(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	S	ocial security r	number	
SHIVASAI DASARI		862-10-2	873	
Spouse's name	S	pouse's social	security number	er
Part I Tax Return Information — Tax Year Ending December	<b>Der 31,</b> 2020 (Enter ye	ear vou are	authorizing	.)
Enter whole dollars only on lines 1 through 5.	2020 (=::::::)			-,
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank	ζ.			
<b>1</b> Adjusted gross income			1 97	7,674.
2 Total tax			2 14	1,551.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 .			3 16	5,487.
4 Amount you want refunded to you			4 1	,936.
5 Amount you owe			5	
Part II Taxpayer Declaration and Signature Authorization (	Be sure you get and kee	ep a copy	of your retu	ırn)
return (original or amended) I am now authorizing. I consent to allow my intermedito send my return to the IRS and to receive from the IRS (a) an acknowledgement for any delay in processing the return or refund, and (c) the date of any refund. If Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the finate payment of my federal taxes owed on this return and/or a payment of estimated to authorization is to remain in full force and effect until I notify the U.S. Treasury payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 business days prior to the payment (settlement) date. I also authorize the financial taxes to receive confidential information necessary to answer inquiries and respersonal identification number (PIN) below is my signature for the income tax returns.	t of receipt or reason for rejecti applicable, I authorize the U.S. incial institution account indicat ax, and the financial institution t Financial Agent to terminate the Payment cancellation reques all institutions involved in the pro-	on of the tran Treasury and ted in the tax to debit the er he authorization ts must be re pocessing of the ment. I furthe	smission, (b) to its designated preparation so try to this accord. To revoke eceived no late electronic paracknowledger acknowledger.	he reason I Financial Iftware for ount. This (cancel) a er than 2 ayment of e that the
Electronic Funds Withdrawal Consent.				
Taxpayer's PIN: check one box only		0 2	2 8 7 3	
X I authorize GLOBAL TAXES LLC  ERO firm name	to enter or generate my	Enter	five digits, but	as my
signature on the income tax return (original or amended) I am no	w authorizing.	don't	enter all zeros	
I will enter my PIN as my signature on the income tax return (ori if you are entering your own PIN <b>and</b> your return is filed using the below.				
Your signature ▶	Date ▶			
Spouse's PIN: check one box only				
I authorize	to enter or generate my	, DINI		as my
ERO firm name	to enter or generate my		five digits, but	asiny
signature on the income tax return (original or amended) I am no	w authorizing.	don't	enter all zeros	
I will enter my PIN as my signature on the income tax return (ori if you are entering your own PIN <b>and</b> your return is filed using the below.				
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns	Only—continue below			
Part III Certification and Authentication — Practitioner PIN	Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self	s-selected PIN. 5 8 7	2 7 8	6 1 9 8	3 9
The Galling in Enter your out aight Enter to liouved by your me dight con		Don't enter	-	
I certify that the above numeric entry is my PIN, which is my signature for the eleauthorized to file for tax year indicated above for the taxpayer(s) indicated above requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Author	e. I confirm that I am submittii	ng this return	in accordance	
ERO's signature ▶	Date ►			
ERO Must Retain This Form				
Don't Submit This Form to the IRS U		So		

