£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

| | s 🔀 🤅 | Single Married filing jointly | Marrie | ed filing separately | (MFS | S) Hea | ad of hou | usehold (HO | H) [| Qua | lifying wid | dow(er) (QV | V) |
|--|--------------|--|--------------------|----------------------------------|--------|-------------|-----------|--|------------|-----------------------------------|---------------------------|----------------------------------|--|
| Check only one box. | | ou checked the MFS box, enter the son is a child but not your depende | | your spouse. If you | ched | ked the H | OH or Q | W box, ente | er the | child's | name if t | the qualifyin | ng |
| Your first name and middle initial Last | | | | me | | | | | ١, | Your social security number | | | |
| SRI VENKATA | | | | ADA | | | | | | 728-39-1663 | | | |
| If joint return, spouse's first name and middle initial Last | | | | me | | | | | | Spouse's social security number | | | |
| Home address | (numbe | er and street). If you have a P.O. box, se | e instruction | ons. | | | | Apt. no. | | Preside | ntial Elect | tion Campai | gn |
| 9452 VA | LLEY | RANCH PKWY E, | | | | | | 1018 | - 1 | | here if you | | |
| City, town, or p | ost offi | ce. If you have a foreign address, also o | complete s | paces below. | St | ate | ZII | P code | | | 0, | intly, want \$3 I. Checking a | |
| IRVING | | | | TX | | | 7 | 75063 | | box below will not change | | | |
| Foreign countr | y name | | F | Foreign province/state/county Fo | | | | oreign postal code your tax or r | | | x or refund You | | |
| At any time du | uring 20 | 020, did you receive, sell, send, ex | change, o | or otherwise acquire | e any | financial i | nterest i | n any virtua | al curr | ency? | | | _ |
| Standard | | eone can claim: You as a d | | | | | | | | | | | _ |
| Deduction | | Spouse itemizes on a separate retu | ırn or you | were a dual-status | s alie | n | | | | | | | _ |
| Age/Blindnes | s You | Were born before January 2, | 1956 | Are blind Sp | oous | e: 🗌 Wa | s born b | efore Janu | ary 2, | 1956 | ☐ Is b | olind | |
| Dependent | s (see | instructions): | | (2) Social securi | ty | (3) Rela | | (4) 🗸 | f qua | qualifies for (see instructions): | | | |
| If more | (1) F | irst name Last name | | number | | to you | | Child tax cre | | dit | Credit for o | other depender | nts |
| than four | | | | | | | | | | | | | _ |
| dependents, see instruction | s — | | | | | | | | | | | | |
| and check | | | | | | | | | | | | | _ |
| here ► | | | | | | | | | | | <u> </u> | | _ |
| A++ I- | _1_ | Wages, salaries, tips, etc. Attach | Form(s) \ | N-2 | | | | | | 1 | | 72,040 | <u>. </u> |
| Attach Sch. B if | 2a | Tax-exempt interest | 2a | | b | Taxable in | terest | | | 2b | , | | _ |
| required. | 3a | Qualified dividends | 3a | | b | Ordinary d | ividends | S | | 3b | , | | _ |
| | 4a | IRA distributions | 4a | | b | Taxable ar | nount . | | | 4b | , | | _ |
| | 5a | Pensions and annuities | 5a | | b | Taxable ar | nount . | | | 5b | , | | _ |
| Standard | 6a | Social security benefits | 6a | | b | Taxable ar | nount . | | · <u>·</u> | 6b | , | | _ |
| • Single or | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ | | | | | | | 7 | | | _ | |
| Married filing | 8 | Other income from Schedule 1, line 9 | | | | | | | | 8 | | -6,350 | |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | . ▶ | 9 | | 65,690 | • | |
| Married filing jointly or | 10 | Adjustments to income: | | | | | | | | | | | |
| Qualifying | а | From Schedule 1, line 22 | | | | | | | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take the standard deduction. See instructions 10b | | | | | | | | | | | |
| Head of | С | Add lines 10a and 10b. These are | e your tot | al adjustments to | inco | me | | | . ▶ | 100 | 5 | | _ |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This | s is your a | adjusted gross inc | ome | | | | . ▶ | 11 | | 65,690 | _ |
| If you checked | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | 12 | 2 | 12,400 | |
| any box under Standard | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | | | | | | 13 | ; | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | | 14 | , | 12,400 | |
| | 15 | Taxable income. Subtract line 1 | 4 from lin | e 11. If zero or less | s, ent | er -0 | | | | 15 | ; | 53,290 | |

