Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Secolar Security number JATPAL REDDY PADAMATI 049-75-3646 Secolar source Secolar Security number 967-91-8580 967-	Submission Identification Number (SID)		:	
Souuse's social security number Souuse's social security number Source's social security number 967-91-8580 Part Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)	Taxpayer's name	Social securit	y number	
Part Tax Reum Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)	JAIPAL REDDY PADAMATI	049-75-	-3646	
Enter whole dollars only on lines it through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Spouse's name	Spouse's soc	ial security number	
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	MONICA KASIREDDY	967-91	-8580	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 10, 386. 2 Amount you want refunded to you 4 4 4, 382. 5 Amount you want refunded to you 10 4 4 4, 382. 5 Amount you want refunded to you 10 4 4 4, 382. 5 Amount you want refunded to you 10 5 5 2 Total tax 10 7, 204. 10 4 4 4 4, 382. 5 Amount you want refunded to you 11 4 4 4, 382. 5 Amount you want refunded to you 12 5 5 2 Total tax 10 7, 204. 13 6 Amount you want refunded to you 12 6 5 4 4 4 4, 382. 5 Amount you want refunded to you 13 6 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	Part I Tax Return Information — Tax Year Ending December 31, 2020 (Er	iter year you a	re authorizing.)
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 5 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 5 Federal income tax withheld from Form(s) 1099 5 Federal income tax return (original or amended) 1 am now authorizing and, if applicable, my England Federal Income Education Income I	Enter whole dollars only on lines 1 through 5.			
2 7, 204. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
Amount you want refunded to you	1 Adjusted gross income		1 88	,755.
Amount you want refunded to you 5 Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 from 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 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 received to reason for rejection 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 payment of the U.S. Treasury in the IRS (a) an acknowledgement of a submitted tax, and the financial Institution to the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date to any refund. If applicable, I authorize the U.S. Treasury Financial Agent at a submitted tax, and the financial Institution to the U.S. Treasury Financial Agent at a submitted tax, and the financial Institution the U.S. Treasury Financial Agent at a submitted to the payment of the electronic payment of the submitted to the payment 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. □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only			2 7	,204.
Amount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalizes of perjury, 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, 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, and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for orany 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 (clare debt) entry to the financial institution account inflicted the entry to this account. This payment of the delay of the processing the received and the entry to the second that the 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. 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	3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 10	,386.
Part II	4 Amount you want refunded to you		4 4	,382.
Under penalties of perjuy, 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 whe har amounts from the lincome 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 (e) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termination 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 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 account. This is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termination account on To revoke (cancel) a payment. I must contact the U.S. Treasury Financial Agent at 1-888-353-4637. Payment cancellation requests must be received no later than 2 payment of the payment (estiment) 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 in my signature for 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			_	
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 the reduced tax, and the financial institution of 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 to terminate the authorization. To revoke (cancel) a payment, and the submitted of the payment (and the processing of the electronic payment of the payment (and the processing of the electronic payment of the payment) and the processing of the electronic payment of the payment (and the processing of the electronic payment of the payment) and the prevail information necessary to answer inquiries and resolve issues related to the payment. I turther 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 Winderwal Consent. **Taxpayer's PIN: check one box only**	Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of your retu	rn)
Taxpayer's PIN: check one box only	return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trar to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize th Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminal payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended)	rejection of the tree U.S. Treasury are indicated in the tatution to debit the hate the authorizate requests must be the processing of the payment. I furt	anic return origina ansmission, (b) that its designated as preparation sof entry to this accountry to this accountry to the received no late the electronic paher acknowledge	tor (ERO) ne reason Financial itware for bunt. This cancel) a er than 2 syment of that the
I authorize GLOBAL TAXES LLC 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 ▶ Date ▶ 4/12/2021 Spouse's PIN: check one box only ☐ I authorize GLOBAL TAXES LLC to enter or generate my PIN				
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 Date 4/12/2021	X I authorize GLOBAL TAXES LLC to enter or general	ite my PIN └── Ent	er five digits, but	as my
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Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC	if you are entering your own PIN and your return is filed using the Practitioner PIN m			
Spouse's signature Certification and Authentication - Practitioner PIN Method Only 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 IRS e-file Providers of Individual Income Tax Returns. To enter or generate my PIN 1 8 5 8 0 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 Method Returns Only—continue below Part III Certification and Authentication - Practitioner PIN Method Only 5 8 7 2 7 8 6 1 9 8 9	Your signature ▶ Date ▶	4/12/2	2021	
Spouse's signature Certification and Authentication - Practitioner PIN Method Only 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 IRS e-file Providers of Individual Income Tax Returns. To enter or generate my PIN 1 8 5 8 0 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 Method Returns Only—continue below Part III Certification and Authentication - Practitioner PIN Method Only 5 8 7 2 7 8 6 1 9 8 9	Snouse's PIN: check one how only			
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 ► K. Monica Date ► 4/12/2021 Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 ►	· _	ato my DIN 1	8 5 8 0	ac my
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Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m			
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros 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 ▶	Editor Date P	-	021	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros 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		ow		
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	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su	ıbmitting this retu	rn in accordance	
	EDO's signature			

