Internal Revenue Service

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

IRS e-file Signature Authorization

Submission Identification Number (SID)

Тахра	yer's name	Social security number
NII	HITH MANDAVA	748-08-4115
Spous	e's name	Spouse's social security number
Pa	t I Tax Return Information – Tax Year Ending December 31, (Enter	r year you are authorizing.)
Enter	r whole dollars only on lines 1 through 5.	
Note	: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 78,310.
2	Total tax	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,452.
4	Amount you want refunded to you	4 165.
5	Amount you owe	5
Par	t II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a copy of your return)
Unde	r penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of

my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

L	8	4	1	1	5	as my
6	Ent	er fiv n't er				

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature M. Ni Link

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

03/10/2021

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Da	ate 🕨	•				 				
Prac	titioner PIN Method Returns Only—continue	bel	ow								
Part III Certification and Authen	tication — Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFI	N followed by your five-digit self-selected PIN.	5	8	7		8 nter a	 	9	8	9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
	ERO Must Retain This Form — See bmit This Form to the IRS Unless		
For Denominary Deduction Act Nation and		BEV/ 02/01/21 DBO	Earm 8879 (Bay, 01 2021)

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

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(⁹⁹⁾ urn 20	020	OMB No. 1545	5-0074	IRS Use Only	y—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separa your spouse. If	• •	· <u> </u>		· · ·		, 0	ow(er) (QW) ne qualifying
Your first name	and m	iddle initial	Last na	me					Your so	cial securi	ty number
NIHITH			MANE	AVA					748-	08-411	5
lf joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse	's social see	curity number
Home address 16561 A		er and street). If you have a P.O. box, see LLES	instructio	ons.			A	pt. no.	Check	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	S	tate	ZIP co	de			ntly, want \$3
TYLER						ГХ	757	03	Ŭ Ŭ	ow will not	Checking a change
Foreign countr	y name		F	Foreign province	e/state/cou	nty	Foreig	n postal code		x or refund.	•
										You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise ac	cquire an	y financial intere	est in a	ny virtual ci	urrency?	Yes	X No
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate retur	•		•	s a dependent en					
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spous	e: 🗌 Was bo	rn befo	re January	2, 1956	Is bl	ind
Dependent		instructions): irst name Last name		(2) Social s numb	,	(3) Relationsl to you	nip	(4) ✓ if c Child tax c		r (see instru	ictions): her dependents
lf more than four	(1)					,			Jeun		
dependents,											
see instruction	s —										
and check here ►											
	1	Wages, salaries, tips, etc. Attach F	orm(s)	 					. 1		<u> </u>
Attach			2a	vv-z	 		• •		· 2		412.
Sch. B if	3a	· ·	3a	27		Ordinary divide			·		35.
required.	√4a		4a		~ ~	Taxable amour			. 41		
	5a		5a			Taxable amour			. 5b		
Standard	6a		6a		_	Taxable amour			. 6k		
Deduction for –	7	Capital gain or (loss). Attach Sche		f reauired. If no					7		2,058.
 Single or Married filing 	8	Other income from Schedule 1, lin			•	,			. 8	-	-7,540.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		his is your tot	al incom	е			▶ 9		78,310.
Married filing	10	Adjustments to income:		,							
jointly or Qualifying	а	From Schedule 1, line 22				10	a				
widow(er),	b	Charitable contributions if you take	the star	ndard deductio	n. See ins	structions 10	b				
\$24,800 • Head of	с	Add lines 10a and 10b. These are	your tot	al adjustmen	ts to inc	ome			▶ 10	с	
household, \$18,650	11	Subtract line 10c from line 9. This							▶ 11		78,310.
 If you checked 	12	Standard deduction or itemized	•						. 12		12,400.
any box under Standard	13	Qualified business income deduct				8995-A			. 13		2.
Deduction, see instructions.	14	Add lines 12 and 13							. 14	<u>ا</u> :	12,402.
	15	Taxable income. Subtract line 14	from lin	e 11. lf zero o	r less, en	ter -0	<u> </u>	<u> </u>	. 15		65,908.
											1010

