Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Тахрау	er's name	Social securi	ty number
SRI	LAKSHMI NARASIMH REMINISETTY	339-89	-0107
Spouse	's name	Spouse's soc	ial security number
Pari	Tax Return Information — Tax Year Ending December 31, (Enter	r year you a	re authorizing.)
Enter	whole dollars only on lines 1 through 5.		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income		1 127,671.
2	Total tax		2 21,744.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 18,773.
4	Amount you want refunded to you		4
5	Amount you owe		5 2,971.
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	keep a cop	y of your return)
my kno return	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm d my return to the IBS and to receive from the IBS (a) an acknowledgement of receive or reason for reis	ve are the ame itter, or electro	ounts from the income tax onic return originator (ERO)

for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

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Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

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	Your	signature	
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charan Teja .R

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 03/31/2021

as my Enter five digits, but don't enter all zeros

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 sig	gnature 🕨 🛛 🗖	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
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.	5	8	7		8 nter a	 	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 signature 🕨		Date 🕨	
Don't	ERO Must Retain This Form Submit This Form to the IRS L		
Don't		mess nequested to bo ou	
For Denominary Deduction Act Nation	ee very tev veture instructions	DEV/ 02/01/21 DDO	Form 8879 (Boy, 01 2021)

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

Filing Status Single Married filing perately (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 first name and middle initial Last name Your social security number SIN LAKSIMI NARASIMI RARASIMI RARASIMI RARASIMI RARASIMI Repart of a child widdle initial Home address (number and street). Hyou have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (201) 12102 SE 31ST G201 Spouse's social security number Bable VIDE Foreign province/state/county Foreign province/state/county Foreign postal cool You Spouse in this fund. Checking a book below will not change and middle initial Bable VUDE Someone can claim: You as a dependent You: You Spouse Dependents, see instructions: (Presign postal cool) You: Spouse it middle initial You Spouse Age/Blindhess You: Ware build dividends Yes No Spouse it middle initial You Spouse Social security mame Foreign province/state/county Foreign postal cool You Spouse	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Us	e Only	–Do not v	write or staple	in this space.
SRI LAKSHMI NARASIMH REMINISETTY 339-89-0107 If joint return, spoule's first name and middle initial Last name Spoule's social security number Home address furnber and street). If you have a P.O. box, see instructions. Apt. no. (201 Presidential Election Campaign Conck here if you, and St go to finis fund. Checking a box below will not change you tax or refund. Presidential Election Campaign Conck here if you, and St go to finis fund. Checking a box below will not change you tax or refund. Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Standard Deduction Spouse itemizes on a separate return or you were a dual-status alian Age/Bindness You: Was born before January 2, 1956 Is blind Dependents see instructions; if more than four dependents, see instructions; if more than four dependents, see instructions; if more see instructions; if more than four dependents, see instructions; if more see instructions; if more than 6ut dependents, see instructions; if more than 6ut see instructions; if more than 6ut set inst	Check only	lf yo	ou checked the MFS box, enter the n	ame of								, ,	
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. G201 12102 SE 31ST Apt. no. G201 City, town, or post office. If you have a foreign address, also complete spaces below. State Yea BELLEVUE WA 98 005 box beloov will not change to go to this fund. Checking a box below will not change your tax or refund. Yeu Spouse's colladed will not change your tax or refund. Standard Someone can claim: You spouse as a dependent You pour spouse as a dependent You spouse as a dependent Dependents (see instructions): (i) Frait name Last name (ii) You pour spouse as a dependent If more tim four dependents, see, salaries, tips, etc. Attach Form(e) W-2 . . 1 127,503. Attach Tax-exempt interest Sa Sa 8 8 6 . 6 . 7 7,902. Attach Sa Autach Sa Sa 8 8 . 1 127,503. 3 8 . 1 127,503. 1 127,971. 3	Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ty number
Home address furmber and street). If you have a P.O. box, see instructions. Apt. no. Apt. no. Presidential Election Campaign 12102 SE 31ST G201 Check here if you, or your spouse if filing jointly, want S3 Spouse if filing jointly, want S3 BELLEVUB Foreign country name Foreign province/state/county Foreign postal code you is or post of this func. Checking a box below will not change your is or postal code You Spouse itemizes on a separate return or you were a dual-status alien You is so dependent You is so 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 (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ¥ /f qualifies for fees instructions): 1 127, 503. If more than four dependents, see instructions	SRI LAK	SHMI	NARASIMH	REMI	NISETTY						339-	89-010	7
12102 SE 31ST G201 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code b gouse if filing jointly, want \$3 BELLEVUE WA 98005 box below will not change Foreign country name Foreign province/statk/country Foreign postal code Vou Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X 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): (2) Social security (3) Relationship (4) 4' if qualifies tor (see instructions): If more (1) First name Last name inumber inumber inumber is optic Yes Attach Sa 8. b Tax-everngt interest inumber is optic is ander Sa 8. b Taxable amount inumber if more inumber is aname	If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number
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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 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): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions 1 127, 503. 1 127, 503. and check	BELLEVU	E				W.	A	980	05		Ŭ		•
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Deduction, see instructions. 14 Add lines 12 and 13 12,400.		13	Qualified business income deduction	ion. Atta	ch Form 8995 o	r Form 8	3995-A				. 13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14										t I	12,400.
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ente	er-0				. 15	; 1	15,271.

