Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		•	
Taxpayer's name	Social security	y number	
SRINIVASA SATYA YASH PASUPULETI	510-39-	9207	
Spouse's name	Spouse's soci	al security number	er
DEEKSHITHA SRIRANGAM	019-11-	-0640	
Part I Tax Return Information — Tax Year Ending December 31, 2020 (E	nter year you ar	e authorizing	g.)
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1 111	3,567.
2 Total tax		2 1:	2,454.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,015.
4 Amount you want refunded to you		4	
5 Amount you owe			1,448.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy	of your retu	urn)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason fo for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to t personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	nsmitter, or electro r rejection of the trans U.S. Treasury are t indicated in the tall itution to debit the inate the authorizar requests must be the processing of he payment. I furtl	nic return origin ansmission, (b) to dist designated x preparation so entry to this acc tion. To revoke received no la the electronic p pher acknowledg	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the
Taxpayer's PIN: check one box only]
▼ I authorize GLOBAL TAXES LLC to enter or gener	ate my PIN	9 2 0 7	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	[*] Ent	er five digits, but 't enter all zeros	,
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.			
Your signature ▶ Date			
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or gener 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 a if you are entering your own PIN and your return is filed using the Practitioner PIN n	Ent don m now authorizir		
below. Spouse's signature ▶ Date		·	
Practitioner PIN Method Returns Only—continue be			
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	8 7 2 7 8 Don't ente		8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incon authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in accordanc	
ERO's signature ▶ Date	•		
FRO Must Retain This Form — See Instruction	9		

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V 2020 Page **2**

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

(99) **202**

Form 1040-V Payment Voucher

► Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

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

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

Enter the amount of your payment > 1-1448.

REV 08/30/21 PRO 1555

SRINIVASA SATYA YASH PASUPULETI
DEEKSHITHA SRIRANGAM
L350 NOTH HTOWN CENTER DRIVE UNIT
LAS VEGAS NV 89144

INTERNAL REVENUE SERVICE P.O. BOX &02501 CINCINNATI, OH 45280-2501

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly [su checked the MFS box, enter the son is a child but not your depender	name of									
Your first name	and mi	iddle initial	Last na	me					You	r soc	cial security	y number
SRINIVA	SA S	ATYA YASH	PASU	JPULETI					51	0-3	39-9207	7
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	use's	s social sec	urity number
DEEKSHI	ГНА		SRIF	RANGAM					01	9-1	11-0640)
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ons.				Apt. no.	Pres	sider	ntial Election	n Campaign
1350 NO	RTH :	TOWN CENTER DRIVE UNI	т 202	1							ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP	code				tly, want \$3 Checking a
LAS VEG	AS				N	J	89	9144			ow will not	
Foreign country	y name		ı	Foreign province/state	e/coun	ty	For	eign postal cod	le you	r tax	or refund.	J
											You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquir	e any	financial in	erest in	any virtual	currenc	y?	Yes	⊠ No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retu	•	•			nt					
Age/Blindness	. You	Were born before January 2,	1956 F	Are blind Si	oouse	. 🗆 Was	born be	efore Januar	v 2 19!	56	☐ Is bli	nd
Dependent				(2) Social securi		(3) Relation					(see instruc	
_		irst name Last name		number	Ly	to yo		Child tax		- 1		er dependents
If more than four	(.,.								1	\dashv	<u> </u>	7
dependents,]	\dashv		╗
see instruction and check	s ——								1	\dashv		╗
here ▶									1	\dashv		╗
	. 1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					<u>. </u>	1		38,878.
Attach	2a	Tax-exempt interest	2a		h T	axable inte	raet		·	2b	†	0,0,0,
Sch. B if	3a	Qualified dividends	3a	49.		ordinary div			.	3b		49.
required.	4a	IRA distributions	4a			axable am				4b		
	5a	Pensions and annuities	5a			axable amo				5b	1 2	27,084.
Standard	6a	Social security benefits	6a			axable amo				6b		
Deduction for—	7	Capital gain or (loss). Attach Sche		required. If not red				•		7		2,256.
Single or Married filing	8	Other income from Schedule 1, lin			,	,			_	8	<u> </u>	4,450.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,			come				•	9		3,817.
\$12,400 Married filing	10	Adjustments to income:										
jointly or Qualifying	а					1	10a					
widow(er),	b	Charitable contributions if you take			e inst	ructions	10b	2	50.			
\$24,800 • Head of	c	Add lines 10a and 10b. These are				-			▶	10c		250.
household,	11	Subtract line 10c from line 9. This	•	-						11		3,567.
\$18,650 If you checked	12	Standard deduction or itemized	•						·	12		24,800.
any box under Standard	13	Qualified business income deduc		•	,	1995-A			·	13	† *	
Deduction,	14	Add lines 12 and 13							.	14	2	24,800.
see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	s, ente	er -0			.	15		88,767.