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	10,287.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	10,287.
	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	10,287.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	10,287.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	10	,452		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	10,452.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	019 return					26	
qualifying child,	27	Earned income credit (EIC)			^N	lo [.]	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	ble cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	10,452.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is th	ne amour	nt you	overpaid		34	165.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attach	ned, cheo	ck here	e		35a	165.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► c Ty	oe: 🗙	Chec	king	Savings	;	
See instructions.	►d	Account number 4 8 8	0 5 2 8	9972	2 6						
	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 amo	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						r	
For details on		2020. See Schedule 3, line 1									
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 tl	he IRS?	See				
Designee	ins	structions	· · · · ·					Yes. Co	omplete	e below.	🗙 No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occ	•					nt you an Identity
	. 10	ur signature		Date	Tour occ	upation					IN, enter it here
Joint return?					SOFTW	VARE E	ENGII	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	occupati	ion				nt your spouse an
Keep a copy for your records.	,									e inst.) 🕨	ection PIN, enter it here
,									(56	e inst.)	
		one no.	Drenera de star	Email address			D-+				Chaoly if
Paid		eparer's name	Preparer's signat		a		Date	10/0007	PTIN	00000	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA :	TALLAM	03/	10/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA		~ '	a						678)965-9522
		m's address ► 2530 Pebb		n Cummin	g GA 3	80041			Fir	m's EIN 🖡	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	/ 03/01/21 PRC)		Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

•

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

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

				ecurity numbe
	rt I Additional Income	748-0	J8-41	15
Pai				
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 Sched	dule E	5	-7,540
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 line 8		9	-7,540
Par	t II Adjustments to Income			
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis govern 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	

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 adjustments to income. 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 03/01/21 PRO	Schedule 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

Name(s) shown on return NIHITH MANDAVA

Department of the Treasury

Internal Revenue Service (99)

Your social security number 748-08-4115

MANDAVA

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.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	17,392.	15,333.		2.	2,061.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	21.	25.			-4.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	2,057.

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 lines below. This form may be easier to complete if you round off cents to whole dollars.		(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
		Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	ain or (loss) dule(s) K-1	11				
12	12 13	1.				
 13 Capital gain distributions. See the instructions						<u>⊥.</u>
Worksheet in the instructions						()
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	1.

Part	III Summary	,
16	Combine lines 7 and 15 and enter the result	16 2,058.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X 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 1.
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/01/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Sequence No. 12A

Attachment

20

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

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

Name(s) shown on returnSocial security number or taxpayer identification numberNIHITH MANDAVA748-08-4115

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain of loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment				
ROBINHOOD CRYPTO LLC	01/09/20	03/30/20	260.	250.			10.			
ROBINHOOD SECURITIES LLC	04/02/20	05/27/20	17,132.	15,083.	W	2.	2,051.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	17,392.	15,333.		2.	2,061.			

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

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

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

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

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

Social security number or taxpayer identification number

Name(s) shown on return	Social security numb
NIHITH MANDAVA	748-08-4115

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
ROBINHOOD SECURITIES LLC	06/29/20	11/10/20	21.	25.			-4.		
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and inc is checked), lir	lude on your ne 2 (if Box B	21.	25.			-4.		

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

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

	ent of the Treasury Revenue Service (99)	► Go to www.irs.gov/ScheduleE fo	or inst	tructions	and th	e latest	information		Attacl Seque	nment ence No. '	13
	shown on return							Your soci			
NIHI	TH MANDAVA							748-0	8-411	5	
Part		From Rental Real Estate and Ro	valtie	s Note	e: If vou	are in th	e business o		-	-	use
		instructions. If you are an individual, rep	-		•			• •	•		
A Dic		nts in 2020 that would require you to									No
		pu file required Form(s) 1099?									
1a	Physical address of e	each property (street, city, state, ZIF	, code	e)	· ·				· 🗆		
A		TUR DISTRICT ANDHRA PRAI		-	22325	5					
B				11, 3.							
C											
1b	Type of Property	2 For each rental real estate prop	oertv I	isted		Fair	Rental	Persona	IUse	-	
	(from list below)	above, report the number of fa	ir rent	al and		-	Days	Day		QJ	V
Α	3	above, report the number of fa personal use days. Check the if you meet the requirements to	QJV b	pox only	Α		365	-	0		1
B		qualified joint venture. See inst	ructio	is a ins.	B		505		<u> </u>		1
					C						1
-	of Property:				•						1
	le Family Residence	3 Vacation/Short-Term Rental	5 1 2	nd		7 Self-	Rental				
-	ti-Family Residence	4 Commercial		ovalties			r (describe)			
ncom		Properties:			Α	0 Othe	E			С	
3			3		~	350.	-	•			
4		· · · · · · · · · · · · ·	4			550.					
Expen			-								
5			5								
6	-	nstructions)	6								
7			7			940.					
8			8			510.					
9			9								
10		ssional fees	10								
11			11			700.					
12	-	d to banks, etc. (see instructions)	12			700.					
13	·		13								
14			14		2	,250.					
15			15			, <u>230.</u> ,100.					
16			16		2	,100.					
17			17		1	,900.					
18		or depletion	18		± ,	, 500.					
19	Other (list)		19								
20		ines 5 through 19	20		7	,890.					
		•			1	,000.					
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
			21		-7	,540.					
22		estate loss after limitation, if any,	<u> </u>		• •						
		structions)	22	(-7.	540.)	()	()
23a		eported on line 3 for all rental prope				23a	\ \	350.			/
b		eported on line 4 for all royalty prop				23b					
c		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e		7,890.			
24		e amounts shown on line 21. Do no						. 24			
25		sses from line 21 and rental real estate					al losses hei		(7,5	40.)
26		ate and royalty income or (loss).								, ,	/
20		V, and line 40 on page 2 do not									
		40), line 5. Otherwise, include this ar								-7,	540.

