# 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

Submission Identification Number (SID)	
Taxpayer's name	Social security number
CHANDRA SHEKHAR MACHARLA	808-68-0870
Spouse's name	Spouse's social security number
MARIANA MADDEN	601-93-2000
Part I Tax Return Information — Tax Year Ending	December 31, 2020 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, a	
<b>1</b> Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form	
4 Amount you want refunded to you	
	rization (Be sure you get and keep a copy of your return) a income tax return (original or amended) I am now authorizing, and to the best of
return (original or amended) I am now authorizing. I consent to allow means to send my return to the IRS and to receive from the IRS (a) an acknowange of any delay in processing the return or refund, and (c) the date of an Agent to initiate an ACH electronic funds withdrawal (direct debit) entropayment of my federal taxes owed on this return and/or a payment of authorization is to remain in full force and effect until I notify the U.S. payment, I must contact the U.S. Treasury Financial Agent at 1-88 business days prior to the payment (settlement) date. I also authorize taxes to receive confidential information necessary to answer inquiri	declare that the amounts in Part I above are the amounts from the income tax ny intermediate service provider, transmitter, or electronic return originator (ERO) wledgement of receipt or reason for rejection of the transmission, (b) the reason y refund. If applicable, I authorize the U.S. Treasury and its designated Financial y to the financial institution account indicated in the tax preparation software for estimated tax, and the financial institution to debit the entry to this account. This 3. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a 8-353-4537. Payment cancellation requests must be received no later than 2 the financial institutions involved in the processing of the electronic payment of ies and resolve issues related to the payment. I further acknowledge that the one tax return (original or amended) I am now authorizing and, if applicable, my
Taxpayer's PIN: check one box only	
• •	to enter or generate my PIN [8 0 8 7 0] as my
ERO firm name signature on the income tax return (original or amende	don't enter all zeros
I will enter my PIN as my signature on the income tax	return (original or amended) I am now authorizing. Check this box <b>only</b> led using the Practitioner PIN method. The ERO must complete Part III
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
	to enter or generate my PIN 3 2 0 0 0 as my
★ I authorize GLOBAL TAXES LLC     ■ ERO firm name	to enter or generate my PIN [3 2 0 0 0 0 as my
signature on the income tax return (original or amende	
☐ I will enter my PIN as my signature on the income tax	return (original or amended) I am now authorizing. Check this box <b>only</b> led using the Practitioner PIN method. The ERO must complete Part III
Spouse's signature ▶	Date <b>▶</b>
	d Returns Only—continue below
Part III Certification and Authentication — Practiti	oner PIN Method Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fiv	e-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9  Don't enter all zeros
	re for the electronic individual income tax return (original or amended) I am now icated above. I confirm that I am submitting this return in accordance with the k for Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶	Date <b>▶</b>
	nis Form — See Instructions

