### **IRS** *e-file* Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number VENKATA GOWTHAM GUTTA 073-02-6650 Spouse's name Spouse's social security number 273-23-9079 MOUNIKA GADDE Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.) Part I 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. Adjusted gross income 194,658. 1 1 28,948. 2 2 3 3 25,001. 4 4 5 5 3,796. Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	L
	ERO firm name		

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Ent dor	er fiv n't er	/e di iter a	gits, all ze	but ros	as my

7 9

as mv

0

Enter five digits, but don't enter all zeros

9

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 🕨

X

#### Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC

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 E	ate 🕨					 		
Practitioner PIN Method Returns Only—continue	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	 	 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 sigr	nature 🕨			Date 🕨		
		Don't S	ERO Must Retain Thi Submit This Form to th	 		
					 0070 /=	04.0004

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

Date

to enter or generate my PIN

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	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

VENKATA GOWTHAM

51 EDRIS LANE

MOUNIKA



# 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.

GADDE

MECHANICSBURG PA 17050

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)

GUTTA

Enter the amount of your payment. 1555

3,796.

REV 04/20/21 PRO

INTERNAL REVENUE SERVICE

P.O. BOX 931000 LOUISVILLE, KX 40293-1000

Filing Status       Check only       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(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 midow(er) (QW)         Your fiet name and middle initial       Last name       Your social security number         VENKATA GONTHAM       GUTTA       07-02-6650         Hone address (number and street). If you have a Dr. box, see instructions.       Apt. no.       Prediontal Bitchick (NV), want 33         City, town, or post office. If you have a foreign address, also complete spaces below.       State       21P code         Status       City code       PA       17050       box bolow will not change         Foreign province/state/county       Foreign province/state/county       Foreign postal code       your as or refund.         MCHANTCSUBURG       Someone can claim:       You as a dependent       You:       You       Spouse         Someone can claim:       You as a dependent       You:       You:       No       Spouse:       No         Standard       Cief instructions):       (P) Fealuationable       (P) Fealuationable       (P) Fealuationable       (P) Fealuationable       (P) Fealuationable         Dependents, see instructions)	E <b>104</b> 0		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20	20	OMB No. 1545	5-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
VENKATA GOWTHAM       GUTTA       073-02-6650         If join return, spoule's first name and middle initial       Last name       Spoule's social socurity number         MOUNTKA       GADDE       273-23-9079         Home address (number and street). If you have a foreign address, also complete spaces below.       State       273-027         Foreign country name       Foreign province/state/country       Pa       17050         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Standard       Someone can claim:       You as a dependent       You respouse is a dependent       You respouse is a dependent         Age/Bindness You:       Was 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 ise instructions;         If more than 6urd       Image: Salaries, tips, etc. Attach Form(s) W-2       Image: Salaries, tips, etc. Attach Form(s) W-2 <t< td=""><td>Check only</td><td>lf yo</td><td>ou checked the MFS box, enter the n</td><td>ame of y</td><td></td><td></td><td></td><td></td><td></td><td>,</td><td></td><td>, ,</td><td></td></t<>	Check only	lf yo	ou checked the MFS box, enter the n	ame of y						,		, ,	
If joint return, spouse's first name and middle initial       Last name       273-23-9079         MOUNTRA       CADDE       273-23-9079         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         51       EDRIS LANE       PA       17050       Check here if you, or your         Store of time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Ves       No         Standard       Someone can claim:       You spouse as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Image: space 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):       (g) Social security       (a) Relationship       (d) √1 qualifies to rese instructions;         If more       I       Wages, salaries, tips, etc. Attach Form(s) W-2       Image: salaries, tips, 932, 20         Attach       Sa       Charitable anount<	Your first name	and mi	iddle initial	Last na	me						Your so	ocial securi	ty number
MOUNIKA       GADE       273-23-9079         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Electron Campaign         S1 EDRIS LANE       PA       17050       required.         Chy, town, or post office. If you have a foreign address, also complete spaces below.       State       PA       17050         Foreign country name       Foreign province/state/county       Pa       17050       spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign province/state/county       PA       17050         Standard       Someone can claim:       \ou as a dependent       You as a dependent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       No         Standard       Someone can claim::       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ¥/f trualifies for fees instructions;         If more than four dependents, see instructions;       1       198, 932.       1       198, 932.         Attach       2a       Tax-exempt interest .       2a       2a       3a       8.         Standard       Sources and advinetes .       5a       b       Taxable amo	VENKATA	GOW	ТНАМ	GUTT	'A						073-	02-665	0
Home address (number and street). If you have a P.O. box, see instructions.       Apl. no.       Presidential Election Campaign Check here if you, or your stop of othics. If you have a foreign address, also complete spaces below.       State       ZIP code       TO 50         Chy. town, or poor office. If you have a foreign address, also complete spaces below.       State       ZIP code       PA       17050         Foreign country name       Foreign province/state/county       Foreign postal code       You Spouse       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         Deduction       Spouse Itemizes on a separate return or you were a dual-status alien       Age/Blindness You:       Were born before January 2, 1956       Is blind         Dependents, see instructions;       [1] First name       Last name       number       to you       Chedit tax credit       Chedit tax credit         and check, here if       2a       Ara blind       Spouse:       Vas borneir dependents, see instructions;       1 198, 932.         and check, here if       2a       Tax-exempt interest       2a       4a       b Taxable amount.       4b         Standard       Su Cheni income from Schedule D if required. If no	If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number