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.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

 \cap

2

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No.	1545-2294

Attachment Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

NIHITH MANDAVA

748-08-4115

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1		(b) Taxpayer tification number	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
•					
2	Total qualified business income or (loss). Combine lines 1i through 1v,				
	column (c)				
3	Qualified business net (loss) carryforward from the prior year)			
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-				
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
	(see instructions)	8.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	,			
	year)			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	2			
0	or less, enter -0- .	8.	9	2	
9 10	Qualified business income deduction before the income limitation. Add lines 5 and 9		9 10	2.	
11	Taxable income before qualified business income deduction	65,910.	10	۷۰_	
12	Net capital gain (see instructions)	28.			
13	Subtract line 12 from line 11. If zero or less, enter -0	65,882.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	13,176.	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter the	his amount on			
	the applicable line of your return	►	15	2.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, o	enter -0	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. I	f greater than			
	zero, enter -0		17	(0.)	
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/01/21 PRC)		Form 8995 (2020)	





For the year Jan. 1-Dec. 31, 2020, or other tax year

Ch	eck here if an amended return	▶					c. 31, 2020, or other , 2020 ending	3	_, 20
	r legal last name ANDAVA	Legal first na				M.I.	Your social security num 748084115	nber	
	joint return, spouse's legal last name	Spouse's leg		ne		M.I.	Spouse's social security	number	
16	ne address (number and street). If you have 5561 AVOYELLES or post office	a PO Box, se	e page 11. State	Zip cod	Apt. no.		Tax district Check below then city, village, or town		
ΤÌ	YLER		TX	757	03		lived at the end of		r milon you
_Σ	l ling status Check ✓ below						City, village, or town ▶ MAD	City Village	Town
	_ Married filing joint return	Legal last n	ame				County of ▶ DAM	JE	
L	_ Married filing separate return. Fill in spouse's SSN above and full name here▶	Legal first r	name			M.I.	School district nu		3619
L	Head of household, NOT married (see page 12).	n man	ried, fill in above and				Special conditions]	
L	_, Head of household, married (see page 12).						Form 804 filed	with return (see pag	e 9)
Us	se BLACK Ink Print numbers	NO COMMAS;	NO CENTS						
1	Federal adjusted gross income (se	ee page 12	.)					1	78310 _{.00}
	Form W-2 wages included in lin								
2	Total additions to income from Sc							<u>-</u>	.00
	Add lines 1 and 2				- ,				 78310 _{.00}
	Total subtractions from income fro					-			.00
	Subtract line 4 from line 3. This is			78310.00					
6	Standard deduction. See table or If someone else can claim you (or y	and check here ►	6	3573.00					
7	Subtract line 6 from line 5. If line 6						-		74737 _{.00}
	Exemptions (Caution: See page			0, 111 111	0				
Ű		-		1	v ¢70	0	8a 700 .		
	a Fill in exemptions allowed				-				
	b Check if 65 or older You							00	700
	c Add lines 8a and 8b								700.00
9	Subtract line 8c from line 7. If line	-							74037.00 4122.00
							1		

I-010i (R. 01-21)

