

**IRS e-file Signature Authorization**

(Rev. August 2020)

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>ARJUN AILEENI</b>	Social security number 297-83-6659
Spouse's name <b>SHRAVYA GANARAM</b>	Spouse's social security number 774-38-0035

**Part I Tax Return Information – Tax Year Ending December 31,** (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, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	165,251.
<b>2</b> Total tax . . . . .	<b>2</b>	22,479.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	29,859.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	9,199.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	6	6	5	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**  
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

8	0	0	3	5
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**  
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

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

Your first name and middle initial ARJUN	Last name AILEENI	Your social security number 297-83-6659
If joint return, spouse's first name and middle initial SHRAVYA	Last name GANARAM	Spouse's social security number 774-38-0035
Home address (number and street). If you have a P.O. box, see instructions. 225 PRAIRIE VIEW DR		Apt. no. 10234
City, town, or post office. If you have a foreign address, also complete spaces below. WEST DES MOINES	State IA	ZIP code 50266
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

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

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

	1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			1	172,161.
Attach Sch. B if required.	2a Tax-exempt interest . . . . .	2a		2b	
	3a Qualified dividends . . . . .	3a		3b	
	4a IRA distributions . . . . .	4a		4b	
	5a Pensions and annuities . . . . .	5a		5b	
	6a Social security benefits . . . . .	6a		6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			7	
	8 Other income from Schedule 1, line 9 . . . . .			8	-6,660.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			9	165,501.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:				
	a From Schedule 1, line 22 . . . . .	10a			
	b Charitable contributions if you take the standard deduction. See instructions . . . . .	10b	250.		
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶			10c	250.
	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			11	165,251.
	12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			12	24,800.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			13	
	14 Add lines 12 and 13 . . . . .			14	24,800.
	15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			15	140,451.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	22,479.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	22,479.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	22,479.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	22,479.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	29,859.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	29,859.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,819.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,819.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	31,678.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	9,199.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	9,199.
b	Routing number 044000037	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 598256803		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/27/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
ARJUN AILEENI & SHRAVYA GANARAM

**Your social security number**  
297-83-6659

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-6,660.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-6,660.

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

ARJUN AILEENI & SHRAVYA GANARAM

297-83-6659

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	MIYAPUR HYDERABAD TELANGANA IN 500050				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		580.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		100.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		340.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		150.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		6,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>		150.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		7,240.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-6,660.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -6,660. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		580.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		7,240.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 6,660. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>		-6,660.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-6,660.

Schedule E (Form 1040) 2020

Iowa Department of Revenue

206429783665981231216216 8

IA 1040ES Individual Income Estimated Tax Payment Voucher 2021 INSTALLMENT 1 Due Date: April 30, 2021

Print name: ARJUN AILEENI & SHRAVYA GANARAM (Last, first MI)

Address: 225 PRAIRIE VIEW DR, 10234

City, State, ZIP: WEST DES MOINES IA 50266

Phone: 234-755-3602

SSN: 2 9 7 8 3 6 6 5 9

Period ending: 1 2 3 1 2 1

Payment amount: 3 2 0 0 0

Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 12/18/20 PRO

Make checks payable to: Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (07/23/2020)



cut here

Iowa Department of Revenue

206429783665981231216216 8

IA 1040ES Individual Income Estimated Tax Payment Voucher 2021 INSTALLMENT 2 Due Date: June 30, 2021

Print name: ARJUN AILEENI & SHRAVYA GANARAM (Last, first MI)

Address: 225 PRAIRIE VIEW DR, 10234

City, State, ZIP: WEST DES MOINES IA 50266

Phone: 234-755-3602

SSN: 2 9 7 8 3 6 6 5 9

Period ending: 1 2 3 1 2 1

Payment amount: 3 2 0 0 0

Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 12/18/20 PRO

Make checks payable to: Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (07/23/2020)



cut here

Iowa Department of Revenue

206429783665981231216216 8

IA 1040ES Individual Income Estimated Tax Payment Voucher 2021 INSTALLMENT 3 Due Date: September 30, 2021

Print name: ARJUN AILEENI & SHRAVYA GANARAM (Last, first MI)

