Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)			•		
Taxpayer's name		Social security	y numb	er	
SAI THARUN REDDY NALABOLU		448-47-	-5949	9	
Spouse's name		Spouse's soci	al secu	rity numbe	r
Part I Tax Return Information — Tax Year Ending December 31,	(Enter	year you ar	e aut	horizing	.)
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		,035.
2 Total tax			2		048.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		3,405.
4 Amount you want refunded to you			5	4	1,157.
5 Amount you owe	vou get and k	eep a copy	-	our retu	ırn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (ori my knowledge and belief, it is true, correct, and complete. I further declare that the amou return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instit payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (origina Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	iginal or amended) ints in Part I above a provider, transmit to reason for reject, I authorize the U.S ution account indice financial institution Agent to terminate cancellation requises related to the part or amended) I amended)	I am now auther are the amouter, or electroction of the trace. Treasury are ated in the tan to debit the authorizates must be processing of anyment. I furth a now authorizate or a processing of anyment are authorizated to a now authorizated and a processing of anyment. I further any PIN The control of th	norizing punts from the control of t	g, and to the rom the incurrence of the second aration so the sectonic particular and aration so the sectonic particular and aration and aration so the sectonic particular and aration and aration so the sectonic particular and araticular and arat	he best of icome tax ator (ERO) he reason is Financial ftware for ount. This (cancel) a er than 2 ayment of the that the cable, my as my
Spouse's PIN: check one box only					
I authorize to en	iter or generate n			digits, but	as my
signature on the income tax return (original or amended) I am now authori	izing.			r all zeros	
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Practibelow.	mended) I am no				
Spouse's signature ▶	Date ►				
Practitioner PIN Method Returns Only—c					
Part III Certification and Authentication — Practitioner PIN Method	l Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	1 PIN. 5 8	7 2 7 8 Don't ente	B 6		3 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic indicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-	m that I am submit	tting this retu	rn in a	ccordance	
ERO's signature ►	Date ►				
ERO Must Retain This Form — See In Don't Submit This Form to the IRS Unless Re		o So			

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

2020
- $ -$

OMB No. 1545-0074

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

Filing Status Check only				ed filing separately		_		, ,	_			. , . ,
one box.	-	u checked the MFS box, enter the roon is a child but not your depender	-	your spouse. If you	CHEC	keu ille nc	IT OF Q	v box, enter	trie Cri	iiu S	name ii ui	le qualifying
Your first name			Last nai	me					You	ır so	cial securit	ty number
SAI THA	RUN I	REDDY	NALA	BOLU					44	448-47-5949		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	use'	s social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.				Apt. no.	Pre	sider	ntial Election	on Campaign
3769 S	GEKE:	LER LN						160			ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s _l	paces below.	Sta	ite	ZIP	code				itly, want \$3 Checking a
BOISE					I	D	83	3706	ı ~	•	ow will not	•
Foreign countr	y name		F	oreign province/state	e/cour	ity	For	eign postal cod	de you	r tax	or refund.	·
											You	Spouse
At any time du	iring 20	020, did you receive, sell, send, exc	hange, o	or otherwise acquire	e any	financial ir	iterest ir	any virtual	curren	су?	☐ Yes	⋈ No
Standard Deduction	_	eone can claim: You as a de	•				ent					
Deduction	<u>`</u>	Spouse itemizes on a separate retu	rn or you	were a dual-status	s aller	1				—		
Age/Blindnes	s You:	☐ Were born before January 2,	1956	Are blind S	ouse	: Was	born b	efore Januar	y 2, 19	56	☐ Is bl	ind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relati	onship	(4) 🗸 i	f qualifie	alifies for (see instructions):		
If more	(1) Fi	t name Last name		number to you		ou	Child tax cred			Credit for oth	her dependents	
than four												
dependents, see instruction	s ——											
and check												
here ▶										\Box		
Attach	1	Wages, salaries, tips, etc. Attach	1` ′	N-2						1	(68 , 318.
Attach Sch. B if	2a	Tax-exempt interest	2a		b 7	axable into	erest			2b		
required.	3a_	Qualified dividends	3a			Ordinary div				3b		
	4a	IRA distributions	4a			axable am				4b		
	5a	Pensions and annuities	5a			axable am				5b		
Standard Deduction for—	6a	Social security benefits	6a			axable am				6b	+	
Single or	7	Capital gain or (loss). Attach Sche		•		l, check he	re .	•	. П Т	7		77.
Married filing separately,	8	Other income from Schedule 1, lir							:	8		<u>-5,360.</u>
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. I	his is your total in	come					9	(63 , 035.
 Married filing jointly or 	10	Adjustments to income:					ا مدا	4 0				
Qualifying widow(er),	а	From Schedule 1, line 22							00.			
\$24,800	b	Charitable contributions if you take					10b		_	40.		4 000
 Head of household, 	C	Add lines 10a and 10b. These are	•	=						10c		4,000. 59,035.
\$18,650	11	Subtract line 10c from line 9. This	-							11	_	
If you checked any box under	12	Standard deduction or itemized		`	,				.	12	+ -	12,400.
Standard Deduction,	13 14	Qualified business income deduction Add lines 12 and 13	uon. Atta	ich foith 6995 of F	OTTITO	A-CEEC			.	14	+ -	12 400
see instructions.	15	Taxable income. Subtract line 14	 I from lin		· ·	 ar _O_				15		12,400. 46,635.
	10	i anabie income. Cabitact inte 14	r II OIII IIII	0 1 1. 11 2010 01 1033	, Crite					13		,