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

Form **1040** (2020)

Form 1040 (2020	D)										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4	972	3			16	21,744.
	17	Amount from Schedule 2, lir	ie3							17	
	18	Add lines 16 and 17								18	21,744.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	ie7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	21,744.
	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	21,744.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	18	,773.		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	18,773.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return .					26	
qualifying child,	27	Earned income credit (EIC)					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, lir	ie 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and re	efunda	ble cr	edits	. Þ	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. Þ	33	18,773.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the	amoun	t you	overpaid		34	
Horana	35a	Amount of line 34 you want			3 is attached	d, chec	k here			35a	
Direct deposit?	►b	Routing number X X X			► c Type				Savings		
See instructions.	►d	Account number X X X	X X X X	XXXX	X X X	X X	X X	ĸ			
	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	2,971.
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represer	nt all o	f the t	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				
Third Party		you want to allow another						_			_
Designee	ins	structions						Yes. Co	omplete	below.	× No
		signee's ne ►		Phone no. ►						tification	
<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 occup	ation			If th	ie IRS sei	nt you an Identity
		ar eignatar e		Dato	l ou ocoup	anon			Pro	tection P	IN, enter it here
Joint return?					SR TECH	NICAL	PRO	DUCTOWNE	R (see	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's o	ccupatio	on				nt your spouse an
your records.	,									ntity Prote e inst.) 🕨	ection PIN, enter it here
	Dh	one no.		Email address					(00)		
		parer's name	Preparer's signat				Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM				T.T.7M		04/2021	P0208	20702	Self-employed
Preparer				IVANI SAGAK	GUFIA IA	ИНЦ	03/0	JI/ ZUZI			
Use Only		n's name ► GLOBAL TA n's address ► 2530 Pebb		n Cummin	a (7) 20	0/1					678)965-9522
					-					n's EIN ▶	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV	03/01/21 PRC	•		Form 1040 (2020)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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.

r soc	ial security number
	Attachment Sequence No. 01

Name	(s) shown o	n Form 1040,	1040-SR, or 1040-NR	
SRI	LAKSHMI	NARASIMH	REMINISETTY	

Your 339-89-0107

Part 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	-7,443.
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,		
D	line 8	9	-7,443.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	44	
10		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	
For Pa		Schedu	e 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

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.

20Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

SRI LAKSHMI NARASIMH REMINISETTY

Your social security number 339-89-0107

DICI IIF	aronni.	MARADIAN	REMINISEITI			
Did you d	ispose of	any investme	ent(s) in a qualified	opportunity fund	during the tax year?	Yes

X No 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 le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, I line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	38,076.	30,708.	5	31.	7,899.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	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 Worksheet in the instructions	y, from line 8 of y	-	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	7,899.

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	8.	5.			3.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
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	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	3.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 7,902.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 X 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? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/01/21 PRO

Schedule D (Form 1040) 2020

	0100
Form	0343

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Social socurity number or taxpayor identification number

	coolar security number of taxpayer identification number
SRI LAKSHMI NARASIMH REMINISETTY	339-89-0107

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

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode 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	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	09/01/20	09/03/20	38,076.	30,708.	EW	531.	7,899.
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc is checked), lir	lude on your 1e 2 (if Box B	38,076.	30,708.		531.	7,899.

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.

