| Form 8879 |
|----------------------------|
| (Rev. January 2021) |
| Department of the Treesury |

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

| Taxpayer's name | Social security number |
|--|---------------------------------|
| LAKSHMI GODHA MUMMADI | 659-53-5445 |
| Spouse's name | Spouse's social security number |
| Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter | r year you are 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 85,204. |
| 2 Total tax | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | · · · · 3 11,989. |
| 4 Amount you want refunded to you | . 4 177. |
| 5 Amount you owe | 5 |

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

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.

Taxpayer's PIN: check one box only

| X | I authorize | GLOBAL TAXES | LLC | to enter or generate my PIN |
|---|-------------|--------------|-----|-----------------------------|
| | | | | |

| 3 | 5 | 4 | 4 | 5 | |
|------------|-------|---|---|---|--|
| Ent don | as my | | | | |

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv 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 sign | ature 🕨 🛛 Da | ate 🕨 | | | | | | | | |
|---------------|---|-------|---|---|--|--|-----------------|-------|---|---|
| | Practitioner PIN Method Returns Only—continue below | | | | | | | | | |
| Part III C | ertification and Authentication – Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFIN/P | PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 | 8 | 7 | | | 6 all ze | 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 | |
|--|------|---------------------------------------|
| ERC Don't Subm | | |
| For Denominary Deduction Act Nation and your | | 1 DDO Eorm 8870 (Dov. 01 2021) |

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

| E1040 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ urn 20 | 20 | OMB No. 1545 | -0074 | IRS Use | • Only | —Do not w | rite or staple | in this space. |
|--|------------|--|------------------|---|-----------|------------------|----------|----------------|--------|-----------------------------|----------------|------------------------------|
| Filing Statu Check only one box. | lf yc | Single Arried filing jointly source the MFS box, enter the n son is a child but not your dependent | ame of | ed filing separate your spouse. If y | | | | | | | | |
| Your first name | e and m | iddle initial | Last na | me | | | | | | Your so | cial securi | ty number |
| LAKSHMI | GOD | HA | MUMM | IADI | | | | | | 659- | 53-544 | 5 |
| If joint return, s | spouse's | s first name and middle initial | Last na | me | | | | | | Spouse' | s social se | curity number |
| Home address 2600 VE | | er and street). If you have a P.O. box, see A DR | instructio | ons. | | | | pt. no. 123 | | Check h | nere if you, | |
| City, town, or | post offi | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | ate | ZIP co | de | | | | ntly, want \$3 Checking a |
| PLANO | | | | | Т | Х | 750 | 93 | | 0 | ow will not | 0 |
| Foreign count | ry name | | F | Foreign province/s | tate/cour | nty | Foreig | n postal c | ode | | or refund | 0 |
| | | | | | | | | | | | You | Spouse |
| At any time d | uring 20 | 020, did you receive, sell, send, excl | nange, c | or otherwise acq | uire any | financial intere | est in a | ny virtua | al cu | rrency? | Yes | 🗙 No |
| Standard Deduction | | eone can claim: You as a de Spouse itemizes on a separate retur | n or you | were a dual-sta | | _ | | | | | | |
| Age/Blindnes | s You | Were born before January 2, 1 | 956 _ | Are blind | Spouse | e: 🗌 Was bo | rn befo | ore Janu | ary 2 | 2, 1956 | ls b | lind |
| Dependent | | | | (2) Social sec | | (3) Relationsh | nip | • • | | 1 | r (see instru | , |
| If more | (1) F | irst name Last name | number to you | | | | Child t | ax cr | edit | Credit for other dependents | | |
| than four dependents, | | | | | | | | <u> </u> | | | | |
| see instruction | ıs — | | | | | | | | | | | |
| and check | | | | | | | | | | | | |
| here 🕨 📃 | | | | | | | | | | | | |
| Attach | 1 | Wages, salaries, tips, etc. Attach F | 1.1 | W-2 | · · · | | | | • | . 1 | | 86,055. |
| Sch. B if | 2a | • | 2a | | _ b 1 | Taxable interes | t. | | • | . 2 b | | |
| required. | 3a | | 3a | 1. | | Ordinary divide | | | • | . 3 b | | 1. |
| |) 4a | | 4a | | b 1 | Faxable amoun | t | | • | . 4b | | |
| | 5 a | | 5a | | b 1 | Faxable amoun | t | | • | . 5b | | |
| Standard Deduction for – | 6a | , | 6a | | | Faxable amoun | t | | • _ | . <u>6b</u> | _ | |
| Single or | 7 | Capital gain or (loss). Attach Schee | dule D if | f required. If not | required | l, check here | · · | | | 7 | _ | 4,408. |
| Married filing separately, | 8 | Other income from Schedule 1, lin | | | | | · · | | • | . 8 | | -4,960. |
| \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. T | his is your total | income | • | | | . | ▶ 9 | _ | 85,504. |
| Married filing iointly or | 10 | Adjustments to income: | | | | 1 | 1 | | | | | |
| Qualifying | а | From Schedule 1, line 22 | | | | 10 | a | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take | the star | ndard deduction. | See inst | tructions 10 | b | | 300 |). | | |
| Head of | с | Add lines 10a and 10b. These are | your tot | al adjustments | to inco | me | | | . I | ► <u>10</u> | | 300. |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This | is your a | adjusted gross | income | | | | . 1 | ► <u>11</u> | | 85,204. |
| If you checked any box under | 12 | Standard deduction or itemized | deduct | ions (from Sche | dule A) | | | | | . 12 | | 12,400. |
| any box under Standard | 13 | Qualified business income deduct | ion. Atta | ach Form 8995 o | r Form 8 | 3995-A | | | | . 13 | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | | | | 12,400. |
| | 15 | Taxable income. Subtract line 14 | from lin | e 11. If zero or le | ess, ente | er-0 | | | | . 15 | | 72,804. |