Form 1040 (2020))									Page
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	6,048.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	6,048.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					22	6,048.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	6,048.
	25	Federal income tax withheld	d from:							, , , , , ,
	а	Form(s) W-2				25a	8	,405		
	b	Form(s) 1099				25b		,		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	8,405.
	26	2020 estimated tax paymen							26	, , , , ,
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	,800		
3cc maructions.	31	•				31		.,000	<u>'</u>	
	32	Amount from Schedule 3, line 13								1,800.
	33	Add lines 25d, 26, and 32. These are your total payments								10,205.
	34								33	4,157.
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							35a	4,157.
Direct deposit?	⊳ b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow Routing number 0 8 1 0 0 0 0 3 2 \rightarrow c Type: X Checking Savings								4,157.
See instructions.	►d	Account number 3 5 5 0 0 7 0 9 3 2 4 4								
	36	Amount of line 34 you want				36	J			
Amount		-							37	
You Owe	37	Subtract line 33 from line 24		-						
For details on		Note: 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.								
how to pay, see instructions.	38	Estimated tax penalty (see i	•			38				
Third Party Designee		you want to allow another					Yes. C	omplete	below.	⋉ No
Doolgiloo		signee's		Phone		_		onal iden		
-		me ►		no. ►				ber (PIN)		
Sign		der penalties of perjury, I declare								
Here	bel	ief, they are true, correct, and con	nplete. Declaration	of preparer (othe	r than taxpayer) is b	ased on a	ll informati			,
11010	Yo	ur signature		Date	Your occupation			- 1		nt you an Identity
l-i-t				SOFTWARE ENGINEER					e inst.) 🕨	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hoth must sian	Date	Spouse's occupat		11111	`		nt your spouse an
Keep a copy for	op op	oudo o dignaturo. Il a joint roturi,	Dour made digm.	Bato	opedes s secupar					ection PIN, enter it he
your records.								(se	e inst.) ►	
	Ph	one no.		Email address						
Paid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/04	4/2021	P0208	32703	Self-employed
Preparer	Fin	m's name ▶ GLOBAL TA	XES LLC			_		Ph	one no.	(678) 965-9522
Use Only	Fin	m's address ▶ 2530 Pebb	le Creek I	n Cummin	g GA 30041			Fire	m's EIN ▶	> 30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 0	2/21/21 PR)		Form 1040 (202

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

SAI THARUN REDDY NALABOLU

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

448-47-5949

Part I **Additional Income** 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -5,360. 6 Farm income or (loss), Attach Schedule F............ 6 7 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. 9 -5,360. Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 Health savings account deduction. Attach Form 8889 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 13 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 Self-employed SEP, SIMPLE, and qualified plans 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) ▶ 19 19 IRA deduction 20 20 21 21 4,000. 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 4,000.