2020

2020	Form 1 Name NIHITH MANDAVA	SSN 748084115	Page 2 of 4
		•	NO COMMAS; NO CENTS
11	Itemized deduction credit. Enclose Schedule 1, page 4	11	.00
	Armed forces member credit (must be stationed outside U.S. See page 16) .		
13	School property tax credit		
	a Rent paid in 2020 – heat included .00 Rent paid in 2020 – heat not included .00	13a 00	
	Find credit from	13b00	
		2	
	Working families tax credit (see page 19)		
15	Married couple credit. Enclose Schedule 2, page 4	1500	
16	Nonrefundable credits from line 34 of Schedule CR	16 <u>.00</u>	
17	Net income tax paid to another state. Enclose Schedule OS	.00	
18	Add lines 11 through 17		.00
19	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This	is your net tax 19	4122.00
	Sales and use tax due on internet, mail order, or other out-of-state purch If you certify that no sales or use tax is due, check here	hases (see page 22) 20	
21	Donations (decreases refund or increases amount owed)		
	a Endangered resources00 e Military family relief .		
	b Cancer research	g Amer00	
	c Veterans trust fund00 g Red Cross WI Disaste	r Relief00	
	d Multiple sclerosis	consin .00	
	Total (add line	s a through h) 🕨 21i	.00
22	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24)	.00 x .33 = 22	.00
23	Other penalties (see page 24)	23	.00
24	Add lines 19, 20, 21i, 22 and 23		4122.00
25	Wisconsin tax withheld. Enclose withholding statements	25 4865.00	
	2020 estimated tax payments and amount applied from 2019 return		
	Earned income credit. Number of qualifying children		NOTE: You must use your
	Federal .00 x % =	27 .00	2020 earned income (see page 26).
28	Farmland preservation credit. a Schedule FC, line 17.		
	b Schedule FC-A, line 13		
29	Repayment credit (see page 26)		

2020 Form 1		Page 3 of 4
Name(s) shown on Form 1	Your social s	security number
NIHITH MANDAVA	74808	4115
	<u>NO</u> C	COMMAS; <u>NO</u> CENTS
30 Homestead credit. Enclose Schedule H or H-EZ 30	.00	
31 Eligible veterans and surviving spouses property tax credit 31	.00	
32 Refundable credits from Schedule CR, line 40. Enclose Schedule CR 32	.00	
33 AMENDED RETURN ONLY-Amounts previously paid (see page 29) 33	.00	
34 Add lines 25 through 33 34 486	65 .00	
35 AMENDED RETURN ONLY-Amounts previously refunded (see page 30) 35	.00	
36 Subtract line 35 from line 34	36	4865.00
37 If line 36 is larger than line 24, subtract line 24 from line 36. This is the AMOUNT YOU OVERPAID	37	743.00
38 Amount of line 37 you want REFUNDED TO YOU	38	743.00
39 Amount of line 37 you want APPLIED TO YOUR 2021 ESTIMATED TAX	0.00	
40 If line 36 is smaller than line 24, subtract line 36 from line 24. This is the AMOUNT YOU OWE . Paper clip payment to front of return	40	.00
41 Underpayment interest. Fill in exception code-See Sch. U 41 Also include on line 40 (see page 31) 41	.00	
Party Designee's Phone	Yes Complete Personal identification number (PIN) ▶	the following. X No

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

	Under penalties of law,	I declare that this return and all attachments are true, correct,	and complete to t	he best of my knowledge and belief.
Your signature		Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
				4097285178

I-010ai

Mail your return to:	Wisconsin Department of Revenue
If tax due	PO Box 268, Madison WI 53790-0001
If refund or no tax due	PO Box 59, Madison WI 53785-0001
If homestead credit claimed	PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



1				
1	Medical and dental expenses from federal Schedule A (Form 1040 or See instructions for exceptions.		1	.00
2	Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not opurchase a second home located outside Wisconsin or a residence do not include interest paid to purchase or hold U.S. government sec	e which is a boat. Also,		
	a tax-option (S) corporation if claimed as a subtraction		2	.00
3	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See in	nstructions for exceptions	3	.00
4	Casualty losses from federal Schedule A (Form 1040 or 1040-SR)		4	.00
5	Add lines 1 through 4		5	.00
6	Fill in your standard deduction from line 6 on page 1 of Form 1		6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0		7	0.0
8	Rate of credit is .05 (5%)		8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form	1	9	.00
┝	► You must submit this page with Form 1 if you	ı claim either of thes	e credits	◀
1	chedule 2 – Married Couple Credit When Both Spouses 'hen completing this schedule, be sure to fill in your income in colum			lumn (B)
	nen completing this schedule, be sure to hin in your meone in colum			Julii (D)
1	Taxable wages, salaries, tips, and other employee compensation.	(A) YOURSELF	(B)	SPOUSE
<u>-</u>	Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00		.00
2	Net profit or (loss) from self-employment from federal Schedules			
	C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	.00		.00
3	Combine lines 1 and 2. This is earned income	.00		.00
4	Add the amounts from federal Form 1040 or 1040-SR, Schedule 1 , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or			
	your spouse's income	.00		.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	.00		.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	.00	
7	Rate of credit is .03 (3%).	7	x .03	
8	Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form	1	.00	Do not fill in more than \$480
		NTUIT		
				REV 02/21/21 PRO