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	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separately	(MFS	) Hea	ad of hou	usehold (HC	OH)	Qua	lifying wi	dow(e	er) (QW)
Check only one box.		ou checked the MFS box, enter the son is a child but not your depende		our spouse. If you	chec	ked the H	OH or Q	W box, ent	er the	child's	name if	the qu	ıalifying
Your first name	and m	iddle initial	Last na	me					,	Your so	cial secu	rity nui	mber
CHANDRA	SHE	KHAR	MACH	IARLA						808-	68-08'	70	
If joint return, s	pouse's	s first name and middle initial	Last na	me					:	Spouse	's social s	ecurity	number
MARIANA			MADE	EN						601-	93-20	0 C	
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.		Preside	ntial Elec	tion Ca	ampaign
5121 N	40TH	ST						В113			nere if you		
City, town, or p	ost offi	ce. If you have a foreign address, also	complete s	paces below.	Sta	ate	ZI	P code			if filing jo this fund		
PHOENIX					A	Z	8	5018			ow will no		
Foreign countr	y name		F	oreign province/state	e/cour	nty	Fo	reign postal o	code	your tax	c or refund	d.	
											You		Spouse
At any time du	uring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial i	nterest	n any virtu	al curr	ency?	☐ Yes	X	No
Standard Deduction	_	neone can claim: You as a conspouse itemizes on a separate reti	•	-			lent						
Age/Blindness	s You	: Were born before January 2,	1956	Are blind Sp	ous	e: 🗌 Wa	s born b	efore Janu	ıary 2,	1956	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relat	ionship	(4)	/ if qua	alifies fo	r (see instr	ruction	s):
If more	(1) F	irst name Last name		number		toy	ou .	1	tax cre		Credit for o		
than four													
dependents, see instruction													
and check													
here ▶													
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1		89,	257.
Attach	2a	Tax-exempt interest	2a		b -	Taxable int	erest			<b>2</b> b	)		7.
Sch. B if required.	3a	Qualified dividends	3a	108.	b (	Ordinary d	ividends	S		3b	)		260.
Toquirou.	4a	IRA distributions	4a		b <sup>-</sup>	Гахаble an	nount .			4b	)		
	5a	Pensions and annuities	5a		b <sup>-</sup>	Гахаble an	nount .			5b	)		
Standard	6a	Social security benefits	6a		b <sup>-</sup>	Гахаble an	nount .			6b	)		
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quire	d, check h	ere .		<b>▶</b> □	7		-3,	000.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, I	ine 9							8		-8,	381.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	7, and 8. T	his is your <b>total in</b>	come				. ▶	9		78,	143.
<ul> <li>Married filing</li> </ul>	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10a		116				
widow(er), \$24,800	b	Charitable contributions if you tak	ce the stan	dard deduction. Se	e ins	tructions	10b						
<ul> <li>Head of</li> </ul>	С	Add lines 10a and 10b. These ar	e your <b>tot</b>	al adjustments to	inco	me			. ▶	100			116.
household, \$18,650	11	Subtract line 10c from line 9. Thi	s is your a	adjusted gross inc	ome				. ▶	- 11		78,	027.
If you checked	12	Standard deduction or itemize	d deducti	ions (from Schedul	e A)					12	!	24,	800.
any box under Standard	13	Qualified business income deduc	ction. Atta	ich Form 8995 or F	orm	8995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13								14			800.
See mendenons.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ent	er -0				15		53,	227.

Form 1040 (2020	))										i	Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16		5,9	80.
	17	Amount from Schedule 2, lir	ne 3						. 17			
	18	Add lines 16 and 17							. 18		5,9	80.
	19	Child tax credit or credit for	other dependent	ts					. 19			
	20	Amount from Schedule 3, lir	ne 7						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22		5,9	80.
	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		5,9	80.
	25	Federal income tax withheld	l from:									
	а	Form(s) W-2				25a	10	,18	9.			
	b	Form(s) 1099				25b		76	3.			
	С	Other forms (see instruction				25c			-			
	d	Add lines 25a through 25c	•						. 250	1	10,9	52.
	26	2020 estimated tax paymen						•		_	,-	
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27		•				
attach Sch. EIC.	28	Additional child tax credit. A				28						
If you have nontaxable	29	American opportunity credit				29						
combat pay, see instructions.	30	Recovery rebate credit. See		•		30		23	6.			
see manuchons.	31	Amount from Schedule 3. lir				31		2.3	0.			
	32	Add lines 27 through 31. The					dite		▶ 32	7	2	36.
	33	Add lines 25d, 26, and 32. T	•							_	11,1	
	34	If line 33 is more than line 24	-					•	. 34			08.
Refund	35a					•	-	•	35			08.
Direct deposit?	> b	Amount of line 34 you want Routing number 0 2 6				Check				1		00.
See instructions.	►d	Account number 3 2 5				.j Crieck	iiig	Savir	igs			
	36	Amount of line 34 you want				36	_					
Amount	37								▶ 37	-		
You Owe	31	Subtract line 33 from line 24		•								
For details on		<b>Note:</b> Schedule H and Sch 2020. See Schedule 3, line	· ·	•	•	of the t	axes you	owe	for			
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38						
Third Party Designee		you want to allow another	•				Yes. C	ompl	ete below	. × N	0	
Designee		signee's		Phone				•	dentificatio	_		
		me ▶		no. ▶				ber (P				
Sign		der penalties of perjury, I declare										
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on	all informati	on of v	which prep	arer has ai	ny know	ledge.
11010	Yo	ur signature		Date	Your occupation				If the IRS s			У
1	<b>N</b>				IT				Protection (see inst.)		it nere	
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hath must sian	Date	Spouse's occupat	tion			If the IRS s		nouse a	an
Keep a copy for	Ор	ouse's signature. If a joint return, i	both must sign.	Date	opouse 3 occupat				Identity Pro			
your records.					TEACHER				(see inst.) I	<b>-</b>		
	Ph	one no.		Email address								
Doid	Pre	eparer's name	Preparer's signat	ture		Date		PTII	N	Check	if:	
Paid	RV	SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAI	JA	05/1	2/2021	P02	2090332	2	elf-empl	oyed
Preparer	Fir	m's name ► GLOBAL TA	XES LLC						Phone no.	(646)	727-7	7157
Use Only	Fire	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041				Firm's EIN	▶ 30	-1017	196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	04/16/21 PR	)		Fo	rm <b>104</b> 0	0 (2020)
_												

