	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20	)20	OMB No. 1545	-0074	IRS Use Onl	y—Do not	write or staple	in this space.
SANDEEP REDDY       CHELLURI       300-25-9608         If join teutur, spouse's first name and middle initial       Last name       Spouse's social security number         SRAVXA       DENDI       962-99-4508         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.         City, town, or poor diffice. If you have a foreign address, also complete spaces below.       State       200-01         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Standard       Someone can claim:       You as a dependent       You regione       You       Spouse       No         Ade/Bindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents, see instructions:       (2) Social security       (3) Relationship       (4)        1       86,075.         Attach       2a       1       Relation thip       Date       Is blind       1         Dependents, see instructions:       (2) Social security       (3) Relationship       (4)        1       86,075.         Ade/Bindness You:       Were born before Social secur	Check only	lf yc	ou checked the MFS box, enter the n	ame of					. ,		, ,	. , . ,
If joint return, spouse's first name and middle initial       Last name       DENDI       962-99-4508         Home address furmber and street). If you have a P.O. box, see instructions.       Apt. no.       5056       Presidential Election Campaign         2340 CARTA WAY       Spouse's social security number       962-99-4508       Presidential Election Campaign         2340 CARTA WAY       Spouse's social security or your       Spouse's control time function or you went social security went S3       Spouse's control time function or you went social security in anolal interest in any virtual currency?       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign postal code       You Spouse       Spouse's control time function or you went social security       You Spouse       You Spouse       You Spouse         Standard dependentis, see instructions;       You spouse as a dependent       You you you were a dual-status alien       You Spouse       You	Your first name	and m	iddle initial	Last na	me					Your s	ocial securi	ty number
SRAVYA       DENDI       962-99-4508         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       S056         2340 CARTA WAY       S056         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code         VA       20171       spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign post office. If you have a foreign address, also complete spaces below.       Ya       20171         Foreign country name       Foreign province/state/county       Foreign post office.       You       Spouse if filing jointly, want S3         Standard       Someone can claim:       You as a dependent       You as a dependent       You       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (9) Were born before January 2, 1956       Are blind       Spouse:       You       Spouse         Age/Blindness       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Øf fulleting for Gee instructions;         If more       (1) First name       Last name       Dordinary dividends </td <td>SANDEEP</td> <td>RED</td> <td>DY</td> <td>CHEI</td> <td>LURI</td> <td></td> <td></td> <td></td> <td></td> <td>300-</td> <td>25-960</td> <td>8</td>	SANDEEP	RED	DY	CHEI	LURI					300-	25-960	8
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Foreidential Election Campaign Check here if you, or your stop of tiffice. If you, wark 33 to go to this fund. Checking a 20171       Presidential Election Campaign Check here if you, or your you as the province/state/county         Foreign country name       Foreign province/state/county       VA       20171       box 42 to go to this fund. Checking a your tax or refund.         Ya       Someone can claim:       You as a dependent       Your spouse as a dependent       You spouse         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       (see instructions):       (Your box before January 2, 1956       Are bind       Spouse:       Was box before January 2, 1956       Is bind         Dependents       (see instructions):       (1) first name       Is bind       Image: salaries, tips, etc. Attach Form(s) W-2       1       86,075.         And check	lf joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse	e's social se	curity number
2340 CARTA WAY       5056       Check here if you, or your sourd filter.         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       Spouse if filting input, want 35         Foreign country name       Foreign province/state/county       Foreign postal code       Va       20171       box below will not charge         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alian       Age/Blindness       You:       (1) First name       Last name       (2) Social security       (3) Relationship       (4) 4' if qualifies for (see instructions):         If more than four dependents, see instructions       Image: salaries, tips, etc. Attach Form(s) W-2       Image: salaries, tips,	SRAVYA			DENI	DI					962-	99-450	8
City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       2017.1       spouse if filing jointly, wart \$3 to go to this fund. Checking a box below will not change a box below will not change a box below.       YA       2017.1       box below will not change a box below.       Yee       You       Spouse if filing jointly, wart \$3 to go to this fund. Checking a box below.       Yee       You       Spouse if filing jointly, wart \$3 to go to this fund. Checking a box below.       Yee       No         Standard Deduction       Someone can claim:       You as a dependent       You resource as a dependent       Yee       No         Age/Blindness You:       Ware born before January 2, 1956       A re blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security       (3) Felationship       (4) \$4' of qualifies for (see instructions):       If add they defined dividends       1       86,075.         Attach       2a       Tax-exempt interest       2a       b       Davable amount       4b       5b         Sondard Deduction for       Gai and unlites       5a       6a       b       Taxable amount       4b       5b         Attach       2a       Catified dividends       5a       b       Taxable amount	Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt	t. no.	Preside	ential Electi	on Campaign
