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

| | 10.10.100 | | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|
| Submi | ssion Identification Number (SID) | | | | | | | | |
| Taxpaye | r's name | Social securi | ty numl | per | | | | | |
| KRAN | THIKUMAR CHALAMALASETTI | 892-77-1798 | | | | | | | |
| Spouse's | s name | Spouse's social security number | | | | | | | |
| Part | Tax Return Information — Tax Year Ending December 31, (Enter | year you a | ro au | thorizin | ٦) | | | | |
| | whole dollars only on lines 1 through 5. | year you a | i e au | LITOTIZITI | <i>y.)</i> | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | |
| 1 | Adjusted gross income | | 1 | 6 | 6.0 | 50. | | | |
| 2 | Total tax | | 2 | | | 99. | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | | 32. | | | |
| 4 | Amount you want refunded to you | | 4 | | | 33. | | | |
| 5 | Amount you owe | | 5 | | | | | | |
| Part | | еер а сор | y of y | our ret | urn) | | | | |
| my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment of the income tax return (original or amended) I and the Institution of the Institu | e are the ametter, or electroction of the tr S. Treasury a cated in the tr n to debit the the authorizatests must be processing of ayment. I furi | ounts of conic recansmission of its of ax preparation. The receif the elastic output to the recans of the elastic output to the recans | from the inturn origing ssion, (b) designate paration so this acrossor or evoked no later thronic parationic parationic parationic parationic parationic parationic parationic parationic parationic paraticular designationic designationic paraticular designaticular designaticular designaticular designaticular designaticular design | nconnator the red Fin oftwa count (can ter to baym ge tha | ne tax (ERO) eason ancial are for t. This acel) a han 2 ent of at the | | | |
| | nic Funds Withdrawal Consent. yer's PIN: check one box only | | | | 7 | | | | |
| X | | my PINI 7 | 1 ' | 7 9 8 | | s my | | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | En | | digits, but er all zeros | | 3 IIIy | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | | | | |
| Your s | ignature ▶ Date ▶ | | | | | | | | |
| Snous | e's PIN: check one box only | | | | _ | | | | |
| Ороцо | I authorize to enter or generate | my PINI | | | 9 | s my | | | |
| | ERO firm name | _ | ter five | digits, but | _ | S IIIy | | | |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | | | | |
| Spous | e's signature ▶ Date ▶ | | | | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | | | | |
| Part | 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 Don't ent | 8 6 er all <i>ze</i> | | 8 9 | 9 | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir | x return (origi itting this retu | nal or urn in a | amended accordanc | | | | | |
| ERO's | signature ▶ Date ▶ | | | | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | o So | | | | | | | |