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

CHANDRA SHEKHAR

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

MACHARLA & MARIANA

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

MADDEN

Attachment Sequence No. **01** Your social security number

808-68-0870

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,381.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	7,638.
8	Other income. List type and amount ► UCE -7,638.		
		8	-7,638.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-8,381.
Par	line 8	<b>J</b>	-0,301.
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	116.
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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	116.

#### 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

2020

Attachment Sequence No. **12** 

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

CHANDRA SHEKHAR MACHARLA & MARIANA MADDEN

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

Your social security number 808-68-0870

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 Box A checked . . . . . . . . . . . . . . 340,110. 410,627. 34,384. -36,133. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 6,408. 6,708. -300. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . 0. 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 -36,433. 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 9,508. 16,080. 6,572. Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 

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

35.

6,607.

11

12

13

14

15

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** -29,826. 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? ☐ **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.) • (\$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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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 Form

## **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.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

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

CHANDRA SHEKHAR

Social security number or taxpayer identification number

808-68-0870

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

MADDEN

MACHARLA & MARIANA

Part I

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

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

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

<ul><li>★ (A) Short-term transactions</li><li>(B) Short-term transactions</li><li>(C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
APEX CLEARING		12/31/20	109.	101.			8.
Robinhood Securities LLC		12/31/20	229,826.	313,057.	W	30,968.	-52,263.
ACORNS SECURITIES LLC		12/31/20	210.	203.			7.
Square, Inc		12/31/20	25.	0.			25.
BTC		12/31/20	295.	0.			295.
CHARLES SCHWAB		12/31/20	980.	966.			14.
Robinhood Securities LLC		12/31/20	108,665.	96,300.	W	3,416.	15,781.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box A)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	340 110	410 627		34 384	_36 133

**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 CHANDRA SHEKHAR MACHARLA & MARIANA MADDEN

Social security number or taxpayer identification number 808-68-0870

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.

☐ (E) Long-term transactions ☐ (F) Long-term transactions ☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•	,		;)
1  (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> 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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
CHARLES SCHWAB		12/31/20	5,931.	5,835.			96.
Robinhood Securities LLC		12/31/20	10,149.	3,673.			6,476.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D above	al here and inc	lude on your					

**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.

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

16,080.

9,508.

6,572.

# 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.

Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury

Internal Revenue Service Social security number or taxpayer identification number Name(s) shown on return MADDEN 808-68-0870 CHANDRA SHEKHAR MACHARLA & MARIANA Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. 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 12/31/20 6,408. 6,708. -300.

