

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial MAHENDER	Last name MOTAKATLA	Your social security number 658-46-0910
If joint return, spouse's first name and middle initial SWATHI	Last name ETIKALA	Spouse's social security number 742-60-6690
Home address (number and street). If you have a P.O. box, see instructions. 34490 FELIX TERRACE		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. FREMONT		State CA
Foreign country name		ZIP code 94555
Foreign province/state/county		Foreign postal code

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

**Dependents** (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
	AVYAN REDDY	MOTAKATLA	692-87-3888	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	126,016.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 9 . . . . .	<b>8</b>	7,720.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	133,736.
	<b>10</b> Adjustments to income:		
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>	546.
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	546.
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	133,190.
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	24,800.
	<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	24,800.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	108,390.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	15,426.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	15,426.
19	Child tax credit or credit for other dependents	19	2,000.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,426.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	1,091.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	14,517.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,659.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,659.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	14,659.

• If you have a qualifying child, attach Sch. EIC.  
 • If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	142.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	142.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 5 8 6 0 3 6 2 5 7 5 0 3		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation QA REGULATORS	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/11/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MAHENDER MOTAKATLA & SWATHI ETIKALA

Your social security number  
658-46-0910

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	7,720.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	7,720.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	546.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	546.

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MAHENDER MOTAKATLA & SWATHI ETIKALA

**Your social security number**  
658-46-0910

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	1,091.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>	1,091.

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

BAA

REV 02/07/21 PRO

Schedule 2 (Form 1040) 2020

DONOR

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>MAHENDER MOTAKATLA</b>		Social security number (SSN) 658-46-0910
<b>A</b> Principal business or profession, including product or service (see instructions) IT	<b>B</b> Enter code from instructions ▶ 9   9   9   9   9   9	
<b>C</b> Business name. If no separate business name, leave blank. IT	<b>D</b> Employer ID number (EIN) (see instr.) 	
<b>E</b> Business address (including suite or room no.) ▶ 34490 FELIX TERRACE City, town or post office, state, and ZIP code FREMONT, CA 94555		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2020, check here		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	▶ <input type="checkbox"/>	<b>1</b>	36,200.
<b>2</b> Returns and allowances . . . . .		<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	36,200.
<b>4</b> Cost of goods sold (from line 42) . . . . .		<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>	36,200.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .		<b>7</b>	36,200.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	1,500.
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	16,790.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	6,615.
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	2,250.
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>	825.	<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	500.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .			<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>	28,480.
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	7,720.
			<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>	
			<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	7,720.
			<b>32a</b> <input type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		



**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)  
**MAHENDER MOTAKATLA**

Social security number of person  
with **self-employment** income ► **658-46-0910**

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 7,720.

**3** Combine lines 1a, 1b, and 2 **3** 7,720.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 7,129.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 7,129.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

**6** Add lines 4c and 5b **6** 7,129.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 **7** 137,700

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a** 112,121.

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d** 112,121.

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 25,579.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 884.

**11** Multiply line 6 by 2.9% (0.029) **11** 207.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 1,091.

**13** **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** **13** 546.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, **or (b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods **14** 5,640

**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,640. Also, include this amount on line 4b above **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 **16**

**17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Part III Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

<b>18</b>	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>18</b>	0.
<b>19</b>	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	<b>19</b>	
<b>20</b>	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . . . .	<b>20</b>	
<b>21</b>	Combine lines 19 and 20 . . . . .	<b>21</b>	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
<b>22</b>	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>22</b>	
<b>23</b>	Multiply line 22 by 92.35% (0.9235) . . . . .	<b>23</b>	0.
<b>24</b>	Add lines 21 and 23 . . . . .	<b>24</b>	0.
<b>25</b>	Enter the smaller of line 9 or line 24 . . . . .	<b>25</b>	0.
<b>26</b>	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . . . .	<b>26</b>	0.

BAA

REV 02/07/21 PRO

Schedule SE (Form 1040) 2020

DO NOT MAIL



**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status*

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
▶ **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment Sequence No. **70**

Taxpayer name(s) shown on return MAHENDER MOTAKATLA & SWATHI ETIKALA	Taxpayer identification number 658-46-0910
Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703	

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
  - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of this Form 8867.
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
    3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
    5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Forms 1099-MISC / 1099-NEC Summary**