## **£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 one box.	If yo	Single Married filing jointly [ ou checked the MFS box, enter the con is a child but not your dependent	name of									
Your first name	and m	iddle initial	Last na	me					You	ır so	cial securit	y number
SHIVASA	Ι		DASA	RI					86	2-1	10-2873	3
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	use's	s social sec	curity number
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	- 1			on Campaign
RD 2347		AGGERTY			1		T	203			ere if you, if filing ioin	or your tly, want \$3
	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code			0,	Checking a
NOVI			Π.		M:		-	3375			ow will not	change
Foreign country	y name			Foreign province/state	coun	ty	For	eign postal cod	ie you	ırıax	or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	any	financial intere	est ir	any virtual	curren	cy?	Yes	X No
Standard Deduction		eone can claim:  You as a despouse itemizes on a separate retu										
Age/Blindness	You	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore Januar	y 2, 19	56	☐ Is bli	ind
Dependents	-			(2) Social securi		(3) Relationsh					(see instru	ctions):
If more	•	irst name Last name		number	,	to you		Child tax		- 1		ner dependents
than four												
dependents, see instruction									]			
and check	5 —								]			
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s)	N-2						1	10	3,888.
Attach	2a	Tax-exempt interest	2a		<b>b</b> T	axable interes	t		.	2b		101.
Sch. B if required.	3a	Qualified dividends	3a	10.	<b>b</b> 0	Ordinary divide	nds		.	3b		10.
	4a	IRA distributions	4a		<b>b</b> T	axable amour	ıt.		.	4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amour	nt.		.	5b		
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amour	nt .			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D it	required. If not red	uired	, check here		•	· 🔲	7		1,755.
Married filing	8	Other income from Schedule 1, li	ne 9 .						.	8		-8,080.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total inc</b>	come				▶	9	5	97,674.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	your <b>to</b> l	al adjustments to	inco	me			▶	10c	+	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross inc	ome				<b>•</b>	11		97 <b>,</b> 674.
If you checked any box under	12	Standard deduction or itemized	l deduct	ions (from Schedul	e A)				.	12	1	12,400.
Standard	13	Qualified business income deduc	tion. Atta	ich Form 8995 or F	orm 8	8995-A			.	13		
Deduction, see instructions.	14	Add lines 12 and 13							.	14		L2,400.
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	er-0				15	8	35,274.

Form 1040 (2020	))									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	14,551.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	14,551.
	19	Child tax credit or credit for	other dependent	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	. If zero or less,	enter -0					22	14,551.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	14,551.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	16	,487.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	16,487.
If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	119 return				26	
qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27 through 31. The				able cre	dits	. ▶	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. ▶	33	16,487.
Refund	34	If line 33 is more than line 24							34	1,936.
neiulia	35a	Amount of line 34 you want				•	=		35a	1,936.
Direct deposit?	▶b	Routing number 0 1 1			▶ c Type: 🔀					·
See instructions.	►d	Account number 0 0 3					Ĭ	Ü		
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36	_			
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b> o	ount you owe	now			. ▶	37	
You Owe		Note: Schedule H and Sch								
For details on how to pay, see		2020. See Schedule 3, line 1	·	•	•		, , , ,			
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	? See				
Designee	ins	structions				. ▶	Yes. Co	mplete	below.	<b>X</b> No
		signee's		Phone				onal ident		
		ne ►		no. ▶				per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct and com								
Here		/ (// \\			Your occupation					nt you an Identity
	, 10	di signature	7	Date	Tour occupation					IN, enter it here
Joint return?					IOS DEVE	LOPER		(see	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
your records.	,								ntity Prote e inst.) ▶	ection PIN, enter it here
				For all and done				(300	- 11130.)	
-		one no. eparer's name	Preparer's signat	Email address		Date		PTIN		Check if:
Paid		•			מווחשא שאדדאי		8/2021		2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	1   03/2	0/2021	P0208		
Use Only		m's name ► GLOBAL TAX		n (11	~ (7) 200/1					(678) 965 – 9522
		m's address ▶ 2530 Pebb		in Cummin					n's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV (	03/23/21 PRC	)		Form <b>1040</b> (2020

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

SHIVASAI DASARI

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

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

Your social security number

862-10-2873

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,080.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Par	t II Adjustments to Income	9	-8,080.
	•	10	
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	
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	

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► 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.

Name(s) shown on return Your social security number 862-10-2873 SHIVASAI DASARI

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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) 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 . . . . . . . . . . . . . . . . . 41,289. 39,538. 4. 1,755. 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 1,755. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 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) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** 1,755. 16 Combine lines 7 and 15 and enter the result 16 • 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 amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. 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. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

## **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

Internal Revenue Service

Name(s) shown on return

Part I

Department of the Treasury

Social security number or taxpayer identification number

862-10-2873

SHIVASAI DASARI

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.

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

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). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (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 (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD SECURITIES LLC 07/17/20 08/18/20 41,289. 39,538. W 4. 1,755. 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.

41,289.

1,755.

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) ▶

39,538.