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

Form **1040** (2020)

| Form 1040 (2020 |)) | | | | | | | | | | F | -age 2 |
|--------------------------------------|--------|---|---------------------------|---------------------|-------------|------------|---------|--------------|----------------|--------------|----------------------|---------------|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 | 4972 | 3 | | | 16 | 11,81 | |
| | 17 | Amount from Schedule 2, lir | ie3 | | | | | | · | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 11,81 | 12. |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | | 19 | | |
| | 20 | Amount from Schedule 3, lir | ie7 | | | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | | 22 | 11,81 | 12. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 1 | 0. | | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | . 1 | ▶ 24 | 11,81 | 12. |
| | 25 | Federal income tax withheld | from: | | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | 11 | ,989 | | | |
| | b | Form(s) 1099 | | | | | 25b | | | | | |
| | С | Other forms (see instructions | s) | | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 11,98 | 89. |
| • 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, lin | ie 13 | | | | 31 | | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tot a | al other paym | ents and | refunda | able cr | edits | . 1 | ▶ 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | . 1 | ▶ 33 | 11,98 | 89. |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 2 | 4 from line 33. | This is th | ne amour | nt you | overpaid | | 34 | 1 | 77. |
| Horana | 35a | Amount of line 34 you want | | | 3 is attach | ned, cheo | ck here | ə | | 35a | 1 | 77. |
| Direct deposit? | ►b | Routing number 1 1 1 | | | ► c Ty | pe: 🗙 | Chec | king 🗌 | Saving | IS | | |
| See instructions. | ►d | Account number 4 8 8 | 0 5 6 4 | 3 9 3 3 | 3 1 | | | | | | | |
| | 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 | | |
| You Owe | | Note: Schedule H and Sch | edule SE filers, | line 37 may r | not repres | sent all c | of the | taxes you | owe fo | or | | |
| For details on how to pay, see | | 2020. See Schedule 3, line 1 | | | • | | | | | | | |
| instructions. | 38 | Estimated tax penalty (see in | nstructions) . | | | . 🕨 | 38 | | | | | |
| Third Party | | you want to allow another | person to disc | cuss this retu | rn with t | he IRS? | See | _ | | | _ | |
| Designee | ins | structions | | | | | | Yes. C | omplet | e below. | × No | |
| | | signee's | | Phone | | | | | | entification | | |
| <u></u> | | ne 🕨 | | no. 🕨 | | | | | ber (PIN | , | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occ | upation | | | lf | the IRS se | nt you an Identity | , |
| | | | | Dato | | apation | | | | | IN, enter it here | |
| Joint return? | | | | | DEVEI | OPER | ANA | LYST | (s | ee inst.) 🕨 | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's | occupati | ion | | | | nt your spouse a | |
| your records. | , | | | | | | | | | ee inst.) 🕨 | ection PIN, enter | |
| | Ph | one no. | | Email address | | | | | (¹ | ,, | | |
| | | eparer's name | Preparer's signat | | | | Date | | PTIN | | Check if: | |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | מווסייא י | ראד.ד.אא | | 12/2021 | | 82703 | Self-emplo | oved |
| Preparer | | | | TAUA INA | GUEIA | ויאירידעיו | 103/ | 10/2021 | <u> </u> | | | <u> </u> |
| Use Only | | n's name ► GLOBAL TA n's address ► 2530 Pebb | | n Cummin | a (2) 3 | 00/1 | | | | | 678)965-9 30-1017 | |
| | | | | | - | | | | | irm's EIN 🖡 | | |
| GO IO WWW.Irs.go | JV/FOM | n1040 for instructions and the late | si mormation. | | BA | A | REV | 03/06/21 PRO | ر | | Form 1040 | J (2020) |