Robinhood Crypto 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) ▶ 6,408. 6,708. -300.

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.

# 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

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

CHANDRA SHEKHAR

Social security number or taxpayer identification number

808-68-0870

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

MADDEN

MACHARLA & MARIANA

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 X (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 (g) instructions Robinhood Securities LLC 12/31/20 2. 2. 0.

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.

2.

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) ▶

### **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

CHAN	DRA SHEKHAR MA	ACHARLA &	MARIANA MA	ADDEN					808-6	8-087	70	
Part	Income or Loss	s From Rental	Real Estate and	Royaltie	s Not	e: If you	are in th	e business of	f renting per	sonal p	roperty	y, use
	Schedule C. See	instructions. If ye	ou are an individual,	report far	m rental	income (	or loss fi	rom Form 48	<b>35</b> on page	2, line	40.	
A Dic	l you make any payme	ents in 2020 tha	t would require you	u to file F	orm(s)	1099? S	ee instr	uctions .		. 🗆	Yes	X No
<b>B</b> If "	Yes," did you or will yo	ou file required	Form(s) 1099? .								Yes [	No
1a	Physical address of											
Α	URSU BODRAI KA	AREEMABAD	WARANGAL T	ELANGA	NA I	N 506	002					
В												
С												
1b	Type of Property	2 For each	rental real estate p	property !	isted			Rental	Personal			JV
	(from list below)	above, re	eport the number of use days. Check the eet the requirement	t tair rent he <b>QJV</b> b	aı and oox onlv			Days	Days	•		
Α	1	if you me	eet the requirement	s to file a	as a			365		0		
В		qualified	joint venture. See i	Instructio	ns.	В						
С						С						
	of Property:											
_	le Family Residence		n/Short-Term Rent				7 Self-					
	ti-Family Residence	4 Comme			oyalties		8 Othe	r (describe)				
Incom			Propertie			Α		В			С	
3	Rents received						561.					
4	Royalties received .			4								
Expen												
5	Advertising Auto and travel (see i			5 6								
6 7	,	,		7		1	261					
8	Cleaning and mainter Commissions			8		Ι,	261.					
9	Insurance			9								
10	Legal and other profe			10								
11	Management fees .			11								
12	Mortgage interest pai											
13	Other interest			13								
14	Repairs			14		2	649.					
15	Supplies			15			048.					
16	Taxes			16								
17	Utilities			17		2,	984.					
18	Depreciation expense			18								
19	Other (liet)			19								
20	Total expenses. Add	lines 5 through	19	20		8,	942.					
21	Subtract line 20 from	line 3 (rents) a	nd/or 4 (royalties).	. If								
	result is a (loss), see											
	file Form 6198			21		-8,	381.					
22	Deductible rental rea	l estate loss af	ter limitation, if an	ıy,								
	on Form 8582 (see in	structions) .		22	(	-8,3	881.)	(	)	(		)
23a	Total of all amounts r	•	-	-			23a		561.			
b	Total of all amounts r	•		-			23b					
С	Total of all amounts r	•					23c					
d	Total of all amounts r	•					23d					
е	Total of all amounts r	•					23e		8,942.			
24	<b>Income.</b> Add positiv				-				. 24	,		
25	Losses. Add royalty lo									(	8,	381.)
26	Total rental real est											
	here. If Parts II, III, I										^	201
	Schedule 1 (Form 104	4u), iine 5. Othe	erwise, include this	s amoun	t in the 1	iotal on	ııne 41	on page 2	. 26		-8	,381.

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

## **Investment Interest Expense Deduction**

▶ Go to www.irs.gov/Form4952 for the latest information. ► Attach to your tax return.