51 EDRIS LANE       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       2P code       Spouse if filing jointly, want \$3 to go to this fund. Checking a tox below will not change         Foreign country mame       Foreign province/statk/country       Foreign postal code       your tax or refund.         You a spouse if mizes on a separate return or you were a dual-status alien       Someone can claim:       You as a dependent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Its blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) \$4' if qualifies tor (see instructions):         If more than four       (1) First name       Last name       inumber       inumber       inumber         1       198, 932.       3a       8.       b       Tax-exempt interest       2b       9400.         5a       Social security benefits       5a       5a       b       Taxable amount       6b         Attach       5a       Gold insens 1, bis your total align or (loss).       5a       9       194, 658.         6a       Soulanified dividends       5a	MOUNIKA			GADE	Ε						273-	23-907	9
City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing jointly, wart \$3 to go to this fund. Checking a box below will not change a box below will not change a your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         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       Yes       No         Dependents       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness You:       Ware born before January 2, 1956       A re blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (9) First name       Last name       (2) Social security       (3) Relationship       (4) \$V' If qualifies for (see instructions):       Credit for other dependents, see instructions         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) \$V' If qualifies for (see instructions):       (1) First add track for the dependents, see instructions         and check       1       198,932.       198,932.       2b       940.       3e         Standard       Qualified divi	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.		Preside	ential Electi	on Campaign
Cuty, for bost office, if you frave a holeggin address, also bothplete spaces below.       State       2/P dode       to go to this fund, checking a         MECHANICSBURG       Foreign country name       Foreign province/state/county       Foreign postal code       box below will not change your tax or refund.         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       Your spouse as a dependent         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       (9) First name       Last name       (2) Social security       (3) Relationship       (4) // It qualifies for (see instructions):         if more       (1) First name       Last name       in umber       io you       Child tax credit       Credit for ather dependents         see instructions	51 EDRI	S LAI	NE										
MECHANICSBURG       IPA       17050       box below will not change         Foreign pountry name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       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         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       (I) First name       Last name       Inumber       Chalt tax credit       Credit for other dependents         see instructions       Interest       2a       Attach       Spouse       b Taxable interest       2b       940.         Standard       2a       Tax-exempt interest       5a       b       Taxable amount       4b       5b         Standard       3a       8.       b       Taxable amount       5b       5b       5b       5b       5b       5b<	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	de				
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       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 Deduction       Spouse itemizes on a separate returm or you were a dual-status alien       Age/Blindness       You:       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):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions	MECHANI	CSBUI	RG			P.	A	170	50		•		•
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       Yes       No         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       number       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       number       1       198, 932.         Attach       2a       3a       8.       b       Taxable interest       2b       940.         Sch. B if required.       1       198, 932.       1       198, 932.       2b       940.       3b       12.         required.       1a       Auges, salaries, tips, etc. Attach Form(s) W-2       b       Taxable amount       5b       5b         Standard       3a       Ga       Oualified dividends <t< td=""><td>Foreign countr</td><td>y name</td><td></td><td>F</td><td>oreign province/st</td><td>ate/cour</td><td>nty</td><td>Foreig</td><td>n postal c</td><td>code</td><td>your ta</td><td>x or refund</td><td></td></t<>	Foreign countr	y name		F	oreign province/st	ate/cour	nty	Foreig	n postal c	code	your ta	x or refund	
Standard Deduction       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         Dependents       (see instructions):       (a) Social security       (a) Relationship       (b) Y if qualifies for (see instructions):       (b) Y if qualifies for (see instructions):       Child tax credit       Credit for other dependents         If more than four       (b) First name       Last name       (c) Social security       (a) Relationship       (b) Y if qualifies for (see instructions):       (c) Credit for other dependents         ase instructions       Image: salaries, tips, etc. Attach Form(s) W-2       Image: salaries, tips, etc. Attach For												You	Spouse
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       number       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions       (1) First name       Last name       1	At any time du	iring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acqu	uire any	financial intere	est in a	ny virtua	al cu	rrency?	Yes	X No
If more than four dependents, see instructions and check here       Image: transme tra	Deduction		Spouse itemizes on a separate return	n or you	were a dual-sta	tus alier	n	rn befo	re Janu	ary 2	2, 1956	🗌 ls bl	lind
If more than four dependents, see instructions and check here       Image: the set instructi					(2) Social sec	urity						or (see instru	ictions):
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see instructions       Image: constructions and check here		<u></u>											
and check       here										$\overline{\Box}$			
here   Attach   Sch. B if   required.   2a   3a   Qualified dividends   3a   Attach   Sch. B if   required.   4a   Qualified dividends   4a   Bar   4a   IRA distributions   4a   Bar   bar   5a   Pensions and annuities   5a   Sch. B if   7    Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   384.   8   Other income from Schedule 1, line 9   9   104   105   9    105   9   106   107   108   108   109   109   1010   1011   1011   1011   1012   111   111   111   111   111   111   111   111   111   111   121   241,800   131   14   241,800		s ——								$\overline{\Box}$			
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       940.         Sch. B if       3a       Qualified dividends       3a       8.       b       Ordinary dividends       3b       12.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         * Single or Married filing separately, \$12,400       6       Other income from Schedule 1, line 9       5ch, and 8. This is your total income       7       384.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       194, 658.       9         9       Add lines 10a and 10b. These are your total adjustments to income:       10a       10b       10c         9       Add lines 10a and 10b. These are your total adjustments to income       11       194, 658.         9       If you checked ary box under Standard deduction or itemized deductions (from Schedule A)       11       194, 658.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A										$\overline{\Box}$			
