

Make check or money order payable to the Pennsylvania Department of Revenue

PA-40 - 2020 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

			N N	Extens	sion.	N	Amended Return.
073026650 273239079					~		
GUTTA			R		ency Status sident/Non		art-Year Resident
				from			to
VENKATA GOWTHAM	Occupation	on SYSTEMS AN	J		e, Married/l ed/Filing S		ntly, Final Return
MOUNIKA	Occupation	on SOFTWARE D				, opaiatory,	
GADDE			N	Decea	sed		
GAUVE			N	Taxpa	yer Date of	f Death	
			N	Spouse	e Date of E	Death	
51 EDRIS LANE				-1			
		1 70 50	N	Farme			
MECHANICSBURG	PA	17050		Schoo.	I District N	ame <u>E A .</u>	ST PENNSBOR
716-471-7731		57520					
1a Gross Compensation. Do not include			y and		la		200432
qualifying retirement benefits. See the	e instructio	ons.					
1b Unreimbursed Employee Business Expenses.					ľр		0
1c Net Compensation. Subtract Line 1b from Line 1a.					lc		200432
	4				_		
2 Interest Income. Complete PA Schedu					2 3		940
3 Dividend and Capital Gains Distribution4 Net Income or Loss from the Operation		_	required.		 		14 0
4 Net income of Loss nom the Operation	li ol a Dusi	ness, i foression of Farm.					
					5		
5 Net Gain or Loss from the Sale, Exch6 Net Income or Loss from Rents, Roya	-				5		림
					7		
 7 Estate or Trust Income. Complete and submit PA Schedule J. 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T. 					Å		ŭ
 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 				9		201412	
2, 3, 4, 5, 6, 7 and 8. DO NOT ADD	~		,				
10 Other Deductions. Enter the appropriate the second se	riate code t	for the type of deduction	Ν		10		
See the instructions for additional inf		for the type of deddetion.	IN IN				
11 Adjusted PA Taxable Income. Subtra	act Line 10) from Line 9.			77		201412
1555 REV 03/16/21 PRO							





Page 1 of 2

PA-40 - 2020

2000217352

Social Security Number

073026650 Name(s) VENKATA GOWTHAM GUTTA

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	13	6183 6153
14 15 16 17 18	Credit from your 2019 PA Income Tax return. 2020 Estimated Installment Payments. REV-459B included. N 2020 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	19a 00 19b 00 20 21	
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases, See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	22 23 24 25 26 27	0 6153 0 30 0
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	30 0
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2021 estimated account.REFUND	31 30	
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
accom	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all apaying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
	Signature Spouse's Signature, if filing jointly arer's Name and Telephone Number Date E-File Op	t Out	Y
SYA	AM PRIYA RAM SAGAR GUPTA TALLAM DILATION FILME F	Ń	1 301017196 P02082703
	1555 REV 03/16/21 PRO Page 2 of 2		
		20002173	52

	A	SCHEI	DULE	A
Ir	ntere	st Income		

500757005P

PA Department of Revenue 2020	OFFICIAL USE ONLY
Name shown first on the PA-40 (if filing jointly)	Social Security Number (shown first)
VENKATA GOWTHAM GUTTA	073-02-6650

CAUTION: Federal and PA rules for taxable interest income are different. Read the instructions.

- - - -

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer 💼 Spouse 👝 Joint 👝		
1. Interest income reported on your federal return. See instructions.	1.	\$ 940
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$
3. Other addition adjustments. See instructions. Description:	3.	\$
4. Add Lines 1, 2 and 3.	4.	\$ 940
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$
6. Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$
7. Interest income from direct obligations of the U.S. government.	7.	\$ 0
8. Other reduction adjustments. See instructions. Description:	8.	\$
9. Add Lines 5, 6, 7 and 8.	9.	\$ 0
10. Subtract Line 9 from Line 4.	10.	\$ 940
 Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income. 	11.	\$
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$
 Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes. 	13.	\$
 Distributions from Health/Medical Savings Accounts included in federal taxable income. 	14.	\$
 Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	15.	\$
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$ 940