Chry, Mark, or Dock miles, in your have a holegin address, also bolingere spaces below.       State       2/1 Octo       to go to this fund. Checking a box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       1 wor refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You ropouse as a dependent       You allow the state of the state	2340 CA	RTA	WAY					50	)56			
HERNDON       VA       20171       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent       You spouse as a dependent         Bed/Editionsity       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Add/Bindness       You:       Were born before January 2, 1956       A re blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       (see instructions):       (2) Social security       (3) Relationship       (4) ✔ if qualifies for (see instructions):         If more       (1) First name       Last name       Immediate       Immediate       Immediate         Attach	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP code	)			
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard Deduction       Spouse itemizes on a separate returm or you were a dual-status alien	HERNDON					V	A	2017	1	Ŭ Ŭ		•
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Atary time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) I' if qualifies for (see instructions):         If more than four       (1) First name       Last name       mumber       to you       Credit for other dependents         see instructions:       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       86, 075.       2b         Attach       2a       Tax-exempt interest       .       2b       3b       11.         required.       1       Wages, salaries, tips, etc. Attach Form(s) W-2       .       b       Taxable amount       .       3b       11. <td>Foreign countr</td> <td>y name</td> <td></td> <td>1</td> <td>Foreign province/</td> <td>/state/cour</td> <td>nty</td> <td>Foreign</td> <td>postal code</td> <td>your ta</td> <td></td> <td></td>	Foreign countr	y name		1	Foreign province/	/state/cour	nty	Foreign	postal code	your ta		
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more       (1) First name       Last name       number       0       0       0         dependents, see instructions:       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       0											You	Spouse
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       number       (2) Social security       (b) Relationship       (c) I / ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       number       (b) Relationship       (c) I / ✓ if qualifies for (see instructions):         Attach       2       Mages, salaries, tips, etc. Attach Form(s) W-2       1       86,075.         3a       Qualified dividends       3a       10.       b       Taxable interest       2b         Standard Deduction for-       Sa Goal security benefits       Sa       Sa       Deduction for       Sa       Sb         Standard Deduction for-       Sa Goal security benefits       Sa       Sa       Deduction for       Sa       Sa       Sa       Sa         Standard Deduction for-       Ga       Schedule 1, line 9       Sa	At any time du	uring 20	020, did you receive, sell, send, exch	nange, c	or otherwise ac	quire any	financial intere	est in any	/ virtual c	urrency?	Yes	🗙 No
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Credit for other dependents       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Image: Child tax credit       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Image: Child tax credit       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Image: Child tax credit       Image: Child tax credit       Credit for other dependents         and check       Image: Child tax credit       Image: Child tax credit <td>Deduction</td> <td></td> <td>Spouse itemizes on a separate return</td> <td>n or you</td> <td>ı were a dual-st</td> <td>tatus alie</td> <td>n</td> <td>rn before</td> <td>January</td> <td>2, 1956</td> <td>🗌 ls b</td> <td>lind</td>	Deduction		Spouse itemizes on a separate return	n or you	ı were a dual-st	tatus alie	n	rn before	January	2, 1956	🗌 ls b	lind
If more than four dependents, see instructions and check here        Last name       number       to you       Child tax credit       Credit for other dependents, see instructions and check         here	Dependent	s (see			(2) Social se	ecurity					or (see instri	uctions):
In Hole       Image: Second Seco	-							"P			1	
see instructions       Image: see instructions and check       Image: see instructions and check       Image: see instructions and check         here b       Image: see instructions and check         Attach       2a       Image: see instructions and check       Image: see instructions and check chere and check												
and check       here       image: state in the	· · · · ·											
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Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       10.       b       Ordinary dividends       3b       11.         Yequired.       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       Pensions and annuities       5a       b       Taxable amount       4b         Standard       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       4,209.         Married filing separately, 512,400       Other income from Schedule 1, line 9       8       -8,322.         Yet Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,973.         Married filing jointly or Qualifying widow(en), \$24,800       Charitable contributions if you take the standard deduction. See instructions       10a       4,145.         B       Charitable contributions if you take the standard deduction. See instructions       10b       10c       4,145.         It you checked any box under Standard       12       24,800.       12       24,800.       12       24,800.         If you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14<												
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       10.       b       Ordinary dividends       3b       11.         required.       4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		86,075.
Sch. B if required.       3a       10.       b       Ordinary dividends       3b       11.         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Social security benefits       6a       b       Taxable amount       7       4,209.         6a       Social security benefits       6a       b       Taxable amount       7       4,209.         * Single or Married filing separately, \$12,400       Other income from Schedule 1, line 9       5b       5b       5b       5b         • Married filing jointly or Qualifying widow(en), \$24,800       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       4,145.       9       81,973.         • Head of household, \$18,650       C       Add lines 10a and 10b. These are your total adjustments to income       10b       4,145.       11       77,828.         • If you checked any box under Standard       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 89		2a		1. 1		b	Taxable interes	t.		. 21		· · · · · · · · · · · · · · · · · · ·