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Sequence No. 12 Internal Revenue Service (99) Name(s) shown on return Your social security number 448-47-5949 SAI THARUN REDDY NALABOLU Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 1,045. 0. 77. 1,122. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 77. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 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

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

11

12

13

14

15

Schedule D (Form 1040) 2020 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 77. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service

Part I

Social security number or taxpayer identification number

448-47-5949

SAI THARUN REDDY NALABOLU

instructions). For long-term transactions, see page 2.

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

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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC 08/23/20 12/25/20 1,122. 1,045. W 0. 77. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

1,122.

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) ▶

1,045.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2020
Attachment Sequence No. 13

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

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

Your social security number

SAI	THARUN REDDY NAI	LABOLU						44	8-47-	-594	9	
Part	Income or Loss	From Rental Real Estate a	nd Roya	alties	Note: If you	are in th	e business c	of renti	ng perso	onal p	roperty,	use
	Schedule C. See in	nstructions. If you are an individ	ual, repor	rt farm ı	rental income	or loss f	rom Form 48	335 on	page 2	, line 4	10.	
A Dic	d you make any paymen	ts in 2020 that would require	you to f	file For	m(s) 1099? S	See inst	ructions .				Yes 🗵	No
B If "	Yes," did you or will you	u file required Form(s) 1099?	·								Yes [No
1a		ach property (street, city, sta										
Α	H.NO 3-9-49, RO	OAD NO.8 HYDARABAD '	TELANG	GANA	IN 50003	35						
В												
С												
1b	Type of Property	2 For each rental real esta	ite prope	erty list	ed	Fair	Rental	Per	sonal l	Jse	0	JV
	(from list below)	above, report the number	er of fair	rental	and	[Days		Days		G G	J V
Α	3	above, report the number personal use days. Che if you meet the requirem	365		C)						
В		qualified joint venture. S	ee instru	uctions	. В							
С					С							
Туре	of Property:											
1 Sing	gle Family Residence	3 Vacation/Short-Term R	ental 5	Land		7 Self-	Rental					
2 Mul	ti-Family Residence	4 Commercial		Roya	ılties	8 Othe	r (describe))				
Incom	ie:	Prope	rties:		Α		Е	3			С	
3	Rents received			3		500.						
4	Royalties received .			4								
Expen	ises:											
5	Advertising			5								
6	•	structions)	_	6								
7		ance		7	1,	,020.						
8	Commissions			8								
9	Insurance			9								
10	Legal and other profes	ssional fees		10								
11	Management fees .			11	1,	,300.						
12	Mortgage interest paid	to banks, etc. (see instructi	ons)	12								
13	Other interest			13								
14	Repairs			14	1,	,240.						
15	Supplies			15	1,	,320.						
16	Taxes			16								
17				17		980.						
18	Depreciation expense	or depletion		18								
19	Other (list)			19								
20	Total expenses. Add li	nes 5 through 19		20	5,	,860.						
21		ine 3 (rents) and/or 4 (royalti										
	• • •	nstructions to find out if you			_	0.65						
			-	21	-5,	,360.						
22		estate loss after limitation, i					,					_
	on Form 8582 (see ins			22 (-5 ,	360.)	()()
23a		ported on line 3 for all rental				23a		50	00.			
b		ported on line 4 for all royalt		rties		23b						
C		ported on line 12 for all prop				23c						
d		ported on line 18 for all prop				23d						
е		ported on line 20 for all prop				23e		5,8				
24	•	amounts shown on line 21.			•			.	24			
25	• •	ses from line 21 and rental rea						T I	25 (5,3	360.)
26		te and royalty income or (-									
		/, and line 40 on page 2 d			•						_	262
	Schedule 1 (Form 104)	0), line 5. Otherwise, include	this am	ount ir	ı the total or	n line 41	on page 2	.	26		-5,	360.

Form **8917**(Rev. January 2020)

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **60**

Internal Revenue Service
Name(s) shown on return

Department of the Treasury

SAI THARUN REDDY NALABOLU

Your social security number 448-47-5949



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You can't take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

Before you begin:

- ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
- For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

	the Instructions for Forms 1040 and 1040-SR.		
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	SAI THARUN REDDY NALABOLU	448-47-5949	7,200.
2	Add the amounts on line 1, column (c), and enter the total		7,200.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	3 63,035.	
4	• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.		
	• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.		
	• For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed	4	
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,0 stop; you can't take the deduction for tuition and fees		63,035.
	*If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding inco Effect of the Amount of Your Income on the Amount of Your Deduction amount to enter on line 5.		
6	Tuition and fees deduction. Is the amount on line 5 more than \$65 filing jointly)?	,000 (\$130,000 if married	
	Yes. Enter the smaller of line 2, or \$2,000.		4,000.
	No. Enter the smaller of line 2, or \$4,000.		

