Filing Status       Namied filing jointy       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying on box.       Presen's a child but not your dependent ▶         Your first name and middle initial       Last name       Your social security number         SATUSH REDDY       PADURI       720-13-2673         Flome address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         15180 OLD HICKORY BLVD       13.03       Schoet end you, or your       State       21P code         ANSHVILLE       TN       372.11       box below will not chenge       You spouse as a dependent         Foreign country name       Foreign province/state/county       Foreign pastul code       You       Spouse         Ary 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 was a separate return or you were a dual-status allen       You       Spouse         Dependents, see instructions;       (1) First name       Last name       (2) Social security (2) First name       1       10.08, 4655.         Standard       <	E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	20	20	OMB No. 1545	-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
SATISH REDY       PADURI       720-13-2673         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address fumber and street, If you have a P.0. box, see instructions.       Apt. no.       Ppesidential Election Campaign         City, tewr, or post office. If you have a foreign address, also complete spaces below.       State       2P code       to go to this fund. Checking a box below will not change         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         You       Spouse itemizes on a separate return or you were a dual-status allen       Spouse itemizes on a separate return or you were a dual-status allen         Defluction       Spouse itemizes on a separate return or you were a dual-status allen       Post of the other dependent         If more time functions;       (I) First name       Last name       You       Spouse:         If more time functions;       (I) First name       Last name       I 108, 465.         Sch first and chack	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-						,		, 0	
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       1303       Chack here if you, or you         State       1303       Chack here if you, or you       1303       Chack here if you, or you         State       TN       37211       Social security wants 3 to go to this fund. Checking a box below will not change box will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Someone can claim:       You as a dependent       You spouse as a dependent       You       Spouse its will not change box below.         Standard       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       You       Spouse itemizes on is separate return or you were a dual-status allen         Age/Blindness       You       Was born before January 2, 1956       Are blind       Spouse itemizes or (ese instructions);       (2) Social security       (3) Relationship       (4) 4' if qualifies for (se instructions);         If nore dependents, see instructions;       Immber       Immber       Immber       Immber       Immber         1       Wages, salaries, tips, etc. Attach Form(s) W-2       Immber       Immber       Immber       Immber	Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       1318 O CLD HICKORY BLVD       1303         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       130 Check here if you, or your spouse if filing jointly, want S3         Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         You       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness You:       Ware born before January 2, 1956       A re blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents, see instructions):       (I) First name       Last name       number       Check here       2b       Check here       2b       Check here       2b       Check here       1       108, 465.         Standard       Sage, salaries, tips, etc. Attach Form(s) W-2       1       108, 465.       2b       2b       4d       da       da       da <td< td=""><td>SATISH 1</td><td>REDD</td><td>Y</td><td>PAD</td><td>JRI</td><td></td><td></td><td></td><td></td><td></td><td></td><td>720-</td><td>13-267</td><td>3</td></td<>	SATISH 1	REDD	Y	PAD	JRI							720-	13-267	3
15180 OLD HICKORY BLVD       1303       Check here f you, or your         City, tow, or post office. If you have a foreign address, also complete spaces below.       TN       37.211         Foreign country name       Foreign province/state/county       Foreign postal code       Out tax or 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 repouse as a dependent       You go to this fund. Checking a box below will not change you tax or refund.         Age/Blindness       You:       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       (2) Social security       (3) Relationship       (4) 4/ if qualifies for (see instructions):       (1) First name       Is blind         dependents, see instructions       Interest       I       108, 4655.       3a       Is acable interest       3b         see instructions       Interest       Interest       Interest       Interest       3b       Interest       3b         Attach       Sa       Qualified dividends       Sa       Interest       Interest       3b       Interest       3b </td <td>lf joint return, s</td> <td>pouse's</td> <td>s first name and middle initial</td> <td>Last na</td> <td>ame</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Spouse</td> <td>'s social se</td> <td>curity number</td>	lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number
Chiy, Win, Disk Unit, Disk Unit, Your have a brieght address, also bolingers places below.       State       24 '00e       to go to this fund. Checking a box below into change your tax or refund.         NASHYLLEE       TN       37211       to go to this fund. change your tax or refund.         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign postal code       your tax or 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       Your spouse as a dependent       Your spouse as a dependent         Dependents       See instructions):       (1) First name       (2) Social security       (2) Relationship       (4) // if quillies for (see instructions):         If more       (1) First name       Last name       Image your dividends       I				instructi	ions.							Check	here if you,	or your
