#### 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.

Submission Identification Number (SID)

Taxpay	er's name	Social security number							
SAI	NATH REDDY SAMA	086-57	086-57-4011						
Spouse	's name	Spouse's so	Spouse's social security number						
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	' year you a	are aut	horizing.)					
Enter	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	111,063.					
2	Total tax		2	17,762.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,551.					
4	Amount you want refunded to you		4	789.					
5	Amount you owe		5						
				· · · · · · · · · · · · · · · · · · ·					

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpaye	er's PIN: che	ck one bo	x only						-	4	~	1 1	]
X	I authorize	GLOBAL	TAXES LLC			to enter o	r generate m	ny PIN	7		-		as my
ERO firm name signature on the income tax return (original or amended) I am n							-	,				gits, but all zeros	t j
				n the income tax I your return is fil				d. The	ERC	) mu	st c	comple	
Your sig	nature 🕨	Øe	thony	$\widehat{}$			Date►	2	/1	8	[2	21	
Spouse	's PIN: chec	k one box	only										Ъ
	I authorize					to enter o	r generate m	ıy PIN					as my
			ERO	firm name								gits, but	
	signature or	n the incom	ne tax return (or	riginal or amende	d) I am now	authorizing.			dor	n't en	ter a	all zeros	i
				n the income tax I your return is fil									
Spouse'	s signature	•					Date 🕨						

Part III	Certification and Authentication – Practitioner PIN Method Only		_	
EBO's EFI	<b>N/PIN.</b> Enter your six-diait EFIN followed by your five-diait self-selected PIN.	5	8	7

8 Don't enter all zeros

6 1 9 8 9

2 7

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.

Practitioner PIN Method Returns Only—continue below

ERO's signature ►	e 🕨	
ERO Don't Subm		
For Demonstrade Deduction Act Notice and some	ber vetrum in etwo etiene	Corm <b>8870</b> (Day, 01 0001)

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20	20	OMB No. 1545	5-0074	IRS Us	e Only	—Do not wi	ite or staple	in this space.
Filing Status Check only one box.	lf yc	Single D Married filing jointly but checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separate your spouse. If yo	•	· <u> </u>						
Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ity number
SAINATH	RED	DY	SAMA	A						086-5	57-401	1
lf joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse's	s social se	curity number
Home address		er and street). If you have a P.O. box, see CMN	instructi	ons.				Apt. no. 301		Check h	ere if you,	, <b>,</b>
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	s	tate	ZIP c	ode				ntly, want \$3 Checking a
FREMONT					0	CA	94	538		0	w will not	•
Foreign country	/ name		I	Foreign province/st	ate/cou	inty	Forei	gn postal (	code		or refund	0
At any time du	ring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	uire an	y financial intere	est in a	any virtu	al cu	rrency?	Yes	X No
Standard Deduction		eone can claim:	•	· ·		s a dependent en						
Age/Blindness	S You	Were born before January 2, 1	956	Are blind	Spous	se: 🗌 Was bo	rn bef	ore Janu	ary 2	2, 1956	🗌 ls b	lind
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relations	ain	(4)	if a	ualifies for	(see instru	uctions):
If more		irst name Last name		number		to you		Child		1		ther dependents
than four												$\Box$
dependents,									$\overline{\Box}$			$\square$
see instruction	s ——								$\overline{\Box}$			
here									$\overline{\Box}$			
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2			I			. 1	1	<u></u> 14,363.
Attach	2a	• · · · · ·	2a		 	Taxable interes	• · ·		•	2b		11/3031
Sch. B if	3a		3a		1	Ordinary divide		• •	•	. <u>25</u> 3b		
required.	4a		4a		1	Taxable amour		• •	•	. 4b		
			5a		1	Taxable amour			•	. 5b		
Standard	5a 6a		6a			Taxable amour		• •	•	. <u>6</u> b		
Deduction for—	0a 7	Capital gain or (loss). Attach Scher		fraguirad If path				• •	Г	. 05		-3,000.
Single or	8					a, check here	• •			. 8		
Married filing separately,	9	Other income from Schedule 1, lin Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a				· · · · ·	• •		•	. <u>∘</u> ▶ 9	1	<u>0.</u> 11,363.
\$12,400				This is your total	incom	е	• •		•	9		11,303.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:					_					
Qualifying widow(er),	a								20			
\$24,800	b	Charitable contributions if you take				I			30			200
<ul> <li>Head of household,</li> </ul>	C	Add lines 10a and 10b. These are	-	•						▶ <u>10c</u>		300.
\$18,650	11	Subtract line 10c from line 9. This							•	► <u>11</u>		11,063.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized		•					·	. 12		12,400.
Standard Deduction,	13	Qualified business income deducti							•	. 13	+	10 400
see instructions.	14								•	. 14		12,400.
	15	Taxable income. Subtract line 14	trom lin	ie 11. It zero or le	ess, en	ter -0				. 15		98,663.