### **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

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

SHIV	ASAI DASARI								62-10		
Part	Income or Loss From Rental Real Esta	ate and Roy	/altie	s Note:	If you a	are in th	e business o	f rent	ing pers	onal pr	operty, use
	Schedule C. See instructions. If you are an in	idividual, repo	ort farı	m rental ir	ncome o	r loss f	om Form 48	<b>35</b> or	n page 2	2, line 40	0.
A Dic	d you make any payments in 2020 that would re	quire you to	file F	orm(s) 10	099? Se	ee instr	uctions .			Y	'es 🗵 No
B If "	Yes," did you or will you file required Form(s) 1	099?								□ Y	'es 🗌 No
1a	Physical address of each property (street, cit										
Α	vidhyanagar suryapet TELANGANA	IN 5082	13								
В											
C											
1b	Type of Property 2 For each rental rea	l estate prop	erty !	isted			Rental	Per	rsonal	Use	QJV
	(from list below) above, report the n personal use days.	umber of fai Check the <b>(</b>	r rent <b>3JV</b> b	ai and ox onlv⊢			ays		Days		
A	3 if you meet the req	uirements to	) file a	sa	Α		365			0	
В	qualified joint ventu	ire. See insti	ructio	ns.	В						
C					С						
	of Property:				_						
_	gle Family Residence 3 Vacation/Short-Te					Self-					
2 Multi	ti-Family Residence 4 Commercial	roperties:	6 Ro	yalties		3 Othe	r (describe)				
		<u> </u>			Α		В	5			С
3	Rents received		3			500.					
<u>4</u>	Royalties received		4								
Expen			5								
5 6	Advertising		6								
7	Cleaning and maintenance		7		1 (	080.					
8	Commissions		8		Τ,						
9	Insurance		9								
10	Legal and other professional fees		10								
11	Management fees		11			900.					
12	Mortgage interest paid to banks, etc. (see inst		12		•	,,,,,					
13	Other interest		13								
14	Repairs		14		2.	150.					
15	Supplies		15			200.					
16	Taxes		16								
17	Utilities		17		2,2	250.					
18	Depreciation expense or depletion		18		<u> </u>						
19	Other (list)		19								
20	Total expenses. Add lines 5 through 19		20		8,5	580.					
21	Subtract line 20 from line 3 (rents) and/or 4 (re	oyalties). If									
	result is a (loss), see instructions to find out if	• ,									
	file Form 6198		21		-8,0	080.					
22	Deductible rental real estate loss after limitati	ion, if any,									
	on Form 8582 (see instructions)		22	(	-8,0		(		)(		)
23a	Total of all amounts reported on line 3 for all r					23a		5	00.		
b	Total of all amounts reported on line 4 for all r		erties			23b					
С	Total of all amounts reported on line 12 for all					23c					
d	Total of all amounts reported on line 18 for all					23d					
	Total of all amounts reported on line 20 for all					23e		8,5			
24	Income. Add positive amounts shown on line			-					24		
25	Losses. Add royalty losses from line 21 and renta								25 (		8,080.)
26	Total rental real estate and royalty income										
	here. If Parts II, III, IV, and line 40 on page							on	26		-8,080.
	Schedule 1 (Form 1040), line 5. Otherwise, inc	nuue mis an	nount	. iii tiie to	nai OH	mie 4 l	on page 2		26		-0,000.

**Passive Activity Loss Limitations** 

► See separate instructions. ► Attach to Form 1040, 1040-SR, or 1041.

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

► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2020

Attachment Sequence No. 858

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

Identifying number

SHIV	VASAI DASARI 86	2-10	-2873
Part	2020 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
Renta	Real Estate Activities With Active Participation (For the definition of active participation, see		
Speci	al Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 0.		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b ( 8,080.	)	
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c (	)	
d	Combine lines 1a, 1b, and 1c	1d	-8,080.
Comn	nercial Revitalization Deductions From Rental Real Estate Activities		
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a (	)	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,		
	column (b)	)	
С	Add lines 2a and 2b	2c	( )
All Ot	her Passive Activities		
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b (	)	
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c (	)	
d	Combine lines 3a, 3b, and 3c	3d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your		
	return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c.		
	Report the losses on the forms and schedules normally used	4	-8,080.
	If line 4 is a loss and:  • Line 1d is a loss, go to Part II.		
	<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.</li> </ul>		
	<ul> <li>Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III a</li> </ul>	_	
	on: If your filing status is married filing separately and you lived with your spouse at any time during the	e year	, <b>do not</b> complete
	or Part III. Instead, go to line 15.		
Part			
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4	5	8,080.
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 105,754.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	9	22,123.
10	Enter the <b>smaller</b> of line 5 or line 9	10	8,080.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part	· · · ·		ctivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction	ns.	
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions .	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13	14	
Part			
15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	<b>Total losses allowed from all passive activities for 2020.</b> Add lines 10, 14, and 15. See instructions		
	to find out how to report the losses on your tax return	16	8,080.