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       940.         Sch. B if       3a       Qualified dividends       3a       8.       b       Ordinary dividends       3b       12.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         * Single or Married filing separately, \$12,400       6       Other income from Schedule 1, line 9       5ch, and 8. This is your total income       7       384.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       194, 658.       9         9       Add lines 10a and 10b. These are your total adjustments to income:       10a       10b       10c         9       Add lines 10a and 10b. These are your total adjustments to income       11       194, 658.         9       If you checked ary box under Standard deduction or itemized deductions (from Schedule A)       11       194, 658.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A		1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2						. 1	1	98,932.
Sch. B if required.       3a       8.       b       Ordinary dividends       3b       12.         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       7       384         * Single or Married filing separately, \$12,400       6a       Other income from Schedule 1, line 9       5       7       384       -5,610         9       194,658       10       Adjustments to income:       9       194,658       9       194,658         10a       Married filing youtdweier), \$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10b       10c       104         11       194,658       11       194,658       11       194,658         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       194,658         • If you checked any box under Standard       13       Qualified business income deduction. Attt		2a		11		b 1	Taxable interes	t.			. 2k		
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       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       384.         8       Other income from Schedule 1, line 9       7       384.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       194, 658.         10       Adjustments to income:       10a       10b       10c         widow(er), St2,400       b       Charitable contributions if you take the standard deduction. See instructions       10b       10c         9       194, 658.       10       Add lines 10a and 10b. These are your total adjustments to income       10c       11       194, 658.         14       Standard deduction or itemized deductions (from Schedule A)       12       24, 800.       12       24, 800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       0.		3a	Qualified dividends	3a	8.						. 3b	<b>)</b>	12.
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       *       7       384.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       *       8       -5, 610.         • Married filing jointly or Qualifying widow(er), \$24,800       •       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       *       10a         • Married filing jointly or Qualifying widow(er), \$24,800       •       •       10a       10b         • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total adjustments to income:       10a       10b       10c         • Head of household, \$18,650       •       •       Add lines 10a and 10b. These are your total adjustments to income       •       11       194,658.         • If you checked ary box under Standard deduction or itemized deductions (from Schedule A)       •       •       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       •       13       0.         14       24,800.       14       24,800.       14       24,800.	required.	4a	IRA distributions	4a			,				. 4t	<b>)</b>	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       384.         • Single or Married filing separately, \$12,400       9       Other income from Schedule 1, line 9       8       -5,610.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       194,658.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • From Schedule 1, line 22       • • • • • • • • • • • • • • • • • • •		5a	Pensions and annuities	5a		b 1	Taxable amoun	ıt			. 5t	<b>)</b>	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the second deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Married filing 10. Add lines 12 and 13</li> <li>Married filing 24,800.</li> </ul>	Standard	6a	Social security benefits	6a		b 1	Taxable amoun	ıt			. 6t	<b>b</b>	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -5,610         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       194,658         Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       194,658         b       Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       C       Add lines 10a and 10b. These are your total adjustments to income       10c       11       194,658         11       Subtract line 10c from line 9. This is your adjusted gross income       .       .       11       194,658         12       Standard deduction or itemized deductions (from Schedule A)       .       .       12       24,800         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .       .       13       0.         14       24,800.       14       24,800.       .       14       24,800.		7	Capital gain or (loss). Attach Scheo	dule D if	required. If not r	equirec	d, check here			►□	7		384.
\$12,400       9       Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income       9       194, 658.         • 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       10a       10b       10c         • 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		-5,610.
<ul> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>Inon Inon Inon Inon Inon Inon Inon Inon</li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your <b>total</b> i	income				.	▶ 9	1	94,658.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income		10	Adjustments to income:										
widow(er), \$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .		а	From Schedule 1, line 22				10	a					
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>	widow(er),	b	Charitable contributions if you take	the stan	dard deduction.	See inst	tructions 10	b					
\$18,650       11       194,058.         If you checked any box under Standard       13       Standard deduction or itemized deductions (from Schedule A)       12       24,800.         If you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       0.         If you checked any box under Standard       14       Add lines 12 and 13       14       24,800.		с	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments	to inco	me			.	▶ 10	с	
<ul> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>14 Add lines 12 and 13</li></ul>		11	Subtract line 10c from line 9. This	is your a	adjusted gross i	ncome				.	► <u>1</u> 1	1	94,658.
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A130.Deduction, see instructions.14Add lines 12 and 131424,800.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deducti	i <b>ons</b> (from Sched	dule A)					. 12	2	24,800.
Deduction, see instructions.         14         Add lines 12 and 13         13         14         24,800		13	Qualified business income deducti	ion. Atta	ich Form 8995 oi	Form 8	8995-A				. 13		
15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14										1	24,800.
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0				. 15	5 1	69,858.

