104	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	0	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or staple	e in this space.		
Filing Statu Check only one box.	lf yc	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of y	-	parately (N se. If you c	,			· /		, ,	dow(er) (QW) he qualifying		
Your first name	e and m	iddle initial	Last na	me						Your so	cial securi	ity number		
AMITHA			NEER	ATI						095-	095-17-0727			
If joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number		
		er and street). If you have a P.O. box, see CARBOROUGH RD	instructio	ons.					Apt. no. 127	Check	here if you			
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below	v.	Stat	e	ZIP co	ode			ntly, want \$3		
CLEVELA	ND H	EIGHTS				OH	I	441	.18	to go to this fund. Checking a box below will not change				
Foreign countr	y name		F	oreign prov	vince/state/c	count	у	Foreig	n postal code	-	your tax or refund.			
At any time d		000 did you receive cell cond evel		v othornuio			in an aigl intere				Vou	Spouse		
	-	020, did you receive, sell, send, excl	-		-	-	a dependent	est in a	iny virtual c	urrency?	Yes	X No		
Standard Deduction		Spouse itemizes on a separate retur	•				a dependent							
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blin	d Spo	use:	Was bo	rn befo	ore January	2, 1956	🗌 ls b	lind		
Dependent	s (see	instructions):		(2) So	cial security		(3) Relationsh	nip	(4) 🖌 if e	qualifies fo	or (see instru	uctions):		
If more	(1) F	irst name Last name		n	umber		to you		Child tax of	credit	Credit for of	ther dependents		
than four														
dependents, see instruction	IS													
and check														
here 🕨 📃														
	1	Wages, salaries, tips, etc. Attach F	orm(s) ۱	N-2						. 1		46,874.		
Attach Sch. B if	2a	Tax-exempt interest	2a			b Ta	axable interes	t.		. 2 t	>			
required.	3a	Qualified dividends	3a 4a			b Ordinary dividendb Taxable amount .				. 3t)			
) 4a	IRA distributions								. 4t)			
	5a	Pensions and annuities	5a			b Ta	axable amoun	t		. 5t)			
Standard	6a		6a				axable amoun	t		. 6t)			
 Deduction for – Single or 	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here 🕨 🗌												
Married filing	8	Other income from Schedule 1, lin	e9.							. 8		-4,490.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						▶ 9		42,384.				
 Married filing 	10	Adjustments to income:												
jointly or Qualifying	а	From Schedule 1, line 22					10	а						
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b 250							50.					
 Head of 	с	Add lines 10a and 10b. These are your total adjustments to income							▶ 10	c	250.			
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income								▶ 11		42,134.		
 If you checked 	12	Standard deduction or itemized	deducti	i ons (from	Schedule	A)				. 12	2	12,400.		
any box under <i>Standard</i>	13	Qualified business income deduct	ion. Atta	ch Form 8	995 or Fo	rm 89	995-A			. 13				
Deduction, see instructions.	14	Add lines 12 and 13								. 14	۱ – I	12,400.		
	15	Taxable income. Subtract line 14	from lin	e 11. lf zei	o or less,	entei	r-0	<u> </u>	<u> . . </u>	. 15	1	29,734.		
			_									1040 (