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.

Don't Staple

1030 2020 Form 40

ate Tax Commission Individual	Incon	ne Tax Return	RANGE BALL
nended Return? Check the box.	- []	State Use Only	
e page 7 of instructions for the reasons to end and enter the number that applies.	•	NALA	■III RYSY GET: KLYSEK !



Amer	ided Return? Check the box.	• St	tate Use Only		RETURNS		22 III
	age 7 of instructions for the reasons to I and enter the number that applies.	<u>- </u>	NALA	IIII RYYGET KASPRAARY-ROAMAN EON MAA	KCRANASSANS PAS	BRASINY, MENCH	? ₹ ■III
For ca	lendar year 2020 or fiscal year beginni	ng, end	ding				
	our first name and initial	SSN)	Decea				
Š Š	SAI THARUN REDDY	Your last name NALABOLU		448-47-5949	,	in 202	
, S	Spouse's first name and initial	Spouse's last name		Spouse's Social Security numb	er (SSN)	Decea	ased
Print or Type						in 202	
Pri C	Current mailing address						
36	3769 S GEKELER LN APT 16	50		Forms and instruc		able at	
<u>~</u>	City	S	State ZIP Code	tax.idal	ho.gov		
	BOISE		ID 83706				
Filing	g Status. Check only one box. If m			-	-		ve.
1.	X Single 2. Married filir jointly	g 3. Marr sepa			ying widow(e ualifying dep		
House	ehold. See instructions, page 7. If so	omeone can claim yo	ou as a dependent, leave l	line 6a blank. Enter "1" on lines	6a and 6b, if	they apply	<i>'</i> .
6a	. Yourself1 6b. Spous	e 6c.	Dependents	6d. Total Household1	<u> </u>		
Lietv	our dependents below. If you have					•	
LIST y	our dependents below. If you have	more than lour de	spendents, continue on	TOTTI SEN. ETILET LOLAI HUTTIS		o. nt's birthdate	۵
	Dependent's first name	Depende	ent's last name	Dependent's SSN		dd/yyyy)	_
<u></u>							
	ne. See instructions, page 7. Enter your federal adjusted gross ir	some from foderal	I Form 1040 or 1040 St	D line 11			
	nclude a complete copy of your fed				7	59035	00
	Additions from Form 39R, Part A, lir				8	39033	00
	Fotal. Add lines 7 and 8				9	59035	H
	Subtractions from Form 39R, Part E				10	39033	00
	Qualified business income deduction				11		00
	Total Adjusted Income. Subtract li				12	59035	-
			11 11110 0		12	390331	
Tax C	Computation. See instructions,	page 8.					
	idard a. If age (65 or older	. □ ∨oı	urself • Spouse			
for I	Most			= -			
				urself • Spouse			
	' · -···	•	e else can claim you as				
Sepai	rately: depend	ient, check here a	nd enter zero on line 43	3 ■ ∐			
	,400 14. Itemized deductions.	nclude federal Sch	hedule A. Federal limits	apply	14		00
	ad of ehold:				15		00
	,650 16. Subtract line 15 from	J			16		00
	^{d Filing} – 17. Standard deduction. S	· ·			17	12400	00
	tly or ifying 18. Subtract the larger of	• •	•		18	46635	-
Wido	w(er): 10 Idaha tayahla inaama				19		-
Φ24	20. Tax from tables or rate				20	2958	
			, 19				

REV 02/15/21 PRO

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 Include a complete copy of your federal return.