NS.HVILLE       TN       37211       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       You postal code       Yes       No         Standard       Someone can claim:       You as a dependent       You resource       Yes       No         Age/Blindness       You:       Ware 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 I qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions       Ind check       <	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	ate	ZIP co	ode				
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Ware 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         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       Child tax credit       Credit for other dependents         see instructions	NASHVIL	LE					TI	N	372	211				•
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         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more than four       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         and check       Image: Social security benefits       2a       Image: Social security benefits       2b         Standard       Qualified dividends       3a       Image: Social security benefits       5b       5b         Standard       Ga       Social security benefits       Ga       Image: Social security benefits       6a         Social security benefits       Ga       Ga       Image: Social security benefits       6a       -4,470.	Foreign countr	y name			Foreign p	rovince/sta	te/coun	ty	Forei	gn postal c	code	your ta:		_
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):       (a) Relationship       (b) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         if more       in and check	At any time du	iring 20	020, did you receive, sell, send, excl	nange, o	or otherv	vise acqui	re any	financial intere	est in a	any virtu	al cu	rrency?	Yes	X No
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions): Child tax credit       Credit for other dependents.         see instructions and check       Image: Social security than four dependents, see instructions       Image: Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions): Child tax credit       Credit for other dependents         see instructions and check       Image: Social security and check       Image: Social security number       Image: Social security number       Image: Social security to you		_		•		•								
If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check       Image: see instructions and check       Image: see instructions       Image: see i	Age/Blindness	You	: Were born before January 2, 1	956	Are b	lind S	pouse	: 🗌 Was bo	rn bef	ore Janu	ary 2	2, 1956	ls bl	ind
than four dependents, dependents, and check here instructions and check here instructions and check here instructions is your total adjustments to income instructions. In the standard deduction, see instructions is your adjusted gross income instructions. In the standard deduction, see instructions. In the standard deduction is sport form 8995-A	-				(2)		rity		nip				1	
see instructions and check here ▶       □       □         Attach Sch. B if required.       2a       b       Tax-exempt interest       1       108,465.         3a       Qualified dividends       3a       b       Draxable interest       2b         4a       b       Tax-exempt interest       2b       3b         sch. B if required.       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       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       7       7       -65.         8       Other income from Schedule 1, line 9       .       .       8       -4,470.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       9       103,930.         •       Haried difing yourdwere, \$24,800       •       Charitable contributions if you take the standard deduction. See instructions       11       103,930.         •       Had of household, \$14,8660<														
and check       here       image: state interest inte	· · · ·													
here       Image: Standard Deduction for - Single or Market fling separately, S12,400       Image: Standard fling Separately, S12,400       Image: Standard fling Standard deduction or temized deduction. See instructions       Image: Standard deduction or temized deduction. See instructions       Image: Standard deduction or temized deduction. Standard deduction. See instructions       Image: Standard deduction or temized deduction. See instructions       Image: Standard deduction or temized deduction. Standard deduction. See instructions       Image: Standard deduction or temized deduction. See instructions       Image: Standard deduction or temi		s —												
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       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       -655.         8       Other income from Schedule 1, line 9       .       .       8       -4,470.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       >       9       103,930.         Maried filing jointly or Qualifying widow(er), \$24,800       the standard deduction. See instructions       10b       -       10c         9       103,930.       the standard deduction. See onstructions       10b       -       11       103,930.         14       Standard       Geduction or itemized deducti														
Sch. B if 2a 1axeXeAringLinterest 2a   required. 4a Qualified dividends 3a   a Qualified dividends 3a   b b   b Crapital gain or (loss). Attach Schedule D if required. If not required, check here   b Taxable amount   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   a   valified dividends to income:   coulifying   vidow(ef), \$24,800   b   chartable contributions if you take the standard deduction. See instructions   b   chartable contributions if you take the standard deduction. See instructions   chartable contributions if you take the standard deduction. See instructions   standard   b   chartable contributions if you take the standard deductions (from Schedule A)   chartable contributions or itemized deductions (from Schedule A)   chartable contribution or itemized deductions (from Schedule A)   chartable contributions in you radjusted gross income   chartable contributions in you radjusted gross income   chartable contributions in you radjusted gross income   chartable income. Subtract line 14 from line 11. If zero or less, enter -0- <td></td> <td>1</td> <td>Wages, salaries, tips, etc. Attach F</td> <td>orm(s)</td> <td>W-2 .</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1</td> <td>1</td> <td>08,465.</td>		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1	1	08,465.