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

| Filing Status Check only one box. | If yo | Single Married filing jointly bu checked the MFS box, enter the son is a child but not your depende | name of y | ed filing separately your spouse. If you | | _ | | , | _ | | | | | |
|---|----------|--|---------------|--|---------------------------|--------------|------------|----------------|---------------------------------|---------------------------------|---------------------------|------------------------------|--|--|
| Your first name | and m | iddle initial | Last na | me | | | | | Your social security number | | | | | |
| KRANTHIKUMAR CH | | | | AMALASETTI | | | | | 89 | 892-77-1798 | | | | |
| If joint return, spouse's first name and middle initial Last na | | | | me | | | | | Spo | Spouse's social security number | | | | |
| | | er and street). If you have a P.O. box, se E CLUB DRIVE | e instruction | ons. | | | | Apt. no. | Ch | eck h | nere if you, | • | | |
| City, town, or p | ost offi | ce. If you have a foreign address, also o | complete s | paces below. | Sta | ite | ZIP | code | | | 0, | itly, want \$3 Checking a | | |
| TAMPA | | | | FL | | | | 33647 b | | | box below will not change | | | |
| Foreign country | y name | | F | Foreign province/state | e/coun | ty | For | eign postal co | de you | ır tax | or refund. | Spouse | | |
| At any time du | ıring 20 | 020, did you receive, sell, send, ex | change, c | or otherwise acquir | e any | financial in | nterest in | n any virtual | curren | cy? | Yes | ⊠ No | | |
| Standard Deduction | | neone can claim: | • | | | | ent | | | | | | | |
| Age/Blindness | s You | : Were born before January 2, | 1956 | Are blind S | oouse | : Was | born b | efore Januai | y 2, 19 | 956 | ☐ Is bli | ind | | |
| Dependents | s (see | instructions): | | (2) Social securi | ity | (3) Relati | onship | (4) 🗸 | if qualifies for (see instructi | | | ctions): | | |
| If more | | irst name Last name | | number to you | | | ou . | Child tax cred | | | | | | |
| than four | | | | | | | | | | | | | | |
| dependents, see instruction | | | | | | | | | | | | | | |
| and check | 5 — | | | | | | | |] | | | | | |
| here ▶ 🗌 | | | | | | | | | | | | | | |
| | _1_ | Wages, salaries, tips, etc. Attach | Form(s) \ | N-2 | | | | | | 1 | 7 | 70,780. | | |
| Attach | 2a | Tax-exempt interest | 2a | | b T | axable inte | erest | | | 2b | | | | |
| Sch. B if required. | 3a | Qualified dividends | 3a | | b (| Ordinary div | ds | | 3b | | | | | |
| | 4a | IRA distributions | 4a | | b Taxable amount . | | | | | 4b | | | | |
| | 5a | Pensions and annuities | 5a | | b T | axable am | ount . | | | 5b | | | | |
| Standard | 6a | Social security benefits | 6a | | b T | axable am | ount . | | | 6b | | | | |
| Deduction for— | 7 | Capital gain or (loss). Attach Sch | edule D if | ule D if required. If not required, check here | | | | | | 7 | | 20. | | |
| Single or Married filing | 8 | Other income from Schedule 1, li | ne 9 | e9 | | | | | | | - | -4,500. | | |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7 | , and 8. T | his is your total in | come | | | | • | 9 | (| 56,300. | | |
| Married filing | 10 | Adjustments to income: | | | | | | | | | | | | |
| jointly or Qualifying | а | From Schedule 1, line 22 | | | | | | | | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take the standard deduction. See instructions 10b 250. | | | | | | | | | | | | |
| €24,600 Head of | С | Add lines 10a and 10b. These are your total adjustments to income | | | | | | | | 100 | ; | 250. | | |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This is your adjusted gross income | | | | | | | | 11 | 6 | 56,050. | | |
| If you checked | 12 | Standard deduction or itemized | d deducti | ions (from Schedu | le A) | | | | | 12 |] | 12,400. | | |
| any box under Standard | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | | | | | | | | | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | | 14 | 14 12,400. | | | |
| See monuctions. | 15 | Taxable income. Subtract line 1 | 4 from lin | e 11. If zero or less | s, ente | er -0 | | | | 15 | - 5 | 53,650. | | |