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       4, 209.         8       Other income from Schedule 1, line 9       8       -8, 322.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,973.         10       Adjustments to income:       10a       4,145.         9       Refore Schedule 1, line 22       10b       10c       4,145.         9       Add lines 10a and 10b. These are your total adjustments to income       10b       10c       4,145.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       10c       4,145.         11       77,828.       11       24,800.       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.		3a	Qualified dividends	3a	10.					. 3	b	11.
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       4,209.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -8,322.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,973.         • Married filing jointly or Qualifying widow(er), \$24,800       •       From Schedule 1, line 22       •       10a       4,145.         •       B       Charitable contributions if you take the standard deduction. See instructions       10b       10c       4,145.         •       Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       77,828.         •       It out necked any box under standard deduction. Attach Form 8995 or Form 8995-A       •       12       24,800.         11       Add lines 12 and 13       .       14       24,800.       14       24,800.	required.	4a	IRA distributions	4a			,			. 4	b	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       4,209.         • Single or Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -8,322.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,973.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       81,973.         • Married filing jointly or Qualifying widow(er), \$24,800       • C Add lines 10a and 10b. These are your total adjustments to income       10a       4,145.         • Married filing jointly or Qualifying widow(er), \$24,800       • C Add lines 10a and 10b. These are your total adjustments to income       10b       10c       4,145.         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       • • • • • • • • • • • • • • • • • • •		5a	Pensions and annuities	5a		b	Taxable amoun	t		. 5	b	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the second deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> </ul>	Standard	6a	Social security benefits	6a		b	Taxable amoun	t		. 6	b	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -8,322         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,973         Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       81,973         a       From Schedule 1, line 22       .       .       .       .       .       .         b       Charitable contributions if you take the standard deduction. See instructions       10a       4,145       4,145         6       C       Add lines 10a and 10b. These are your total adjustments to income       .       .       .       .         9       Subtract line 10c from line 9. This is your adjusted gross income       .       .       .       .         11       77,828.       11       77,828.       .       .       .       .         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .       .       .       .       .       .         14       24,800.       14       24,800.       .       .       .       .       .       .	Deduction for-	7	Capital gain or (loss). Attach Scheo	dule D it	f required. If no	t required	d, check here		🕨	7	,	4,209.
\$12,400       9       Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income       9       81,973.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       4,145.         • Derivative of Mousehold, \$14,860       • Charitable contributions if you take the standard deduction. See instructions       10a       4,145.         • Head of household, \$18,860       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, line	e9.						. 8	;	-8,322.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. (from Schedule A)</li> <li>Ida 4,145.</li> <li< td=""><td></td><td>9</td><td>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a</td><td>and 8. T</td><td>his is your <b>tota</b></td><td>al income</td><td><b>.</b></td><td></td><td></td><td>▶ 9</td><td>)</td><td>81,973.</td></li<></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your <b>tota</b>	al income	<b>.</b>			▶ 9	)	81,973.
Qualifying widow(er), \$224,800       10a       4,145.         b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       10c       4,145.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       77,828.         • If you checked any box under Standard       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       12       24,800.         14       Add lines 12 and 13       14       24,800.       14       24,800.		10	Adjustments to income:									
widow(er), \$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10b         Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .		а	From Schedule 1, line 22				10	a	4,14	5.		
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>	widow(er),	b	Charitable contributions if you take	the star	ndard deduction	n. See ins <sup>.</sup>	tructions 10	b				
\$18,650       11       77,828.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         Add lines 12 and 13       13       14       24,800.		с	Add lines 10a and 10b. These are	your <b>to</b> l	al adjustment	s to inco	me			▶ 10	c	4,145.
<ul> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>14</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> </ul>		11	Subtract line 10c from line 9. This	is your a	adjusted gross	s income				► <u>1</u>	1	77,828.
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 131424,800.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (from Sch	edule A)				. [1	2	24,800.
Deduction, see instructions.         14         Add lines 12 and 13         13         14         24,800		13	Qualified business income deducti	on. Atta	ach Form 8995	or Form	8995-A			. [1;		
15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14	Add lines 12 and 13							. 14	4	24,800.
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or	less, ent	er-0			. 1	5	53,028.