required.       3a       Gualified dividends       3a       b       Ordinary dividends       3b         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       -655.         8       Other income from Schedule 1, line 9       .       .       8       -4,470.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       >       9       103,930.         10       Adjustments to income:       10a       10b       103,930.       103,930.         11       Subtract line 10c from line 9. This is your adjusted gross income       >       11       103,930.         14       Add lines 12 and 13       .       .       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       12,400.		2a	Tax-exempt interest	2a			bΤ	axable interes	t.			. 2b	)	
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         Standard       6a       b       Taxable amount       6b       7       -65.         Single or       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -65.         8       Other income from Schedule 1, line 9		3a	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3b	)	
Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       6a       b       Taxable amount       7       -65.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       103, 930.       9       103, 930.         • Married filing jointly or Qualifying widow(er), \$24,800       •       From Schedule 1, line 22       10a       10a       10a       103, 930.         • Head of household, \$18,660       •       •       Add lines 10a and 10b. These are your total adjustments to income       10b       11       103, 930.         11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       103, 930.         12       Standard deduction or itemized deductions (from Schedule A)       •       12       12, 400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12, 400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       91, 530.		4a	IRA distributions	4a			bΤ	axable amoun	t			. 4b	)	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -65.         * Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -4,470.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       103,930.         • Married filing jointly or Qualifying widow(er), \$24,800       6       From Schedule 1, line 22       10a         • Married filing jointly or Head of household, \$18,650       6       Add lines 10a and 10b. These are your total adjustments to income       10b         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       10c         11       103,930.       11       103,930.         12       Standard deduction or itemized deductions (from Schedule A)       11       103,930.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       12,400.       14       12,400.       15       91,530.       15		5a	Pensions and annuities	5a			bΤ	axable amoun	t			. 5b	)	
<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>I1 103,930.</li> <li>I2 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>I3 Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>I4 Add lines 12 and 13</li> <li>I5 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>I5 91,530.</li> </ul>	Standard	6a	Social security benefits	6a			bΤ	axable amoun	t			. 6b	)	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       10       4,470         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       103,930         Married filing jointy or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       103,930         b       Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       103,930         14       Add lines 12 and 13       .       .       .       13       14       12,400         15       91,530       91,530       15       91,530       15       91,530		7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not re	quired	l, check here			▶ [	7		-65.
\$12,400       9       Add lines 1, 25, 36, 45, 55, 66, 7, and 8. This is your total income       9       103, 930.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       10b       10c         • Head of household, \$18,650       • Add lines 10c from line 9. This is your adjusted gross income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.								. 8		
jointly or Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         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         11       Subtract line 10c from line 9. This is your adjusted gross income       11       103,930.         14       Standard deduction. Attach Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our <b>total ir</b>	ncome					▶ 9	1	33,930.
Qualifying widow(er), \$22,800       a       From Schedule 1, line 22	1.1.1.1.1.1.1. <sup>1</sup>	10	Adjustments to income:											
\$24,800       Image: Containable contributions in you take the standard deduction. See instructions in you take the standard deduction of itemized deductions (from Schedule A)       Image: The point of th		а	From Schedule 1, line 22					10	a					
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>Add lines 12 and 13</li></ul>		b	Charitable contributions if you take	the star	ndard de	duction. S	ee inst	ructions 10	b					
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       103,930.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       91,530.	<ul> <li>Head of</li> </ul>	С	Add lines 10a and 10b. These are	your <b>to</b>	tal adjus	stments t	o inco	me				► <u>10</u>	c	
<ul> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> <li>Interpretation</li> <li>Interpretation</li></ul>		11	Subtract line 10c from line 9. This	is your	adjusteo	d gross in	come					► <u>11</u>	1	33,930.
Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         Deduction, see instructions.       14       Add lines 12 and 13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       91,530.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	t <b>ions</b> (fro	m Schedu	ule A)					. 12	2	12,400.
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0         15         91,530.	Standard	13	Qualified business income deduct	ion. Atta	ach Forn	n 8995 or	Form 8	3995-A				. 13	3	
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14											_	
		15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or les	s, ente	er-0				. 15	5	