| Form 1040 (2020 |)) | | | | | | | | | Pag | e 2 |
|---|----------|--|--------------------------|--------------------|--------------------|------------|------------------------|--|----------------------|----------------------|------------|
| | 16 | Tax (see instructions). Check | if any from Form | n(s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | | 16 | 7,511 | |
| | 17 | Amount from Schedule 2, lir | | | | _ | | | 17 | | _ |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 7,511 | - |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | 19 | | _ |
| | 20 | Amount from Schedule 3, lir | ne 7 | | | | | | 20 | | _ |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | | _ |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 7,511 | _ |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 10 . | | | | 23 | | |
| | 24 | Add lines 22 and 23. This is | | | | | | | 24 | 7,511 | |
| | 25 | Federal income tax withheld | • | | | | | | | , - | _ |
| | а | Form(s) W-2 | | | | 25a | 11 | ,111. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | | c Other forms (see instructions) | | | | | | | | | |
| | d | Add lines 25a through 25c | , | | | | | | 25d | 11,111 | |
| | 26 | 2020 estimated tax paymen | | | | | | | 26 | | · |
| If you have a L qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | 20 | | — |
| attach Sch. EIC. | 28 | Additional child tax credit. A | | | | 28 | | | | | |
| If you have nontaxable | 29 | | | | | | | | | | |
| combat pay, | | | | | | | | | - | | |
| see instructions. | 30 | Recovery rebate credit. See instructions | | | | | | | | | |
| | 31 | Amount from Schedule 3, line 13 | | | | | | | - | | |
| | 32 | Add lines 27 through 31. These are your total other payments and refundable credits | | | | | | | 32 | 11 111 | — |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | | | | | 33 | 11,111 | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | | | | | 34 | 3,600 | | |
| Di | 35a | | | | | | | | 35a | 3,600 | • |
| Direct deposit? See instructions. | ►b | | | | | | | | | | |
| | ► d | | | | | 1 1 | J | | | | |
| | 36 | Amount of line 34 you want | | | | | | | | | — |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | now | | | . ▶ | 37 | | |
| You Owe For details on | | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | | | | | | | |
| how to pay, see | | | • | | | 1 1 | | | | | |
| instructions. | 38 | Estimated tax penalty (see in | | | | 38 | | | | | |
| Third Party | | you want to allow another | • | | | | ¬ o. | | | ₩ N. | |
| Designee | | structions | | | | | _ Yes. Co | • | | ⊠ No | |
| | | signee's ne ▶ | | Phone no. ▶ | | | | nal identi er (PIN) | | | |
| Cian | | der penalties of perjury, I declare | hat I have examine | | d accompanying sch | nedules ar | | - (/ | | t of my knowledge : | and |
| Sign | | ief, they are true, correct, and com | | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | If the | RS ser | nt you an Identity | |
| | k | | | | | | | - 1 | | N, enter it here | _ |
| Joint return? | L | | | | SOFTWARE 1 | | EER | | inst.) 🕨 | | \Box |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, | Date Spouse's occupation | | | | | If the IRS sent your spouse an dentity Protection PIN, enter it here | | | |
| your records. | | | | | | | | inst.) ► | CHOILE IN, GIREF ICT | | |
| | ———— | one no. (510)737-883 | 1 | Email address | Venkatallad | 2403@cc | mail co | m | | | _ |
| | | eparer's name | Preparer's signat | | vennacarrau | Date | | PTIN | | Check if: | — |
| Paid | | • | | | | | | | 082703 Self-employed | | |
| Preparer | | | | | | | hone no. (678)965-9522 | | | | |
| Use Only | | m's address ► 2530 Pebb | | n Cummin | ~ CA 30041 | | | | | | |
| Co to warm for | | | | ar Cammari | | | 7/00/0: == - | | 's EIN ▶ | | |
| GO TO WWW.Irs.go | ov/rorn | n1040 for instructions and the late | st information. | | BAA | KEV 0 |)7/28/21 PRO | | | Form 1040 (2) | J2U) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SRI VENKATA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ALLADA