Don't Submit This Form to the IRS Unless Requested To Do So

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

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your dependent	name of								-	
Your first name	and m	iddle initial	Last na	me					Yo	our so	cial securit	y number
JAIPAL 1	REDD	Y	PADA	MATI					0	49-	75-364	6
If joint return, s	pouse's	s first name and middle initial	Last na	me					Sp	ouse'	s social sec	curity number
MONICA			KASI	REDDY					9	67-	91-858	0
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pr	eside	ntial Election	on Campaign
104 CAD	WALA	DER CIR									nere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP	code				tly, want \$3 Checking a
Exton					P	A	19	9341			ow will not	
Foreign country	y name		F	Foreign province/state	e/coun	ty	For	eign postal co	de yo	our tax	or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquir	e any	financial int	erest in	n any virtual	curre	ncy?	Yes	X No
Standard Deduction	_	eone can claim:					nt					
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind S	oouse	: Was	born b	efore Janua	ry 2, 1	956	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social securi	tv	(3) Relation	nship	(4) 🗸	if qualif	fies fo	r (see instru	ctions):
If more		irst name Last name		number	-,	to yo		Child ta		- 1		her dependents
than four												
dependents,											[
see instruction and check	s —										[
here ►												
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	9	93,358.
Attach	2a	Tax-exempt interest	2a		b T	axable inte	rest			2b		132.
Sch. B if required.	3a	Qualified dividends	3a	339.	b C	ordinary div	idends			3b		348.
	4a	IRA distributions	4a		b T	axable amo	ount .			4b		
	5a	Pensions and annuities	5a		b T	axable amo	ount .			5b		
Standard	6a	Social security benefits	6a		b T	axable amo	ount .			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	quired	, check her	е.	•		7		2,668.
Married filing	8	Other income from Schedule 1, lir	ne 9							8	-	-7,501.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come					9	3	39,005.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. Se	e inst	ructions	10b	2	250.			
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	inco	me				100		250.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross inc	ome					11	3	38,755.
If you checked	12	Standard deduction or itemized	deducti	i ons (from Schedu	le A)					12	: 2	24,800.
any box under Standard	13	Qualified business income deduct	tion. Atta	ich Form 8995 or F	orm 8	995-A .				13		2.
Deduction, see instructions.	14	Add lines 12 and 13								14		24,802.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	s, ente	er-0				15		53,953.