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

Form 1040 (2020	))										Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2 🗌	4972	3			. 16	17,762.
	17	Amount from Schedule 2, lir	ne3							. 17	
	18	Add lines 16 and 17								. 18	17,762.
	19	Child tax credit or credit for	other dependen	ts						. 19	
	20	Amount from Schedule 3, lir	ne7							. 20	
	21	Add lines 19 and 20								. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	17,762.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10	)				. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>							▶ 24	17,762.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	18	,55	1.	
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								. 25d	18,551.
• 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)			<sup>N</sup>	<u>.</u>	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 8863	8, line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	refunda	ble cr	edits		▶ 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments						▶ 33	18,551.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	e amour	nt you	overpaid		. 34	789.
neruna	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attach	ed, chec	k here			35a	789.
Direct deposit?	►b	Routing number 0 8 1			► c Typ	e: 🗙	Checl	king	Saving	gs	
See instructions.	►d	Account number 3 5 5	0 0 6 7	7 5 3 8	8 5						
	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 <b>am</b>	ount you owe	now .				.	▶ 37	
You Owe For details on		<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.								or	
how to pay, see	38					•	38	1			
instructions.		Estimated tax penalty (see in									
Third Party Designee		you want to allow another	•					Yes. Co	omple	te below.	× No
Designee		signee's		Phone				_		entification	
		me ►		no. 🕨					oer (Pll		
Sign		der penalties of perjury, I declare t									
Here		ief, they are true, correct, and com	plete. Declaration				sed on	all informatio			, ,
	Yo	ur signature		Date	Your occu	upation					nt you an Identity IN, enter it here
Joint return?					SOFTW	ARE E	NGI	NEER		see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's				11	the IRS se	nt your spouse an
Keep a copy for your records.											ection PIN, enter it here
your records.									(	see inst.) 🕨	
		one no.		Email address			-				
Paid		parer's name	Preparer's signat				Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA I	ALLAM	02/	18/2021		082703	Self-employed
Use Only		m's name  GLOBAL TAX							F	hone no.	678)965-9522
	Firr	n's address ► 2530 Pebb	le Creek I	n Cummin	g GA 3	0041			F	irm's EIN 🖡	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	Α	REV	02/07/21 PRC	)		Form <b>1040</b> (2020)

## SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

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

Department of the Treasury

SAINATH REDDY SAMA

Your social security number 086-57-4011

086-5

Did you dispose of any investment(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 e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustment to gain or loss Form(s) 8949, F line 2, column	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 <b>Box A</b> checked	437,717.	469,012.	14,6	75.	-16,620.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	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 <b>Worksheet</b> in the instructions	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	-16,620.

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-16,620.
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	$\square$ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 (	3,000.)
	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 02/07/21 PRO

Schedule D (Form 1040) 2020

8949

## 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.

(0)20 Attachment ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Social security n

SAINATH REDDY	SAMA	086-57-4011
Name(s) shown on return		Social security number or taxpayer identification number

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.

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

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

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

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	Proceeds Se	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
AMERITRADE	11/23/20	12/03/20	68,358.	69,958.	EW	880.	-720.
ROBINHOOD SECURITIES LLC	10/29/20	10/13/20	369,359.	399,054.	EW	13,795.	-15,900.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	437,717.	469,012.		14,675.	-16,620.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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



When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

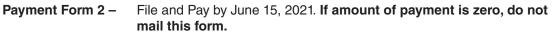
WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2021 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

### FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0008

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

# ONLINE SERVICES:Use Web Pay and enjoy the ease of our free online payment service.<br/>Go to ftb.ca.gov/pay for more information. You can schedule your<br/>payments up to one year in advance.<br/>Do not mail this form if you use Web Pay.