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

Form **1040** (2020)

Form 1040 (2020	)									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	28,948.
	17	Amount from Schedule 2, lin	ne3						17	
	18	Add lines 16 and 17							18	28,948.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	28,948.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 🕨	24	28,948.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	25	,001.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	25,001.
• If you have a	26	2020 estimated tax payment							26	
qualifying child,	27	Earned income credit (EIC)			. No .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30		167.		
	31	Amount from Schedule 3, lin	ne 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refun	dable cr	redits	. 🕨	32	167.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 🕨	33	25,168.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	unt you	overpaid		34	
neruna	35a	Amount of line 34 you want			3 is attached, ch	eck here	э		35a	
Direct deposit?	►b	Routing number X X X			► <b>c</b> Type: [			Savings		
See instructions.	►d	Account number X X X	X X X X	XXXX	X X X X	X X I	x			
	36	Amount of line 34 you want a	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	3,796.
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represent al	l of the	taxes you	owe for		
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38		16.		
Third Party		you want to allow another					_			_
Designee	ins	tructions				. 🕨	Yes. Co	omplete l	below.	× No
		signee's ne ►		Phone no. ►				onal identi		
<u>.</u>								ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	e IRS sei	nt you an Identity
				Duito						IN, enter it here
Joint return?					SYSTEMS A	ANALY	ST	(see	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occup	ation				nt your spouse an
your records.	,				SOFTWARE		ם שמח ז		inst.) 🕨	ection PIN, enter it here
-	Db	200.00		Email address	SOFIWARE		LOPER	(000		
		one no. eparer's name	Preparer's signat	Email address		Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					10/2021	P0208	2702	Self-employed
Preparer				ICAPI SAGAR	GUFIA IALLA	100/				
Use Only		m's name ► GLOBAL TAX n's address ► 2530 Pebb		n Cummin	a CA 20041				ne no. ( 's EIN ▶	678)965-9522
									S EIN 🖡	
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV	/ 04/20/21 PRO			Form <b>1040</b> (2020)

BAA

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

oc	ial security number
	Attachment Sequence No. <b>01</b>

Name(s) sho	own on Form	1040, 104	10-	SR, or 1040	-NR
VENKATA	GOWTHAM	GUTTA	&	MOUNIKA	GADDE

Your social security num 073-02-6650

## Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,610.
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 9.	0	F (10
Par	line 8	9	-5,610.
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		
For Po	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	le 1 (Form 1040) 2020
מוסורסו	perwork neuronon hor nource, see your lax return instructions. BAA REV 04/20/21 PRO	Jonedul	E I (PUTH 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

× No

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes

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.	<b>(d)</b> Proceeds (sales price)	oceeds Cost to gain or loss			(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 <b>Box A</b> checked	11,718.	11,610.	3	56.	464.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> 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	457.

#### 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.		(d)	(e)	<b>(g)</b> Adjustmer		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, 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 <b>Box D</b> checked	153.	83.			70.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> 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 <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15	-73.			
For F	Paperwork Reduction Act Notice, see your tax return instruction		REV 04/20/21 PRO		Schedu	ile D (Form 1040) 2020

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 384.
	• If line 16 is a <b>gain,</b> 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 <b>loss,</b> skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>	
	□ 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:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	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?	
	X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	<b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 04/20/21 PRO

Schedule D (Form 1040) 2020

Form <b>8949</b>	
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Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► 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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below			(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	(f) Code(s) from instructions	(f) (g) e(s) from Amount of	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.
<b>2 Totals.</b> Add the amounts in columns negative amounts). Enter each tota	al here and inc	lude on your					
Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6			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 <b>2</b>
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

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of (Mo., day, yr.)	<b>(d)</b> Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> 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	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	al here and inc is checked), <b>lir</b>	lude on your <b>1e 9</b> (if <b>Box E</b>	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 <b>8949</b>	
------------------	--

Department of the Treasury

Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

► 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.

(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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	amount in column (g), ade in column (f). arate 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	(f) Code(s) from instructions	<b>(g)</b> 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), <b>lir</b>	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 <b>2</b>
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

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</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 <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	See the separate instructions.		(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	al here and inc is checked), <b>lir</b>	lude on your <b>1e 9</b> (if <b>Box E</b>	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.

