Filing Status X 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 on the previous is finit name. Your social security number Your for tame and middle initial Last name Your social security number ABHINAV KUMAR REDDY GANDLURI Home address (number and street). If you have a foreign address, also complete spaces below. Apt. no. 13.201 City, row, or poot office. If you have a foreign address, also complete spaces below. TX 75.234 by our taking in the function (hing), wont 33 Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code your as or refund. Speaker Scale scale scale scale scale and the function size in any virtual currency? Yes No Speaker Scale s	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS Use	e Only	—Do not w	vrite or staple	in this space.
ABHINAV KUMAR REDDY GANDLURI 806-16-7660 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 13201 Check here if you have a foreign address, also complete spaces below. State ZP code FARMERS BRANCH TX 75234 box below will not change your two or effort. Foreign country name Foreign province/state/country Foreign postal code you tax or effort. Standard Someone can claim: You as a dependent You spouse a dependent You you 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 socurity (3) Relationship (4) ✓ if qualifies for (see instructions): If more dependents, see instructions: 3a b Taxable amount. 4b 5b Someone can claim: 2a b Taxable amount. 4b 5b Altach 3a b Taxable amount. 4b 5b Someone form Schedule 1, line 9 b Taxable amoun	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-						,		, 0	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 13.201 11700 LUNA RD ID City, town, or post office. If you have a foreign address, also complete spaces below. State ID Foreign country name Foreign province/state/country TX 75.234 box below will not change your tax or refund. Foreign country name Foreign province/state/country Foreign postal code You Spouse' Standard Someone can claim: You spouse as a dependent You spouse as a dependent You Spouse' Secondentities (a) Bocial security (a) Relationship (a) V' if qualifies for see instructions; (b) Scala security (a) Relationship (a) V' if qualifies for see instructions; If more (b) First name Id and check Id you Id you Spouse' Id you Spouse' Attach Sec address, tips, etc. Attach Form(s) W-2 Id and check Id you Id you Id you Id you Id you Id you Spouse' social security Id a Id you Id you Id you Id you Id you	Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 117 00 LUNA RD 132 01 Check here if you, or your spouse if filing jointly, want S3 Spouse if filing jointly, want S3 FARMERS BRANCH TX 75234 TX 75234 TX TY ou spouse if filing jointly, want S3 Foreign country name Foreign province/state/county Foreign postal code You Spouse if filing jointly, want S3 Standard Someone can claim: O'u as a dependent You as a dependent You Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are bind Spouse: Was born before January 2, 1956 Is blind Dependents gee instructions): (1) First name Last name (2) Social security (3) Relationship (4) ¥ / trualifies for fees instructions): (1) First name Last name 1 101, 550. Attach 2a Tax-exempt interest 2a b< Taxable amount.	ABHINAV	KUM	AR REDDY	GANI	OLURI							806-	16-766	0
11700 LUNA RD 13201 Check here if you, or your spouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State TX 75234 Spouse if filing jointly, want \$3 Foreign country mame Foreign province/state/country Foreign postal code You it as or refund. You it as or refund. Standard Someone can claim: You as a dependent You spouse 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 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) \$4'\$ if qualifies for (see instructions): If more (1) First name Last name number I 101, 550. Standard Qualified dividends 3a b Tax-exempt interest 3b ee instructions I I 101, 550. 3b I Attach Social security benefits Ga I I I Sb Standard Desclared widends I I I	lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	s social se	curity number
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FARMERS TX 75234 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 Add on separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 A re 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 (i) First name Last name number Image and otheck Image and annutites	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te	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	FARMERS	BRA	NCH				T	X	752	34		•		•
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If more than four dependents, see instructions and check here Last name number to you Child tax credit Credit for other dependents, see instructions and check here b 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 101, 550. Attach 2a b Tax-exempt interest 2b Sch. B if required. 4a b Tax-exempt interest 2b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 512,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 7 8 Charitable contributions if you take the standard deduction. See instructions 10a 10b 1 9 95,050. 11 95,050. 11 9 95,050. 9 Add lines 10a and 10b. These are your total adjustments to income 11 12,2,400. 12 12,400. </td <td>Deduction</td> <td></td> <td>Spouse itemizes on a separate retur</td> <td>n or you</td> <td>u were a</td> <td>dual-statu</td> <td>ıs alier</td> <td>1</td> <td>rn befc</td> <td>ore Janu</td> <td>ary 2</td> <td>2, 1956</td> <td>Is bl</td> <td>lind</td>	Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-statu	ıs alier	1	rn befc	ore Janu	ary 2	2, 1956	Is bl	lind
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Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 Deduction, see instructions, see instructions. 14 12,400.	 If you checked 	12	Standard deduction or itemized	deduct	t ions (fro	m Schedu	ıle A)					. 12	:	12,400.
		13	Qualified business income deduction	ion. Atta	ach Forn	n 8995 or l	Form 8	8995-A				. 13	,	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												12,400.
		15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or les	s, ente	er-0				. 15		82,650.