Caution: The worksheets must be filed worksheet 1—For Form 8582, Lines 1:				/ for you	r record	S.		
Workenset I Torrorm 5552, Emee 1	Currer		3110)	Prior	years		Overall	gain or loss
Name of activity	(a) Net income	(b) Net lo			allowed			
	(line 1a)	(line 1b			ine 1c)	(d)	) Gain	(e) Loss
vidhyanagar	0.	8,0	80.					8,080.
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c ▶	0.	Ω Λ	80.					
Worksheet 2—For Form 8582, Lines 2		structions)	760.					
Name of activity	(a) Current deductions (		unall	(b) Pr owed ded	ior year ductions (	line 2b)	(c)	Overall loss
<b>Total.</b> Enter on Form 8582, lines 2a and 2b								
Worksheet 3—For Form 8582, Lines 3	<b>a, 3b, and 3c</b> (se	e instruction	ons)					
	Currer	nt year		Prior	years		Overall o	gain or loss
Name of activity	(a) Net income	(b) Net lo	oss	(c) Una	allowed	(4)	\ Cain	(0)   000
	(line 3a)	(line 3b	)	loss (l	ine 3c)	(u	) Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c								
Worksheet 4—Use This Worksheet if a	n Amount Is Sh	own on Fo	rm 8	582, Lin	e 10 or	<b>14.</b> See	e instruct	ions.
Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Los:	s	<b>(b)</b> F	Ratio		Special wance	(d) Subtract column (c) from column (a)
vidhyanagar	E Ln 22	8,0	080.	1.000	00000		8,080.	. 0.
Total		8,0	080.	1.	00		8,080.	. 0.
Worksheet 5-Allocation of Unallowed	d Losses (see in	structions)		'				1
Name of activity	Form or schedi and line numb to be reported (see instruction	er on	( <b>a)</b> Lo	oss	(b)	) Ratio	(0	e) Unallowed loss
Total		. ▶				1.00		