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

728-39-1663

| Par | t I Additional Income | | |
|-----|--|-----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -6,350. |
| 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 | C 250 |
| Par | line 8 | 9 | -6,350. |
| | | | |
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | |

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

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

Your social security number 728-39-1663

| SRI | | | | | | | | 728-39-1663 | | |
|--|---|--|----------------|-----------------|--------------|---------------|----------------|----------------|----------|--|
| Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use | | | | | | | | | | |
| | Schedule C. See | instructions. If you are an individual, repo | ort farı | m rental incom | e or loss f | rom Form 48 | 35 on p | page 2, line 4 | 0. | |
| | | nts in 2020 that would require you to | | | | | | | ∕es ⊠ No | |
| B If " | | ou file required Form(s) 1099? | | | | | | 🗆 🗅 | ∕es 🗌 No | |
| 1a | | each property (street, city, state, ZIP | | | | | | | | |
| A | RAJENDRA NAGAR RAJAHMUNDRY URBAN ANDHRA PRADESH IN 533101 | | | | | | | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 1b | Type of Property | , or one remains an obtain property motor | | | | | | onal Use | QJV | |
| | (from list below) | above, report the number of fair rental and personal use days. Check the QJV box only | | | | | | Days | | |
| _ <u>A</u> | 3 | personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | | | | | | 0 | | |
| B | | quaimed joint venture. See inst | ructio | | | | | | | |
| C | | | | С | | | | | | |
| | of Property: | | | | | | | | | |
| _ | le Family Residence | 3 Vacation/Short-Term Rental | | | 7 Self- | | | | | |
| | ti-Family Residence | | 6 Rc | yalties | 8 Othe | er (describe) | | | | |
| Incom | | Properties: | _ | Α | 650 | В | 5 | | С | |
| 3 | | | 3 | | 650. | | | | | |
| 4 | | | 4 | | | | | | | |
| Expen | | | _ | | | | | | | |
| 5 | _ | | 5 6 | | 1 - 0 | | | | | |
| 6 | · · | nstructions) | 7 | | 150. 450. | | | | | |
| 7 8 | • | | 8 | | 450. | | | | | |
| 9 | | | 9 | | | | | | | |
| 10 | | essional fees | 10 | | | | | | | |
| 11 | | | 11 | | 750. | | | | | |
| 12 | _ | d to banks, etc. (see instructions) | 12 | | 750. | | | | | |
| 13 | | | 13 | 3 | 5,500. | | | | | |
| 14 | | | 14 | | 750. | | | | | |
| 15 | | | 15 | | 650. | | | | | |
| 16 | | | 16 | | 030. | | | | | |
| 17 | | | 17 | | 750. | | | | | |
| 18 | | e or depletion | 18 | | 730. | | | | | |
| 19 | Other (liet) | • | 19 | | | | | | | |
| 20 | ` ′ | lines 5 through 19 | 20 | 7 | ,000. | | | | | |
| 21 | · | line 3 (rents) and/or 4 (royalties). If | | | , , , , , , | | | | | |
| 4 1 | | instructions to find out if you must | | | | | | | | |
| | file Form 6198 | | 21 | -6 | 3,350. | | | | | |
| 22 | | l estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see in | | 22 | (-6 | ,350.) | (| |)(|) | |
| 23a | • | eported on line 3 for all rental prope | | | 23a | | 65 | 0. | , | |
| b | | eported on line 4 for all royalty prope | | | 23b | | | | | |
| С | | eported on line 12 for all properties | | | 23c | | | | | |
| d | | | | | | | | | | |
| е | | | | | | | | | | |
| 24 | | e amounts shown on line 21. Do no | t inclu | ude any losse | s | | | 24 | | |
| 25 | Losses. Add royalty lo | sses from line 21 and rental real estate | losse | s from line 22. | Enter tot | al losses her | e . 🗀 | 25 (| 6,350.) | |
| 26 | Total rental real esta | ate and royalty income or (loss). | Comb | oine lines 24 a | and 25. E | Inter the res | sult | | | |
| | | V, and line 40 on page 2 do not | | | | | | | | |
| | | 40), line 5. Otherwise, include this ar | | | | | | 26 | -6,350. | |