**2020**

▶ Keep for your records

Name(s) Shown on Return  
MAHENDER MOTAKATLA & SWATHI ETIKALA

Social Security Number  
658-46-0910

Box	Description	Taxpayer	Spouse	Total
<b>Form 1099-MISC Summary</b>				
1	Total Rents . . . . .			
	▶ Schedule C . . . . .			
	▶ Schedule E . . . . .			
	▶ Form 4835 . . . . .			
	▶ Other Income . . . . .			
2	Total Royalties . . . . .			
	▶ Schedule C . . . . .			
	▶ Schedule E . . . . .			
3	Total Other income . . . . .			
	▶ Schedule C . . . . .			
	▶ Schedule F . . . . .			
	▶ Form 4835 . . . . .			
	For Form 1040:			
	▶ Winnings (Prizes, etc.) . . . . .			
	▶ Tribal Gaming . . . . .			
	▶ Alaska Permanent Fund . . . . .			
	▶ Other Income . . . . .			
4	Federal tax withheld . . . . .			
5	Fishing boat proceeds . . . . .			
6	Medical and health care payments . . . . .			
8	Substitute payments . . . . .			
9	Total Crop insurance proceeds . . . . .			
	▶ Schedule F . . . . .			
	▶ Form 4835 . . . . .			
10	Gross proceeds paid to an attorney . . . . .			
	▶ Taxable amount . . . . .			
12	Section 409A deferrals . . . . .			
13	Excess golden parachute payments . . . . .			
14	Nonqualified deferred compensation . . . . .			
15	State tax withheld — total . . . . .			
<b>Total</b>	Boxes 1-3, 5-14 . . . . .			
<b>Form 1099-NEC Summary</b>				
1	Total Nonemployee compensation . . . . .		36,200.	36,200.
	▶ Schedule C . . . . .		36,200.	36,200.
	▶ Schedule F . . . . .			
	▶ Wages . . . . .			
	▶ Other Income . . . . .			
4	Federal tax withheld . . . . .			
5	State tax withheld — total . . . . .			



# Car and Truck Expenses Worksheet

**2020**

▶ Keep for your records

Sch C IT

Name(s) Shown on Return  
MAHENDER MOTAKATLA & SWATHI ETIKALA

Social Security Number  
658-46-0910

Vehicle Information Complete for all vehicles	Vehicle 1	Vehicle 2	Vehicle 3
<b>1</b> Make and model of vehicle . . . . .	ACURA ILX		
<b>2</b> Date acquired . . . . .	06/17/17		
<b>3</b> Date placed in service . . . . .	06/17/2017		
<b>4</b> Type of vehicle . . . . .	A1 - Auto		
<b>5 a</b> Ending mileage reading . . . . .	100,000		
<b>b</b> Beginning mileage reading . . . . .	70,000		
<b>c Total miles</b> for the year . . . . .	30,000		
<b>6</b> Business miles for the year . . . . .	29,200		
<b>7</b> Commuting miles for the year . . . . .			
<b>8</b> Other personal miles for the year . . . . .	800		
<b>9</b> Percent of business use . . . . .	97.33 %		
<b>10</b> Months for special allocation. See Tax Help . . . . .			
<b>11</b> Is another vehicle available for personal use? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12</b> Was the vehicle available for personal use during off-duty hours? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14 a</b> Is there evidence to support the business use claimed? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If 'Yes,' is the evidence written? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Standard Mileage Rate

<b>15</b> Does vehicle qualify for standard mileage rate? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16</b> Was the vehicle leased? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>17 Standard mileage deduction</b> . . . . .	16,790.		

### Actual Expenses

<b>18</b> Expenses:			
<b>a</b> Gasoline, oil, repairs, insurance, etc . . . . .			
<b>b</b> Vehicle registration, license (excluding property taxes) . . . . .			
<b>c</b> Vehicle lease or rental fees:			
<b>1</b> 30 days or more . . . . .			
<b>2</b> 29 days or less . . . . .			
<b>3</b> Total vehicle lease/rental fees . . . . .			
<b>d</b> Leased vehicle inclusion amount:			
<b>1</b> Year lease began . . . . .			
<b>2</b> FMV of leased vehicle . . . . .			
<b>3</b> Number of lease days in year . . . . .			
<b>4</b> Inclusion amount . . . . .			
<b>19</b> Expenses subtotal . . . . .			
<b>20</b> Expenses applicable to business . . . . .			
<b>21</b> Vehicle depreciation and Sec 179 (from page 2) . . . . .			
<b>22 Total actual expenses</b> . . . . .			

### Standard Mileage vs Actual Expenses

Check box to force a method

<b>23</b> Standard mileage . . . . .	<input type="checkbox"/> 16,790.	<input type="checkbox"/>	<input type="checkbox"/>
<b>24</b> Actual expenses . . . . .			