Attachment Sequence No. **51** 

Identifying number

OMB No. 1545-0191

CHANDRA SHEKHAR 808-68-0870 MACHARLA & MARIANA MADDEN Part I **Total Investment Interest Expense** Investment interest expense paid or accrued in 2020 (see instructions) 1 1 306. 2 2 3 Total investment interest expense. Add lines 1 and 2 . . . . . . . 3 306. Part II **Net Investment Income** Gross income from property held for investment (excluding any net gain from 267. 4a 4b 108. 159. 4c Net gain from the disposition of property held for investment . . . . . . 4d Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions . . . . . . . . . . . . . . . . 4e 4f 0. Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions 4g 4h 159. 5 **Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0- . . . . . . 6 159. 6 Part III **Investment Interest Expense Deduction** 

For Paperwork Reduction Act Notice, see page 4.

**Investment interest expense deduction.** Enter the **smaller** of line 3 or line 6. See instructions BAA

Disallowed investment interest expense to be carried forward to 2021. Subtract line 6 from 

REV 04/16/21 PRO

Form **4952** (2020)

147.

159.

7

8

# Form **8889**

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR CHANDRA SHEKHAR MACHARLA Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 808-68-0870

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

_				
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.			
	See instructions	Se	f-only	<b>X</b> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		116.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		7,100.
9	Employer contributions made to your HSAs for 2020			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		120.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		6,980.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		116.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part		rate l	HSAs,	complete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were			
	withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional</b> 20% Tax (see instructions), check here			
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21		