DETACH HERI CAUTION: You may be req TAXABLE YEAR			IS DUE, DO NOT M	IAIL THIS FORM	File and Pay by Apri	
2021 E	stimated T	ax for Indi	viduals		5	40-ES
086-57-4011 SAINATHREDD	SAMA SAMA			21	APE	0
1220 BRAHMS FREMONT	CMN CA	94538	APT	301		
			Amount	of Payment	204.	
For Privacy Notic	ce, get FTB 1131 ENG/S	р. 175	1201216	REV 02/0	07/21 PRO Form 540-ES	S 2020



When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2021 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

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DETACH HERE CAUTION: You may be requ TAXABLE YEAR			IS DUE, DO NOT	MAIL THIS FOR		DETACH HERE	, 2021
2021 Es	stimated Ta	ax for Indi	viduals			540	-ES
086-57-4011 SAINATHREDD	SAMA SAMA				21	APE	0
1220 BRAHMS FREMONT	CMN CA	94538	APT	301			
			Amount	of Paymer	ıt	272.	
For Privacy Notic	e, get FTB 1131 ENG/S	P. 175	1201216	<b>—</b>	 REV 02/07/21 PF	<sup>80</sup> Form 540-ES 20	20



Payment Form 4 – File and Pay by Jan. 18, 2022. If amount of payment is zero, do not mail this form.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2021 Form 540-ES" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

### FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0008

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

# ONLINE SERVICES:Use Web Pay and enjoy the ease of our free online payment service.<br/>Go to ftb.ca.gov/pay for more information. You can schedule your<br/>payments up to one year in advance.<br/>Do not mail this form if you use Web Pay.

<b></b> DETACH HER <b>CAUTION:</b> You may be req TAXABLE YEAR	E uired to pay electronica		IS DUE, DO NOT	MAIL THIS FOF		DETACH HERE and Pay by Jan. 18 CALIFORM	, 2022
2021 E	stimated T	ax for Indiv	viduals			540	-ES
086-57-4011 SAINATHREDD	SAMA SAMA				21	APE	0
1220 BRAHMS FREMONT	CMN CA	94538	АРТ	301			
			Amount	of Paymer	nt	204.	
For Privacy Noti	ce, get FTB 1131 ENG/S	р. 175	1201216	<b>—</b>	REV 02/07/21 PRO	Form 540-ES 20	20

TANABLE LYEAR       FORM         B0200       California e-file Signature Authorization for Individuals       8879         Your name       Your Solv or TIN       0045 57 - 4011         Spruces/FIDP's name       Bpounder/FIDP's SAMA       906 - 57 - 4011         Part 1 Tax Return Information (whole dollars only)       1       111 , 363         1       California Adjusted Gross Income (AGI). See Instructions       2       678         3       Part 1 Tax Return Information (whole dollars only)       1       111 , 363         4       Annount YOU No. See Instructions       2       678         3       Part II Taxpyer Delaration and Signature Authorization (Be size you obtain and keep a copy of your return.)       1111 , 363         1       California (Agista) in three examined a copy of my individual income tax return. adcomparing schedules and statements for the tax year onding of refON       678         1       California (Agista) in three examined a copy of my individual income tax return. Tapplicable. Instructions in three advidual income tax return. Tapplicable. Instructions in three examined a copy of my return of refO       111 , 263         1       California (Agista) in three advidual income tax return.       1000401       1000401       1000401       1000401       1000401       1000401       1000401       1000401       1000401       1000401       1000401	175	DO NOT MA	AIL THIS I	FORM TO THE FTB
Your name         Your SNN or TTN           SATURTH REDDY SAMA         086-57-4011           Spouge#RDPs some         Spouge#RDPs Sone (TIN)           Part I Tax Return Information (whole dollars only)         1           1 California Adjusted Gross Income (AGI); See instructions         2           2 Amount You Ove. See instructions         2           Part I Taxy Education and Signature Authorization (Be sure you obtain and keep a copy of your return.)         3           Under penalties of periury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year anding Decompanying schedules and statements for the tax identification number, 31, 2020, and the best of my Anovédég and Bellet, it is true, correct, and anounts shown in Part I tay adjusted. I declare that the information and amounts shown in Part I tay adjusted. I declare that the information and amounts shown in Part I tay adjusted. I declare that the information and anounts shown in Part I tay adjusted. I declare that the information and anounts shown in Part II tay adjusted. I declare that the information and anounts shown in Part II tay adjusted. I declare that the information and into the corresponding lines of my electronic number, and tay and anount on the 2 moly tay in the corresponding lines of my electronic number, and tay and the anount on the 2 moly tay in the corresponding lines of my electronic number and tay and the anount on the 2 moly tay in the corresponding lines of my electronic number and tay and the part in tay in the corresponding lines of the corresponding lines of the corresponding lines of the part II tay adjusted. I declare the corresponditad in the part II tay adjushad interviewe the corresp	TAXABLE YEAR			FORM
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DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER. If amount of payment is zero, do not mail this voucher.