<b>Total Car and Truck Expenses</b> Complete for all vehicles		<b>Vehicle 1</b> ACURA ILX	<b>Vehicle 2</b>	<b>Vehicle 3</b>
<b>25</b>	Line 23 or line 24 . . . . .	16,790.		
<b>26</b>	Additional expenses:			
<b>a</b>	Business-related parking fees, tolls, etc . . . . .			
<b>b</b>	Property taxes (including property tax portion of registration) . . . . .			
<b>c</b>	Less personal portion of property taxes . . . . .			
<b>d</b>	Interest on vehicle . . . . .			
<b>e</b>	Less personal portion of vehicle interest . . . . .			
<b>27</b>	Total expenses . . . . .	16,790.		
<b>28</b>	Less business portion of lease or rental fees less inclusion amount (if actual expenses) . . . . .			
<b>29</b>	Less business portion of depreciation (if actual expenses) . . . . .			
<b>30</b>	Total car and truck expenses . . . . .	16,790.		

**Vehicle Depreciation Information** – Complete for Actual Expenses only

<b>31</b>	Cost or basis . . . . .			
<b>32</b>	Section 179 expense elected . . . . .			
<b>33</b>	Depreciation and Sec 179 limit for automobiles . . . . .			
<b>34 a</b>	<b>Economic Stimulus</b> - Qualified Property . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1</b>	If yes, and if placed in service after 9/27/17, was this property acquired after 9/27/17? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>2</b>	For post 9/27/17, elect 50% in place of 100% Special Depreciation Allowance . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>b</b>	<b>Qualified Disaster Area</b> - Qualified Property . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	<b>Kansas Disaster Zone</b> - Qualified Property . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b>	<b>Gulf Opportunity Zone</b> - Qualified Property . . . . .	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No
<b>e</b>	Percentage for Special Depr Allowance . . . . .	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
<b>f</b>	Elect OUT of Special Depr Allowance . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>g</b>	Elect 30% in place of 50% Allowance . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>h</b>	<b>QuickZoom</b> to Election Stmt . . . . .			
<b>i</b>	Special Depreciation Allowance . . . . .			
<b>j</b>	AMT Special Depreciation Allowance . . . . .			
<b>35</b>	Prior depreciation . . . . .			
<b>36</b>	<b>Depreciation deduction</b> . . . . .			
<b>37</b>	Alternative minimum tax prior depreciation . . . . .			
<b>38</b>	AMT depreciation deduction . . . . .			
<b>39</b>	AMT adjustment/preference . . . . .			
<b>40</b>	<b>QuickZoom</b> to Asset Life History . . . . .			
<b>MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion</b>				
<b>41</b>	Elect OUT of regs under Sec 1.168(i)-6(i) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>42</b>	If asset represents entire basis of replacement property, enter excess basis . . . . .			
<b>Pre-02/28/04 transactions only (See TaxHelp):</b>				
<b>43</b>	Asset ID (Enter same ID on all related assets) . . . . .			
<b>44</b>	Check if asset represents exchanged basis of replacement property . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>45</b>	Total basis of all related parts . . . . .			

State Depreciation – Complete for Actual Expenses only

- 46 QuickZoom to select or delete states . . . . . ▶ \_\_\_\_\_
- 47 a State (CA info must be entered in CA state return, do not enter here) . . . . . \_\_\_\_\_
- b Asset status . . . . . \_\_\_\_\_
- c Vehicle description . . . . . \_\_\_\_\_
- d Vehicle number . . . . . \_\_\_\_\_
- e State cost or basis . . . . . \_\_\_\_\_
- f State Section 179 deduction . . . . . \_\_\_\_\_
- g State Section 179 deduction allowed (enter for dispositions only) . . . . . \_\_\_\_\_
- h State Special Depreciation Allowance . . . . . \_\_\_\_\_
- i State asset class . . . . . \_\_\_\_\_
- j State depreciation method . . . . . \_\_\_\_\_
- k State MACRS convention . . . . . \_\_\_\_\_
- l State recovery period . . . . . \_\_\_\_\_
- m State depreciable basis . . . . . \_\_\_\_\_
- n State prior depreciation . . . . . \_\_\_\_\_
- o State depreciation deduction . . . . . ▶ \_\_\_\_\_
- p If this asset represents entire basis of replacement property, enter excess basis . . . . . \_\_\_\_\_
- q Form 8824: If luxury auto, enter depreciation at 100% business use . . . . . \_\_\_\_\_
- r State gain/loss basis, if different from state cost . . . . . \_\_\_\_\_
- o Include vehicle in state return . . . . .  Yes  No