Address: 225 PRAIRIE VIEW DR, 10234

City, State, ZIP: WEST DES MOINES IA 50266

Phone: 234-755-3602

SSN: 2 9 7 8 3 6 6 5 9

Period ending: 1 2 3 1 2 1

Payment amount: 3 2 0 0 0

Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 12/18/20 PRO

Make checks payable to: Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (07/23/2020)



Iowa Department of Revenue

IA 1040ES

Individual Income Estimated Tax Payment Voucher  
2021 INSTALLMENT 4 Due Date: January 31, 2022

206429783665981231216216 8

SSN:

2	9	7	8	3	6	6	5	9
---	---	---	---	---	---	---	---	---

Print name:  
(Last, first MI)

ARJUN AILEENI & SHRAVYA GANARAM

Period ending:

1	2	3	1	2	1
---	---	---	---	---	---

Address:

225 PRAIRIE VIEW DR, 10234

Payment amount:

				3	2	0	0	0
--	--	--	--	---	---	---	---	---

City, State, ZIP:

WEST DES MOINES IA 50266

Phone:

234-755-3602

Mail to:

INT

Iowa Department of Revenue  
PO Box 10466  
Des Moines IA 50306-0466  
REV 12/18/20 PRO

Make checks payable to:

Iowa Department of Revenue. When you pay  
by check, you authorize the Department of  
Revenue to convert your check to a one-time  
electronic banking transaction. 45-002 (07/23/2020)



-----cut here-----





Pay electronically using e-File & Pay on the Department's website: tax.iowa.gov

**Instructions for Payment Vouchers**

1. Complete using blue or black ink. Do not use gel pens on checks. **Do not staple.**
2. **SSN:** Enter the Social Security Number in the boxes provided below.
3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2020, would be entered as: 123120.
4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
5. When paying by check, **make checks payable to** Iowa Department of Revenue.
6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue  
PO Box 9187  
Des Moines IA 50306-9187

**Note:** Penalties can only be waived under limited circumstances, as described in Iowa Code section 421.27.

**Failure to Timely File a Return:** A penalty of 10% will be added to the tax due for failure to timely file a return if the return is filed after the original due date of the return and if at least 90% of the correct amount of tax is not paid by the original due date of the return.

**Failure to Timely Pay the Tax Due or Penalty for Audit Deficiency:** A penalty of 5% will be added to the tax due if the return is filed by the original due date and at least 90% of the correct amount of tax is not paid by the original due date of the return.

When the failure to file penalty and the failure to pay penalty are both applicable, only the failure to file penalty will apply.

**Penalty for Willful Failure to File:** A penalty of 75% will be added to the tax due for willful failure to file a return or for filing with intent to evade tax.

cut here

**Iowa Department of Revenue**

INT REV 12/18/20 PRO

**IA 1040V**

Individual Income Tax Payment Voucher

200629783665981231208208 ?

SSN:

2	9	7	8	3	6	6	5	9
---	---	---	---	---	---	---	---	---

Print name: AILEENI ARJUN  
(Last, first MI)

Period ending:

1	2	3	1	2	0
---	---	---	---	---	---

Address: 225 PRAIRIE VIEW DR, 10234

Payment amount:

				5	0	1	0	0
--	--	--	--	---	---	---	---	---

City, state, ZIP: WEST DES MOINES IA 50266

Phone: 234-755-3602

**Mail to:**

Iowa Department of Revenue  
PO Box 9187  
Des Moines IA 50306-9187

**Make checks payable to:**

Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (06/18/2020)



# 2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

## Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: AILEENI Your first name/middle initial: ARJUN  
Spouse's last name: GANARAM Spouse's first name/middle initial: SHRAVYA  
Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 225 PRAIRIE VIEW DR, 10234  
City, State, ZIP: WEST DES MOINES IA 50266  
Spouse SSN: 774-38-0035 Your SSN: 297-83-6659



## Step 2 Filing Status: Mark one box only

1	Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address:
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input checked="" type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. <u>77</u> School District No. <u>6957</u>
4	Married filing separate returns. Spouse's name: _____ SSN: _____ Net Income: \$ _____	
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

## Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3	<u>1</u> X \$ 40 = \$ <u>40</u>	<u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind	X \$ 20 = \$ _____	X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent	X \$ 40 = \$ _____	X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ <u>40</u>	e. Total \$ <u>40</u>

## Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

	B. Spouse/Status 3	A. You or Joint
	<input type="checkbox"/>	<input type="checkbox"/>

## Step 5 Gross Income

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc	<u>39,314.00</u>	<u>132,847.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B	<u>.00</u>	<u>.00</u>		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B	<u>.00</u>	<u>.00</u>		
4. Taxable alimony received	<u>.00</u>	<u>.00</u>		
5. Business income/(loss). See instructions	<u>.00</u>	<u>.00</u>		
6. Capital gain/(loss). See instructions	<u>.00</u>	<u>.00</u>		
7. Other gains/(losses). See instructions	<u>.00</u>	<u>.00</u>		
8. Taxable IRA distributions	<u>.00</u>	<u>.00</u>		
9. Taxable pensions and annuities	<u>.00</u>	<u>.00</u>		
10. Rents, royalties, partnerships, estates, etc. See instructions	<u>.00</u>	<u>-6,660.00</u>		
11. Farm income/(loss). See instructions	<u>.00</u>	<u>.00</u>		
12. Unemployment compensation. See instructions	<u>.00</u>	<u>.00</u>		
13. Gambling winnings	<u>.00</u>	<u>.00</u>		
14. Other income, bonus depreciation, and section 179 adjustment	<u>.00</u>	<u>.00</u>		
15. Gross Income. Add lines 1-14	<u>39,314.00</u>	<u>126,187.00</u>		

NOTE: Use only blue or black ink, no pencils or red ink.

## Step 6 Adjustments to Income

16. Payments to an IRA, Keogh, or SEP	<u>.00</u>	<u>.00</u>		
17. Deductible part of self-employment tax	<u>.00</u>	<u>.00</u>		
18. Health insurance premium	<u>.00</u>	<u>.00</u>		
19. Penalty on early withdrawal of savings	<u>.00</u>	<u>.00</u>		
20. Alimony paid	<u>.00</u>	<u>.00</u>		
21. Pension/retirement income exclusion	<u>.00</u>	<u>.00</u>		
22. Moving expense deduction from federal form 3903	<u>.00</u>	<u>.00</u>		
23. Iowa capital gain deduction; Include corresponding IA 100 schedule	<u>.00</u>	<u>.00</u>		
24. Other adjustments <u>STMT ADJ</u>	<u>.00</u>	<u>250.00</u>		
25. Total adjustments. Add lines 16-24	<u>.00</u>	<u>250.00</u>		
26. Net Income. Subtract line 25 from line 15	<u>39,314.00</u>	<u>125,937.00</u>		

## Step 7 Federal Taxes and Qualified Deductions

27. Federal income tax refund/overpayment received in 2020	<u>.00</u>	<u>.00</u>		
28. Self-employment/household employment/other federal taxes	<u>.00</u>	<u>.00</u>		
29. Addition for federal taxes. Add lines 27 and 28	<u>.00</u>	<u>.00</u>		
30. Total. Add lines 26 and 29	<u>39,314.00</u>	<u>125,937.00</u>		
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2019 and prior years	<u>3,643.00</u>	<u>26,216.00</u>		
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions	<u>.00</u>	<u>.00</u>		
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount	<u>.00</u>	<u>.00</u>		
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33	<u>3,643.00</u>	<u>26,216.00</u>		
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2	<u>35,671.00</u>	<u>99,721.00</u>		