WHERE TO FILE:	Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2020 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but <b>do not</b> staple, payment with the voucher and mail to:
	FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0008
Make all checks or U.S. financial institu	money orders payable in U.S. dollars and drawn against a tion.

WHEN TO FILE:Calendar Year – File and pay by April 15, 2021.When the due date falls on a weekend or holiday, the deadline to file and pay without<br/>penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service.Go to ftb.ca.gov/pay for more information.Do not mail this voucher if you use Web Pay.

\_\_ DETACH HERE \_\_ \_\_ \_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER \_\_ \_\_ \_\_ DETACH HERE \_\_ \_\_ CAUTION: You may be required to pay electronically. See instructions. CALIFORNIA FORM TAXABLE YEAR **Payment Voucher for** Individual e-filed Returns 3582 (e-file 2020 086-57-4011 SAMA 20 SAINATHREDD SAMA 1220 BRAHMS CMN APT 301 FREMONT CA 94538 Amount of Payment 678. 175 1251206 REV 02/07/21 PRO FTB 3582 2020 For Privacy Notice, get FTB 1131 ENG/SP.

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	73		holding (Form 592-B and/or 593). See instructions				. 00
nts							. 00
Payments	74		ess SDI (or VPDI) withheld. See instructions				. 00
σ.	75		ed Income Tax Credit (EITC)				
	76		ng Child Tax Credit (YCTC). See instructions				• 00
	77 78		Premium Assistance Subsidy (PAS). See instructions				- 00
		See i	instructions	78		6256	<b>.</b> 00
Тах	91	Use	Tax. Do not leave blank. See instructions		0.00		
Use Tax		lf lin	e 91 is zero, check if: 🛛 🗙 No use tax is owed. 📄 You paid your use tax obl	igatio	n directly to CDTFA.		
	<u>`</u> 02	India	vidual Shared Responsibility (ISR) Penalty. See instructions • 92		.00		
ISR Penaltv	52		Full-year health care coverage.				
x Due	93	Payn	nents balance. If line 78 is more than line 91, subtract line 91 from line 78 $\ldots \ldots \odot$	93		6256	- 00
Overpaid Tax/Tax Due	94 05		<b>Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91	94			. 00
paid T	95	subt	nents after Individual Shared Responsibility Penalty. If line 93 is more than line 92, ract line 92 from line 93	95		6256	- 00
Over	96		vidual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then ract line 93 from line 92	96			. 00
			REV 02/07/21 PRO				
			175 3103204		Form 540 2020	Side 3	