## 2020 MICHIGAN Individual Income Tax Return MI-1040

	U MICHIGAN INGIV rn is due April 15, 2021. Ty					rn WII-10	140				ended Return ude Schedule AMD)	]
	r's First Name	M.I.	Last Name	- Didoit i			2. Filer	r's Full	Social Sec	curity !	No. (Example: 123-45-678	9)
SHI	IVASAI		DASARI				İ	862		10		,
If a Jo	int Return, Spouse's First Name	M.I.	Last Name								— 2873 rity No. (Example: 123-45-6	3780)
	Address (Number, Street, or P.O. Box)		<u> </u>				3. Spor	use s i	-uii Sociai (	Secui		1109)
	23477 HAGGERTY	,	APT. 203									
•	r Town			State MI	ZIP Code 4837	5	4. Sch		strict Code	(5 dig	its – see page 60)	
NOV				_ M T	4037	<del>-</del>	EBS EK				A FADEDS	
f t	STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of your to go to this fund. This will not incre your tax or reduce your refund.	r taxes		Filer Spouse				s box	if 2/3 of ye		ncome is from farming,	
	2020 FILING STATUS. Check one	).							TATUS.	Chec	k all that apply.	
а.	X Single		ou check box "c,"			a. <b>X</b> F	Resident				* If you shook hov "h" o	
b. [	Married filing jointly	line (	3 and enter spou w:	se's tull r	name	b 1	Nonresid	ent *			* If you check box "b" or "c," you must complete and include Schedule	
c. [	Married filing separately*					c F	Part-Yeaı	r Resi	ident *		NR.	
9.	EXEMPTIONS. NOTE: If someo	ne els	se can claim you	as a den	endent ch	eck box 9e. ei	nter 0 on	line (	a and en	ter \$	1 500 on line 9e (see in:	str )
· .			o dan dann you	do d dop	oridorit, ori	Son Box GG, GI		7	a and on			
	a. Number of exemptions (see in		,			r	1	×	\$4,750	9a.	4750	00
	b. Number of individuals who qua blind, hemiplegic, paraplegic,							×	\$2,800	9b.		00
	<ul> <li>Number of qualified disabled v</li> </ul>		-		-	F		^ x	\$400	9c.		00
	d. Number of Certificates of Stillb					F		x	\$4,750	9d.		00
	e. Claimed as dependent, see lin	ne 9 N	OTE above			9e.				9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9d	e. Ent	ter here and on li	ine 15						9f.	4750	00
10.	Adjusted Gross Income from yo	our U.S	3. Forms <i>1040</i> or	r 1040NF	₹ (see instr	uctions)			. 10.		97674	00
11.	Additions from Schedule 1, line 9	. Inclu	ıde Schedule 1 .						. 11.			00
12.	Total. Add lines 10 and 11								. 12.		97674	00
13.	Subtractions from Schedule 1, lin	e 29.	Include Schedu	ıle 1					. 13.			00
14.	Income subject to tax. Subtract	line 1	3 from line 12. If	f line 13 is	s greater th	nan line 12, en	ıter "0"		. 14.		97674	00
15.	Exemption allowance. Enter am	ount f	rom line 9f or Scl	hedule N	IR, line 19.				. 15.		4750	00
16.	Taxable income. Subtract line 15	5 from	line 14. If line 15	5 is great	ter than lin	e 14, enter "0"			. 16.		92924	00
	Tax. Multiply line 16 by 4.25% (0. REFUNDABLE CREDITS	.0425)				AMOUN			. 17.		3949 CREDIT	00
	Income Tax Imposed by governm Include a copy of the return (see				8a.			00	18b.			00
19.	Michigan Historic Preservation Tainstructions)	ax Cre	dit carryforward (	(see	9a.			00	19b.			00
20.	Income Tax. Subtract the sum of If the sum of lines 18b and 19b is	flines	18b and 19b fron	m line 17.					·		3949	

2020 M	I-1040, Page 2 of 2		Filer's F	ull Social S	ecurity Numbe	r 8	 62 –		— 2873
			1 1101 3 1	uli oociai o	eculty Number				
21.	Enter amount of Income Tax from lin							21.	3949 00
22.	Voluntary Contributions from Form							22.	00
23.	<b>USE TAX.</b> Use tax due on Internet, Worksheet 1 (see instructions)							23.	0 00
24	Total Tax Liability. Add lines 21, 22	2 and 23					24		3949 00
	INDABLE CREDITS AND PAYM								
25.	Property Tax Credit. Include MI-1	040CR or MI-	1040CR-2					25.	00
26.	Farmland Preservation Tax Credi	t. Include MI-	-1040CR-5			DERAL		26.	MICHIGAN 00
27.	Earned Income Tax Credit. Multiply enter result on line 27b	•	` '				00	27b.	00
28.	Michigan Historic Preservation Tax	Credit (refund	able). <b>Incl</b> u	ıde Form	3581			28.	00
29.	Michigan tax withheld from Schedul	e W, line 6. <b>In</b>	nclude Sch	edule W (	do not subn	nit W-2s)		29.	4027 00
30.	Estimated tax, extension payments	and 2019 cre	dit forward.					30.	00
	2020 AMENDED RETURNS ONLY. Amended returns must include Sch	Taxpayers co	ompleting a	n original					
	31a. If you had a refund and/or negative number on line 3		n the origina	l return, che	eck box 31a an	d enter this amo	unt as a		
	31b. If you paid with the original any additional tax paid after							31c.	00
32.	Total refundable credits and payment	nts. Add lines	25, 26, 27b	o, 28, 29, 3	30 and 31c		32.		4027 00
	IND OR TAX DUE	-4 lin - 20 for o	- II: 04 If		:				
33.	If line 32 is less than line 24, subtra		1 III1e 24. II	арріісавіе	, see mstruct	lions.			
	Include interest00 a	ind penalty		00	\	YOU OWE	33.		00
34.	Overpayment. If line 32 is greater t	han line 24, s	ubtract line	24 from li	ne 32		34.		78 00
35.	Credit Forward. Amount of line 34	to be credited	I to your 20	21 estimat	ed tax for yo	ur 2021 tax re	turn	35.	00
36.	Subtract line 35 from line 34					REFUND	36.		78 00
	CT DEPOSIT	a. Routin	ıg Transit Νι	ımber	b. <i>A</i>	Account Numbe	r		c. Type of Account
	it your refund directly to your financial ion! See instructions and complete a, b	011400	495		003883	1071695		1. X	Checking 2. Savings
Dece	ased Taxpayer. If Filer and/or Spous R DATE OF DEATH ONLY. Example:	e died after De	cember 31, 2	2019, enter					are under penalty of perjury that of which I have any knowledge.
Filer		Spouse	_	_		Preparer's PTIN		r SSN	
	ayer Certification. I declare under lachments is true and complete to the bes			formation in	this return	Preparer's Nam	***	. ,	SAGAR GUPTA TA
Filer's	Signature		C	Date		Preparer's Sign		RAM S	SAGAR GUPTA TA
Spous	e's Signature			Date		•			and Telephone Number
						GLOBAL			
	By checking this box, I authorize Tre	easury to disc	uss my retu	ırn with my	/ preparer.	2530 PE CUMMING	G GA	30041	