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3]		16	3,370.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	3,370.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0						22	3,370.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	10.				23	0.
	24	Add lines 22 and 23. This is	your total tax						I	▶ 24	3,370.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	4	1,275	5.	
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c	:			
	d	Add lines 25a through 25c								25d	4,275.
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	19 returi	n				26	
qualifying child,	27	Earned income credit (EIC)		••			27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 8863	3. line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See					30				
	31	Amount from Schedule 3, lir					31				
	32	Add lines 27 through 31. Th						redits .		▶ 32	
	33	Add lines 25d, 26, and 32. T	,							-	4,275.
	34	If line 33 is more than line 24	,							34	905.
Refund	35a	Amount of line 34 you want					-	-	. ► [905.
Direct deposit?	►b	Routing number 0 4 4			c Ty		Chec		Savinc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
See instructions.	►d	Account number 7 9 6				,pc. <u>r</u>			Caving	,5	
	36	Amount of line 34 you want			i i d tax		36	T,			
Amount										▶ 37	
You Owe	37	Subtract line 33 from line 24		•							
For details on		Note: 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.							or		
how to pay, see instructions.	38	Estimated tax penalty (see in	-			. 🕨	38				
Third Party Designee		you want to allow another tructions	•					Yes. C	omplet	e below	× No
Designee		signee's		Phone			•		•	entification	
		ne ►		no. 🕨					ber (PIN		
Sign		der penalties of perjury, I declare									
Here	bel	ief, they are true, correct, and corr	plete. Declaration	of preparer (othe	r than taxp	oayer) is b	ased or	n all informat	ion of w	nich prepar	er has any knowledge.
nere	Yo	ur signature		Date	Your oc	cupation					nt you an Identity
	N				COMME	ים שממי		T ANALY		rotection P see inst.) 🕨	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hoth must sign	Date		s occupat		I ANALI		,	nt your spouse an
Keep a copy for	- Op		both must sign.	Date	opouse	3 Occupa					ection PIN, enter it here
your records.									(s	ee inst.) 🕨	
	Phe	one no.		Email address							
Doid	Pre	parer's name	Preparer's signat	ture			Date	9	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	1 01/	26/2021	P020	82703	Self-employed
Preparer	Firr	n's name 🕨 GLOBAL TA	XES LLC						P	hone no.	(678)965-9522
Use Only		n's address ► 2530 Pebb		n Cummin	g GA	30041				irm's EIN 🖡	
Go to www.irs.go		1040 for instructions and the late			-	AA	RE	V 01/15/21 PR	0		Form 1040 (2020)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 20

20

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

	Attachment Sequence No. 01
Your soc	ial security number
095-17	-0727

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

David	
AMITHA	NEERATI

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,490.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
-		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,490.
Par	t II Adjustments to Income		-4,490.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	22 Schedule	1 (Form 1040) 2020

(Form	1040)	rental real estat	hips, S corporations, estates, trusts, REMICs, etc.)							୭ ⋒୨ ∩			
Departo	nent of the Treasury		•	0, 1040-SR, 1040-NR, or 1041.									
	Attachment Attachment rnal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.										lo. 1 3		
Name(s	s) shown on return									Your soci	al secur	ity num	iber
AMI	THA NEERATI									095-1			
Par				Real Estate and Ro	-					0.	•	•	y, us
				u are an individual, rep									
	•			would require you to		• • •							
B If				Form(s) 1099?							. 🗌	Yes	
1a				treet, city, state, ZIF									
A	PLOT NO-6	5 KAF	RIMNAGAR TE	LENAGAN IN 533	3103								
B													
C													
1b	Type of Prop		2 For each r	ental real estate prop	perty I	isted			r Rental	Persona			QJV
	(from list be	elow)	personal u	port the number of fause days. Check the t the requirements to	QJV b	ar and ox only		I	Days	Day	<u> </u>		
	3		l if you mee	et the requirements to pint venture. See inst	o file a	is a			365	<u> </u>	0		<u> </u>
			- quaimed jo	Sint venture. See insi	Inuctio	115.	B						<u> </u>
	of Property:						С						
	gle Family Resid			Short-Term Rental					Rental	,			
2 IVIU	Iti-Family Reside	ence	4 Commerc	Properties:	6 RC	yalties	•	8 Othe	er (describe		<u> </u>	С	
3		J		•	3		Α	450.		В	<u> </u>	C	
 					4			450.					
Expe		iveu .			4						<u> </u>		
5					5			50.					
6	-				6			180.					
7		•	,		7			130.					
8	-				8			130.					
9					9								
10					10								
11					11								
12				(see instructions)	12								
13					13		4	,500.					
14					14			80.					
15					15								
16	Taxes				16								
17	Utilities				17								
18					18								
19	Other (list) 🕨				19								
20	Total expenses	s. Add	lines 5 through ⁻	19	20		4	,940.					
21	Subtract line 2	0 from	line 3 (rents) an	d/or 4 (royalties). If									
				ind out if you must									
	file Form 6198	3			21		-4	,490.			<u> </u>		
00	Distational data	4 - 1	Lastata Lasa - O	11 11 11 1 1	1	1			1		1		

Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) 22 -4,490. 450 23a Total of all amounts reported on line 3 for all rental properties 23a . . . b Total of all amounts reported on line 4 for all royalty properties 23b . c Total of all amounts reported on line 12 for all properties 23c . . d Total of all amounts reported on line 18 for all properties 23d 23e 4,940. е Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 24 ~ ~ _

25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .	25	(4,490.
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result		
	here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on		
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-4,490.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

SCHEDULE E 40.40

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, et

OMB No. 1545-0074 20 20

🗌 Yes 🛛 No

🗌 Yes 🗌 No