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Form 40

1030 **2020**

(continued)

21.	Tax amount from line 20					21	2958	3 00	
Cred	lits. Limits apply. See instructions, page	9.						•	
22.	Income tax paid to other states. Include Form	39R and a	a copy of other stat	es' returns ■ 22	00				
	Total credits from Form 39R, Part D, line 4.			H + + + + + + + + + + + + + + + + + + +	00	1			
24.	Total business income tax credits from Forr	n 44, Part	I, line 10. Include	Form 44 24	00	1			
25.	Idaho Child Tax Credit. Computed amount f	rom work	sheet on page 10	• 25	0 00	Ī			
26.	Total Credits. Add lines 22 through 25					26	0	00	
27.	Subtract line 26 from line 21. If line 26 is mo	ore than li	ne 21, enter zero			27	2958	00	
Othe	er Taxes. See instructions, page 10.								
28.	Fuels use tax due. Include Form 75					28		00	
29.	Sales/use tax due on untaxed purchases	s (online,	mail order and o	other)		29		00	
30.	Total tax from recapture of income tax cred	its from F	orm 44, Part II, lin	e 6. Include Form 44		30		00	
31.	Tax from recapture of qualified investment	exemptior	n (QIE). Include Fo	orm 49ER		31		00	
32.	Permanent building fund tax.								
	Check the box if you received Idaho public					32		00	
	Total Tax. Add lines 27 through 32				····· •	33	2968	00	
		want to d	onate to:						
34.	Idaho Nongame Wildlife Fund •	3		's Trust Fund ■					
36.	Special Olympics Idaho	3	Idaho Guard &	Reserve Family •					
38.	American Red Cross of Idaho Fund	3		ort Fund					
	Idaho Foodbank Fund			holarship Program •					
	Total Tax Plus Donations. Add lines 33 th	rough 41.		······		42	2968	00	
-	ments and Other Credits.				1.0.0				
43.	Grocery Credit. Computed amount from wo				100				
	To donate your grocery credit to the Cooperation								
	To receive your grocery credit, enter the	-				43	100	00	
	Maintaining a home for family member age 6		•	=		44		00	
	Special fuels tax refund G					45		00	
46.	Idaho income tax withheld. Include Form W		-			46	3256	+	
47.	2020 Form 51 payments and amount applie					47		00	
48.			Withheld •	Include Form ID K-1		48		00	
49.	Tax Reimbursement Incentive credit •	Clain	n of Right credit •_	See instruction		49	0056	00	
	Total Payments and Other Credits. Add I	ines 43 th	rough 49			50	3356	00	
	Due or Refund. See instructions, page 13.		50.5 1: 40					00	
	Tax Due. If line 42 is more than line 50, sul				• 51	l =0		00	
52.	Penalty Interest from the			Enter total		52		00	
	Check box if penalty is caused by an unqua		-						
	Total Due. Add lines 51 and 52. Pay online of		• •			53		00	
	Overpaid. If line 42 is less than line 50, subtr					54		00	
	Refund. Amount of line 54 to be refunded to	-				l 50	388	00	
56.	Estimated Tax. Amount of line 54 to be ap	plied to yo	our 2021 estimate	d tax	······· •	56		00	
57.	Direct Deposit. See instructions, page 13	<u></u> c	heck if final dep	osit destination is outsid	e the U	.S.	Type of •X Chec	king	
■ Rout	ing No. 0 8 1 0 0 0 0 3 2 • Acc	ount No. 3	5 5 0 0 7	0 9 3 2 4 4			Account: Savir		
A			1 - 1 - 1 - 1 - 1		<u> </u>	\vdash		-	
	ended Return Only. Complete this section		-						
	Total due (line 53) or overpaid (line 54) on the state of					58		00	
	Refund from original return plus additional ref		59		00				
	Tax paid with original return plus additional	=				60		00	
61.	Amended tax due or refund. Add lines 58 a					61	:	00	
•	Within 180 days of receiving this return, the lo Under penalties of perjury, I declare that to th								
	Your signature	e pest of fi		re (if a joint return, both must sign)	- and G	Jilipie	Date	15.	
.			•	, , , ,,					
Sign Here	Paid preparer's signature		Preparer's EIN,	SSN, PTIN	Taxpa	ver's r	ohone number		
	GLOBAL TAXES LLC		30-101719			ayer's phone number L4)757-0860			
Prepa	arer's address	State	ZIP Code	Preparer's phone number	101	1)/	5, 0000		
•	0 PEBBLE CREEK LN CUMMING	GA	30041	(678) 965-9522					