SCHE	CHEDULE E Supplemental Income and Loss							OMB	No. 154	15-0074					
(Form 1	040)	(From	n rei	ntal real estate	, royalties, partner	ships, S	6 corpor	ations, o	estates,	trusts, REM	ICs,	etc.)	9		
Departme	ent of the Treasury				Attach to Form 104	10, 1040	)-SR, 10	40-NR, (	or 1041.					hment	
	Revenue Service (99)			► Go to www.i	irs.gov/ScheduleE	for inst	tructions	s and the	e latest	information.			Sequ	ence No	o. <b>13</b>
. ,	shown on return												al securi		ber
_	ATA GOWTHA		-	TA & MOUNI	-								2-665		
Part					eal Estate and R										/, use
					are an individual, re	-									
					vould require you									_	
	Yes," did you o	or will yo	ou	file required Fo	orm(s) 1099? .								. []	Yes	No
<u>1a</u>					reet, city, state, Z		,								
	20-6-3/9,	RR PE	ETA	A, 3RD LINE	VIJAYAWADA	ANDH	RA PR	ADESH	IN 5	20003					
<u> </u>									<b>F</b> - 1	Dental	<b>D</b> -				
1b	Type of Prop		1	2 For each re above report	ental real estate pro ort the number of f se days. Check the the requirements	operty	isted		_	Rental	Pe	rsona Day:		0	JN
	(from list be	now)	-	personal us	se days. Check the		box only		L .	Days		Day			
	3		-	it you meet	the requirements int venture. See ins	to file a	as a			365			0		
<u>В</u> С	+		-	quantoa joi		Structic		B							
	f Duonoutru							C							
	of Property: gle Family Resid	lanca		2 Vacation/S	Short-Term Rental	5 1 0	nd		7 Self-	Pontal					
-	ti-Family Reside			4 Commercia			ovalties			r (describe)					
Incom		ence	1		Properties:			Α	o Otre	B				С	
3	-	4				3			600.		,			<u> </u>	
4						4			000.						
Expen			•			-									
5						5									
6						6									
7		-		-		7			600.						
8	-					8									
9						9									
10						10									
11	-	-				11		1,	100.						
12					see instructions)	12									
13	Other interest.					13									
14	Repairs					14		1,	300.						
15						15		1,	650.						
16	Taxes					16									
17	Utilities					17		1,	560.						
18	Depreciation e	expense	e or	depletion .		18									
19	Other (list) 🕨					19									
20	Total expenses	s. Add	line	es 5 through 19	9	20		б,	210.						
21	Subtract line 2	0 from	ı line	e 3 (rents) and	l/or 4 (royalties). If	F									
					nd out if you must			_							
						21		-5,	610.						
22					r limitation, if any,										
						22	(	-5,6	510.)	(		)	(		
23a					for all rental prop		• •	• •	23a		6	500.			
b					for all royalty pro	-			23b						
c			•		2 for all properties		• •		23c						
d			•		8 for all properties		• •		23d		<u> </u>	1.0			
e			•		0 for all properties				23e		6,2	210.			
24 05					n on line 21. <b>Do n</b>				nter to '		•	24	(		610
25					and rental real estat							25	(	5,	610.
26					income or (loss).										
					n page 2 do not						on	26		_ ⊑	,610.
For De					vise, include this a			total on NPA	iirie 41	on page 2 -5,61		26	 		
FUT Pa	Derwork Reauct		. імо	uce, see the se	parate instruction	5.	1			5,01	<b>J</b> •	SC	nedule E	(Form	1040) 202

For Paperwork Reduction Act Notice, see the separate instructions.

-5,610. Schedule E (Form 1040) 2020

Form	8889
Depar	tment of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074 20

Attachment

20

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

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.				
Name(s) shown on Form 104		Social security number of HSA beneficiary. If both spouses		
MOUNIKA GADDE		have HSAs, see instructions ► 273	-23-9079	

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			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.			
	See instructions		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. <b>Do not</b> 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 <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> 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 2020    9    2,600.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		2,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		4,500.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> 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	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate F	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	<b>Taxable HSA distributions.</b> 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here			
b	<b>Additional 20% tax</b> (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				,
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 For Paperwork Reduction Act Notice, see your tax return instructions.

### 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 information.

OMB No. 1545-2294

on.		`	Seque	ence	110.	0

Name(s) shown o	on return				
VENKATA	GOWTHAM	GUTTA	&	MOUNIKA	GADDE

Your taxpayer identification number 073-02-6650

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade of	r
business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction	n
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           Out if if all hardware the prime the prime term in the prime term in the prime term.         2		
3	Qualified business net (loss) carryforward from the prior year       3         Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	-	
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-       4         Qualified business income component. Multiply line 4 by 20% (0.20)	5	
5 6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)	5	
0	(see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior		
	year		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero		
_	or less, enter -0		
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 9	10	0.
11 12	Taxable income before qualified business income deduction11169,858.Net capital gain (see instructions)18.		
13	Net capital gain (see instructions)         1         12         8.           Subtract line 12 from line 11. If zero or less, enter -0-         1         169,850.         13         169,850.		
14	Income limitation. Multiply line 13 by 20% (0.20)	14	33,970.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on		
	the applicable line of your return	15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0	16	( 0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than		
	zero, enter -0	17	( 0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 04/20/21 PRO		Form <b>8995</b> (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	PAYM	ENT	VOU	CHER	1555 REV 04/06	5/21 PRO	
	073-02-6650		GU 273-23-9079							2000918793 PAYMENT AMOUNT		
	GUTTA VENKATA GOWT GADDE MOUNIKA				7	16-47	7 <b>.</b> −2.	731	¢		30.00	
1	51 EDRIS LAN MECHANICSBUR PA 17050		DEI	PART	MEN	IT US	E 0	NLY ]	рауа		money order Pennsylvania Revenue	