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

Form **1040** (2020)

Form 1040 (2020	))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		. 1	6	5,968.
	17	Amount from Schedule 2, lir	ne3					. 1	7	
	18	Add lines 16 and 17						. 1	8	5,968.
	19	Child tax credit or credit for	other dependen	ts				. 1	9	
	20	Amount from Schedule 3, lir	ne7					. 2	20	
	21	Add lines 19 and 20						. 2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 2	22	5,968.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			. 2	23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					▶ 2	24	5,968.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	7,9	34.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 2	5d	7,934.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .			. 2	26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	1,2	00.		
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refund	able credits		▶ 3	32	1,200.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				▶ 3	33	9,134.
Defund	34	If line 33 is more than line 24							34	3,166.
Refund	35a	Amount of line 34 you want				•		. 🗆 🖪	5a	3,166.
Direct deposit?	►b	Routing number 1 2 1			► c Type: 🛛					·
See instructions.	►d	Account number 3 2 5						Ŭ		
	36	Amount of line 34 you want				<u> </u>				
Amount	37	Subtract line 33 from line 24						▶ 3	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.								
how to pay, see instructions.	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				? See				
Designee	ins	structions	· · · · ·			. 🕨 🗌 Y	es. Com	olete belo	w.	X No
		signee's		Phone				lidentificat	ion $\square$	
		me 🕨		no. 🕨			number	(/		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here		ur signature		Date	,			· ·		you an Identity
	. 10			Date						, enter it here
Joint return?					SALESFORCE	ADMINIST	RATOR	(see inst.	) 🕨 🗌	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupa	tion				your spouse an
Keep a copy for your records.	,							Identity I (see inst.	_	tion PIN, enter it here
,				<b>F N</b> 11	HOMEMAKER			(366 1131		
		one no. eparer's name	Droporor's signat	Email address		Date		ΓΙΝ		Check if:
Paid			Preparer's signat		T 7.					Self-employed
Preparer		SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAN	NA	03/21/2	0ZT   P(	209033		.,
Use Only		m's name ► GLOBAL TA								46)727-7157
		m's address ► 2530 Pebb		n Cumming	-			Firm's El	N 🕨	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/13/	21 PRO			Form <b>1040</b> (2020)

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SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

c	ial security number
	Attachment Sequence No. <b>01</b>

OMB No. 1545-0074

Name(s) sho	own on Fo	orm 1040, 10	)40-	SR, or 104	0-NR
SANDEEP	REDDY	CHELLURI	- &	SRAVYA	DENDI

Your social security nur 300-25-9608

#### Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> 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	-8,340.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Other Income from box 3 of 1099-Misc 18.	8	18.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-8,322.
Par			
10	Educator expenses	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	4,145.
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	4,145.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/13/21 PRO	Schedu	le 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.