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

SRI LAKSHMI NARASIMH REMINISETTY

339-89-0107

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

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

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

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

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (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	02/20/18	03/12/20	8.	5.			3.
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), lir	lude on your 1e 9 (if Box E	8.	5.			3.

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	1040)	(From	n rental real estate, royalti	es, partnersł	nips, S	corpora	ations, e	estates,	trusts, REN	IICs, e	tc.) 🕠	2020
Doparte	nent of the Treasury		Attach t	o Form 1040	, 1040	-SR, 104	10-NR, a	or 1041.				
	Revenue Service (99)		► Go to www.irs.gov/	ScheduleE fo	or inst	ructions	and the	e latest	information		Attac Sequ	hment ence No. 13
Name(s) shown on return	<u></u>								You	r social securi	
SRI	LAKSHMI NA	RASIN	MH REMINISETTY							33	9-89-010)7
Par	Income of	or Los	s From Rental Real Est	ate and Roy	yaltie	s Note	e: If you a	are in th	e business c	of rentir	ng personal p	roperty, use
	Schedule	C. See	instructions. If you are an ir	ndividual, rep	ort farr	n rental i	income o	or loss f	rom Form 48	335 on	page 2, line 4	40.
A Di	d you make any	payme	ents in 2020 that would re	quire you to	file F	orm(s) 1	099? S	ee insti	ructions .		🗆	Yes 🔀 No
B If	"Yes," did you o	r will y	ou file required Form(s) 1	099?							🗌	Yes 🗌 No
_1a	Physical addr	ess of	each property (street, cit	y, state, ZIF	o code	e)						
A	TIRMULAGI	RI SA	AINIKPURI IN 5000	94								
B												
C												
1b	Type of Prop		2 For each rental rea	I estate prop	perty l	isted		-	Rental		sonal Use	QJV
	(from list be	elow)	above, report the r	Check the	ir rent OJV b	al and lox only			Days		Days	
A	3		personal use days. if you meet the req	uirements to	o file a	sa	Α		195		0	
B			qualified joint venti	ure. See inst	ructio	ns.	В					
C							С					
	of Property:						_					
	gle Family Resid		3 Vacation/Short-Te					7 Self-				
2 Mu Incon	Iti-Family Reside	ence	4 Commercial	Properties:	6 RO	yalties	-	8 Othe	r (describe)			•
		J		•	3		Α	200	E			С
<u>3</u> 4					4			380.				
Expe		iveu .			4							
5					5							
6			nstructions)		6							
7		•			7			800.				
8	-				8			000.				
9					9							
10			essional fees		10							
11	-				11			950.				
12	•		id to banks, etc. (see ins		12							
13		-			13							
14					14		2,	500.				
15	-				15		2,	150.				
16	Taxes				16							
17	Utilities				17		2,	250.				
18	Depreciation e	xpense	e or depletion		18							
19	Other (list) 🕨				19							
20	Total expenses	s. Add	lines 5 through 19		20		8,	650.				
21	Subtract line 2	0 from	line 3 (rents) and/or 4 (r	oyalties). If								
	•		instructions to find out i	•			-					
					21		-8,	270.				
22			l estate loss after limitat						,			
•••		-	nstructions)		22	(43.)	()()
23a			reported on line 3 for all r				• •	23a		38	30.	
b			eported on line 4 for all r					23b			_	
C			eported on line 12 for all			• •		23c				
d			eported on line 18 for all			• •		23d		0 65		
e			eported on line 20 for all			· ·		23e		8,65		
24 25		•	e amounts shown on line					• •	· · · ·	. ⊢	24	
25			osses from line 21 and rent							-	25 (7,443.)
26			ate and royalty income									
			IV, and line 40 on page 40), line 5. Otherwise, ind								26	-7,443.