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

Form **1040** (2020)

Form 1040 (2020	))										Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2	4972	3			16	16,046.
	17	Amount from Schedule 2, lir	ne3							17	0.
	18	Add lines 16 and 17 .								18	16,046.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	16,046.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is							. 🕨	24	16,046.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	17	,261		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	17,261.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 returr	ı				26	
qualifying child,	27	Earned income credit (EIC)			<b>1</b>	٩ö	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, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	l refunda	able cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	17,261.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is t	he amour	nt you	overpaid		34	1,215.
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attacl	hed, cheo	ck here	)		35a	1,215.
Direct deposit?	►b	Routing number 2 2 1			► c Ty		Check		Saving	s	
See instructions.	►d	Account number 1 5 5	6 4 2 4	3 5 6		·		T T	-		
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		•						or 🗌	
For details on		2020. See Schedule 3, line 1						latee yea	0.110 10		
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	the IRS?	See				
Designee	ins	tructions	· · · · ·					Yes. Co	omplet	e below.	X No
		signee's		Phone						ntification	
		ne 🕨		no. 🕨					oer (PIN	'	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date		cupation					nt you an Identity
	. 10	ur signature		Date	rouroco	Supation					IN, enter it here
Joint return?					SYST	EM ENG	GINE	ER	(se	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse'	s occupati	ion				nt your spouse an
Keep a copy for your records.	,									entity Prot ee inst.) 🕨	ection PIN, enter it here
,									(5)	ee Inst.)	
		one no. eparer's name	Droporor's signat	Email address			Detc		PTIN		Check if:
Paid			Preparer's signat		OTTO TA		Date	14/1001		00700	Check If:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA	ТАЦТАТ	02/2	24/2021		82703	
Use Only		m's name ► GLOBAL TA			~ ~ ~ ~	20041					(678)965-9522
		m's address ► 2530 Pebb		in Cumming	-					rm's EIN Ⅰ	
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		B/	AA	REV	02/15/21 PRC	)		Form <b>1040</b> (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

### Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. <b>01</b>

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SATISH REDDY PADURI	720-13-2673
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	-4,470.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
_		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	4 470
Par	line 8	3	-4,470.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
••	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19		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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/15/21 PRO	Schedul	e 1 (Form 1040) 2020

# SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2020 Attachment Sequence No. 12

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

Department of the Treasury

SATISH REDDY PADURI

► Go

Your social security number

720-13-2673

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

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

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	(g) Adjustment		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, F 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	1,650.	1,716.		1.	-65.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			rusts 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	-65.

#### 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 e 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 12	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12	
14	Long-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	0	() ) 0		15	

Part	III Summary	- I
16	Combine lines 7 and 15 and enter the result	<b>16</b> -65.
	• 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>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	<b>21</b> ( 65.
	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.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/15/21 PRO

Schedule D (Form 1040) 2020

Form <b>8949</b>	
------------------	--

### 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.



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

SAT

s) shown on return	Social security number or taxpayer identification number
ISH REDDY PADURI	720-13-2673

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	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and	
(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) (g) Code(s) from instructions Amount of adjustment		combine the result with column (g)	
Robinhood Securities LLC	01/01/20	12/31/20	1,650.	1,716.	W	1.	-65.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), <b>lir</b>	lude on your 1e 2 (if Box B	1,650.	1,716.		1.	-65.	

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.