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

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

| OMB No. 1545-0074 |
|--------------------------------------|
| 2020 |
| Attachment Sequence No. 01 |

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your social security number |
|---|-----------------------------|
| LAKSHMI GODHA MUMMADI | 659-53-5445 |
| Part I Additional Income | |

| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
|------------|--|-----|----------------------|
| 2 a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -4,960. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ► | | |
| | | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 0 | 1 0 6 0 |
| Par | line 8 | 9 | -4,960. |
| 10 | | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government | | |
| •• | officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | | 18a | |
| b | Recipient's SSN | | |
| с | Date of original divorce or separation agreement (see instructions) | | |
| | | 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 | | | e 1 (Form 1040) 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. |

20 20 Attachment Sequence No. 12

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

Department of the Treasury

LAKSHMI GODHA MUMMADI

► Go

Your social security number

659-53-5445

| Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? | es 🛛 🗙 No |
|--|---------------|
| If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your g | gain or loss. |

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | | | | (g) Adjustment to gain or loss Form(s) 8949, F 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 | 7,609. | 3,191. | _ | 10. | 4,408. |
| 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 | 6 | () | | | |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | • | · / · | | 7 | 4,408. |

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | | (d) Proceeds (sales price) | (e) Cost (or other basis) (or other basis) (br (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) | | s from Part II, | (h) Gain or (loss) Subtract column (e) 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 | | | | | |
| 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 | 11 | | | | | |
| 12 13 | Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions | 12 13 | | | | |
| | 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 | |

| Part | III Summary | |
|------|---|------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 4,408. |
| | • 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? | |
| | No. Skip lines 18 through 21, and go to line 22. | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | |
| 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 03/06/21 PRO

Schedule D (Form 1040) 2020

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Social socurity number or taxpayor identification number

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.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

| Name(s) | shown | on | return | |
|---------|-------|----|--------|--|

| Name(s) shown on return | Social Security number of taxpayer identification number |
|-------------------------|--|
| LAKSHMI GODHA MUMMADI | 659-53-5445 |
| | |

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 (sales price) | (e) Cost or other basis. See the Note below | Adjustment, in If you enter an enter a c See the sep | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) | |
|---|-----------------------------|----------------------------|---|---|---|---|--------|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | | | and see <i>Column</i> (e) in the separate instructions | (f) Code(s) from instructions | | |
| ROBINHOOD SECURITIES LLC | 04/06/20 | 06/15/20 | 7,609. | 3,191. | E | -10. | 4,408. |
| | | | | | | | |
| | | | | | | | |
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| 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) ► | | | 7,609. | 3,191. | | -10. | 4,408. |

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

| SCHEDULE E | |
|-------------|--|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

| (Fr | om rental real | estate, royalties | , partnerships, | S corporations, | estates, trusts | , REMICs, etc.) |
|-----|----------------|-------------------|-----------------|-----------------|-----------------|-----------------|
|-----|----------------|-------------------|-----------------|-----------------|-----------------|-----------------|