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2020

OMB No. 1545-0074

_ ____ ____ ____ ____ ____ ____ ____ ____ ____

_ ____ _ _

	8582	Passive Activity Loss Limitati	ions		OMB No. 1545-1008
Form	JJUZ	► See separate instructions.			2020
Departr	nent of the Treasury	► Attach to Form 1040, 1040-SR, or 1041.			Attachment
	Revenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the lat	test information.		Sequence No. 858
	s) shown on return			Identifying	
		RASIMH REMINISETTY		339-89	9-0107
Par		ssive Activity Loss			
		Complete Worksheets 1, 2, and 3 before completing Part I.			
		Activities With Active Participation (For the definition of ac	tive participation,	see	
-		r Rental Real Estate Activities in the instructions.)	1.1		
-		net income (enter the amount from Worksheet 1, column (a)) .	1a	0.	
b		net loss (enter the amount from Worksheet 1, column (b))	1b (8,2	70.)	
С	-	allowed losses (enter the amount from Worksheet 1, column (c))	1c ()	
d				1d	-8,270.
-		zation Deductions From Rental Real Estate Activities			
2a		vitalization deductions from Worksheet 2, column (a)	2a ()	
b		llowed commercial revitalization deductions from Worksheet 2,	2b ()	
с	Add lines 2a a	nd 2b		2 c	(
	her Passive Ac				
3a	Activities with	net income (enter the amount from Worksheet 3, column (a)) .	3a		
b		net loss (enter the amount from Worksheet 3, column (b))	3b ()	
с		allowed losses (enter the amount from Worksheet 3, column (c))	3c ()	
d	Combine lines			3d	
4		1d, 2c, and 3d. If this line is zero or more, stop here and include			
				your	
	return: all loss	es are allowed, including any prior year unallowed losses entered	d on line 1c. 2b. o	r 3c.	
		es are allowed, including any prior year unallowed losses entered ses on the forms and schedules normally used			-8,270.
		ses on the forms and schedules normally used			-8,270.
	Report the loss	ses on the forms and schedules normally used		4	-8,270.
	Report the loss	ses on the forms and schedules normally used		• • 4	
	Report the loss If line 4 is a los on: If your filing	 ses on the forms and schedules normally used		4	o to line 15.
Part I	Report the loss If line 4 is a los on: If your filing or Part III. Inste	 ses on the forms and schedules normally used	 Irt II and go to Part e), skip Parts II and e at any time durir	4	o to line 15.
	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special	 ses on the forms and schedules normally used		4	o to line 15.
Part I Part	Report the loss If line 4 is a loss on: If your filing or Part III. Inste I Special Note: Ent	 ses on the forms and schedules normally used		t III. d III and go ng the yea	o to line 15. r, do not complete
Part I Part 5	Report the loss If line 4 is a loss on: If your filing or Part III. Inste III Special Note: Ent Enter the small	 ses on the forms and schedules normally used		t III. d III and go ng the yea	o to line 15.
Part I Part 5 6	Report the loss If line 4 is a los on: If your filing or Part III. Inste III Special Note: Ent Enter the smal Enter \$150,000	 ses on the forms and schedules normally used	urt II and go to Part and go to Part e at any time during Participation an example. . . 6 150,0	4 III. d III and go ng the yea	o to line 15. r, do not complete
Part I Part 5	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified	 ses on the forms and schedules normally used		4 III. d III and go ng the yea	o to line 15. r, do not complete
Part I Part 5 6	Report the loss If line 4 is a los on: If your filing or Part III. Inste II Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7	 ses on the forms and schedules normally used	urt II and go to Part and go to Part e at any time during Participation an example. . . 6 150,0	4 III. d III and go ng the yea	o to line 15. r, do not complete
Part I Part 5 6 7	Report the loss If line 4 is a loss on: If your filing or Part III. Inste Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw	 ses on the forms and schedules normally used		4 t III. d III and go ng the yea 5 00. 14.	o to line 15. r, do not complete
Part I Part 5 6 7 8	Report the loss If line 4 is a loss on: If your filing or Part III. Inste III Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7	 ses on the forms and schedules normally used	art II and go to Part e), skip Parts II and e at any time during Participation an example. . . 6 150,0 7 135,1 8 14,8	4 t III. d III and go ng the yea 00. 14. 86.	2 to line 15. r, do not complete 8 , 270 .
Part I Part 5 6 7 8 9	Report the loss If line 4 is a loss on: If your filing or Part III. Inste III Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 to	 ses on the forms and schedules normally used	an example. 6 150,0 7 135,1 8 14,8 arately, see instruct	4 t III. d III and going the yea 00. 14. 86. 9	2 to line 15. r, do not complete 8,270. 7,443.
Part I Part 5 6 7 8	Report the loss If line 4 is a loss on: If your filing or Part III. Inste III Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 there is the small	 ses on the forms and schedules normally used	an example. 6 150,0 7 135,1 8 14,8 arately, see instruct	4 t III. d III and going the yea 00. 14. 86. 9	2 to line 15. r, do not complete 8,270. 7,443.
Part I Part 5 6 7 8 9 10	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Emi Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 there the small If line 2c is a log	 ses on the forms and schedules normally used	art II and go to Part re), skip Parts II and e at any time durin Participation an example. 	4 t III. d III and going the yea 00. 14. 86. tions 9 10	2 to line 15. r, do not complete 8,270. 7,443. 7,443.
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Part I Part 5 6 7 8 9 10 Part 11 12	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the small If line 2c is a loc III Special Note: Ent Enter \$25,000 Enter the loss	 ses on the forms and schedules normally used	rt II and go to Part e), skip Parts II and e at any time durin Participation an example. 	4 t III. d III and going the yea 00. 14. 86. 9 10 I Estate A ructions. ns . 11 12	a to line 15. r, do not complete 8,270. 7,443. 7,443. 7,443. 7,443.
Part I Part 5 6 7 7 8 9 10 Part 11 12 13	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 the Enter the small If line 2c is a loc III Special Note: Ent Enter \$25,000 Enter the loss Reduce line 12	 ses on the forms and schedules normally used	rt II and go to Part e), skip Parts II and e at any time durin Participation an example. 	4 t III. d III and going the yea 00. 14. 86. tions 9 10 I Estate A ructions. ns. 11 12 13	b to line 15. r, do not complete 8,270. 7,443. 7,443. 7,443. 7,443.
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Part I Part 5 6 7 8 9 10 Part 11 12 13 14 Part	Report the loss If line 4 is a loss on: If your filing or Part III. Inste II Special Note: Em Enter the small Enter \$150,000 Enter modified Note: If line 7 line 10. Otherw Subtract line 7 Multiply line 8 th Enter the small If line 2c is a loss Enter the small If line 2c is a loss Enter the loss Reduce line 12 Enter the small IV Total Loss Add the incom	 ses on the forms and schedules normally used	art II and go to Part e), skip Parts II and e at any time durin Participation an example. 6 150,0 7 135,1 8 14,8 arately, see instruct rom Rental Real r Part II in the instruction 	4 t III. d III and going the yea 00. 14. 86. tions 9 10 I Estate A ructions. ns. 11 12 13 15 tions	to line 15. r, do not complete 8,270. 7,443. 7,443. 7,443. 0.