You	ır nar	ne:	SAMA Your SSN or I	IN:	086-57-	4011			
Overpaid Tax/Tax Due	97	Over	paid tax. If line 95 is more than line 65, subtract line 65	from	line 95		97		. 00
ax/Ta	98	Amo	unt of line 97 you want applied to your <b>2021</b> estimated	tax			98		. 00
paid T	99	Over	paid tax available this year. Subtract line 98 from line 9	7			99		. 00
Over	100	Tax c	lue. If line 95 is less than line 65, subtract line 95 from	line 65	5		<b>)</b> 100	678	. 00
							<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instructions				<b>400</b>		.00
		Alzhe	imer's Disease and Related Dementia Voluntary Tax Co	ntribut	tion Fund		<b>4</b> 01		. 00
		Rare	and Endangered Species Preservation Voluntary Tax C	ontribu	ution Program	n	403		. 00
		Califo	ornia Breast Cancer Research Voluntary Tax Contributio	n Fund	d		<b>4</b> 05		. 00
		Califo	ornia Firefighters' Memorial Voluntary Tax Contribution	Fund .			<b>406</b>		. 00
		Emer	gency Food for Families Voluntary Tax Contribution Fu	nd			<b>407</b>		.00
		Califo	ornia Peace Officer Memorial Foundation Voluntary Tax	Contri	bution Fund.		<b>408</b>		. 00
		Califo	ornia Sea Otter Voluntary Tax Contribution Fund				<b>410</b>		. 00
suc		Califo	ornia Cancer Research Voluntary Tax Contribution Fund				• 413		. 00
Contributions		Scho	ol Supplies for Homeless Children Fund				• 422		.00
Cont		State	Parks Protection Fund/Parks Pass Purchase				• 423		.00
		Prote	ect Our Coast and Oceans Voluntary Tax Contribution F	und			• 424		.00
		Кеер	Arts in Schools Voluntary Tax Contribution Fund				<b>425</b>		.00
		Preve	ention of Animal Homelessness and Cruelty Voluntary	ax Cor	ntribution Fu	nd (	• 431		.00
		Califo	ornia Senior Citizen Advocacy Voluntary Tax Contributio	on Func	d		• 438		.00
		Nativ	e California Wildlife Rehabilitation Voluntary Tax Contri	bution	Fund		<b>4</b> 39		.00
		Rape	Kit Backlog Voluntary Tax Contribution Fund				• 440		.00
		Scho	ols Not Prisons Voluntary Tax Contribution Fund				• 443		.00
		Suici	de Prevention Voluntary Tax Contribution Fund				• 444		.00
	110	Add	code 400 through code 444. This is your total contribu	tion			110		.00

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REV 02/07/21 PRO Side 4 Form 540 2020

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You	r nan	ne:	SAMA		Your SSN	or ITIN:	086-57-	-401	.1					
Amount You Owe	111	Mail 1	to: FRANCHISE	you do not have an TAX BOARD, PO E ca.gov/pay for mo	BOX 942867,	SACRAME					ee instruction	ns. Do not s	send cash. 678	. 00
t and ties	112 113		est, late return per prpayment of estin	nalties, and late pa nated tax.	yment penalti	es				112				. 00
Interest and Penalties		Chec	k the box: $ullet$	FTB 5805 attac	hed 🏾 🖢	FTB 5805	iF attached			113				. 00
5		Total	amount due. See	instructions. Encl	ose, but <b>do no</b>	<b>t</b> staple, ar	ny payment .			114			678	. 00
	115	REFU	JND OR NO AMOL	JNT DUE. Subtrac	t the sum of li	ne 110, lin	e 112 and lin	ie 113	from line	99. See i	nstructions.	• .		
		Mail 1	to: FRANCHISE T/	AX BOARD, PO BO	X 942840, SA	CRAMENT	TO CA 94240	-0001	<b>(</b>	115				. 00
Refund and Direct Deposit		See ii All or	nstructions. <b>Have</b> <sup>r</sup> the following am	o authorize direct you verified the r ount of my refund <u>Ty</u> pe	outing and ac (line 115) is a	count num authorized	<b>ibers?</b> Use w	vhole	dollars only	/.	own below:			·.
and Di		• R	outing number	Checking	Account r	iumber		]			● 116 Dir	ect deposit	: amount	. 00
und a		L		Savings				]					]	• [ <u>00</u> ]
Re			outing number	of my refund (line ● Type Checking Savings	Account r			]		I SHOWN		ect deposit	t amount	. 00
To le ftb.c Und	earn a ca.go	about y <b>v/form</b> nalties e and	your privacy rights <b>1s</b> and search for s of perjury, I decla	s to find out if you , how we may use 1131. To request th are that I have exa prrect, and comple	your informat his notice by m mined this tax	ion, and th nail, call 80	e consequer 0.852.5711.	nces fo npany	or not provi ring schedu	ding the Iles and s		and to the	best of my	
			Your email add	Iress. Enter only one	email address.							Preferred ph	hone numbe	r
Si	gn										46	6938836	516	
He	ere			gnature (declaration			II information	of whi	ich preparei	r has any	knowledge)			
	unlaw Irge a			OURS, if self-employed								F	PTIN	]
RDF			GLOBAL TA		,								)208270	)3
•	ature.	•	Firm's address									● F	Firm's FEIN	
retu (See			2530 PEBB	LE CREEK LN	O CUMMING	GA 30	041					30	0101719	6
`	uctior	ns)	Do you want to	allow another pers	son to discuss	this tax re	turn with us?	See i	instructions	S	• Ye	es ×	No	
			Print Third Party D	Designee's Name							Tele	phone Num	ber	
			REV 02/07/21 PRO											
					175	310	5204	Г			Form	540 2020	Side 5	