**2020 IA 1040, page 2**

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
<b>Step 8 Taxable Income</b>				
36. BALANCE. From side 1, line 35.....		36.	35,671.00	99,721.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>		37.	2,110.00	2,110.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....		38.	33,561.00	97,611.00
<b>Step 9 Tax, Credits, and Check-off Contributions</b>				
39. Tax from tables or alternate tax.....	1,512.00	▲	6,327.00	
40. Iowa lump-sum tax. See instructions.....	.00	▲	.00	
41. Iowa alternative minimum tax. Include IA 6251.....	.00	▲	.00	
42. Total tax. ADD lines 39, 40, and 41.....	1,512.00		6,327.00	
43. Total exemption credit amount(s) from Step 3, side 1.....	40.00		40.00	
44. Tuition and textbook credit for dependents K-12.....	.00	▲	.00	
45. Volunteer firefighter/EMS/reserve peace officer credit.....	.00	▲	.00	
46. Total credits. ADD lines 43, 44, and 45.....	40.00		40.00	
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	1,472.00	▲	6,287.00	
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....	.00	▲	.00	
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero.....	1,472.00	▲	6,287.00	
50. Out-of-state tax credit. Must include IA 130.....	.00	▲	.00	
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero.....	1,472.00	▲	6,287.00	
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....	.00	▲	.00	
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	1,472.00	▲	6,287.00	
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	0.00	▲	0.00	
55. Total state and local tax. ADD lines 53 and 54.....	1,472.00	▲	6,287.00	
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....		56.	7,759.00	
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input checked="" type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here.....		57.	.00	
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....		58.	7,759.00	
<b>Step 10 Credits</b>				
59. Iowa fuel tax credit. Include IA 4136.....	.00	▲	.00	
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input checked="" type="checkbox"/> Early childhood development credit <input type="checkbox"/>	.00	▲	.00	
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	.00	▲	0.00	
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	.00	▲	.00	
63. Iowa income tax withheld.....	409.00	▲	6,849.00	
64. Estimated and voucher payments made for tax year 2020.....	.00	▲	.00	
65. TOTAL. ADD lines 59 through 64 and enter here.....	409.00	▲	6,849.00	
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....		66.	7,258.00	
<b>Step 11 Refund</b>				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....		67.	.00	
68. Amount of line 67 to be REFUNDED.....		REFUND 68.	.00	
68a. Routing number: <input type="text"/>		68b. Type	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account number: <input type="text"/>				
69. Amount of line 67 to be applied to your 2021 estimated tax.....	.00	▲	.00	
<b>Step 12 Pay</b>				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....		70.	501.00	
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>		71.	.00	
72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty <input type="text"/> .00 <input checked="" type="checkbox"/> 72b. Interest <input type="text"/> .00 ADD. Enter total.....		72.	.00	
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....		PAY THIS AMOUNT 73.	501.00	

**Step 13** I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<input type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/27/2021	Preparer's signature Date
<b>SIGN HERE</b>	<input type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02082703 30-1017196	Preparer's PTIN Firm's FEIN
		(234) 755-3602		(678) 965-9522	Daytime telephone number Daytime telephone number

**This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.**  
**MAILING ADDRESS: Iowa Income Tax Document Processing,**  
**PO BOX 9187, Des Moines IA 50306-9187**  
**Make check payable to Iowa Department of Revenue**



Name ARJUN AILEENI & SHRAVYA GANARAM	Social Security No. 297-83-6659
-----------------------------------------	------------------------------------