| Form 1040 (2020 |)) | | | | | | | | | Page | |
|---|--------------------|---|-----------------------|-------------------|-----------------------|-----------|-----------------|-----------------------|--|-------------------------|--|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | | 16 | 7,599. | |
| | 17 | Amount from Schedule 2, lin | ne 3 | | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 7,599. | |
| | 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 | 7,599. | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | 2, line 10 . | | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | . • | 24 | 7,599. | |
| | 25 | Federal income tax withheld | from: | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 10 | 332. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | , | | | | | | 25d | 10,332. | |
| | 26 | 2020 estimated tax payment | | | | | | | 26 | , | |
| If you have a L qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | | |
| attach Sch. EIC. • If you have | 28 | Additional child tax credit. A | | | | 28 | | | | | |
| nontaxable | 29 | American opportunity credit | | | | 29 | | | - | | |
| combat pay, see instructions. | 30 | Recovery rebate credit. See | | • | | 30 | | | _ | | |
| | 31 | Amount from Schedule 3. lin | | | | 31 | | | _ | | |
| | 32 | Add lines 27 through 31. These are your total other payments and refundable credits | | | | | | | | | |
| | 33 | Add lines 25d, 26, and 32. T | • | | | | | | 32 | 10,332. | |
| | 34 | If line 33 is more than line 24 | | | | | | | 34 | 2,733. | |
| Refund | 35a | | | | | • | - | · · | 35a | 2,733. | |
| Direct deposit? | > b | | | | | | | | | 2,755. | |
| See instructions. | ►d | Account number 3 2 5 | | | | | ⊪ig 3 | aviriys | | | |
| | 36 | | | | | 36 | | | | | |
| Amarint | | Amount of line 34 you want a | | | | | | | 27 | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 | | • | | | | | 37 | | |
| For details on | | Note: Schedule H and Sch | | | | | | | | | |
| how to pay, see | 00 | 2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions) | | | | | | | | | |
| instructions. | 38 | | | | | 38 | | | | | |
| Third Party | | you want to allow another | • | | | | □Vaa Ca | | bolow | ⊠ No | |
| Designee | | | | Phone | | . ▶ [| Yes. Co | • | tification | △ NO | |
| | | signee's me ▶ | | no. | | | | nai ideni er (PIN) | | | |
| Sign | Un | der penalties of perjury, I declare t | hat I have examine | | l accompanying sch | nedules a | nd statemen | ts. and t | o the bes | st of my knowledge ar | |
| • | be | lief, they are true, correct, and com | plete. Declaration | of preparer (othe | r than taxpayer) is b | ased on a | all information | of which | h prepar | er has any knowledge | |
| Here | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity | | |
| | k | | | | | | | | tection PIN, enter it here | | |
| Joint return? | BOI IWING ENGINEER | | | | | | | ` | e inst.) | <u> </u> | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, I | Date | Spouse's occupat | tion | | | | nt your spouse an ection PIN, enter it he | | |
| your records. | | | | | | | | e inst.) 🕨 | 1 1 1 1 | | |
| | ———Ph | one no. | | Email address | | | | | | | |
| | | eparer's name | Preparer's signat | l . | | Date | | PTIN | | Check if: | |
| Paid | | I PRIYA RAM SAGAR GUPTA TALLAM | ' | | GUPTA TALLAM | | 7/2021 | P0208 | 32703 | Self-employed | |
| Preparer | | m's name ► GLOBAL TA | | | | 1 / - | , | | | 678)965-9522 | |
| Use Only | | m's address ► 2530 Pebb | | n Cummin | g GA 30041 | | | | n's EIN ▶ | | |
| Go to want ire | | m1040 for instructions and the late | | | - | DEV | 00/07/04 DDC | 1 | . O LIIV | Form 1040 (202 | |
| GO TO WWW.IIS.go | 7110-1110 | most of monuclions and the late | or illioillidiloll. | | BAA | KEV (| 02/07/21 PRO | | | roiiii 1040 (202 | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KRANTHIKUMAR CHALAMALASETTI 892-77-1798 **Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -4,500. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -4,500. Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 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 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction 20 20 21 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 D (Form 1040)

Capital Gains and Losses

► 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.

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

KRANTHIKUMAR CHALAMALASETTI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number 892-77-1798

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box B checked 7,491. 7,471. 20. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 20. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

12

13

14

15

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

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 20. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 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

Department of the Treasury

Social security number or taxpayer identification number

892-77-1798

KRANTHIKUMAR CHALAMALASETTI

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

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 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. (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) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD CRYPTO LLC 03/15/20 09/02/20 7,491. 7,471. 20.