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

## 2020 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

#### **Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2020, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
SHIVASAI		DASARI	862 — 10 — 2873
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

#### TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	<u> </u>	В		D		E	$\overline{}$				
Enter '	"X" for: Spouse	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld					
X		38-3505360	E-IT PROFESSIONA	103888	00	4027	00				
					00		00				
					00		00				
					00		00				
					00		00				
Enter	inter Table 1 Subtotal from additional Schedule W forms (if applicable)										
4.	SUB	TOTAL. Enter total of Table 1, c	4.	4027	00						

# TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Table	2 Subtotal from additional Sched	dule W forms (if applicable)		00
5. <b>SUB</b>	TOTAL. Enter total of Table 2, co	olumn E	5	
6. <b>TOT</b>	<b>AL.</b> Add lines 4 and 5. Enter here	e and carry to MI-1040, line 2	9 6	4027 00

# SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SHIVASAI DASARI

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

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 862-10-2873

1 Taxable refunds, credits, or offsets of state and local income taxes	2a 3 4 lle E 5 6 7	-8,080.
<ul> <li>b Date of original divorce or separation agreement (see instructions) ▶</li> <li>3 Business income or (loss). Attach Schedule C</li> <li>4 Other gains or (losses). Attach Form 4797</li> <li>5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule</li> <li>6 Farm income or (loss). Attach Schedule F</li> <li>7 Unemployment compensation</li> <li>8 Other income. List type and amount ▶</li> <li>9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8</li> <li>9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8</li> </ul>	3 4 1 5 6 7 8 NR,	-8,080.
<ul> <li>3 Business income or (loss). Attach Schedule C</li> <li>4 Other gains or (losses). Attach Form 4797</li> <li>5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule F</li> <li>6 Farm income or (loss). Attach Schedule F</li> <li>7 Unemployment compensation</li> <li>8 Other income. List type and amount ►</li> <li>9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8</li> <li>10 Combine lines 1 through 1040-SR</li> <li>10 Combine l</li></ul>	3 4 4 sle E 5 6 7 8 NR,	-8,080.
<ul> <li>3 Business income or (loss). Attach Schedule C</li> <li>4 Other gains or (losses). Attach Form 4797</li> <li>5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule F</li> <li>6 Farm income or (loss). Attach Schedule F</li> <li>7 Unemployment compensation</li> <li>8 Other income. List type and amount ►</li> <li>9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8</li> <li>10 Combine lines 1 through 1040-SR</li> <li>10 Combine l</li></ul>	3 4 4 sle E 5 6 7 8 NR,	-8,080.
<ul> <li>Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule</li> <li>Farm income or (loss). Attach Schedule F</li></ul>	lle E 5 6 7 8 NR,	-8,080.
<ul> <li>Farm income or (loss). Attach Schedule F</li></ul>	6 7 	-8,080.
<ul> <li>7 Unemployment compensation</li></ul>	<b>7</b> 8 NR,	
9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8	8 NR,	
9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8	NR,	
9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-line 8	NR,	
line 8		
	9	0 000
221411 Adjustments to income	9	-8,080.
	10	
<ul><li>10 Educator expenses</li></ul>		
officials. Attach Form 2106		
12 Health savings account deduction. Attach Form 8889	12	
13 Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14 Deductible part of self-employment tax. Attach Schedule SE	14	
15 Self-employed SEP, SIMPLE, and qualified plans	15	
<b>16</b> Self-employed health insurance deduction	16	
17 Penalty on early withdrawal of savings	17	
<b>18a</b> Alimony paid	18a	
<b>b</b> Recipient's SSN		
c Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b> IRA deduction		
20 Student loan interest deduction	20	
21 Tuition and fees deduction. Attach Form 8917	21	
22 Add lines 10 through 21. These are your adjustments to income. Enter here on Form 1040, 1040-SR, or 1040-NR, line 10a		