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

Extension. Amended Return. Ν Ν 073026650 273239079 Residency Status. R PA Resident/Nonresident/Part-Year Resident GUTTA from to Single, Married/Filing Jointly, VENKATA GOWTHAM Occupation SYSTEMS AN J Married/Filing Separately, Final Return MOUNIKA Occupation SOFTWARE D Deceased Ν GADDE Taxpayer Date of Death Ν Spouse Date of Death Ν 51 EDRIS LANE Farmers Ν MECHANICSBURG PA School District Name **EAST PENNSBOR** 17050 716-471-7731 21250

la 1a Gross Compensation. Do not include exempt income, such as combat zone pay and 200432 qualifying retirement benefits. See the instructions. lb Unreimbursed Employee Business Expenses. Π 1b lc 200432 Net Compensation. Subtract Line 1b from Line 1a. 1c2 2 Interest Income. Complete PA Schedule A if required. 940 З 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. 14 4 4 Net Income or Loss from the Operation of a Business, Profession or Farm. 0 5 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property. 26 Ь Net Income or Loss from Rents, Royalties, Patents or Copyrights. -5610 6 7 7 Estate or Trust Income. Complete and submit PA Schedule J. Π 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T. 0 8 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 201412 9 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6. 10 Π 10 **Other Deductions.** Enter the appropriate code for the type of deduction. Ν See the instructions for additional information. 77 201412 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9. 1555 REV 04/06/21 PRO



Page 1 of 2

PA-40 - 2020

Social Security Number

073026650 Name(s) VENKATA GOWTHAM GUTTA

		1		
12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	73 75		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	<ul> <li>Forgiveness Credit. Submit PA Schedule SP.</li> <li>Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased</li> <li>Dependents, Section II, Line 2, PA Schedule SP</li> <li>Total Eligibility Income from Section III, Line 11, PA Schedule SP.</li> <li>Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.</li> </ul>	19a 19b 20 21	00 00	0
22 23 24 25 26 27	Resident Credit. Submit your <b>PA Schedule(s) G-L</b> and/or <b>RK-1</b> . Total Other Credits. Submit your <b>PA Schedule OC</b> . <b>TOTAL PAYMENTS and CREDITS.</b> Add Lines 13, 18, 21, 22 and 23. <b>USE TAX.</b> Due on internet, mail order or out-of-state purchases. See instructions. <b>TAX DUE.</b> 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.	22 23 24 25 26 27		0 0 6153 0 30 0
28 29	<b>TOTAL PAYMENT DUE.</b> See the instructions. <b>OVERPAYMENT.</b> If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	29 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.	31 30		
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.	32 33 34 35 36		
-	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.			
You	Signature Spouse's Signature, if filing jointly			
SY	arer's Name and Telephone Number Date E-File Op M PRIYA RAM SAGAR GUPTA TALLAM D51021 59659522 Firm FEII Preparer's	N		1017196 2082703
	1555 REV 04/06/21 PRO Page 2 of 2			

i uge z or



PA	SCHEDULE	A
Intere	est Income	

500757005P

PA-40 A (EX) 06-20 (I) PA Department of Revenue	2020
TA Department of Revenue	

i A Department		OFFICIAL USE ONLY
Name shown first on the PA-4	0 (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
1. Interes	t 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 Lir	nes 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.	\$ O
10. Subtra	ct Line 9 from Line 4.	10.	\$ 940
	<b>11.</b> 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.	\$
	<ol> <li>Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.</li> </ol>	13.	\$
	<ol> <li>Distributions from Health/Medical Savings Accounts included in federal taxable income.</li> </ol>	14.	\$
-	<ol> <li>Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.</li> </ol>	15.	\$
16. Total F	A-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$ 940

1555 REV 04/06/21 PRO



500757005P

PA SCHEDULE	В
Dividend Income	

2001210029

PA-40 B (EX) 06-20 (I) PA Department of Revenue <b>2020</b>	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 taxpayer, 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 🦳						
<b>1.</b> Dividend income from Line 3b of your federal return. See instructions.       1.       \$       12						
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$				
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$				
<ul><li>4. Other reduction adjustments. See instructions.</li><li>Description:</li></ul>	4.	\$				
5. Add the amounts on Lines 2, 3 and 4.	5.	\$				
6. Subtract Line 5 from Line 1.	6.	\$ 12				
7. Total exempt-interest dividends. See instructions.	7.	\$				
8. Other addition adjustments. See instructions.						
Description:	8.	\$				
9. Repatriation of foreign income. See instructions.						
a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. 9a						
<ul> <li>b. Total payments of earnings and profits included in Line 9a received in prior years.</li> <li>9b</li> </ul>						
c. Payments of earnings and profits included in Line 9a received in current year.	9c.	\$				
<b>10.</b> Capital Gains Distributions - <b>See instructions.</b>	10.	\$ 2				
<ol> <li>Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.</li> </ol>	11.	\$				
<b>12. Total PA-Taxable Dividend Income.</b> Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$ 14				

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### PA SCHEDULE D

2001310024

Sale, Exchange or Disposition of Property

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

2020

PA Depart	tmént of Révenue	2020		OFFICIAL USE ONLY
		If you need more space, you may pl	notocopy.	
Name of the taxpayer filing this	schedule			Social Security Number (shown first)
VENKATA GOWTHA	AM GUTTA			073-02-6650
	Taxpayer	Spouse	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 basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse 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 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.