2020 Attachment Sequence No. 12

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

Department of the Treasury

SANDEEP REDDY CHELLURI & SRAVYA DENDI

Your social security number

300-25-9608

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

× No **Yes** 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)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	<b>(g)</b> Adjustment	s	<b>(h) Gain or (loss)</b> Subtract column (e)
	form may be easier to complete if you round off cents to le dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, column	Part I,	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	40,481.	42,068.	5,7	72.	4,185.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	213.	200.			13.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	517.	509.			8.
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			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> 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	4,206.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	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 <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.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
<ul> <li>12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1</li> <li>13 Capital gain distributions. See the instructions</li> </ul>						3.
13 14			13	3.		
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions						( )
15	Net long-term capital gain or (loss). Combine lines 8a on the back	a through 14 in co	olumn (h). Then, go	o to Part III	15	3.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	4,209.
	• 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?		
	<ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>		
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>X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</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:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	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 03/13/21 PRO

Schedule D (Form 1040) 2020

Form <b>8949</b>	
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## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
SANDEEP REDDY CHELLURI & SRAVYA DENDI	300-25-9608

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below			(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)	
Robinhood Crypto LLC	06/02/20	09/03/20	213.	200.			13.	
Robinhood Securities LLC	06/25/20	07/13/20	40,253.	41,850.	W	5,772.	4,175.	
APEX CLEARING	06/02/20	06/30/20	15.	18.			-3.	
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 <b>1e 2</b> (if <b>Box B</b>	40,481.	42,068.		5,772.	4,185.	

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

Form <b>8949</b>	
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## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

20 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
SANDEEP REDDY CHELLURI & SRAVYA DENDI	300-25-9608

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.

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

X (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	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)			
Robinhood Crypto LLC	06/02/20	09/03/20	213.	200.			13.			
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 1e 2 (if Box B	213.	200.			13.			

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

Form <b>8949</b>	
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## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number			
SANDEEP REDDY CHELLURI & SRAVYA DENDI	300-25-9608			

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.

(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

X (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	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below			(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)	
COIN BASE	Various	12/31/20	517.	509.			8.	
<b>2</b> Totals. Add the amounts in colu negative amounts). Enter each Schedule D, line 1b (if Box A at above is checked), or line 3 (if E	total here and inc pove is checked), <b>lir</b>	lude on your ne 2 (if Box B	517.	509.			8.	