2020 Form 1 Name NIHITH MANDAVA SSN 748084115 Page 4 of 4 NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 15)



Wisconsin Department of Revenue Name(s) shown on Form 1 or Form 1NPR

Capital Gains and Losses

Enclose with Wisconsin Form 1 or 1NPR 🔶

Your social security number

NIHITH MANDAVA

748-0	8 - 4	1	1	5

フロンロ

Pa	Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less								
(Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)				
1a	Amount from line 1a of Schedule D	unt from line 1a of Schedule D .00 .00							
1b	Amount from line 1b of Schedule D	17392.00	15333.00	2.00	2061.00				
2	Amount from line 2 of Schedule D	.00	.00	.00	.00				
3	Amount from line 3 of Schedule D	21.00	25.00	.00	-4.00				
<u>4</u>	Short-term gain from Form 6252 and shor	t-term gain or loss from	Forms 4684, 6781, and	8824 4	.00				
<u>5</u>	Net short-term gain or loss from partnership	os, S corporations, estate	s, and trusts from Schedu	ule(s) K-1 5	.00				
<u>6</u>	Adjustment from Wisconsin Schedule T (see Basis Difference in	instructions)	6	.00				
<u>7</u>	Short-term capital loss carryover from 20 a negative number				.00				
	Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)								
<u>8</u>	Net short-term capital gain or loss. Co	ombine lines 1a through	7 in column (h)	8	2057.00				
_	Net short-term capital gain or loss.Constantrt IILong-Term Capital Gains a				2057.00				
Pa					2057.00 (h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)				
Pa	rt II Long-Term Capital Gains a Note: Round all amounts (use a minus sign (-) for	and Losses – Asse (d) Proceeds	ts Held More Than (e) Cost or	One Year (g) Adjustments to gain or loss from Form(s) 8949, Part II,	(h) Gain or loss Subtract column (e) from column (d) and combine the result				
Pa	rt II Long-Term Capital Gains a Note: Round all amounts (use a minus sign (-) for negative amounts)	and Losses – Asse (d) Proceeds (sales price)	ts Held More Than (e) Cost or other basis	One Year (g) Adjustments to gain or loss from Form(s) 8949, Part II,	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)				
- Pa (1 9a	Image: state of the state	and Losses – Asse (d) Proceeds (sales price) .00	ts Held More Than (e) Cost or other basis .00	One Year (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g) .00				
- Pa (1 9a 9b	rt II Long-Term Capital Gains aNote:Round all amounts(use a minus sign (-) for negative amounts)Amount from line 8a of Schedule DAmount from line 8b of Schedule D	and Losses – Asse (d) Proceeds (sales price) .00	ts Held More Than (e) Cost or other basis .00	One Year (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) .00	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g) .00 .00				
Pa (9a 9b 	rt II Long-Term Capital Gains aNote:Round all amounts(use a minus sign (-) for negative amounts)Amount from line 8a of Schedule DAmount from line 8b of Schedule DAmount from line 9 of Schedule D	and Losses – Asse (d) Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and	ts Held More Than (e) Cost or other basis .00 .00 .00 .00 6252; and long-term ga	One Year (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) .00 .00 .00	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g) .00 .00				
Pa 	Image: state with the state with th	and Losses – Asse (d) Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and	ts Held More Than (e) Cost or other basis .00 .00 .00 .00 .00	One Year (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) .00 .00 .00 .00	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00				
Pa 9a 9b 10 11 <u>12</u>	rt II Long-Term Capital Gains aNote:Round all amounts(use a minus sign (-) for negative amounts)Amount from line 8a of Schedule DAmount from line 8b of Schedule DAmount from line 9 of Schedule DAmount from line 10 of Schedule DGain from Form 4797, Part I; long-term ga from Forms 4684, 6781, and 8824	and Losses – Asser (d) Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and s, S corporations, estates	ts Held More Than (e) Cost or other basis .00 .00 .00 .00 .00 .00 .00	One Year (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) Image: Column Gradient Column (g) .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00 .00				