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► 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.

Name(s) shown on return Your social security number 862-10-2873 SHIVASAI DASARI

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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) 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 . . . . . . . . . . . . . . . . . 41,289. 39,538. 4. 1,755. 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 1,755. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 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) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** 1,755. 16 Combine lines 7 and 15 and enter the result 16 • 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 amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. 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. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

## **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

Internal Revenue Service

Name(s) shown on return

Part I

Department of the Treasury

Social security number or taxpayer identification number

862-10-2873

SHIVASAI DASARI

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.

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

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). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (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 (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD SECURITIES LLC 07/17/20 08/18/20 41,289. 39,538. W 4. 1,755. 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.

41,289.

1,755.

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) ▶

39,538.

### **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

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

									62-10-2873		
Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use											
Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.											
A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions											
B If "	"Yes," did you or will you file required Form(s) 1099?										
1a	Physical address of each property (street, city, state, ZIP code)										
Α	vidhyanagar suryapet TELANGANA IN 508213										
В											
C											
1b	Type of Property	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.						Per	Personal Use		QJV
	(from list below)					365			Days		
A	3								0		
В											
C				С							
	of Property:				_						
_	le Family Residence	3 Vacation/Short-Term Rental				7 Self-					
2 Multi	ti-Family Residence	4 Commercial Properties:	6 Rc	yalties		3 Othe	r (describe)				
		<u> </u>			Α		В	3			<u>C</u>
3			3			500.					
<u>4</u>			4								
Expen			5								
5 6	=		6								
7	Cleaning and maintena	7		1 (	080.						
8	Commissions		8			000.					
9			9								
10		sional fees	10								
11	=		11			900.					
12	_	to banks, etc. (see instructions)	12			700.					
13			13								
14	Repairs		14		2.	150.					
15	Supplies		15			200.					
16	Taxes		16								
17	Utilities		17		2,2	250.					
18		or depletion	18								
19	Other (list) ▶	·	19								
20	Total expenses. Add lin	nes 5 through 19	20		8,5	580.					
21	Subtract line 20 from li	ine 3 (rents) and/or 4 (royalties). If									
		estructions to find out if you must									
	file <b>Form 6198</b>		21		-8,0	080.					
22		estate loss after limitation, if any,									
	on Form 8582 (see ins		22	(	-8 <b>,</b> 0		(		)(		)
23a		ported on line 3 for all rental proper				23a		5	00.		
b		ported on line 4 for all royalty proper	erties			23b					
C		nounts reported on line 12 for all properties									
d	Total of all amounts reported on line 18 for all properties										
	• • • • • • • • • • • • • • • • • • • •										
24	·			-					24		0 000 /
25		ses from line 21 and rental real estate							25 (		8,080.)
26		te and royalty income or (loss).									
		, and line 40 on page 2 do not a ), line 5. Otherwise, include this an						011	26		-8,080.
		oj, inio oi outioi wise, iliolude illis ali	. ioui i		ai Oil		on page 2		20		0,000.