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

(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						2020							
Departm	ent of the Treasury		Attach to F									Attach	
	Revenue Service (99)		Go to www.irs.gov/Sch	neduleE fo	r inst	ructions an	d the	latest	nformation.			Seque	ence No. <b>13</b>
.,	) shown on return		_										y number
_			JURI & SRAVYA DENDI							-		-960	-
Part			s From Rental Real Estate	-			-				0.	•	
			instructions. If you are an indiv									·	
			ents in 2020 that would requ										
-			ou file required Form(s) 109				• •			•			es 🗌 No
<u>1a</u>	-		each property (street, city, s RABAD TELANGANA IN			;)							
B	MALARPEI		CADAD IELANGANA IN	500030									
- C													
1b	Type of Pro	nertv	2 For each rental real es	stato prop	ortyli	stod		Fair	Rental	Per	sonal	Use	
10	(from list be		above, report the num personal use days. Cl	nber of fai	r renta	al and			ays		Days		QJV
Α	1	,	personal use days. Cl if you meet the require	heck the <b>C</b>	JV b	ox only	A		270		•	0	$\square$
B			qualified joint venture	. See instr	ructio		B		2.70			<u> </u>	
С			-				c						$\square$
	of Property:												
	gle Family Resid	dence	3 Vacation/Short-Term	Rental	5 Lai	nd	7	7 Self-	Rental				
	ti-Family Reside	ence	4 Commercial		6 Ro	yalties	8	3 Othe	r (describe)				
Incom	ne:		Pro	perties:			Α		В				С
3					3			320.					
4	Royalties rece	ived .			4								
Expen													
5	-				5								
6			nstructions)	1	6		-	. = .					
7	•		nance		7		1,4	450.					
8					8								
9 10					9 10								
11					11								
12	-		id to banks, etc. (see instru		12								
13	00			<i>,</i> ,	13								
14					14		28	340.					
15	•				15			010.					
16					16		-						
17	Utilities				17		2,3	360.					
18	Depreciation e	expense	e or depletion		18								
19	Other (list) 🕨				19								
20	Total expense	s. Add	lines 5 through 19		20		8,6	560.					
21			line 3 (rents) and/or 4 (roya	, ,									
	,		instructions to find out if yo				•						
~ -					21		-8,	340.					
22			l estate loss after limitation		00	/	0 2	10	(				١
00-		-	structions)		<b>22</b>			40.)		<u>،</u>	20.		)
23a b			eported on line 3 for all ren eported on line 4 for all roya					23a 23b		3	20.		
b c			eported on line 12 for all roy					230 23c					
d			eported on line 12 for all pr					23d					
e			eported on line 20 for all pr					23e		8,6	60		
24			e amounts shown on line 2								24		
25			osses from line 21 and rental r					nter tota	l losses here	Э.	25 (		8,340.)
26			ate and royalty income of								ГТ Ì		/
			V, and line 40 on page 2										
			40), line 5. Otherwise, inclue								26		-8,340.

**Supplemental Income and Loss** 

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2020

OMB No. 1545-0074

888 Form Department of the Treasury

# Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

Name(s) snown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
SANDEEP REDDY CHELLURI	have HSAs, see instructions ► 300-25-9608

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part				
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spous	е.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.	_		
	See instructions	Sel	f-only	× Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from			
	January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions,			4 1 4 5
	contributions through a cafeteria plan, or rollovers. See instructions	2		4,145.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you			
	were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		7 100
		3		7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also			
	include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family			,
	coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage			
	under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		7,100.
9	Employer contributions made to your HSAs for 202091,750.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,750.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,350.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		4,145.
Part	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4 -	
Part	a separate Part II for each spouse.		15AS,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were			
_	withdrawn by the due date of your return. See instructions	14b		
C 15	Subtract line 14b from line 14a	14c 15		
15		15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the			
	dotted line	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional			
	20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that			
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form			
_	1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part				
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate	HSAS,	I
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and			
	enter "HSA" and the amount on the dotted line	20		
21	Additional tax, Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			

1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box For Paperwork Reduction Act Notice, see your tax return instructions.

21



2340 CARTA WAY APT 5056

SANDEEP REDD

SRAVYA



CHELLURI

DENDI



HERNDON		VA 20171		
SSN - You	CHEL	300259608	Vendor ID 1555	xxxxx
SSN - Spouse	DEND	962994508		
Fed Adj Gross Income (F	FAGI) 1.	77828.	Withholding (VA) - You	19A. 4248.
Additions	2.		Withholding (VA) - Spouse	19B.
Subtotal	3.	77828.	Estimated Payments	20.
Age Deduction - You	4A.		2019 Overpayment	21.
Age Deduction - Spouse	4B.		Extension Payments	22.
Soc Sec & Tier 1 Railroa	id 5.		Credit - Low-Income or EIC	23.
State Income Tax Overp	ayment 6.		Credit - Schedule OSC	24.
Subtractions	7.		Credits - Schedule CR	25.
Subtotal Subtractions	8.		Total Payments / Credits	26. <b>4248.</b>
Total VA Adj Gross Incon	ne (VAGI) 9.	77828.	Tax You Owe	27.
Itemized Deductions - V	A Sch A 10.		Tax Overpayment	28. 655 <b>.</b>
Standard Deduction	11.	9000.	Overpayment Credited to Next Year	29.
Exemptions	12.	1860.	VAC - Virginia 529 / ABLEnow	30.
Deductions	13.		VAC - Other Contributions	31.
Subtotal (Deductions & E	Exemptions) 14.	10860.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income	15.	66968.	Sales and Use Tax	33.
Amount of Tax	16.	3593.	Amount You Owe	
Spouse Tax Adjustment	(STA) 17.		Will Pay by Credit/Debit Card N Your Refund	655.
VAGI - Spouse	17A.		Daak Dautias #	
Net Amount of Tax	18.	3593.	Bank Routing #	C 121000358
	L		Bank Account #	325017911786