# **E-file Signature Authorization**

2020

AZ-00/9					2020
Do not mail this form to the Arizo	ona Departme	nt of Revenue.	The ER	O must retain this document a	minimum of four years.
Your First Name and Initial	Last Na	me			Your Social Security Number*
CHANDRA SHEKHAR	MACHA	ARLA		Enter	808   68   0870
Your Spouse's First Name and Initial (if filed	d joint) Last Na	me		your SSN(s).	Spouse's Social Security No.*
MARIANA	MADDI	EN		33N(3).	601   93   2000
PART 1 – PURPOSE					*Do Not Truncate
• To certify the truthfulness, correctness, an	nd completeness	of the taxpayer's	electron	ic income tax return.	-:
<ul> <li>To authorize the Electronic Return Origina federal individual income tax return as the</li> </ul>					
PART 2 – TAX RETURN INFORMAT			<u> </u>	RT 3 – FINANCIAL INSTITU	
TAKE TAKKETOKK IKI OKMAT				ist be present when requesting	
1 Arizona Adjusted Gross Income	29,785 00			Foreign Account Deposit/Debi	-
2 Balance Of Tax	129 00			PE OF ACCOUNT RO	DUTING NUMBER
3 Arizona Income Tax Withheld	707 00			Checking 🔲 Savings	0 2 6 0 0 9 5 9 3
Check box 4 or box 5:				COUNT NUMBER	
<b>4</b> ☑ <b>REFUND</b> : Enter the amount of refund	d	578		2 5 0 3 6 8 1 5 3 2	6
5 ☐ AMOUNT YOU OWE: Enter the amo	unt owed		00 PIRI		RECT DEBIT PAYMENT AMOUNT
				<u> </u>	00
Box 4 Checkbox – Refund: You are due a reprovided on your tax return. Your refund a account listed in the Financial Institution Info Box 5 Checkbox – Amount You Owe: information provided on your tax return. You for payment. The payment will be withdraw date listed in the Financial Institution Inform	mount will be dormation Section You owe taxes but have elected in from the according to the control of the cont	eposited in the n (Part 3). based on the l to direct debit ount and on the	Depos from a numbe accour owe ta	In Account Deposit/Debit Checkbit/Debit" box if your deposit will be foreign account. If you check this ers. If this box is checked, we will nt. If you are due a refund, we will ax, you must mail a check to the Abox 29085, Phoenix, AZ 85038-908	be ultimately placed in or come s box, do not enter your account not direct deposit or debit your send you a check instead. If you rizona Department of Revenue
PART 4 - DECLARATION AND SIG	NATURE AU	THORIZATION	(Sign	only after completing Part 2)	
Under penalties of perjury, I declare that I electronic Arizona individual income tax return and statements for the year ending Decemb my knowledge and belief, it is true, correct, at that the amounts of Arizona adjusted groincome tax withheld, and refund (or amount amounts shown on the copy of my electronic portion of my 2020 Arizon If I have filed a joint return, this is the other spouse as an agent to receive of the process of my refund.  6c I authorize the Arizona Department designated Financial Agent to inition withdrawal (direct debit) entry to the indicated in the tax preparation softwares owed on this return. I also autinvolved in the processing of the ereceive confidential information neceives of the paymer.  If I have filed a balance due return. I understand the paymer.	rn and accomparier 31, 2020, and and complete. I assincome, tothe to wed) listed nic Arizona incodeposited as dea individual incoden in the refund. The refund or I amount of Revenue (in a financial institute an ACH eine financial institute for payment in the refund on the refunding payment in th	nying schedules d to the best of further declare al tax, Arizona above are the ome tax return. It is is instanced in the ome tax return. It is instanced in the ome tax returns a point of tax in the ome tax returns a count in the of the ome tax returns a count in the ome tax returns a count in	Provider return consert transman ack whether is rejector refusion to release I author to make federal electro December 1.	ent to my Electronic Return Origier (OLSP) sending my electronic and accompanying schedules are to my ERO or OLSP sending such litter. I consent to ADOR sending not knowledgement of receipt of traiter or not the transmission of my retoted, the reason(s) for the rejection and is delayed, I authorize ADOR to ismitter the reason(s) for the delay or the contacts my ERO for a copy of ules to my return, and/or this authoriase copies of the requested docum assect of the requested docum orize and the result of the result in the contact of the requested form the company of the requested form the contact of the requested form the requested fore	Arizona individual income tax and statements to ADOR, and in information to ADOR through a ninformation to ADOR through a ninformation to ADOR through a ninformation and an indication of urn is accepted and, if the return of disclose to my ERO, OLSP and, y, or when the refund was sent of my return, any documents or rization form, I authorize my ERO ents to ADOR.  TURN ORIGINATOR)  tronic signature to my electronic serve as my signature to my ax return for the year ending when my ERO makes the election
If I have filed a balance due return, I unders receive full and timely payment of my tax li remain liable for the tax liability and all app. When electronically filing my federal and s that if there is an error on my federal return rejected.	iability by April plicable interest tate tax returns	15, 2021, I will and penalties. s, I understand	serve a have s penalti	as my signature to my Arizona inc igned my Arizona individual incom ies of perjury that to the best of my , correct and complete.	lividual income tax return, I wil e tax return and declared under
YOUR PEN AND INK SIGNATURE  SPOUSE'S PEN AND INK SIGNAT				DATE	
SPOUSE'S PEN AND INK SIGNAT	URE			DATE	