CA (540)

## 2020 California Adjustments — Residents

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

	e(s) as shown on tax return	nu c				
				SN or ITI		
	NATH REDDY SAMA t I Income Adjustment Schedule	Δ	Federal Amounts	86574	LOTT Subtractions	▲ Additions
	ion A – Income from federal Form 1040 or 1040-SR	A	(taxable amounts fro your federal tax retu		See instructions	<b>U</b> See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	L				$\textcircled{\textbf{0}}$
2	Taxable interest. $\mathbf{a} \odot $ 2b		,			•
3	Ordinary dividends. See instructions. a					•
4	IRA distributions. See instructions. a					•
5	Pensions and annuities. See instructions. <b>a</b> (e)					•
6	Social security benefits. a					
7		$\overline{\mathbf{O}}$				$\textcircled{\begin{tabular}{c} \hline \hline$
	ion <b>B – Additional Income</b> from federal Schedule 1 (Form 1040)	10	-3,000	••••		
1	Taxable refunds, credits, or offsets of state and local income taxes			. ()	0	
	Alimony received. See instructions				0.	$\odot$
2a 3	Business income or (loss). See instructions					•
3 4	Other gains or (losses).     4					•
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc					•
						•
6 7	Farm income or (loss)    6      Unemployment compensation    7					
8	Other income.			 a (•	)	а
U	a California lottery winnings e NOL from FTB 3805Z,					a
	b Disaster loss deduction from FTB 3805V 3807, or 3809 8			Ĩ	/	c •
	c Federal NOL (federal Schedule 1 f Other (describe):			_	)	
	(Form 1040) line 8)			{ u ⊌ e ●		-
	d NOL deduction from FTB 3805V			f e		e f •
	g Student loan discharged due to				)	
	closure of a for-profit school			lg ⊙	)	g
9	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in					
Ū	column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in					
	column B and column C. Go to Section C	$  \odot$	111,363		0.	$\odot$
Sect	ion C – Adjustments to Income from federal Schedule 1 (Form 1040)					
	Educator expenses					
	Certain business expenses of reservists, performing artists, and fee-basis					
••	government officials	$\odot$		$\odot$		$\odot$
12	Health savings account deduction 12	$\bigcirc$				
13	Moving expenses. Attach federal Form 3903. See instructions	$\bigcirc$				
14	Deductible part of self-employment tax. See instructions	$\bigcirc$		$\odot$		
15	Self-employed SEP, SIMPLE, and qualified plans	$\bigcirc$				
16	Self-employed health insurance deduction. See instructions 16	$oldsymbol{igstar}$		$\odot$		
17	Penalty on early withdrawal of savings 17	$oldsymbol{igstar}$				
18a	Alimony paid. <b>b</b> Recipient's: SSN 🖲					
						$\bullet$
19	Last name (e) 18a					
19 20	Student loan interest deduction	$\sim$				۲
20	Tuition and fees         20					
22	Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions	$\odot$	300	. 💿	300.	
	CHARITABLE CONTRIBUTIONS	F	500	•	500•	
23	Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions	$oldsymbol{igstar}$	111,063	. 🔍	-300.	$oldsymbol{O}$

For Privacy Notice, get FTB 1131 ENG/SP.