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	13,979.
	17	Amount from Schedule 2, lin	e3							17	
	18	Add lines 16 and 17								18	13,979.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	e7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	13,979.
	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 total tax						. Þ	24	13,979.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	16	,989.		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	16,989.
• If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20	19 return					26	
qualifying child,	27	Earned income credit (EIC)			^N	<u>.</u>	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin	e13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	able ci	redits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	16,989.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is th	e amou	nt you	overpaid		34	3,010.
neiuliu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	3 is attach	ed, che	ck her	e		35a	3,010.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► c Typ	be: 🗙	Chec	king 🗌 🤅	Savings		
See instructions.	►d	Account number 4 8 8	0 6 5 4	8 6 0 '	7 4				-		
	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 am	ount vou owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-							
For details on		2020. See Schedule 3, line 1			•		0	lance yea			
how to pay, see instructions.	38	Estimated tax penalty (see ir	structions) .			. 🕨	38				
Third Party	Do	you want to allow another					See				
Designee	ins	structions					. 🕨	🗌 Yes. Co	mplete	below.	X No
		signee's		Phone						tification	
		me 🕨		no. 🕨					er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		· · ·	piete. Deciaration								, ,
	YO	ur signature		Date	Your occ	upation					nt you an Identity IN, enter it here
Joint return?					SOFTW	IARE I	ENGI	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's	occupat	ion				nt your spouse an
Keep a copy for your records.	*										ection PIN, enter it here
your records.										e inst.) 🕨	
		one no. (409)273-888		Email address	ABHINA	AVREDD		GMAIL.CC			
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer			SYAM PRIYA	RAM SAGAR	GUPTA 1	ALLAM	09/	22/2021	P0208		Self-employed
Use Only		m's name 🕨 GLOBAL TAX							Pho	one no. (678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 3	0041			Firr	n's EIN 🕨	1
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	Α	RE\	/ 08/30/21 PRC			Form 1040 (2020)

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

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

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 soc	ial security number
806-16	-7660

 Department of the Treasury Internal Revenue Service
 ► Go to www.irs.gov/F

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

Part I	Additi	onal In	come
ABHINAV	KUMAR	REDDY	GANDLURI

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,500.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,500.
Par			0,500.
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 Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	22 Schedu	le 1 (Form 1040) 2020

(Form 1	1040)	(From	n rental real estate, roy	alties, partners	hips, S	corpora	tions,	estates,	trusts, REM	IICs, etc.)	9	09	0
Departm	ent of the Treasury			ch to Form 1040							Attac	hment	
	Revenue Service (99)		► Go to www.irs.ge	ov/ScheduleE f	or inst	ructions	and th	e latest i	nformation		Sequ	ience No	
. ,	shown on return									Your soc		-	ber
	NAV KUMAR									806-1			
Part			s From Rental Real E		-					01	•		, use
A D'			instructions. If you are a										
			ents in 2020 that would			. ,							_
			ou file required Form(•	Yes	_ No
<u>1a</u>			each property (street,			,	0.4						
 	Narayanap	uram	Anantapur AND	HRA PRADES	SH II	N 5150	04						
<u>с</u>													
 1b	Type of Pro	portv	2 Fax analy wanted		a a setu e li	inte d		Fair	Rental	Persona			
1D	(from list be		2 For each rental above, report th	a number of fa	fair rental and Dave Dav			G	λJΛ				
Α	3	,1010)	personal use da	ys. Check the	QJV b	ox only	Α	-	365	Duy	0		
B			gualified joint ve	enture. See inst	ructio	ns.	 B		305		0		
C	+		-			F	C						
	of Property:						0					<u> </u>	
	gle Family Resid	dence	3 Vacation/Short	-Term Rental	5 I a	nd		7 Self-I	Rental				
	ti-Family Reside		4 Commercial	renn nentar		yalties			r (describe)				
Incom		01100		Properties:			Α	0 Othe	E			С	
3	Rents received	k			3			650.		<u> </u>			
4					4								
Expen													
5					5								
6			nstructions)		6								
7		-			7		1	,200.					
8					8		/	/2001					
9					9								
10			essional fees		10								
11	-	-			11			650.					
12	-		id to banks, etc. (see		12			030.					
13					13								
14					14		1	,450.					
15					15			450.					
16					16			,					
17					17		2	,400.					
18	Depreciation e				18			,					
19	Other (list) ►		·		19								
20		s. Add	lines 5 through 19 .		20		7	,150.					
21	-		line 3 (rents) and/or										
21			instructions to find ou										
				•	21		-б,	,500.					
22			l estate loss after limi										
			structions)		22	(-б,	500.)	())(
23a	Total of all am	ounts r	eported on line 3 for a	all rental prope	rties			23a		650.			
b	Total of all am	ounts r	eported on line 4 for a	all royalty prop	erties			23b			-		
с			eported on line 12 for					23c					
d			eported on line 18 for					23d					
е			eported on line 20 for					23e		7,150.			
24			e amounts shown on							. 24			
25		-	sses from line 21 and r			-			l losses her	e. 25	(б,	500.
26			ate and royalty inco										
-			V, and line 40 on pa										