THE RETURN.			Arizona Form	Part-Year Resi	dent P	ersona	l Income	e T	ax Retur	n	FOR CA	LENDAR YEAF	₹
E	82F	□ <sub>if</sub>	heck box 82F filing under extension	OR FISCAL YEAR BEG	INNING L	/ <sub>I</sub> M <sub>I</sub> D <sub>I</sub> D	12.0.2.0	) <sub>A</sub>	AND ENDING	M <sub>M</sub>	DiDIY	, Y, Y, Y	. 66F
2	1	Your F CHAN	irst Name and Middle Initial IDRA_SHEKHAR e's First Name and Middle Initi	al (if box 4 or 6 checked)	MAC	Name HARLA Name			Enter your SSN(s	80 Spo	) 8 <sub> </sub>	Security Nu 68 <sub> </sub> 08 ocial Securi	370
<b>ANY ITEMS</b>			ANA nt Home Address - number and N 40TH ST	street, rural route	MAD		Apt. No. B113		Dayti	60	e (with	area code)	000
<b>PLE AI</b>	3		own or Post Office	State AZ		ZIP Code 85018	B113	Lá	ast Names Used				ferent)
DO NOT STAPLE	FILING STATUS	4 5 6 7	Married filing joint return  Head of household: Enter  Married filing separate ret  Single	urn: Enter spouse's name a	ependent on	n next line:		88	_	ONLY. DO I			AREA.
	and 11a - Dependents 10a and 10b	8 9 10a <u>11a</u> 12-1	Age 65 or over (you and/or Blind (you and/or spouse) Dependents: Under age of Qualifying parents and gr  Residency Status (check	47, and 49. For one of 17. 10b Departments	lines 10a and pendents: A	10b, also con Age 17 and	over.		P PM  ☐ Part-Year	Resident		RCVD Military	
	d 11a - Depende		(Box 10a and 10b): Depend (a) FIRST AND LA (Do not list yoursel	ST NAME	(k	o)	(c)		box and (d)  NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e ✓ Depende include 1 (Box 10a)	ent Age ed in:	4, Part 1.  (f)  if you did n this person o federal return educational o	n your due to
rm 140PY.	Exemptions 8, 9, an	10c 10d	(Box 11a): Qualifying parent (a) FIRST AND LA (Do not list yoursel	ST NAME	(k	o)	(c)		and comple (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e)	65 OR	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	D IN
fter Fo	Ш	11b 11c			1 10	2 1 0					]		
ocuments a		15 16	Dates of Arizona residency: From List other state(s) of residency: LE Wages, salaries, tips, etc	<u>L</u>				15 16			)		′
or other d	Arizona Income	18 19	Arizona income tax refunds Business income (or loss) fron Gains (or losses) from federal	n federal Schedule C				18 19 20	-3,	000 00	)		000
chedules	Arizon	22 23 24	Rents, royalties, partnerships, esta Other income reported on you Total income: Add lines 15 throu Other federal adjustments: Inc	r federal return: Include you igh 22 clude your own schedule	ur own sched	duleSI	EE STMT	24	78,	381 00 0 00 143 00 116 00	)	29,78	0 00 0 00 5 00 0 00
and AZ s	•	26 27	Federal adjusted gross income Arizona gross income: Subtract Arizona income ratio: Divide box may be blank or may contain a	t line 24 from line 23 in the A line 26 by line 25, and enter t	RIZONA coluthe result (no	umn ot over 1.000	)			27	,	29,78 0.38	2
Place any required federal and AZ schedules or other documents after Form 140PY.	ont. on page 2 Additions					29 Net cap 30 Other A 31 Subto 32 AZ gain/ 33 AZ Sho 34 AZ Lon	oital loss from ex Additions to Inc otal: Add lines /loss line 20 ort-term gain/loss g-term gain/loss	ome 32, 32, 33,		r 29	) 	29,78	00 00 00 5 00
Place an	Subtractions - co		0149 (20)	TATALARIYA BARANIA Barania Mendelariya Barania	AZ FO	36 Multiply 37 Net cap 38 Net cap	oital gain from o pital gain from o ct line 31 - (line	% (.2 quali exch	25) ffied small busing lange of legal ter 5, 37, and 38)		3	29,78	00 00 00 5 00 e 1 of
			1555							REV 04/09	,21 F KU	3	