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	rt II Adjustments to Federal Itemized Deductions k the box if you did NOT itemize for federal but will itemize for California	A	Federal Amounts (from federal Schedule A (Form 1040)	B	Subtractions See instructions	L	Additions See instructions
	ical and Dental Expenses See instructions.						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 ()111,063.2						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0		)			$\bullet$	
ax	es You Paid						
5a	State and local income tax or general sales taxes		7,150.	$\bullet$	7,150.		
5b	State and local real estate taxes						
5c	State and local personal property taxes		)				
	Add line 5a through line 5c	-					
	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A						
	Enter the amount from line 5a, column B in line 5e, column B						
	Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e			$oldsymbol{igstar}$	7,150.		
6	Other taxes. List type • 6	$\odot$	)	$oldsymbol{igstar}$			
7	Add line 5e and line 6	$  \odot$	7,150.		7,150.		
nte	rest You Paid						
а	Home mortgage interest and points reported to you on federal Form 1098	$\odot$	)			$oldsymbol{igstar}$	
b	Home mortgage interest not reported to you on federal Form 1098	$\odot$	)			$oldsymbol{eta}$	
C	Points not reported to you on federal Form 10988c	$\odot$	)			$oldsymbol{igstar}$	
d	Mortgage insurance premiums	$\begin{tabular}{ l l l l l l l l l l l l l l l l l l l$	)				
е	Add line 8a through line 8d	$\odot$	)				
	Investment interest		)	$\bullet$		$\bullet$	
0	Add line 8e and line 9		)	$\bullet$		$\bullet$	
ift	s to Charity						
1	Gifts by cash or check		300.	$\bullet$			
2	Other than by cash or check	-		$   \mathbf{O} $		$\bullet$	
3	Carryover from prior year	_		۲		$\bullet$	
4	Add line 11 through line 13			lacksquare		$\bullet$	
as	ualty and Theft Losses						
5	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal	Γ					
			)	$   \mathbf{O} $		$oldsymbol{O}$	
the	er Itemized Deductions						
6	Other—from list in federal instructions		)				
	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	$+ \sim$		$\overline{\bullet}$	7,150.	1	

Job Expenses and Certain Miscellaneou	s Deductions
---------------------------------------	--------------

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions () 19		
20	Tax preparation fees		
21	Other expenses - investment, safe deposit box, etc. List type 💿 💿 21		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 💿111,063.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	• 25	0.
26	Total Itemized Deductions. Add line 18 and line 25	(•) 26	300.
27	Other adjustments. See instructions. Specify.	(•) 27	
28	Combine line 26 and line 27	(•) 28	300.
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	• 29	300.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	_	
	Transfer the amount on line 30 to Form 540, line 18	• 30	4,601.

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E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20	20	OMB No. 1545	5-0074	IRS Use	e Only	—Do not wi	ite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly but checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separate your spouse. If ye	•	· <u> </u>						
Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ity number
SAINATH	RED	DY	SAMA	7						086-5	57-401	1
lf joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse's	s social se	curity number
Home address		er and street). If you have a P.O. box, see CMN	instructio	ons.				Apt. no. 301		Check h	ere if you,	, <b>,</b>
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	S	itate	ZIP c	ode				ntly, want \$3 Checking a
FREMONT						CA	94	538		0	w will not	•
Foreign country	/ name		F	Foreign province/st	tate/cou	inty	Forei	gn postal o	code	your tax	or refund	
At any time du	ring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acqu	uire an	y financial intere	est in	any virtu	al cu	rrency?	Yes	X No
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate retur				is a dependent en						
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	956	Are blind	Spou	se: 🗌 Was bo	rn bef	ore Janu	ary 2	2, 1956	🗌 ls b	lind
Dependents	s (see	instructions):		(2) Social sec	curity	(3) Relations	nip	(4) 🖌	if a	ualifies for	(see instru	uctions):
If more		irst name Last name		number		to you	۲ I	Child		1		ther dependents
than four									$\square$			$\Box$
dependents,									$\overline{\Box}$			$\square$
see instruction	s ——								$\overline{\square}$			$\square$
here									$\overline{\Box}$			<u> </u>
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						. 1	1	14,363.
Attach	2a		2a		h	Taxable interes	+		-	2b		
Sch. B if	3a		3a			Ordinary divide			•	 3b		
required.	4a		4a			Taxable amour				. 4b		
	5a		5a		-	Taxable amour		• •	•	. 15 . 5b		
Standard	6a		6a		- ·	Taxable amour		• •	•	. 6b		
Deduction for –	7	Capital gain or (loss). Attach Scher		frequired If not					► Г	7		-3,000.
Single or     Marriad filing	8	Other income from Schedule 1, lin					• •			. 8		0.
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,				 e	• •	• •	•	. <u>0</u> ▶ 9	1	11,363.
<ul><li>\$12,400</li><li>Married filing</li></ul>	10	Adjustments to income:	unu 0. 1		meon		• •		•		-	11/5051
jointly or						10						
Qualifying widow(er),	a b	From Schedule 1, line 22 Charitable contributions if you take		· · · · · ·			_		300	0		
\$24,800	b	Add lines 10a and 10b. These are				L						300.
<ul> <li>Head of household,</li> </ul>	C			•				• •		▶ <u>10c</u>		11,063.
\$18,650	11	Subtract line 10c from line 9. This	-						•	► <u>11</u>		
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized		•					•	. 12	+	12,400.
Standard Deduction,	13	Qualified business income deduction							•	. 13		12 400
see instructions.	14								•	. 14		<u>12,400.</u> 98,663.
	15	Taxable income. Subtract line 14	Irom IIn	e 11. IT Zero or le	ess, en	ter-U			•	. 15		50,003.