	Spouse/Status 3	You or Joint
a Accrual method . . . . .		
b Active duty military pay included in line 15 Gross Income (see detailed IA 1040 instructions online) . . . . .		
c RESERVED FOR FUTURE USE . . . . .		
d Capital gains from installment sales reported on the 2001 Iowa return using the accrual method . . . . .		
e Capital or ordinary gain from involuntary conversion related to eminent domain . . . . .		
f Claim of right deduction may be taken on line 24, or you can calculate the tax reduction as a credit claimed on line 62, but not both . . . . .		
g College Savings Iowa or Iowa Advisor 529 Plan contributions, up to \$3,439 per beneficiary . . . . .		
h Disability income exclusion - Include Form IA 2440 . . . . .		
i Domestic production activities deduction resulting from a tax year beginning prior to January 1, 2019 . . . . .		
j First-time homebuyer savings account qualifying contributions up to \$2,137 per account holder. For joint account holders filing married filing jointly you may claim up to \$4,274 . . . . .		
k Employer social security credit from federal return . . . . .		
l Federal alcohol and cellulosic biofuel fuels credit from federal return . . . . .		
m Foreign-earned income exclusion and/or foreign housing deduction from federal return . . . . .		
n Gains or losses from distressed sale transactions . . . . .		
o Health savings account deduction from federal form 1040, Schedule 1 . . . . .		
p Injured veterans program, contributions to (do not put on IA Sch. A)		
q Injured veterans program, (only grants from) . . . . .		
r In-home health care . . . . .		
s Iowa Veterans Trust Fund . . . . .		
t Military exemptions, not already excluded (see detailed IA 1040 instructions online) . . . . .		
u Net operating loss, Iowa . . . . .		
v Organ transplant expenses . . . . .		
w Partnership income and/or S corporation income: Modifications that decreased the income . . . . .		
x Segal Americorps Education Award Payments . . . . .		
y Speculative shell buildings . . . . .		
z Student loan interest deduction from federal 1040, Schedule 1, line 20 . . . . .		
aa Victim compensation awards . . . . .		
bb Wages paid certain individuals . . . . .		
cc Work Opportunity Credit from federal return . . . . .		
dd Other federal adjustments prior to calculation of federal 1040 line 8b (federal adjusted gross income) not already taken on IA 1040: 1 Jury duty pay given to employer . . . . . 2 Other: _____ _____ _____		
ee Educator expenses . . . . .		
ff Tuition and Fees Deduction . . . . .		
gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions online) . . . . .		
hh Rapid Response to State Disasters . . . . .		
ii Iowa ABLE savings plan trust, up to \$3,439 per beneficiary . . . . .		
jj Charitable contribution for non-itemizers from Form 1040 In 10b . . . . .		250 .
kk Federal, state or local grant to communications service provider . . . . .		
ll Economic Development Authority Grant provided under the Iowa Small Business Grant Program (if included in Sch C, In 1)		
<b>Totals</b> . . . . .		<b>250 .</b>

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

Your first name and middle initial ARJUN	Last name AILEENI	Your social security number 297-83-6659
If joint return, spouse's first name and middle initial SHRAVYA	Last name GANARAM	Spouse's social security number 774-38-0035
Home address (number and street). If you have a P.O. box, see instructions. 225 PRAIRIE VIEW DR		Apt. no. 10234
City, town, or post office. If you have a foreign address, also complete spaces below. WEST DES MOINES		State IA
		ZIP code 50266
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

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

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

	1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .					1	172,161.
Attach Sch. B if required.	2a Tax-exempt interest . . . . .	2a		b Taxable interest . . . . .		2b	
	3a Qualified dividends . . . . .	3a		b Ordinary dividends . . . . .		3b	
	4a IRA distributions . . . . .	4a		b Taxable amount . . . . .		4b	
	5a Pensions and annuities . . . . .	5a		b Taxable amount . . . . .		5b	
	6a Social security benefits . . . . .	6a		b Taxable amount . . . . .		6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>					7	
	8 Other income from Schedule 1, line 9 . . . . .					8	-6,660.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶					9	165,501.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:						
	a From Schedule 1, line 22 . . . . .	10a					
	b Charitable contributions if you take the standard deduction. See instructions . . . . .	10b		250.			
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶					10c	250.
	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶					11	165,251.
	12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .					12	24,800.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .					13	
	14 Add lines 12 and 13 . . . . .					14	24,800.
	15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .					15	140,451.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	22,479.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	22,479.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	22,479.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	22,479.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	29,859.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	29,859.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,819.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,819.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	31,678.

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

**Refund**

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	9,199.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	9,199.
b	Routing number 044000037	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 598256803		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

**Amount You Owe**

For details on how to pay, see instructions.

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

**Third Party Designee**

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

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

**Sign Here**

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

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

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/27/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
ARJUN AILEENI & SHRAVYA GANARAM

**Your social security number**  
297-83-6659

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-6,660.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-6,660.

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

ARJUN AILEENI & SHRAVYA GANARAM

297-83-6659

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	MIYAPUR HYDERABAD TELANGANA IN 500050				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		580 .		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		100 .		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		340 .		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		150 .		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		6,500 .		
<b>14</b>	Repairs. . . . .	<b>14</b>		150 .		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		7,240 .		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-6,660 .		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-6,660 . )	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		580 .		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		7,240 .		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	6,660 . )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>		-6,660 .		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-6,660 .

Schedule E (Form 1040) 2020