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) ▶

7,491. 7,471. 20.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

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

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

Your social security number

| KRAN | THIKUMAR CHALAM | ALASETTI | | | | | | 89 | 92-77 | -179 | 8 | |
|--------|---|--|------------|--------------|----------|------------|---------------------|---------------|----------------------|-----------|------------|-------------|
| Part | Income or Loss | From Rental Real Estate and F | Royaltie | s Note: | If you a | are in th | e business c | of renti | ing pers | onal p | roperty, | use |
| | | instructions. If you are an individual, r | eport farı | m rental inc | come c | or loss fi | rom Form 4 8 | 335 or | n page 2 | ?, line 4 | 10. | |
| A Dic | l vou make anv pavme | nts in 2020 that would require you | to file F | orm(s) 109 | 99? S | ee instr | uctions . | | | | Yes X | No |
| | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | | | No |
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | | | | | | | | |
| Α | N.G.O COLONY MACHILIPATNAM ANDHRA PRADESH IN 521002 | | | | | | | | | | | |
| В | | | | | | | | | | | | |
| С | | | | | | | | | | | | |
| 1b | Type of Property (from list below) | above, report the number of fair rental and | | | | | Rental Days | Per | Personal Use Days | | | JV |
| Α | 3 | personal use days. Check the if you meet the requirements | ox only— | Α | | 365 | | 0 | | Г | 1 | |
| В | | qualified joint venture. See in | nstructio | ns. | В | | | | | | | <u></u> |
| С | | | | | С | | | | | | | |
| Type o | of Property: | | | | | | | | | | | |
| | le Family Residence | 3 Vacation/Short-Term Renta | al 5 La | nd | - | 7 Self- | Rental | | | | | |
| _ | ti-Family Residence | 4 Commercial | 6 Ro | yalties | 8 | 8 Othe | r (describe) |) | | | | |
| Incom | | Properties | | A | | | E | | | | С | - |
| 3 | Rents received | | 3 | | | 450. | | | | | | |
| 4 | | | 4 | | | | | | | | | |
| Expen | | | | | | | | | | | | |
| 5 | Advertising | | 5 | | | 80. | | | | | | |
| 6 | | nstructions) | 6 | | | 250. | | | | | | |
| 7 | Cleaning and mainten | ance | 7 | | | 120. | | | | | | |
| 8 | Commissions | | 8 | | | | | | | | | |
| 9 | Insurance | | 9 | | | | | | | | | |
| 10 | Legal and other profe | ssional fees | 10 | | | | | | | | | |
| 11 | Management fees . | | 11 | | | | | | | | | |
| 12 | Mortgage interest paid | d to banks, etc. (see instructions) | 12 | | | | | | | | | |
| 13 | Other interest | | 13 | | 4, | 500. | | | | | | |
| 14 | Repairs | | 14 | | | | | | | | | |
| 15 | Supplies | | 15 | | | | | | | | | |
| 16 | Taxes | | 16 | | | | | | | | | |
| 17 | | | 17 | | | | | | | | | |
| 18 | Depreciation expense | or depletion | 18 | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | Total expenses. Add I | ines 5 through 19 | 20 | | 4, | 950. | | | | | | |
| 21 | Subtract line 20 from | line 3 (rents) and/or 4 (royalties). | If | | | | | | | | | |
| | | instructions to find out if you mus | | | | | | | | | | |
| | file Form 6198 | | 21 | | -4, | 500. | | | | | | |
| 22 | | estate loss after limitation, if any | . | , | | | , | | | | | |
| | on Form 8582 (see in: | | 22 | [(| -4,5 | 00.) | (| |)(| | |) |
| 23a | | eported on line 3 for all rental pro | | | ٠ | 23a | | 4 | 50. | | | |
| b | | eported on line 4 for all royalty pro | | | | 23b | | | | | | |
| С | | eported on line 12 for all propertie | | | | 23c | | | | | | |
| d | | eported on line 18 for all propertie | | | | 23d | | 4 ^ | | | | |
| e | | eported on line 20 for all propertie | | | | 23e | | 4,9 | | | | |
| 24 | • | e amounts shown on line 21. Do i | | • | | | | | 24 | | <i>^</i> - | |
| 25 | | sses from line 21 and rental real esta | | | | | | | 25 (| | 4,5 | <u>uu.)</u> |
| 26 | | ate and royalty income or (loss) | | | | | | | | | | |
| | | V, and line 40 on page 2 do no 40), line 5. Otherwise, include this | | | | | | | 26 | | -4, | 500. |