 15a
 Adjustment from Wisconsin Schedule QI. Enter amount as a negative number
 15a

 16
 Long-term capital loss carryover from 2019 Wisconsin Schedule WD, line 39. Enter amount as a negative number
 16

 17
 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)
 17

Go on to Part III \rightarrow

.00

.00

1.00



Name	Social Security Number	
NIHITH MANDAVA	748-08-41	15
Part III Summary of Parts I and II (see instructions) - use a minus sign (-) fo	r negative amounts.	
18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line	28)	2058.00
<u>19</u> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	1 .00	
<u>20</u> Fill in 30% of line 19	0.00	
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	.00	
<u>22</u> Gain included in line 17. Do not include any losses in this amount	.00	
<u>23</u> Divide line 21 by line 22. Carry the decimal to 4 places		
<u>24</u> Multiply line 19 by the decimal amount on line 23	.00	
25 Fill in 30% of line 24	.00	
<u>26</u> Add lines 20 and 25		0.00
<u>27</u> Subtract line 26 from line 18		2058.00
28 If line 18 shows a loss, fill in the smaller of: (a) The loss on line 18,		
Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.	instructions) 28	.00

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR)

29	Ad	justment (see instructions for Part IV and Schedule I adjustments)		
	<u>a</u>	Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2f of Schedule I, if filed (if a loss, fill in -0-) 205	00. 8	
	b	Fill in gain from Part III, line 27, (if blank, fill in -0-) 205	00. 8	
	<u>c</u>	If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1)	29c	.00
	<u>d</u>	If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1)	. 29d	.00
	<u>e</u>	Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-) 29e	0 .00	
	f	Fill in loss from Part III, line 28 as a positive amount	0.00	
	<u>g</u>	If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1)	29g	.00
	<u>h</u>	If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1) $$.	29h	.00
Pa	art	Computation of Capital Loss Carryovers from 2020 to 2021 (Complete this part if the loss on lin	e 18 is n	nore than the loss on line 28.)
30	Fill	in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	. 30	.00
31	Fill	in gain shown on line 17. If that line is blank or shows a loss, fill in -0	. 31	.00
32	Su	btract line 31 from line 30	. 32	.00
33	Fill	in the smaller of line 28 or line 32, treating both as positive amounts	33	.00
<u>34</u>	Su	btract line 33 from line 32. This is your short-term capital loss carryover from 2020 to 2021	. 34	.00
35	Fill	in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	.00
36	Fill	in gain shown on line 8. If that line is blank or shows a loss, fill in -0	. 36	.00
37	Su	btract line 36 from line 35	. 37	.00
38		btract line 33 from line 28, treating both as positive amounts. (Note : <i>If you skipped</i> es 31 through 34, fill in amount from line 28 as a positive amount.)	. 38	.00
39	Su	btract line 38 from line 37. This is your long-term capital loss carryover from 2020 to 2021	39	.00