Disposition of Vehicle Complete for all vehicles	Vehicle 1 ACURA ILX	Vehicle 2	Vehicle 3
47 Date of disposition . . . . .			
48 Sales price (business portion only) . . . . .			
49 Expense of sale (business portion only) . . . . .			
50 Sec 179 deduction allowed . . . . .			
51 Double-click to link sale to Form 6252 . . . . .			
52 Reserved			
53 Gain/loss basis, if diff from ln 30 (enter 100%) . . . . .			
54 AMT gain/loss basis, if diff from ln 77 (100%) . . . . .			
55 Depreciation allowed or allowable . . . . .			
56 AMT depreciation allowed or allowable . . . . .			
57 Gain or loss . . . . .			
58 Alternative minimum tax gain or loss . . . . .			
59 Part of Form 4797 to which gain/loss carries . . . . .			

Detail Vehicle Depreciation Information – Complete for Actual Expenses only

60 Subject to auto limitations? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61 Truck or van? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62 Electric passenger vehicle? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63 Heavy SUV? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64 Listed property? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65 Eligible for Sec 179 (current yr assets only)? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66 Use IRS tables for MACRS property? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67 Qualified Indian reservation property? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68 Used Property? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69 Depreciation type . . . . .						
70 Asset class . . . . .						
71 Depreciation method . . . . .						
72 Convention (HY assumed for MACRS property) . . . . .						
73 QZ to set 2020 convention . . . . . ▶						
74 Recovery period . . . . .						
75 Year of depreciation . . . . .						
76 Depreciable basis . . . . .						
77 Alternative minimum tax basis, if diff from ln 30 . . . . .						
78 Alternative minimum tax depreciation method . . . . .						
79 Alternative minimum tax recovery period . . . . .						
80 Alternative minimum tax depreciable basis . . . . .						

**Section 199A (QBI Deduction) attributes**

If this asset belongs to a qualified business under Section 199A, the following attributes will be used to calculate the deduction for the qualified business.

UBIA for this asset . . . . .	0.	0.	0.
This asset is ineligible for UBIA . . . . .			
Gains/(losses) from disposition of asset			
Short term gain/(loss) . . . . .	0.	0.	0.
Ordinary income from depreciation recapture . . . . .	0.	0.	0.
Long term gain/(loss) . . . . .	0.	0.	0.
Gain/(loss) is not eligible for 199A deduction . . . . .			

DO NOT MAIL



**Additional information from your 2020 Federal Tax Return**

**Schedule C (IT): Profit or Loss from Business**

**Line 18**

**Itemization Statement**

Description	Amount
OFFICE MAINTENANCE	1,500.
<b>Total</b>	<b>1,500.</b>

**Schedule C (IT): Profit or Loss from Business**

**Line 21**

**Itemization Statement**

Description	Amount
CAR MAINTENANCE	1,200.
REPAIR	1,050.
<b>Total</b>	<b>2,250.</b>

**Schedule C (IT): Profit or Loss from Business**

**Ln 16b: Other Interest**

**Itemization Statement**

Description	Amount
INTERNET(137.47*6)	824.85
<b>Total</b>	<b>825.</b>

DO NOT MAIL

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include MAHENDER MOTAKATLA, SWATHI ETIKALA, 658-46-0910, and 742-60-6690.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 133,190 and 352.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- Checkboxes for PIN authorization: 'I authorize GLOBAL TAXES LLC to enter my PIN' (checked) and 'I will enter my PIN as my signature...'.

Your signature Date

Spouse's/RDP's PIN: check one box only

- Checkboxes for PIN authorization: 'I authorize GLOBAL TAXES LLC to enter my PIN' (checked) and 'I will enter my PIN as my signature...'.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 02/11/2021

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.**  
If amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2020 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE: Calendar Year – File and pay by April 15, 2021.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.  
**Do not mail this voucher if you use Web Pay.**

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

**2020**

**Payment Voucher for  
Individual e-filed Returns**

**3582 (e-file)**

658-46-0910 MOTA 742-60-6690  
MAHENDER MOTAKATLA  
SWATHI ETIKALA

20

34490 FELIX TERRACE  
FREMONT CA 94555

Amount of Payment

352.

# 2020 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

658-46-0910 MOTA 742-60-6690  
MAHENDER MOTAKATLA  
SWATHI ETIKALA

20 PBA 999999

34490 FELIX TERRACE  
FREMONT CA 94555

04-24-1982 04-11-1990

Principal Residence

Enter your county at time of filing (see instructions)

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . .

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here . . . . .