]

REV 03/06/21 PRO

300259608





Filing Status, Age	& License In	iormation	Additi	Additional Filing Information				
Filing Status		2	Locality	600				
Federal Head of H	lousehold		Name or Filing Status (	Change				
DOB - You		11181991	Address Change					
VA Driver's Licens	se ID - You	A28692382	VA Return Not Filed La	VA Return Not Filed Last Year				
VA Driver's Licens	se - Iss. Date -	You 08082020	08082020 Dependent on Another's Return					
Spouse Name (Fi	ling Status 3 O	nly)	Farmer / Fisherman / N	Verchant Seaman				
		01071992	Amended	Amended				
DOB - Spouse VA Driver's Licens	o ID Spouso	01071992	Reason Code					
VA Driver's Licens		Source	Overseas on Due Date	}				
	e - 188. Dale -		Federal EIC & Amount					
Exemptions (A) You	1	Exemptions (B) 65 & Over - You	Deceased Indicator					
Spouse	1	65 & Over - Spouse	No Sales & Use Tax Du	ue Indicator X				
Dependents		Blind - You	Obtain Electronic 10990	G				
Total (A)	2	Blind - Spouse	ID Theft PIN					
		Total (B)						

#### **Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You Da	ate	Phone - You		7817240560
Signature - Spouse Da	ate	Phone - Spouse		
Signature - Preparer <u>RVSSMANIKUMARAPPANA</u> Da	ate 032121	Phone - Preparer		6467277157
The Tax Department may discuss my/our return with my/our prepare	rer.	Preparer Information	7	P02090332
File by May 1, 2021	GLOBAL TAXES LLC			1
Include Page 1, Page 2 and all supporting 760CG documents.	2530 CUMMI	PEBBLE CREEK LN NG	GA 3	30041 Page 2 of 2

#### **2020 Schedule INC/CG** 300259608

Report all W-2s, 1099s & VK-1s with VA Withholding

SANDEEP REDD CHELLURI

SRAVYA DENDI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
300259608	W	4248.	262135579	30262135579F001	86075.

Total VA Withholding	SSN	VA Withholding
You	300259608	4248.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

# Virginia Individual Income Tax e-File Signature Authorization

Virginia Submission Identification Number (SID)					
Your Name	B Your Social Sec	urity Number			
SANDEEP REDDY CHELLURI	300-25-960	5			
Spouse's Name	A Spouse's Social				
SRAVYA DENDI	962-99-450	)8			
Part I Tax Return Information	A Spouse	B Yourself			
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		77828.			
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		77828.			
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		66968.			
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3593.			
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4248.			
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)					
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		655.			
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so					
December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
Taxpayer's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 5 9 6 0 8 as my signature on my 2020 e-filed Virginia individual income tax return.					
GLOBAL TAXES LLC					
ERO Firm Name I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.					
Your Signature Date					
Spouse's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 9 4 5 0 8 as my signature on my 2020 e-filed Virginia individual income tax return. Do not enter all zeros					
GLOBAL TAXES LLC					
ERO Firm Name I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.					
Spouse's Signature         Date					
Part III Certification and Authentication – Practitioner PIN Method Only					
ERO's EFIN/PIN:       Enter your six-digit EFIN followed by your five digit self-selected PIN.       5       8       7       2       7       8       6	1989				
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
ERO's Signature         Date         03-21-21					

**Tax Year** 

2020