1555 REV 03/16/21 PRO



500757005P

PA SC	CHEDULE	B
Dividend	Income	

2001510029

PA-40 B PA Depa	(EX) (06-20	(1)	
PA Depa	rtmér	nt of I	Rèvenu	le

2020

PA Department of Revenue	OFFICIAL USE ONLY
Name shown first on the PA-40 (if filing jointly)	Social Security Number (shown first)
VENKATA GOWTHAM GUTTA	073-02-6650

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpaver, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer 🝙 Spouse 👝 Joint	
1. Dividend income from Line 3b of your federal return. See instructions.	\$ 12
2. Dividend income from federal Schedule K-1(s). See instructions.	. \$
3. Pennsylvania exempt-interest dividend income. See instructions.	. \$
4. Other reduction adjustments. See instructions. Description: 4	. \$
5. Add the amounts on Lines 2, 3 and 4.	. \$
6. Subtract Line 5 from Line 1.	. \$ 12
7. Total exempt-interest dividends. See instructions.	. \$
8. Other addition adjustments. See instructions. Description: 6	. \$
 9. Repatriation of foreign income. See instructions. a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. 9a 	
 b. Total payments of earnings and profits included in Line 9a received in prior years. 9b	
c. Payments of earnings and profits included in Line 9a received in current year. 90	\$
10. Capital Gains Distributions - See instructions . 10	. \$ 2
11. Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.11	. \$
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40. 12	. \$ 14

1555 REV 03/16/21 PRO



PA SCHEDULE D

2001310024

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-20 (I) PA Department of Revenue

2020

PA Department of Revenue 2020	OFFICIAL USE ONLY
If you need more space, you may pho	ptocopy.
Name of the taxpayer filing this schedule	Social Security Number (shown first)
VENKATA GOWTHAM GUTTA	073-02-6650
Taxpayer (Joint
Important: A taxpayer and spouse must complete separate schedules to report their gains	or losses or if any amounts are reported on Lines 3 through
10 of PA Schedule D. However, if all the gains and losses were realized on a joint basi	s, one schedule may be completed. Complete the oval to
indicate whether the gains and losses included on the schedule are from the taxpayer, spo	ouse or joint. One spouse may not use a loss to reduce the
other spouse's gains. When reporting the sale of jointly owned property that is not reported	on a joint PA Schedule D, each must show their share of the

10 of indica other sale on their separate PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

,	0 0 1		,				
Describe ti 100 shares of	a) he property: f XYZ stock, or auphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	Gain (d) mi	(f) or loss: inus (e) Il in the oval).
1.ROBINHOOD	SECURITIES	07/20/20	08/10/20	11,718.	11,610.	LOSS	108.
ROBINHOOD	SECURITIES	03/24/20	04/14/20	4.	11.	LOSS	7.
ROBINHOOD	SECURITIES	03/08/17	04/27/20	153.	83.	LOSS	70.
ROBINHOOD	SECURITIES	09/12/16	04/27/20	2.	147.	LOSS	145.
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
2. Net gain (loss) from	above sales.				LOSS 2.		26.
3. Gain from installmen	t sales from PA Schedule I	D-1.			3.		
4. Taxable distributions	from C corporations	Enter total	distribution				
					= 4.		
5. Net gain (loss) from	the sale of 6-1-71 property	from PA Schedule D)-71		LOSS 5.		
6. Net PA S corporation	and partnership gain (loss	s) from your PA Sche	edule(s) RK-1 or NR	K-1	LOSS 6.		