Form 1040 (2020)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	7,204.
	17	Amount from Schedule 2, lin					_	17	
	18	Add lines 16 and 17						18	7,204.
	19	Child tax credit or credit for	other dependen	ts				19	
	20	Amount from Schedule 3, lin	ne 7					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,204.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			23	0.
	24	Add lines 22 and 23. This is							7,204.
	25	Federal income tax withheld	from:						,
	а	Form(s) W-2				25a 1	0,386		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,386.
If you have a	26	2020 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit. A				28			
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		29			
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1,200		
	31	Amount from Schedule 3, lin				31	•		
	32	Add lines 27 through 31. The				able credits .	>	32	1,200.
	33	Add lines 25d, 26, and 32. T							11,586.
Defined	34	If line 33 is more than line 24	•						4,382.
Refund	35a	Amount of line 34 you want				*		35a	4,382.
Direct deposit?	▶b	Routing number 0 3 1					Saving	s	
See instructions.	►d	Account number 3 8 3	0 1 3 8	1 1 3 2					
	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 amo	ount you owe	now		•	37	
You Owe		Note: Schedule H and Sch	· ·	•	•	of the taxes you	owe fo	or	
For details on how to pay, see		2020. See Schedule 3, line 1				1 1			
instructions.	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another	•			. —	Complete	e helow	X No
Designee		signee's		Phone			•	ntification	
		me ▶		no. ▶			nber (PIN		
Sign		der penalties of perjury, I declare t							
Here		ief, they are true, correct, and com ur signature	piete. Declaration (Date	Your occupation	ased on all illionna			nt you an Identity
	,				Tour occupation				IN, enter it here
Joint return?		Plet		4/12/2021	SOFTWARE 1	ENGINEER	(se	ee inst.) 🕨	
See instructions. Keep a copy for	Spe	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.	,	K. Monica		4/12/2021	HOMEMAKER			entity Prot ee inst.) ▶	ection PIN, enter it here
	———Pho	one no.		Email address	ПОПЕНЕННЕ		,		
		eparer's name	Preparer's signat	l .		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/12/2021	P020	82703	Self-employed
Preparer		m's name ▶ GLOBAL TA							(678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	q GA 30041			rm's EIN	
Go to www ire a		11040 for instructions and the late			BAA	REV 04/02/21 PF		5 = 11 + 7	Form 1040 (2020)
	,. 0111		or information.		DAM	11L V U4/U2/21 FF			10111 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

JAIPAL REDDY

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

PADAMATI & MONICA KASIREDDY

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

Sequence No. 01
Your social security number
049-75-3646

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	-201.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,300.
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	7
Par	t II Adjustments to Income	9	-7,501.
		40	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

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

OMB No. 1545-0074 Attachment Sequence No. 09

Department of the Treasury

Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

	f proprietor						security number (SSN)
	PAL REDDY PADAMATI						-75-3646
Α	Principal business or profession SOFTWARE TECHNOLOG				uctions)		er code from instructions ▶ 5 4 1 9 9 0
С	Business name. If no separate	busine	ss name, leave blank.			1	ployer ID number (EIN) (see instr.)
	OPENSOFTGROUP LLC					8 6	1 3 0 7 6 2 8
E	Business address (including s	uite or r	room no.) ► 8454 NEW	FANE	RD		
	City, town or post office, state	e, and Z		E, N	TC 28269		
F		≺ Cash			Other (specify)		
G					2020? If "No," see instructions for I		
Н	•		•				
l					n(s) 1099? See instructions		
J	If "Yes," did you or will you file	e require	ed Form(s) 1099?				Yes No
Part							
1	-				this income was reported to you or	1	
2	Returns and allowances					. 2	
3	Subtract line 2 from line 1 .					. 3	
4							
5							
6			•		refund (see instructions)		
7	Gross income. Add lines 5 at	nd 6 .	<u> </u>			7	
Part			for business use of you				
8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see			19	Pension and profit-sharing plans	. 19	
	instructions)	9		20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipmen		
11	Contract labor (see instructions)	11		b	Other business property		1
12 13	Depletion	12		21	Repairs and maintenance		
	expense deduction (not			22	Supplies (not included in Part III) Taxes and licenses		
	included in Part III) (see	13		24	Travel and meals:	. 23	
4.4	instructions)	13		a a	Travel	. 24a	
14	Employee benefit programs (other than on line 19)	14		b	Deductible meals (see	240	
15	Insurance (other than health)	15		В	instructions)	. 24b	
16	Interest (see instructions):	10		25	Utilities		201.
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		
b	Other	16b		27a	Other expenses (from line 48) .		
17	Legal and professional services	17		b	Reserved for future use		
28	Total expenses before expen		business use of home. Add			28	201.
29	Tentative profit or (loss). Subtr	ract line	28 from line 7			. 29	-201.
30	Expenses for business use o	of your l	home. Do not report these	expe	nses elsewhere. Attach Form 8829)	
	unless using the simplified me	ethod. S	See instructions.				
	Simplified method filers only	/: Enter	the total square footage of	(a) you	r home:	_	
	and (b) the part of your home	used fo	r business:		. Use the Simplified		
	Method Worksheet in the instr	ructions	to figure the amount to ent	ter on I	ine 30	. 30	
31	Net profit or (loss). Subtract	line 30	from line 29.		1		
	• If a profit, enter on both So checked the box on line 1, see				, , ,	31	-201.
	• If a loss, you must go to lin	ne 32.			J	_	
32	If you have a loss, check the b	oox that	describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter to SE, line 2. (If you checked the Form 1041, line 3.	box on	line 1, see the line 31 instruc	tions).	Estates and trusts, enter on	32a 32b	All investment is at risk. Some investment is not at risk.
	 If you checked 32b, you mu 	IST attac	CH FORM 6198. YOUR loss ma	av ne l	irriirea.		