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

Form 1040 (2020	))										Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2 🗌	4972	3			. 16	17,762.
	17	Amount from Schedule 2, lir	ne3							. 17	
	18	Add lines 16 and 17								. 18	17,762.
	19	Child tax credit or credit for	other dependen	ts						. 19	
	20	Amount from Schedule 3, lir	ne7							. 20	
	21	Add lines 19 and 20								. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	17,762.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10	)				. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>							▶ 24	17,762.
	25	Federal income tax withheld	from:								•
	а	Form(s) W-2					25a	18	,552	1.	
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								. 25d	18,551.
• 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)			<sup>N</sup>	<u>.</u>	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 8863	8, line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	refunda	ble cr	edits		▶ 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments						▶ 33	18,551.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	e amour	nt you	overpaid		. 34	789.
neruna	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attach	ed, chec	k here			35a	789.
Direct deposit?	►b	Routing number 0 8 1	0 0 0 0	3 2	► c Typ	be: 🗙	Checl	king	Saving	js	
See instructions.	►d	Account number 3 5 5	0 0 6 7	7 5 3 8	8 5						
	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 <b>amo</b>	ount you owe	now .				. 1	37	
You Owe		<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								or	
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.			i.			
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party		you want to allow another	•								
Designee		tructions						Yes. Co			× No
		signee's ne ►		Phone no.					onal Ide oer (PII	entification	
Sign		der penalties of perjury, I declare t	hat I have examine			nying sche	edules a			,	t of my knowledge and
		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occu	upation					nt you an Identity
	<b>N</b>									Protection P see inst.) 🕨	IN, enter it here
Joint return? See instructions.	- Sec	ouse's signature. If a joint return, <b>I</b>	acth must sign	Date	SOFTW			NEER		,	nt your spouse an
Keep a copy for	Sp	ouse's signature. It a joint return, i	<b>both</b> must sign.	Dale	Spouse's	occupatio	on				ection PIN, enter it here
your records.									(5	see inst.) 🕨	
	Pho	one no.		Email address							
Daid	Pre	parer's name	Preparer's signat	ure	-		Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA I	ALLAM	02/	18/2021	P02	082703	Self-employed
Preparer	Firr	n's name 🕨 GLOBAL TAX	XES LLC				-		F	hone no.	678)965-9522
Use Only	Firr	n's address ► 2530 Pebb	le Creek I	n Cummin	g GA 3	0041				irm's EIN 🕨	
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BA	Α	REV	02/07/21 PRC	)		Form <b>1040</b> (2020)

## SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

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

Department of the Treasury

SAINATH REDDY SAMA

Your social security number 086-57-4011

086-5

Did you dispose of any investment(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 e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustment to gain or loss Form(s) 8949, F line 2, column	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 <b>Box A</b> checked	437,717.	469,012.	14,6	75.	-16,620.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	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 <b>Worksheet</b> in the instructions	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	-16,620.

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-16,620.
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero,</b> skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	$\square$ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 (	3,000.)
	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 02/07/21 PRO

Schedule D (Form 1040) 2020

8949

## 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.

(0)20 Attachment ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Social security n

SAINATH REDDY	SAMA	086-57-4011
Name(s) shown on return		Social security number or taxpayer identification number

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.

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

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

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

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

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

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

<b>1</b> (a) Description of property	Date solu C		<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	<b>(h)</b> Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
AMERITRADE	11/23/20	12/03/20	68,358.	69,958.	EW	880.	-720.
ROBINHOOD SECURITIES LLC	10/29/20	10/13/20	369,359.	399,054.	EW	13,795.	-15,900.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			437,717.	469,012.		14,675.	-16,620.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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