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of	(f) Gain or loss:
residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
7. Taxable gain from the sale of your principal residence. If					
If you realized a gain/loss on the sale of the nonresidenti	al portion of your	principal residen	ce, enter the informatio	n on Line 1 7.	
8. Taxable distributions from partnerships from REV-999.					
9. Taxable distributions from PAS corporations from REV					
10. Taxable gain from exchange of insurance contracts				10.	
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10	. Enter on Line 5	of your PA-40. (If a net loss, fill in the c	oval) Coss 11.	26.





2001310024

CLGS-32-1 (04-16)
a A a
NA SAN SA
122550

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

*If you have relocated during the tax year, please supply additional information.							
DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No	PO Box, RD or	RR)	CITY OR POST OFFI	CE	STATE	ZIP
то							
то							
				**If you n	need additional	space - please	see back of form.
LAST NAME, FIRST NAME, MIDDLE INIT			SPOUSE'S LA GADDE, M	ST NAME, FIRST NAME, MID	DLE INITIAL		
GUTTA, VENKATA GOWTHAM STREET ADDRESS (No PO Box, RD or R	-						
51 EDRIS LANE							
SECOND LINE OF ADDRESS							
CITY				STATE	ZIP CODE		
MECHANICSBURG				PA	17050		
DAYTIME PHONE NUMBER	RESIDENT PSI	D CODE					
	2 2 0 4	4 0 1	EXTE	INSION AMENDED R		NON-RES	
-			5	Social Security #	Spou	use's Social	Security #
The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first.			0 7 3	026650	2 7	3 2 3 9	9 0 7 9
Combining incon		If you had	NO EARNED INCOME,	If you h	ad NO EARI	NED INCOME, son why:	
ONLY USE BLACK OR BLUE	INK TO COMPLETE THIS	S FORM	cne disabled	ck the reason why:			son wny:
			decease		deceas		military
Single Married, Filing Jointly	Married, Filing Separately	Final Return*	homema		homen		retired
1. Gross Compensation as Reported	on W-2(s) (Enclose W-2s)			99640.00			100792.00
2. Unreimbursed Employee Business				0.00			0.00
3. Other Taxable Earned Income *				0.00			00
4. Total Taxable Earned Income (Su				99640.00			100792.00
5. Net Profit (Enclose PA Schedules*) .				*			
NON-TAXABLE S-Corp earnings check				0.00			0.00
6. Net Loss (Enclose PA Schedules*)				0.00			0.00
7. Total Taxable Net Profit (Subtract Lin				0.00			0.00
8. Total Taxable Earned Income and N			99640.00		100792.00		
9. Total Tax Liability (Line 8 multiplied				996 .00			1008.00
10. Total Local Earned Income Tax W				1646.00			1613.00
11.Quarterly Estimated Payments/Cre				0.00			0.00
12. Out-of-State or Philadelphia Cred				0.00			0.00
13. TOTAL PAYMENTS and CREDIT	S (Add Lines 10 through 12)			1646.00			1613.00
14. Refund IF MORE THAN \$1.00, e	enter amount (or select option in	15)		650.00			605.00
15. Credit Taxpayer/Spouse (Amount		ur account)		0.00			0.00
16. EARNED INCOME TAX BALANC	CE DUE (Line 9 minus Line 13).			0.00			0.00
17. Penalty after April 15* (multiply L	ine 16 by)			0.00			0.00
18. Interest after April 15* (multiply Li	ne 16 by)			0.00			0.00
19. TOTAL PAYMENT DUE (Add Lines	,			0.00			0.00
*See Instructions		V 03/16/21 PRO		information in al. P. U.			
Under	penalties of perjury, I (we) declare schedules and statements and to						
YOUR SIGNATURE		SPOUSE'S	SIGNATURE (II	f Filing Jointly)		DATE (MN	M/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATI					PHONE NUM		
SYAM PRIYA RAM SAGAR G	JUPIA TALLAM				(678)96	5-9522	

VENKATA GOWTHAM

GUTTA

Name

Social Security Number 073-02-6650

	Federal Forms W-2						
# of W2	* N T / T X B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
		T S		INDUS VALLEY CONSULTANTS INC 76-0516691 PWC ADVISORY SERVICES LLC 46-4958214	98,140. 99,640. 100,792. 100,792.	99,640. 3,059. 100,792. 3,094.	PA PA

Pennsylvania W-2	Taxpayer 99,640.	Spouse 100,792.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	3,059.	3,094.