	Your N	lame (as shown on page 1)	Your Social Security N	umber		
	Q113	AND A CHILLIAD MACHADIA C MADIANA MADDEN	000 60 0	070		
	СНА	NDRA SHEKHAR MACHARLA & MARIANA MADDEN	808-68-0	18 / 0		$\overline{}$
s Je 1	40	Recalculated Arizona depreciation		_		00
Subtractions cont. from page	41	Contributions to 529 College Savings Plans		_		00
rom	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		42		00
Sub nt. f	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income				00
8	44	Other Subtractions from Income. See instructions for completing the schedule on page 5		44		00
	45	Subtract lines 40 through 44 from line 39			29,785	00
	46	Age 65 or over: Multiply the number in box 8 by \$2,100		00		
Suc	47	Blind: Multiply the number in box 9 by \$1,500		00		
Exemptions	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300		00		
xen	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		00		
ш	50	Add lines 46 through 49		00		
	51	Multiply line 50 by the Arizona income ratio on line 27		- · · -		00
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"			29,785	
	53	Deductions: Check box and enter amount. See instructions			24,800	
	54	If you checked box 53S and claim charitable deductions, check 54C Complete page 3. See in				00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			4,985	
<u>a</u>	56	Compute the tax using amount from line 55 and Tax Table X or Y			129	
Balance of Tax	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			100	00
anc	58	Subtotal of tax: Add lines 56 and 57 and enter the total			129	
Bal	59	Dependent Tax Credit. See instructions.				00
		Family income tax credit (from the worksheet - see instructions)				00
		Nonrefundable credits from Arizona Form 301, Part 2, line 61			100	00
	62	Balance of tax: Subtract lines 59, 60, and 61 from line 58. If the sum of lines 59, 60, and 61 is more than			129	
and		2020 AZ income tax withheld			707	
Crec		2020 AZ estimated tax payments64a 00 Claim of Right 64b	00 Add 64a and 64b			00
yme		2020 AZ extension payment (Form 204)				00
Total Payments and Refundable Credits		Increased Excise Tax Credit (from the worksheet - see instructions)				00
Ref	67	Other refundable credits: Check the box(es) and enter the total amount			707	00
	_68_	Total payments and refundable credits: Add lines 63 through 67 and enter the total			707	
nen		TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62, and enter amount of tax due. Skip li			578	00
Tax Due or		<b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68, and enter amount of overpa	•		370	00
Tax Due or Overpayment		Amount of line 70 to be applied to 2021 estimated tax			578	
		Balance of overpayment: Subtract line 71 from line 70			370	100
ifts	13-	- 83 Voluntary Gifts to: Solutions Teams Assigned to Schools				
5						
ınta		Neighbors Helping Neighbors78 UU Special Olympics		_		
Voluntary G	84	Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843		<u>U</u>		
	<del>- 04</del> - 85	Estimated payment penalty		25		00
Penalty		861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included		05		100
Pen		Add lines 73 through 83 and 85; enter the total		87		00
		REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89			578	
Refund or Amount Owed		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see				100
o d Q		CM Checking or ROUTING NUMBER ACCOUNT NUMBER		_		
Sefu		98 S Savings 0 2 6 0 0 9 5 9 3 3 2 5 0 3 6 8 1 5 3 2 6				
Ā	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write	our SSN on payment	t. <b>89</b>		00
Щ	U	nder penalties of perjury, I declare that I have read this return and any documents with it, and to ue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr	the best of my knowl	nowledg	e and belief, they	are
出	→"		eparer nas any known T	euge.		
エ			CCUPATION			—
Z Z	→_		EACHER			
S		POUSE'S SIGNATURE DATE SF RVSSMANIKUMARAPPANA 05122021 GLOBAL TAXES I	OUSE'S OCCUPATION			
Ш		AID PREPARER'S SIGNATURE  OSTIZZOZI GLOBAL TAXES L DATE FIRM'S NAME (PREPARER'S IF				-
PLEASE SIGN HERE		2530 Pebble Creek Ln	30-10171			
Щ.		AID PREPARER'S STREET ADDRESS	PAID PREPARER'S		7	
딥	_	Cumming GA 30041	(646)727	- / <u>1</u> 5	/	l

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

# Additional information from your Form 140PY: Part-Year Resident Personal Return

# Form 140PY: Part-Year Resident Personal Return Other Income Reported on Federal Return

### **Continuation Statement**

Description	Amount
Unemployment Compensation	7,638
UCE	-7,638