Schedule C (Form 1040) 2020 Page **2**

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
			xplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor of "Yes," attach explanation	-	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		r truc	k expenses 3 to find out	on line 9 : if you must
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your	vehicl	e for:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?		Tyes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tyes	☐ No
47a	Do you have evidence to support your deduction?		Tyes	☐ No
b	If "Yes," is the evidence written?		Yes	☐ No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30).	
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 049-75-3646 JAIPAL REDDY PADAMATI & MONICA KASIREDDY

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

	instructions for how to figure the amounts to enter on the s 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 le 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	15,968.	13,370.	-2	24.	2,374.
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					
4	Short-term gain from Form 6252 and short-term gain or (le	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	y, from line 8 of y	our Capital Loss 	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	2,374.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, 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 Box D checked	526.	232.			294.
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	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	-		14	(
15	Net long-term capital gain or (loss). Combine lines 88 on the back	•	. ,		15	294.

BAA

Schedule D (Form 1040) 2020 Page **2**

Part III **Summary** 2,668. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? 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 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

8949

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074 Attachment Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

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

PADAMATI & MONICA KASIREDDY 049-75-3646 JAIPAL REDDY broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions 07/10/20 08/27/20 15,968. 13,370. EW -2242,374.

ROBINHOOD SECURITIES LLC 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶ 15,968. 13,370. -224. 2,374.

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

Form 8949 (2020) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

JAIPAL REDDY PADAMATI & MONICA KASIREDDY

above is checked), or line 10 (if Box F above is checked) ▶

049-75-3646

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

✗ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on l	Form(s) 1099	-B showing bas	•	,	•	e)
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) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	05/25/19	08/27/20	526.	232.			294.
2 Totals. Add the amounts in columns							
negative amounts). Enter each total Schedule D, line 8b (if Box D above							

Note: If you checked Box D 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.

526.

232.

294.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Sequence No. 13

Department of the Treasury Internal Revenue Service (99)

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

Attachment

Name(s) shown on return Your social security number JAIPAL REDDY 049-75-3646 PADAMATI & MONICA KASIREDDY Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α VANASTHALIPURAM HYDERABAD IN 500070 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 0 Α Α qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 600. 3 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 600. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 900. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 1,600. 15 2,450. 15 Supplies . Taxes 16 16 17 17 2,350. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 7,900. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -7,300.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -7,300.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 7,900. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 7,300. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -7,300.

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

Internal Revenue Service Name(s) shown on return

Department of the Treasury

JAIPAL REDDY PADAMATI & MONICA KASIREDDY Your taxpayer identification number 049-75-3646

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		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	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
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)			
7	(see instructions)	6 8.	-	
,	year	7 (
8	Total gualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	- ()	-	
	or less, enter -0	8 8.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	2.
10	Qualified business income deduction before the income limitation. Add lines 5 an	d 9	10	2.
11	Taxable income before qualified business income deduction	11 63,955.		
12		12 633.		
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	12,664.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also		,	
40	the applicable line of your return		15	2.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a	•	17	(0.
	zero, enter -0		17	Corm 8005 (2020)

Additional information from your 2020 Federal Tax Return

Schedule C (SOFTWARE TECHNOLOGY DEVELOPMENT SERVICES): Profit or Loss from Business Line 25 Itemization Statement

Description	Amount
ORDER CHARGES	177.
DOMAIN REGISTRATIONS	24.
Total	201.