Federal Forms W-2: Local Tax

# of W2	*	ΤS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		TS	76-0516691 46-4958214	220401-22 220401	99,640. 100,792.	<u>1,646.</u> 1,613.	PA PA

	Taxpayer	Spouse
Pennsylvania Local W-2	99,640.	100,792.
Withholding	1,646.	1,613.

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

cella	neous Compensation	Tron		ederal Fo	rms 10	9910	150, 10		-	
*	* Payer Name			Payer I	EIN .	T/S Code	PA Taxable Comp.	le PA Tax Withheld	Fed. Income	
Ēx	vania Payment type: ecutor fee	ł		Other none	employe	e co	mpensa	ation.		
	ry duty pay ector's fee	I		Describe:						
	pert witness fee norarium		J K	Distribution	n from IF	RA (1 ifo In	Fradition	nal or Roth)	r Endowment C	ontracts
Co	venant not to compete	Ĺ	-	Distributior	ר from C	harit	able Gi	ft Annuities		Jointidets
Da los	mages or settlement for t wages, other than	r		Distributior Describe:	n from E	mplo	oyee Sto	ock Owners	hip Plan.	
	rsonal injury	-	N C	Fiduciary for Other income	ees fron	n a tr	ust Labove			
				Describe:		ISIEC	above			
								Tax	payer	Spouse
	Ilaneous Compensation				ISC/109	9K/1	099NE			-1
vitnn	olding	• • •	••			• •	• • • • •			
		Cor	npe	ensation f	rom Fe	eder	al For	ms 1099R		
	Payer's EIN	т	- Fed	PA	Gross					PA Tax
*	Payer's Name	Ś	#		Distributi		E	Basis	PA Taxable	Withheld
		—								
					· ·					
			—							
		—					-			
* E	Enter an 'X' if this incom	ie is I	lot	subject to I	Pennsyl	vania	a tax - P	A Part-Yea	r and Nonresid	ents Only.
No PA Un Mil U.S An (ind Ea Ro	vania Distribution typ entry school, state, or munic ited Mine Workers pen itary pension S. Civil service retiremen nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	cipal e sion ent/dis e dis ivorsl etirem	sabil abili hip /	lity/annuity ty Annuity) plan		122 J1 J2 K2 K3 L M1 M2 M3 M2	Tradi Tradi Non- Life i Distri ESO ESO KSO	itional or Ro qualified de nsurance or ibution from P: Allocateo P: Non-Alloo P: Taxable	et; plan is eligib th IRA; I'm ove th IRA; I'm und ferred compent endowment Charitable Gift I ESOP Stock I cated ESOP St ESOP within a ble ESOP within	r 59.5 ler 59.5 sation plan : Annuities Dividend ock Dividend 401(k)
Dictr	ribution from Life Insura	nco	۸nr	wity Endo	wmont (Cont	acts or	Тах	payer	Spouse
	ineligible retirement pla	ans (s	see -	Tax Help F	AQ's foi	r moi	e info)			
	ribution from Charitable ppensation from Form 1									
	holding									
				Tataloa						
				Total Gr	oss Co	omp	ensatio			
	Total gross componentian to Form			PA-40 line 1a			Tax	payer	Spouse	
Tota	I gross compensation t	o ⊢∩r	mΡ	'A-4() line 1	a				99.040	
Tota	Il gross compensation t Il Schedule NRH gross Iholding to Form PA-40	comp	pens	ation to PA	4-40, lin	e 12			99,640. 3,059.	100,792

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.