SCHEDULE	Ε
(Form 1040)	

N

Department of the Treasury

Internal Revenue Service (99)

#### **Supplemental Income and Loss**

OMB No. 1545-0074 20

Attachment Sequence No. 13

20

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

1040-SR, 1040-NR, or 1041. r instructions and the latest information.

	Attach to Form 1040,
Go to	www.irs.gov/ScheduleE for

( )									ty number	
1	SH REDDY PADURI						-	.3-267	-	
Part		-		-			• •			
	Schedule C. See instructions. If you are an individual, re	•								_
	d you make any payments in 2020 that would require you									
	Yes," did you or will you file required Form(s) 1099? .							<u> </u>	Yes 🗌 No	
<u>1a</u>	Physical address of each property (street, city, state, Z									_
A	8-7-91/15/67, PHASE-4 KARMANGHAT, HYDEF	RABAD	TELAN	GANA	IN 5	00079				_
B										_
С										_
1b	Type of Property 2 For each rental real estate property listed Fair Rental					Personal Use QJ				
	(from list below) 3 (from list below) 3 (from list below) 3 (from list below) 3 (from list below) 3 (from list below) (from list below)	e <b>QJV</b> b	ox only	-	L	Days	Day			
	3 if you meet the requirements qualified joint venture. See in:	to file a	sa	Α		365		0		
B		Structio	ns.	В						
С				С						_
	of Property:									
	gle Family Residence 3 Vacation/Short-Term Rental				7 Self-					
	ti-Family Residence 4 Commercial		yalties		8 Othe	r (describe)		<del></del>		
Incom				Α		В		<u> </u>	C	_
3	Rents received	3			500.			<b></b>		_
4	Royalties received	4						<u> </u>		
Expen										
5	Advertising	5						<u> </u>		
6	Auto and travel (see instructions)	6			70.			<u> </u>		
7	Cleaning and maintenance	7			250.			<b></b>		_
8	Commissions	8						<b></b>		_
9	Insurance	9						<b></b>		_
10	Legal and other professional fees	10						<u> </u>		
11	Management fees	11						<u> </u>		
12	Mortgage interest paid to banks, etc. (see instructions)	12						<u> </u>		
13	Other interest	13			500.			<u> </u>		
14	Repairs	14			150.			<u> </u>		
15	Supplies	15						<u> </u>		
16	Taxes	16						<u> </u>		
17	Utilities	17						<u> </u>		_
18	Depreciation expense or depletion	18						<u> </u>		_
19	Other (list) ►							<u> </u>		_
20	Total expenses. Add lines 5 through 19	20		4,	970.			<u> </u>		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). It									
	result is a (loss), see instructions to find out if you must				1 - 0					
	file Form 6198	21		-4,	470.			<u> </u>		
22	Deductible rental real estate loss after limitation, if any					/				
	on Form 8582 (see instructions)	22	(	-4,4	70.)	(	)	(I		)
23a	Total of all amounts reported on line 3 for all rental prop			•	23a		500.	-		
b	Total of all amounts reported on line 4 for all royalty pro	•		•	23b			-		
c	Total of all amounts reported on line 12 for all properties			•	23c			-		
d	Total of all amounts reported on line 18 for all properties			•	23d		4 9 5 5	-		
e	Total of all amounts reported on line 20 for all properties				23e		4,970.	-		
24	Income. Add positive amounts shown on line 21. Do n		5				. 24	<u> </u>		
25	Losses. Add royalty losses from line 21 and rental real estat							<u>(</u>	4,470.	_
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	amount	in the to	otal on	line 41	on page 2	. 26		-4,470.	