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(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	<b>(b)</b> Date acquired: Month/day/year	<b>(c)</b> Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).		
				,			
1.ROBINHOOD SECURITIES		08/10/20	11,718.	11,610.	<u> </u>		
ROBINHOOD SECURITIES	03/24/20		4.	11.	$\sim$ 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		
				LOSS			
2. Net gain (loss) from above sales.				<u> </u>	26.		
3. Gain from installment sales from PA Schedule I				3.			
4. Taxable distributions from C corporations	Enter total	distribution					
	Minus adj	usted basis		= 4.			
5. Net gain (loss) from the sale of 6-1-71 property	from PA Schedule E	)-71					
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1 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.						
8.						
9. Taxable distributions from PA S corporations from REV-998 9.						
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.

1555 REV 04/06/21 PRO



### PA SCHEDULE E

Rents and Royalty Income (Loss)

#### PA-40 E (EX) 06-20 (I)

PA Department of Revenue	OFFICIAL USE ONL
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
VENKATA GOWTHAM GUTTA	073-02-6650
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights - use PA Schedule C.

#### **SECTION I** PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

2020

	Туре	Description of Property	For Profit P	it Property Complete Address (street, city, state and ZIP code)					
^			YES (		GANDHI NAGA	AR.			
A	3	PLOT NO-65	NO C		HYDERABAD,	TELANGANA,	500046,	India	
в			YES 🔾	Π					
D			NO 🔾						
С			YES 🤇	$\square$					
0			NO 🤇						
Dres	hannak tenar 4. Single family peridence 2. Vector/abort tenar pertet 5. Land 7. Self sentel								

Property type: Single family residence
 Vacation/short-term rental
 Land Self-rental 6. Royalties 2. Multi-family residence 4. Commercial 8. Other, describe:

#### **INCOME & EXPENSES SECTION II** Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Т s J Т S J Т S J Line b: Is the property rental location in PA? YES ) NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? YES NO YES NO YES NO 600 1. Rent received ..... Income: 1 2. Royalties received ..... 2 Expenses: 3. Advertising 3 4. Automobile and travel 4 600 5. Cleaning and maintenance ..... 5. 6 Commissions 6 7. Insurance .. 7 8. Legal and professional fees ..... 8 1,100 9. Management fees 9 1,300 12. Repairs ... 12 1,650 14. Taxes - not based on net income ......14. 1,560 15. Utilities 6,210 18. Total Expenses - Add Lines 3 through 17 ..... 18. Income or Loss: 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 5,610 21 5,610 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. ......(fill in the oval, if a net loss) 22 23. Rent or royalty income (loss) from PAS corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. . . . . .....(fill in the oval, if a net loss) 23 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, .(fill in the oval, if a net loss) 5,610 total all Line 22 and 23 amounts and include on Line 6 of your PA-40. ... 24 REV 04/06/21 PRO



2001410022

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, plea	ase supply additiona	l information.					Tax	Year 20	
DATES LIVING AT EACH ADDRESS		DDRESS (No PO	Box, RD or	RR)	с	ITY OR POST OFFI	CE	STATE	ZIP
то									
то									
						**lf you r	need additional	space - please	see back of form.
LAST NAME, FIRST NAME, MIDDLE INIT						, FIRST NAME, MID	DLE INITIAL		
GUTTA, VENKATA GOWTHAM STREET ADDRESS (No PO Box, RD or R				GADDE, M	IOUNIK	A			
51 EDRIS LANE									
SECOND LINE OF ADDRESS									
CITY						STATE	ZIP CODE		
MECHANICSBURG					-	PA	17050		
DAYTIME PHONE NUMBER	F	RESIDENT PSD CC	DDE			1			
		2 2 0 4	0 1	EXTE	NSION	AMENDED R	ETURN	NON-RES	
The coloridations reported in the first of		tain ta tha nama n	winete al	S	Social Sec	curity #	Spo	use's Social	Security #
The calculations reported in the first of in the column, regardless of whet	her the husband c	or wife appears firs		0 7 3	0 2	6 6 5 0	2 7	3 2 3 9	9 0 7 9
Combining incor	ne is NOT permit	tted.		If you had		RNED INCOME, ason why:	lf you h	ad NO EAR	NED INCOME, son why:
ONLY USE BLACK OR BLUE		PLETE THIS F	ORM		ck the lea	student	disabl		son why.
				decease		military	decea		military
Single X Married, Filing Jointly	Married, Filing S	Separately 🗌 Fina	al Return*	homema		retired		maker ployed	retired
1. Gross Compensation as Reported	l on W-2(s). (Encl	ose W-2s)			<i>,</i>	99640.00		,	100792.00
2. Unreimbursed Employee Busines	s Expenses. (Enc	lose PA Schedule I	UE)			0.00			0.00
3. Other Taxable Earned Income * .						0.00			0.00
4. Total Taxable Earned Income (Set	ubtract Line 2 from	Line 1 and add Line	e3)			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	e 6 from Line 5. If I	less than zero, ente	er zero)			0.00			0.00
8. Total Taxable Earned Income and I	Net Profit (Add Lir	nes 4 and 7)				99640.00			100792.00
9. Total Tax Liability (Line 8 multiplied	d by 1.000	)				996.00			1008.00
10. Total Local Earned Income Tax W	/ithheld (May not e	equal W-2 - See Ins	structions)			1646.00			1613.00
11.Quarterly Estimated Payments/Cro	edit From Previou	us Tax Year				0.00			0.00
12. Out-of-State or Philadelphia Cred	its (include suppor	ting documentation	ı)			0.00			0.00
13. TOTAL PAYMENTS and CREDIT	S (Add Lines 10 t	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	t of Line 13 you want <b>t to spouse</b>	as a credit to your ac	ccount)			0.00			0.00
16. EARNED INCOME TAX BALAN	CE DUE (Line 9 m	ninus Line 13)		0.00			0.00		
17. Penalty after April 15* (multiply Line 16 by )				0.00			0.00		
18. Interest after April 15* (multiply L	•	)				0.00			0.00
19. TOTAL PAYMENT DUE (Add Line	s 16, 17, and 18) .					0.00			0.00
*See Instructions			1/06/21 PRO						
Under						n, including all accor correct and complete			
YOUR SIGNATURE		1	SPOUSE'S	SIGNATURE (If	Filing Joir	ntly)		DATE (MI	M/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNAT SYAM PRIYA RAM SAGAR (		ΔM					PHONE NUM (678)96		
DIAM FRITA RAM DAGAR (	JUEIA IALLA	ויורז					(0/0/90		