Form 1040 (2020))									Pag	e 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌	;		16	11,107	$\overline{}$
	17	Amount from Schedule 2, lin	e3						17		
	18	Add lines 16 and 17							18	11,107	-
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	e7						20	1,361	
	21	Add lines 19 and 20							21	1,361	_
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	9,746	-
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	2,708	_
	24	Add lines 22 and 23. This is	your total tax					.)	24	12,454	
	25	Federal income tax withheld	from:								_
	а	Form(s) W-2				25a	7	,477			
	b	Form(s) 1099				25b		538			
	С	Other forms (see instructions				25c			•		
	d	Add lines 25a through 25c	•						25d	8,015	_
	26	2020 estimated tax payment								3,010	·
 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	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See		-		30	2	,000			
see instructions.	31	Amount from Schedule 3. lin				31	<u> </u>	,000	•		
	32	Add lines 27 through 31. The					dite	.)	20	3,000	
		· ·	•							11,015	
	33	Add lines 25d, 26, and 32. T	-					. ,		11,015	<u>•</u>
Refund	34	If line 33 is more than line 24				•	-		34		—
Di	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow Routing number X X X X X X X X X									
Direct deposit? See instructions.	▶b	•				•		saving	S		
	►d	Account number X X X				<u> </u>	ᆜ				
	36	Amount of line 34 you want a								1 440	
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. •	37	1,448	-
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.									
instructions.	38	Estimated tax penalty (see in				38		9	•		
Third Party		you want to allow another	•				٦,,			N .	
Designee		structions				. ▶ [_ Yes. Co	•		⋉ No	
		signee's me ▶		Phone no. ▶				onal ide ber (PIN	ntification		\neg
Cian		der penalties of perjury, I declare t	hat I have examine			edules a			,	et of my knowledge	and
Sign		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If	the IRS se	nt you an Identity	
	k									N, enter it here	
Joint return?					SOFTWARE 1	ENGIN	EER	(s	ee inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion				nt your spouse an	
your records.	,			HOMEWAYER					entity Prot ee inst.) ▶	ection PIN, enter it h	ere
		(702)762 [65]	<u> </u>	Frank address	HOMEMAKER	7N/7 TT	COM	, (0			
-		one no. (702)762-5652 eparer's name	Z Preparer's signat	Email address	VINY1291@0	Date	. COM	PTIN		Check if:	
Paid					CIIDMA MATTAN		E /2021		00702	Self-employed	٦
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GORIA TALLAM	110/0	5/2021		82703		
Use Only		m's name ► GLOBAL TAX		0 '	CD 20041					678)965-952	
		m's address ► 2530 Pebb		in Cummin	g GA 30041			Fi	rm's EIN 🕨	-	_
Go to www.irs.go	ov/Forr	m1040 for instructions and the late	st information.		BAA	REV (08/30/21 PRO			Form 1040 (2)	020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

S PASUPULETI & D SRIRANGAM

► 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

510-39-9207

Par	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	-4,450.
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	-4,450.
Par	t II Adjustments to Income	3	-4,450.
10		10	
11	Educator expenses	10	
••	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	00	
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number S PASUPULETI & D SRIRANGAM 510-39-9207