E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(⁹⁹⁾ urn 20	020	OMB No. 1545	5-0074	IRS Use Only	y—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separa your spouse. If	• •	· <u> </u>		· · ·		, 0	ow(er) (QW) ne qualifying
Your first name	and m	iddle initial	Last na	me					Your so	cial securi	ty number
NIHITH			MANE	AVA					748-	08-411	5
lf joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse	's social see	curity number
Home address 16561 A		er and street). If you have a P.O. box, see LLES	instructio	ons.			A	pt. no.	Check	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	S	tate	ZIP co	de			ntly, want \$3
TYLER						ГХ	757	03	Ŭ Ŭ	ow will not	Checking a change
Foreign countr	y name		F	Foreign province	e/state/cou	nty	Foreig	n postal code		x or refund.	•
										You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise ac	cquire an	y financial intere	est in a	ny virtual ci	urrency?	Yes	X No
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate retur	•		•	s a dependent en					
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spous	e: 🗌 Was bo	rn befo	re January	2, 1956	Is bl	ind
Dependent		instructions): irst name Last name		(2) Social s numb	,	(3) Relationsl to you	nip			r (see instru	ictions): her dependents
lf more than four	(1)					,		Child tax credi			
dependents,											
see instruction	s —										
and check here ►											
	1	Wages, salaries, tips, etc. Attach F	orm(s)	 /_2					. 1		<u> </u>
Attach			2a	vv-z	 		• •		· 2		412.
Sch. B if	3a	· ·	3a	27		Ordinary divide			·		35.
required.	√4a		4a		- ~	Taxable amour			. 44		
	5a		5a			Taxable amour			. 5b		
Standard	6a		6a		_	Taxable amour			. 6k		
Deduction for –	7	Capital gain or (loss). Attach Sche		f reauired. If no					7		2,058.
 Single or Married filing 	8	Other income from Schedule 1, lin			•	,			. 8	-	-7,540.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		his is your tot	al incom	е			▶ 9		78,310.
Married filing	10	Adjustments to income:		,							
jointly or Qualifying	а	From Schedule 1, line 22				10	a				
widow(er),	b	Charitable contributions if you take	the star	ndard deductio	n. See ins	structions 10	b				
\$24,800 • Head of	с	Add lines 10a and 10b. These are	your tot	al adjustmen	ts to inc	ome			▶ 10	с	
household, \$18,650	11	Subtract line 10c from line 9. This							▶ 11		78,310.
 If you checked 	12	Standard deduction or itemized	•						. 12		12,400.
any box under Standard	13	Qualified business income deduct				8995-A			. 13		2.
Deduction, see instructions.	14	Add lines 12 and 13							. 14	<u>ا</u> :	12,402.
	15	Taxable income. Subtract line 14	from lin	e 11. lf zero o	r less, en	ter -0	<u> </u>	<u> </u>	. 15		65,908.
											1010

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	10,287.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	10,287.
	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	10,287.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	10,287.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	10	,452		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	10,452.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	019 return					26	
qualifying child,	27	Earned income credit (EIC)			^N	lo [.]	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	ble cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	10,452.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is th	ne amour	nt you	overpaid		34	165.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attach	ned, cheo	ck here	e		35a	165.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► c Ty	oe: 🗙	Chec	king	Savings	;	
See instructions.	►d	Account number 4 8 8	0 5 2 8	9972	2 6						
	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 amo	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						r 🗌	
For details on		2020. See Schedule 3, line 1									
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 tl	he IRS?	See				
Designee	ins	structions	· · · · ·					Yes. Co	omplete	e below.	🗙 No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occ	•					nt you an Identity
	. 10	ur signature		Date	Tour occ	upation					IN, enter it here
Joint return?					SOFTW	VARE E	ENGII	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	occupati	ion				nt your spouse an
Keep a copy for your records.	,									e inst.) 🕨	ection PIN, enter it here
,									(56	e inst.)	
		one no.	Drenera de star	Email address			D-+				Chaoly if
Paid		eparer's name	Preparer's signat		a		Date	10/0007	PTIN	00000	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA :	гадбам	03/	10/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA		~ '	a						678)965-9522
		m's address ► 2530 Pebb		n Cummin	g GA 3	80041			Fir	m's EIN 🖡	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	/ 03/01/21 PRC)		Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

•

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

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

	(s) shown on Form 1040, 1040-SR, or 1040-NR ITH MANDAVA			ecurity numbe
Par	748-0	J8-41	15	
Pai				
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 Sched	dule E	5	-7,540
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 line 8		9	-7,540
Par	t II Adjustments to Income			
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis govern 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	

13	Moving expenses for members of the Armed Forces. Attach Form 3903	ving 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 adjustments to income. 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 03/01/21 PRO	Schedule 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

Name(s) shown on return NIHITH MANDAVA

Department of the Treasury

Internal Revenue Service (99)

Your social security number 748-08-4115

MANDAVA

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.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
lines belo This form whole do 1a Tot 109 whi Hov on 1b Tot Boy 2 Tot Boy 3 Tot Boy 3 Tot Boy 4 Sho 5 Net 5 Sch 6 Sho Wo 7 Net	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	17,392.	15,333.		2.	2,061.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	21.	25.			-4.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	2,057.

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
 lines below. This form may be easier to comp whole dollars. 8a Totals for all long-term tra 1099-B for which basis wa which you have no adj However, if you choose to on Form 8949, leave this lin 8b Totals for all transactions r Box D checked 9 Totals for all transactions r Box E checked 10 Totals for all transactions r Box F checked 11 Gain from Form 4797, Par from Forms 4684, 6781, ar 12 Net long-term gain or (loss 13 Capital gain distributions. S 14 Long-term capital loss carn Worksheet in the instruction 	form may be easier to complete if you round off cents to le dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat			.,	12 13	1.
	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any				13	<u>⊥.</u>
14	Worksheet in the instructions	-	-	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	1.