Schedule E (Form 1040) 2020

ç	<b>3582</b>	Passive Activity Loss Limitati	ons		OMB No. 1545-1008
Form	JUL	► See separate instructions.			2020
Departm	ent of the Treasury	► Attach to Form 1040, 1040-SR, or 1041.			Attachment
	Revenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the lat	est information.		Sequence No. 858
( )	shown on return			Identifying	
Part	SH REDDY P	issive Activity Loss		720-13	-2073
Fart		Complete Worksheets 1, 2, and 3 before completing Part I.			
Ponta		Activities With Active Participation (For the definition of act	ive participation	500	
		or Rental Real Estate Activities in the instructions.)		366	
-		net income (enter the amount from Worksheet 1, column (a))	1a	0.	
		net loss (enter the amount from Worksheet 1, column (b))	<b>1b</b> ( 4,47		
		allowed losses (enter the amount from Worksheet 1, column (c))	1c (	)	
	-	1a, 1b, and 1c		. 1d	-4,470.
Comm	nercial Revitali	zation Deductions From Rental Real Estate Activities			
2a	Commercial re	evitalization deductions from Worksheet 2, column (a)	2a (	)	
b	Prior year una	Illowed commercial revitalization deductions from Worksheet 2,			
	column (b)		2b (	)	
	Add lines 2a a			. 2c	( )
	ner Passive Ac		1 1		
3a		net income (enter the amount from Worksheet 3, column (a)) .	3a		
b		net loss (enter the amount from Worksheet 3, column (b))	3b (	)	
С	-	allowed losses (enter the amount from Worksheet 3, column (c))	<b>3c</b> (	)	
d		3a, 3b, and 3c		. 3d	
4		1d, 2c, and 3d. If this line is zero or more, stop here and includ	•		
		es are allowed, including any prior year unallowed losses entered	on line 1c, 2b, or		4 470
		ses on the forms and schedules normally used		. 4	-4,470.
	If line 4 is a los		t II and as to Dart		
		<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip Par</li> <li>Line 3d is a loss (and lines 1d and 2c are zero or more</li> </ul>			to lino 15
Cautio	n: If your filing	status is married filing separately and you lived with your spouse		•	
		ead, go to line 15.		g the year	, do not complete
Part		Allowance for Rental Real Estate Activities With Active	Participation		
		ter all numbers in Part II as positive amounts. See instructions for	-		
5		Iler of the loss on line 1d or the loss on line 4		. 5	4,470.
6	Enter \$150,00	0. If married filing separately, see instructions	6 150,00	0.	
7		adjusted gross income, but not less than zero. See instructions	7 108,40		
	Note: If line 7	is greater than or equal to line 6, skip lines 8 and 9, enter -0- on			
	line 10. Otherw	vise, go to line 8.			
8	Subtract line 7		8 41,60		
9	Multiply line 8	by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing sepa	rately, see instructi	ons 9	20,800.
10		<b>Iler</b> of line 5 or line 9		. 10	4,470.
		oss, go to Part III. Otherwise, go to line 15.			
Part		Allowance for Commercial Revitalization Deductions Fr			ctivities
		ter all numbers in Part III as positive amounts. See the example for			
11	. ,	reduced by the amount, if any, on line 10. If married filing separate			
12		from line 4			
13		2 by the amount on line 10			
14 Part		<b>llest</b> of line 2c (treated as a positive amount), line 11, or line 13 .		. 14	
Paru 15				. 15	<u> </u>
15 16		ne, if any, on lines 1a and 3a and enter the total			0.
10		v to report the losses on your tax return			4,470.
For Pa		ing Ant Nation and instance in the second	REV 02/15/21 PRO	. 10	Form <b>8582</b> (2020)
a		ION ACT NOTICE, see Instructions. BAA	NEV 02/13/21 FKU		

# Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

(a) Net income	(h) Not logo			
(line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	<b>(e)</b> Loss
0.	4,470.			4,470.
0.	4,470.			

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	<b>(a)</b> Current year deductions (line 2a)	<b>(b)</b> Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total.</b> Enter on Form 8582, lines 2a and 2b			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

	Currer	Current year		Overall gain or loss	
Name of activity	<b>(a)</b> Net income (line 3a)	<b>(b)</b> Net loss (line 3b)	(c) Unallowed loss (line 3c)	<b>(d)</b> Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c					

#### Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Loss	<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
8-7-91/15/67, PHASE-4	E Ln 22	4,470.	1.00000000	4,470.	0.
Total		4,470.	1.00	4,470.	0.

#### Worksheet 5-Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Loss	<b>(b)</b> Ratio	(c) Unallowed loss
Total			1.00	