Supplemental Income and Loss

SCHEDULE E

(Form 1040)

-6,500.

26

OMB No. 1545-0074

9	2522	Passive Activity Loss Limitations	0	MB No. 1545-1008
	hent of the Treasury Revenue Service (99)	 See separate instructions. Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information. 	A	2020 ttachment equence No. 858
) shown on return		Identifying n	
		REDDY GANDLURI	806-16-	
Par		ssive Activity Loss		
		Complete Worksheets 1, 2, and 3 before completing Part I.		
Renta		Activities With Active Participation (For the definition of active participation,	see	
		or Rental Real Estate Activities in the instructions.)		
-		net income (enter the amount from Worksheet 1, column (a)) . 1a	0.	
b	Activities with	net loss (enter the amount from Worksheet 1, column (b)) 1b (6, 50	0.)	
С	Prior years' ur	allowed losses (enter the amount from Worksheet 1, column (c)))	
d	Combine lines	1a, 1b, and 1c	. 1d	-6,500.
Comr	nercial Revital	zation Deductions From Rental Real Estate Activities		
2a	Commercial re	evitalization deductions from Worksheet 2, column (a) 2a ()	
b	Prior year una column (b)	Illowed commercial revitalization deductions from Worksheet 2, 2b ()	
С	Add lines 2a a	nd 2b	. 2c	()
All Ot	her Passive Ac	tivities		
3a	Activities with	net income (enter the amount from Worksheet 3, column (a)) . 3a		
b	Activities with	net loss (enter the amount from Worksheet 3, column (b)) 3b ()	
С	Prior years' ur	allowed losses (enter the amount from Worksheet 3, column (c)))	
d	Combine lines	3a, 3b, and 3c	. 3d	
4	return; all loss	• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part	3c	-6,500.
		 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and status is married filing separately and you lived with your spouse at any time durin ead, go to line 15. 	-	
Part	Special	Allowance for Rental Real Estate Activities With Active Participation		
	Note: Er	ter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the sma	ller of the loss on line 1d or the loss on line 4	. 5	6,500.
6		0. If married filing separately, see instructions 6 150,00	0.	
7	Enter modified	adjusted gross income, but not less than zero. See instructions 7 101,55	50.	
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
		vise, go to line 8.		
8	Subtract line 7			
9		by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructi		24,225.
10		Iler of line 5 or line 9	. 10	6,500.
		oss, go to Part III. Otherwise, go to line 15.		
Part		Allowance for Commercial Revitalization Deductions From Rental Real		tivities
		ter all numbers in Part III as positive amounts. See the example for Part II in the instru		
11	. ,	reduced by the amount, if any, on line 10. If married filing separately, see instruction		
12		from line 4		
13		2 by the amount on line 10		
14		llest of line 2c (treated as a positive amount), line 11, or line 13	. 14	
Part		osses Allowed	· · - ·	
15		ne, if any, on lines 1a and 3a and enter the total		0.
16		allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructi		c = 0.0
		v to report the losses on your tax return	. 16	6,500.
For Pa	perwork Reduct	ion Act Notice, see instructions. BAA REV 08/30/21 PRO		Form 8582 (2020)

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

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
Narayanapuram	0.	6,500.			6,500.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	6,500.				

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

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

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) oss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Narayanapuram	E Ln 22	6,500.	1.00000000	6,500.	0.
Total		6,500.	1.00	6,500.	0.

Worksheet 5—Allocation of Unallowed Losses (see instructions)

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

REV 08/30/21 PRO