2020

Name

VENKATA GOWTHAM GUTTA

Social Security Number 073-02-6650

				Federal Form	s W-2		
# of W2	* NT / TX B L	TS	NRI	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	<b>Taxpayer</b> 99,640.	<b>Spouse</b> 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		3,094.

Federal Forms W-2: Local Tax

# of W2	*	TS	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
		T S	76-0516691 46-4958214		99,640. 100,792.	<u>    1,646.</u> <u>    1,613.</u> 	<u>PA</u> <u>PA</u>

	Taxpayer	Spouse
Pennsylvania Local W-2	99,640.	100,792.
Federal Form 4137, Unreported Tips, line 6		
Withholding	1,646.	1,613.

#### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

*	Payer Name			Pay	yer EIN	T/S	Code	PA Taxable Comp.	e PA Tax Withheld	Fed. Income
	-									
									_	
Exe Jur Dire Exp Hoi Cov Dai Iost	vania Payment type: ecutor fee y duty pay ector's fee poert witness fee norarium venant not to compete mages or settlement fo t wages, other than sonal injury	r I	I J K L M NO	Descril Employ Distribu Distribu Distribu Distribu Descril Fiducia	yer spons- ution from ution from ution from ution from be: ary fees fro ncome nc	ored re IRA ( Life Ir Charit Emplo	tiremer Traditior surance able Gi byee Ste	nt/pension/de nal or Roth)	ferred comper Endowment C p Plan.	-
	laneous Compensatior								ayer	Spouse
			••					· ·		
		Со	mpe	ensati	on from	Feder	al For	ms 1099R		
*	Payer's EIN Payer's Name	T S	Fed #	РА Туре	Gro: Distrib		1	Basis	PA Taxable	PA Tax Withheld
			—				-			
							-			
* E	nter an 'X' if this incom	e is l	Not	subject	t to Penns	vlvania	a tax - F	A Part-Year	and Nonreside	ents Only.
N No 1 PA 1 Uni 2 Mili 3 U.S 1 Anr (inc 1 Ear 2 Rol	vania Distribution typ entry school, state, or munic ted Mine Workers pens tary pension 5. Civil service retireme nuity or Non-civil servic cluding Qual Joint Survi ly distribution from a re lover eligible; plan is eligible	ipal sion nt/dis e dis vors tiren	sabil abili hip / nent	lity/ann ty Annuity plan	uity	L M1 M2	Trad Trad Non- Life i Distr ESO ESO KSO	itional or Rotl itional or Rotl qualified defensurance or bution from ( P: Allocated P: Non-Alloca P: Taxable E	; plan is eligib n IRA; I'm ove n IRA; I'm und erred compens endowment Charitable Gift ESOP Stock I ated ESOP St SOP within a e ESOP within	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
Distr Distr Com	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	nce, ns (s Gift 099F	Ann see Ann R (eli	uity, E Tax He uities igible r	lp FAQ's t	for mo plans)	racts or re info)	Taxp		Spouse
				Tota	Gross (	Comp	ensati	on		
Total	gross compensation to	o Foi	rm P			-		Тахр	<b>ayer</b> 9,640.	<b>Spouse</b> 100,792
Tota	Schedule NRH gross holding to Form PA-40	com	pens	sation t	o PA-40, l	ine 12			3,059.	3,094

 Total gross compensation to Form PA-40 line 1a
 200,432.

\* Enter an 'X' if this income is  $\ensuremath{\text{Not}}$  subject to Pennsylvania tax.