Filing Status

1  Single

4  Head of household (with qualifying person). See instructions.

2  Married/RDP filing jointly. See inst.

5  Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . .  6

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.  7  X \$124 =  \$  248

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. . . . .  8  X \$124 =  \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .  9  X \$124 =  \$

Your name:  Your SSN or ITIN:

**10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> AVYAN REDDY	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/> MOTAKATLA	<input type="radio"/>	<input type="radio"/>
SSN. See instructions.	<input type="radio"/> 692873888	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> SON	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions ..... ● 10  X \$383 = ● \$

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... ● 11 \$

**12** State wages from your federal Form(s) W-2, box 16 ..... ● 12  .00

**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13  .00

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. .... ● 14

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... ● 15  .00

**16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. .... ● 16

**17** California adjusted gross income. Combine line 15 and line 16. .... ● 17  .00

**18** Enter the larger of {  
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**  
 Your California **standard deduction** shown below for your filing status:  
 • Single or Married/RDP filing separately. .... \$4,601  
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202  
 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions ..... ● 18  .00

**19** Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- ..... ● 19  .00

**31** Tax. Check the box if from:  Tax Table  Tax Rate Schedule

●  FTB 3800 ●  FTB 3803 ..... ● 31  .00

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. .... ● 32  .00

**33** Subtract line 32 from line 31. If less than zero, enter -0- ..... ● 33  .00

**34** Tax. See instructions. Check the box if from: ●  Schedule G-1 ●  FTB 5870A. . . ● 34

**35** Add line 33 and line 34. .... ● 35  .00

**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... ● 40

**43** Enter credit name  code ●  and amount. . . ● 43

**44** Enter credit name  code ●  and amount. . . ● 44

Your name:  Your SSN or ITIN:

**Special Credits**

45 To claim more than two credits. See instructions. Attach Schedule P (540).  45  .00

46 Nonrefundable Renter's Credit. See instructions  46  .00

47 Add line 40 through line 46. These are your total credits  47  .00

48 Subtract line 47 from line 35. If less than zero, enter -0-  48  .00

**Other Taxes**

61 Alternative Minimum Tax. Attach Schedule P (540)  61  .00

62 Mental Health Services Tax. See instructions  62  .00

63 Other taxes and credit recapture. See instructions  63  .00

64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.  64  .00

65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax  65  .00

**Payments**

71 California income tax withheld. See instructions  71  .00

72 2020 CA estimated tax and other payments. See instructions  72  .00

73 Withholding (Form 592-B and/or 593). See instructions  73  .00

74 Excess SDI (or VPDI) withheld. See instructions  74  .00

75 Earned Income Tax Credit (EITC)  75  .00

76 Young Child Tax Credit (YCTC). See instructions  76  .00

77 Net Premium Assistance Subsidy (PAS). See instructions  77  .00

78 Add line 71 through line 77. These are your total payments. See instructions  78  .00

**Use Tax**

91 **Use Tax.** Do not leave blank. See instructions.  91  .00

If line 91 is zero, check if:  No use tax is owed.  You paid your use tax obligation directly to CDTFA.

**ISR Penalty**

92 Individual Shared Responsibility (ISR) Penalty. See instructions  92  .00

Full-year health care coverage.

**Overpaid Tax/Tax Due**

93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78  93  .00

94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91  94  .00

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.  95  .00

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92.  96  .00

Your name:  Your SSN or ITIN:

Overpaid Tax/Tax Due

- 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95.  97  .00
- 98 Amount of line 97 you want applied to your 2021 estimated tax  98  .00
- 99 Overpaid tax available this year. Subtract line 98 from line 97  99  .00
- 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65  100  .00

Contributions

	<b>Code</b>	<b>Amount</b>	
California Seniors Special Fund. See instructions	● 400	<input type="text"/>	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/>	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/>	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/>	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	<input type="text"/>	.00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/>	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	<input type="text"/>	.00
California Sea Otter Voluntary Tax Contribution Fund	● 410	<input type="text"/>	.00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/>	.00
School Supplies for Homeless Children Fund	● 422	<input type="text"/>	.00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/>	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/>	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/>	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/>	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/>	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/>	.00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/>	.00
<b>110</b> Add code 400 through code 444. This is your total contribution	● 110	<input type="text"/>	.00

Your name: MOTAKATLA Your SSN or ITIN: 658-46-0910

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. 111 352 .00 Pay Online - Go to ftb.ca.gov/pay for more information.

112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 113 .00
114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 352 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 115 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

116 Direct deposit amount. Routing number, Type (Checking/Savings), Account number.

117 Direct deposit amount. The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Routing number, Type (Checking/Savings), Account number.

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature, Date, Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address. Preferred phone number 5102035114

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02082703

Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN 301017196

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number