Part	III Summary	,
16	Combine lines 7 and 15 and enter the result	16 2,058.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X 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 1.
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/01/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Sequence No. 12A

Attachment

20

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

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

Name(s) shown on returnSocial security number or taxpayer identification numberNIHITH MANDAVA748-08-4115

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g)	
ROBINHOOD CRYPTO LLC	01/09/20	03/30/20	260.	250.			10.	
ROBINHOOD SECURITIES LLC	04/02/20	05/27/20	17,132.	15,083.	W	2.	2,051.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	17,392.	15,333.		2.	2,061.	

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

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

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

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

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

Social security number or taxpayer identification number

Name(s) shown on return	Social security numb
NIHITH MANDAVA	748-08-4115

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from Amount of instructions adjustment		from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	06/29/20	11/10/20	21.	25.			-4.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and inc is checked), lir	lude on your ne 2 (if Box B	21.	25.			-4.	

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

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

	ent of the Treasury Revenue Service (99)	► Go to www.irs.gov/ScheduleE fo	or inst	tructions	and th	e latest	information		Attacl Seque	nment ence No. '	13
	shown on return							Your soci			
NIHI	TH MANDAVA							748-0	8-411	5	
Part		From Rental Real Estate and Ro	valtie	s Note	e: If vou	are in th	e business o		-	-	use
		instructions. If you are an individual, rep	-		•			• •	•		
A Dic		nts in 2020 that would require you to									No
		pu file required Form(s) 1099?									
1a	Physical address of e	each property (street, city, state, ZIF	, code	e)	· ·				· 🗆		
A		TUR DISTRICT ANDHRA PRAI		-	22325	5					
B				11, 3.							
C											
1b	Type of Property	2 For each rental real estate prop	oertv I	isted		Fair	Rental	Persona	IUse		
	(from list below)	above, report the number of fa	ir rent	al and		-	Days	Day		QJ	V
Α	3	above, report the number of fa personal use days. Check the if you meet the requirements to	QJV b	pox only	Α		365	-	0		1
B		qualified joint venture. See inst	ructio	is a ins.	B		505		<u> </u>		1
					C						1
-	of Property:				•						1
	le Family Residence	3 Vacation/Short-Term Rental	5 1 2	nd		7 Self-	Rental				
-	ti-Family Residence	4 Commercial		ovalties			r (describe)			
ncom		Properties:			Α	0 Othe	E			С	
3			3		~	350.	-	•			
4		· · · · · · · · · · · · ·	4			550.					
Expen			-								
5			5								
6	-	nstructions)	6								
7			7			940.					
8			8			510.					
9			9								
10		ssional fees	10								
11			11			700.					
12	-	d to banks, etc. (see instructions)	12			700.					
13	·		13								
14			14		2	,250.					
15			15			, <u>230.</u> ,100.					
16			16		2	,100.					
17			17		1	,900.					
18		or depletion	18		± ,	, 500.					
19	Other (list)		19								
20		ines 5 through 19	20		7	,890.					
		•			1	,000.					
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
			21		-7	,540.					
22		estate loss after limitation, if any,	<u> </u>		• •						
		structions)	22	(-7.	540.)	()	()
23a		eported on line 3 for all rental prope				23a	\ \	350.			/
b		eported on line 4 for all royalty prop				23b					
c		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e		7,890.			
24		e amounts shown on line 21. Do no						. 24			
25		sses from line 21 and rental real estate					al losses hei		(7,5	40.)
26		ate and royalty income or (loss).								, ,	/
20		V, and line 40 on page 2 do not									
		40), line 5. Otherwise, include this ar								-7,	540.

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.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

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2

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2020 Attachment Sequence No. 55

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your taxpayer identification number

NIHITH MANDAVA

748-08-4115

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)	
i				
ii				
iii				
iv				
v				
•				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)	2	-	
3	Qualified business net (loss) carryforward from the prior year	3 () 4	-	
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)		5	
0	(see instructions)	6 8.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior			
	year	7 ()	-	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	8 8.		
9	or less, enter -0		9	2.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10	2.
11	Taxable income before qualified business income deduction	11 65,910.		
12	Net capital gain (see instructions)	12 28.		
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	13,176.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return		15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0		16	$\frac{2.}{(0.)}$
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			0.)
	zero, enter -0		17	(0.)
For Privacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/01/21 PRO				Form 8995 (2020)