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)

Name of activity	Currer	nt year	Prior years	Overall gain or loss	
	(a) Net income (b) Net loss (line 1a) (line 1b)		(c) Unallowed loss (line 1c)	(d) Gain (e) Loss	
TIRMULAGIRI	0.	8,270.			8,270.
Total. Enter on Form 8582, lines 1a, 1b,					
and 1c	0.	8,270.			

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 2b			

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

Name of activity	Currer	nt year	Prior years	Overall gain or loss	
	(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) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
TIRMULAGIRI	E Ln 22	8,270.	1.00000000	7,443.	827.
Total		8,270.	1.00	7,443.	827.

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	
TIRMULAGIRI	E Ln 22	827.	1.0000000	827.	
Total		827.	1.00	827.	

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Worksheet 6-Allowed Losses (see	instru	ctions)						
Name of activity a to		and line nur to be report	Form or schedule and line number to be reported on (see instructions)		(a) Loss		nallowed loss	(c) Allowed loss
TIRMULAGIRI		E Ln 2	2	8,270.		827.		7,443.
Total Worksheet 7—Activities With Losse			. ►	lore Forn	8,270.	edules	827.	7,443.
Name of activity:		(a)		(b)	(c) Ra		(d) Unallowed loss	
Form or schedule and line number to be reported on (see instructions):								
1a Net loss plus prior year unallowed loss from form or schedule . ►								
b Net income from form or schedule ►								
c Subtract line 1b from line 1a. If zero	or less	s, enter -0- 🕨						
Form or schedule and line number to be reported on (see instructions):								
1a Net loss plus prior year unallowed loss from form or schedule . ►								
b Net income from form or schedule ►								
c Subtract line 1b from line 1a. If zero	or less	s, enter -0- 🕨						
Form or schedule and line number to be reported on (see instructions):								
1a Net loss plus prior year unallowed loss from form or schedule . ►								
b Net income from form or schedule ►								
c Subtract line 1b from line 1a. If zero	or less	s, enter -0- ►						
Total		►			1.00)		

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