Par	tl Tax		
1	Alternative minimum tax. Attach Form 6251	. 1	
2	Excess advance premium tax credit repayment. Attach Form 8962	. 2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	. 3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	. 4	
5	Unreported social security and Medicare tax from Form: a □ 4137 b □ 8919	. 5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favore accounts. Attach Form 5329 if required $ ightharpoonup ighthar$		2,708.
7a	Household employment taxes. Attach Schedule H	. 7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 required		
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960		
	c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		2,708.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 08/30/21 PRO	Schedu	ule 2 (Form 1040) 2020

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

Your social security number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **03**

OMB No. 1545-0074

S P.	ASUPULETI & D SRIRANGAM	510-3	39-92	207
Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	1,361.
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other credits from Form: a 3800 b 8801 c		6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line		7	1,361.
Par	t II Other Payments and Refundable Credits			
8	Net premium tax credit. Attach Form 8962		8	
9	Amount paid with request for extension to file (see instructions)		9	
10	Excess social security and tier 1 RRTA tax withheld		10	
11	Credit for federal tax on fuels. Attach Form 4136		11	
12	Other payments or refundable credits:			
а	Form 2439			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202			
С	Health coverage tax credit from Form 8885			
d	Other: 12d			
е	Deferral for certain Schedule H or SE filers (see instructions) . 12e			
f	Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, lin	ne 31	13	

BAA

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Capital Gains and Losses

► 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.

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Name(s) shown on return Your social security number 510-39-9207 S PASUPULETI & D SRIRANGAM Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 11,050. 8,794. 2,256. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 2,256. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 2,256. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

510-39-9207

S PASUPULETI & D SRIRANGAM

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.

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	d to you on F	orm 1099-B	·			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Example: 100 ch VV7 Co.) (Mo. day vr.) uisposed of (Sales pr	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
FIDELITY	01/01/20	06/23/20	11,050.	8,794.			2,256.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A)	al here and ince is checked), lir	lude on your ne 2 (if Box B	11.050.	8.794.			2.256.

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.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

2020 Attachment Sequence No. 13

OMB No. 1545-0074

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

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

Your social security number

S PA	SUPULETI & D SR	IRANGAM						5.	10-39	-920	7	
Part	Income or Loss	From Rental Real Estate and	d Royaltie	s Note:	If you	are in th	e business o	of rent	ing pers	onal p	roperty	, use
		instructions. If you are an individual	l, report far	m rental ir	ncome o	or loss fi	om Form 48	335 or	n page 2	2, line 4	10.	
A Dic	l you make any payme	nts in 2020 that would require ye	ou to file F	orm(s) 10)99? S	ee instr	uctions .				Yes >	No
		ou file required Form(s) 1099?		. ,								No
1a		each property (street, city, state										
Α		ODAVARI ANDHRA PRADES		-								
В												
С												
1b	Type of Property (from list below)	above, report the number	above, report the number of fair rental and Days Days							Use	Q	λΛ
Α	3	personal use days. Check if you meet the requirement	tne QJV ints to file a	oox only_ as a	Α		365			0		
В		qualified joint venture. See	e instruction	ons.	В							
С					С							
Туре	of Property:											
1 Sing	le Family Residence	3 Vacation/Short-Term Rer	ntal 5 La	ınd		7 Self-	Rental					
2 Mul	ti-Family Residence	4 Commercial	6 R	oyalties		8 Othe	r (describe))				
Incom	e:	Properti	ies:	Ĭ	Α		È				С	
3	Rents received		. 3			450.						
4												
Expen												
5	Advertising		. 5									
6	Auto and travel (see in	nstructions)	. 6									
7	Cleaning and mainten	ance	. 7			600.						
8	Commissions		. 8									
9	Insurance		. 9									
10	Legal and other profe	ssional fees	. 10									
11	Management fees .		. 11			800.						
12	Mortgage interest pai	d to banks, etc. (see instruction	ns) 12									
13	Other interest		. 13									
14	Repairs		. 14		1,	100.						
15	Supplies		. 15		1,	200.						
16	Taxes		. 16									
17	Utilities		. 17		1,	200.						
18	Depreciation expense	or depletion	. 18									
19												
20	Total expenses. Add I	ines 5 through 19	. 20		4,	900.						
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties	s). If									
		instructions to find out if you m	nust									
	file Form 6198		. 21		-4,	450.						
22	Deductible rental real on Form 8582 (see in	estate loss after limitation, if a structions)	- 1	(-4,4	50.)	()()
23a		eported on line 3 for all rental p	roperties			23a		4	50.			
b		eported on line 4 for all royalty p				23b						
С		eported on line 12 for all proper				23c						
d		eported on line 18 for all proper				23d						
е	Total of all amounts re	eported on line 20 for all proper	ties			23e		4,9	00.			
24		e amounts shown on line 21. D e		ude any l	osses				24			
25	Losses. Add royalty lo	sses from line 21 and rental real e	state losse	es from line	e 22. E	nter tota	al losses her	е.	25 (4,4	450.)
26	Total rental real esta	ate and royalty income or (los	ss). Comb	oine lines	24 an	d 25. E	nter the re	sult				_
,	here. If Parts II, III, I'	V, and line 40 on page 2 do 10), line 5. Otherwise, include the	not apply	to you,	also e	enter th	is amount	on	26		-4	,450.