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest informatio

| MICs, etc.) | 2020 |
|-------------|--------------------------------------|
| n. | Attachment Sequence No. 13 |
| Your soci | al security number |

| Name(s) | shown on return | | | | | | | You | r social securit | y number | |
|----------|--------------------------|--|-----------|----------|----------|------------|---------------------|---------------|------------------|------------|--------------|
| LAKS | HMI GODHA MUMMA | ADI | | | | | | 65 | 9-53-544 | 5 | |
| Part | Income or Loss | s From Rental Real Estate and Ro | oyalties | Note | : If you | are in th | ne business o | of rentir | ng personal p | roperty, u | se |
| | Schedule C. See | instructions. If you are an individual, rep | oort farm | rental i | ncome | or loss f | rom Form 48 | 835 on | page 2, line 4 | 0. | |
| A Dic | l you make any payme | nts in 2020 that would require you to | o file Fo | rm(s) 1 | 099? S | See inst | ructions . | | 🗆 ` | Yes 🗵 | No |
| B If " | Yes," did you or will yo | ou file required Form(s) 1099? | | | | | | | 🗆 ' | Yes 🗌 🛛 | No |
| 1a | | each property (street, city, state, ZIF | | | | | | | | | |
| Α | SATYANARAYANA | PURAM VIJAYAWADA ANDHRA | PRAD | ESH 1 | N 52 | 0003 | | | | | |
| В | | | | | | | | | | | |
| С | | | | | | _ | | | | | |
| 1b | Type of Property | 2 For each rental real estate pro | perty lis | ted | | Faiı | ^r Rental | Pers | sonal Use | QJ/ | |
| | (from list below) | above, report the number of fa personal use days. Check the | air renta | l and | | | Days | | Days | QUI | |
| Α | 3 | if you meet the requirements to | o file as | a | Α | | 186 | | 0 | | |
| В | | qualified joint venture. See inst | truction | s. | В | | | | | | |
| C | | | | | С | | | | | | |
| | of Property: | | | | | | | | | | |
| 1 Sing | le Family Residence | 3 Vacation/Short-Term Rental | 5 Lan | d | | 7 Self- | Rental | | | | |
| | ti-Family Residence | 4 Commercial | 6 Roy | alties | | 8 Othe | er (describe |) | | | |
| Incom | e: | Properties: | | | Α | | E | 3 | | С | |
| 3 | | | 3 | | | 450. | | | | | |
| 4 | Royalties received . | | 4 | | | | | | | | |
| Expen | | | | | | | | | | | |
| 5 | | | 5 | | | | | | | | |
| 6 | | nstructions) | 6 | | | | | | | | |
| 7 | • | nance | 7 | | | 650. | | | | | |
| 8 | | | 8 | | | | | | | | |
| 9 | | | 9 | | | | | | | | |
| 10 | | essional fees | 10 | | | | | | | | |
| 11 | | | 11 | | | 900. | | | | | |
| 12 | · | id to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | | | 13 | | | | | | | | |
| 14 | | | 14 | | | 560. | | | | | |
| 15 | | | 15 | | ⊥, | 100. | | | | | |
| 16 | | | 16 | | - 1 | 000 | | | | | |
| 17 | | | 17 | | ⊥, | 200. | | | | | |
| 18 | | e or depletion | 18 | | | | | | | | |
| 19 | Other (list) | lines 5 through 19 | 19 20 | | | 410 | | | | | |
| 20 | | | | | з, | 410. | | | | | |
| 21 | | line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | file Form 6198 | instructions to find out if you must | 21 | | _4 | 960. | | | | | |
| 00 | | | | | ч, | 500. | | | | | |
| 22 | on Form 8582 (see in | l estate loss after limitation, if any, | 22 (| | _1 0 | 960.) | (| | | |) |
| 23a | • | eported on line 3 for all rental prope | | | ч,3 | 23a | | 4 5 | 50. | |) |
| 20a b | | eported on line 4 for all royalty prop | | • • | • • | 23b | | т. | | | |
| c | | eported on line 12 for all properties | | • • | • • | 23c | | | | | |
| d | | eported on line 18 for all properties | | • • | | 23d | | | | | |
| e | | eported on line 20 for all properties | | • • | • • | 23e | | 5,41 | 0 | | |
| 24 | | e amounts shown on line 21. Do no | | ie anv | losses | | | | 24 | | |
| 25 | | sses from line 21 and rental real estate | | | | nter tot | al losses her | re i H | 25 (| 4,96 | <u>. 0</u> . |
| 26 | | ate and royalty income or (loss). | | | | | | F | | -,20 | .) |
| 20 | | V, and line 40 on page 2 do not | | | | | | | | | |
| | | 40), line 5. Otherwise, include this a | | | | | | | 26 | -4,9 | 60. |