Form **8863**

Department of the Treasury Internal Revenue Service (99)

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020

Attachment Sequence No. 50

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return
S PASUPULETI & D SRIRANGAM

Your social security number 510-39-9207



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying widow(er)	2		-	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education	-			
4	credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6		.)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro	unded	d to \	6	
	at least three places)		.)		·
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the	e yea	r and meet the		
	conditions described in the instructions, you can't take the refundable Americ				
	skip line 8, enter the amount from line 7 on line 9, and check this box $. . . $			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
Part	on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	
		. /	:		
9 10	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet After completing Part III for each student, enter the total of all amounts from a	,	,	9	
10	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	6,806.
11	Enter the smaller of line 10 or \$10,000			11	6,806.
12	Multiply line 11 by 20% (0.20)			12	1,361.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or	1			1,301.
10	qualifying widow(er)	13	138,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form		,		
1-7	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	14	113,567.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on				
	line 18, and go to line 19	15	24,433.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying widow(er)	16	20,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou				
	places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•	•	18	1,361.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit		,	,	1 261
	instructions) here and on Schedule 3 (Form 1040), line 3			19	1,361.

·	
Name(s) shown on return	Your social security number
S PASUPULETI & D SRIRANGAM	510-39-9207



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

_	Part III Student and Educational Institution Information. See instructions.							
20	Student name (as shown on page 1 of your tax return) DEEKSHITHA		tudent social security number (as s our tax return)	hown o	on page 1 of			
	SRIRANGAM		019-11-0640					
22	Educational institution information (see instructions)							
а	. Name of first educational institution	b. N	ame of second educational institut	ion (if a	ny)			
	UNIVERSITY OF NEVADA-LAS VEGAS				-,			
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. BOARD OF REGRENTS NSHE	(1)	Address. Number and street (or P. post office, state, and ZIP code. If instructions.					
	LAS VEGAS NV 89154							
(:	2) Did the student receive Form 1098-T	(2)	Did the student receive Form 1098 from this institution for 2020?	-Т _	Yes No			
(;	Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☒ No 7 checked?	(3)	Did the student receive Form 1098 from this institution for 2019 with b 7 checked?		Yes 🗌 No			
(4	Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	ı	Enter the institution's employer (EIN) if you're claiming the America if you checked "Yes" in (2) or (3) from Form 1098-T or from the institution.	an opp). You	ortunity credit or			
	88-6000024							
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?		s - Stop! to line 31 for this student. X No	– Go t	o line 24.			
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. Yes — Go to line 25. No — Stop! Go to line 31 for this student.							
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	× Go	s — Stop! to line 31 for this No	– Go t	o line 26.			
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	I ☐ Go			plete lines 27 for this student.			
CAUT				in the	same year. If			
	American Opportunity Credit							
27	Adjusted qualified education expenses (see instructions). Dor			27				
28	Subtract \$2,000 from line 27. If zero or less, enter -0			28				
29	Multiply line 28 by 25% (0.25)			29				
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts from the state of t			30				
	Lifetime Learning Credit							
31	Adjusted qualified education expenses (see instructions). Incl		total of all amounts from all Parts	31	6,806.			