# 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

		<b>_</b>		
Submission Identification Number (SID)				
Taxpayer's name	Social securit	ly number		
HARISHA SAI KODALI 706-99-1857				
Spouse's name		ial security number		
PHANIDHAR PARUCHURI	737-24			
Part I Tax Return Information — Tax Year Ending December 31,	(Enter year you a	re 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.  1 Adjusted gross income		<b>1</b> 89,959.		
2 Total tax		<b>2</b> 7,426.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 8,766.		
4 Amount you want refunded to you		4 3,590.		
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure	you get and keep a cop	y of your return)		
return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institt payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original	tor reason for rejection of the transcription account indicated in the transcription account indicated in the transcription to debit the agent to terminate the authoriza cancellation requests must be as involved in the processing of a related to the payment. I further than a sinvolved in the processing of a related to the payment.	ansmission, (b) the reason nd its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) a received no later than 2 the electronic payment of ther acknowledge that the		
Electronic Funds Withdrawal Consent.	and the second s			
Taxpayer's PIN: check one box only	9	1 8 5 7		
X I authorize GLOBAL TAXES LLC to en		ter five digits, but		
signature on the income tax return (original or amended) I am now authori	zing.	n't enter all zeros		
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practit below.	mended) I am now authorizing tioner PIN method. The ERC	ng. Check this box <b>only</b> ) must complete Part III		
Your signature K. Hawkey.	Date ▶ <u>03   4   2</u>	2021		
Spouse's PIN: check one box only		· · · · · · · · · · · · · · · · · · ·		
·	ter or generate my PIN 4	7 2 3 9 as my		
ERO firm name	En	ter five digits, but		
signature on the income tax return (original or amended) I am now authori	zing.	n't enter all zeros		
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Practit below.	mended) I am now authorizing tioner PIN method. The ERC	ng. Check this box <b>only</b> ) must complete Part III		
Spouse's signature ▶ P-Pharidhav	Date ▶			
Practitioner PIN Method Returns Only—c				
Part III Certification and Authentication — Practitioner PIN Method				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected		8   6   1   9   8   9   er all zeros		
I certify that the above numeric entry is my PIN, which is my signature for the electronic ind authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-	n that I am submitting this retu	ırn in accordance with the		
ERO's signature ▶	Date ▶			
ERO Must Retain This Form — See Ir				
Don't Submit This Form to the IRS Unless Re				
		5 0070 (D. of 0004)		

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2020

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single  Married filing jointly [ ou checked the MFS box, enter the son is a child but not your depender	name of	ied filing separately (l your spouse. If you d								
Your first name	and m	iddle initial	Last na	ame					١	Your so	cial securi	ty number
HARISHA	SAI		KOD	ALI					•	706-	99-185	7
If joint return, s	pouse's	s first name and middle initial	Last na	ame					1	Spouse	's social se	curity number
PHANIDH	AR		PAR	UCHURI					-	737–	24-723	9
Home address	(numbe	er and street). If you have a P.O. box, se	e instruct	ions.				Apt. no.	F	Preside	ntial Election	on Campaign
21 FOUN	TAIN	HEAD DR						104		Check I	here if you,	or your
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	State	e	ZIP	code				ntly, want \$3
WESTMON'	Τ				II	ı	60	0559			o this fund. ow will not	Checking a change
Foreign country	y name			Foreign province/state/	count	y	For	eign postal cod	_		k or refund.	-
											You	Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	hange,	or otherwise acquire	any f	inanciai inter	est ir	any virtual	curre	ency?	☐ Yes	<b>⊠</b> No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retu	•			a dependent						
Age/Blindness	s You:	: Were born before January 2,	1956	Are blind Spe	ouse:	☐ Was bo	om be	efore Januar	v 2.	1956	☐ Is bl	ind
Dependents				(2) Social security		(3) Relations			-		r (see instru	ctions):
If more	•	irst name Last name		number to you		P	Child tax cre			1 - 7	her dependents	
than four									1			
dependents,			-						1			<u> </u>
see instructions and check	s ——								]			
here ► 🗌							-					
	, 1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		96,967.
Attach	2a	Tax-exempt interest	2a		<b>b</b> Ta	xable intere	st			2b		
Sch. B if required.	3a_	Qualified dividends	3a		b Or	rdinary divide	ends			3b		
	4a	IRA distributions	4a		<b>b</b> Ta	xable amou	nt .			4b		
	5a	Pensions and annuities	5a		<b>b</b> Ta	xable amou	nt .			5b		
Standard	6a	Social security benefits	6a		<b>b</b> Ta	xable amou	nt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not requ	uired,	check here		>		7		1,302.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	ne 9 .							8	-	-8,010.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 7	This is your <b>total inc</b> e	ome				•	9	9	90,259.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	)a					
widow(er), \$24,800	ь	Charitable contributions if you take	the star	ndard deduction. See	instr	uctions 10	)b	3	00.			
Head of	C	Add lines 10a and 10b. These are	your <b>to</b>	tal adjustments to i	ncom	ne			<b></b>	100	:	300.
household, \$18,650	11	Subtract line 10c from line 9. This	is your	adjusted gross inco	me				<b>&gt;</b>	11	8	39,959.
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	A)					12	2	24,800.
any box under Standard	13	Qualified business income deduct	tion. Atta	ach Form 8995 or Fo	rm 89	95-A				13		
Deduction, see instructions.	14	Add lines 12 and 13								14	2	24,800.
See II ISTRUCTIONS.	15	Taxable income. Subtract line 14	from lin	e 11 If zero or less	enter	-0-				15		55,159.

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

Form **1040** (2020)

Form 1040 (2020	0)							Page 2
	16	Tax (see instructions). Check if any from Form	n(s): 1 🗌 88	14 <b>2</b> 🗌 4972	3 [	l	. 16	7,426.
	17	Amount from Schedule 2, line 3					. 17	
	18	Add lines 16 and 17					. 18	7,426.
	19	Child tax credit or credit for other depender	nts				. 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	7,426.
	23	Other taxes, including self-employment tax,	from Schedul	e 2, line 10 .			. 23	0.
	24	Add lines 22 and 23. This is your total tax					▶ 24	7,426.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	8,7	66.	
	b	Form(s) 1099			25b			
	C	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				<del></del>	. 25d	8,766.
• If you have a	26	2020 estimated tax payments and amount a					26	
qualifying child,	27	Earned income credit (EIC)			27	Ì		
attach Sch. EIC.  If you have	28	Additional child tax credit. Attach Schedule			28			
nontaxable	29	American opportunity credit from Form 886	3. line 8		29			
combat pay, see instructions.	30	Recovery rebate credit. See instructions .			30	2,2	50	
	31	Amount from Schedule 3, line 13 / .			31	2,2	<del>50.</del>	
	32	Add lines 27 through 31. These are your tot				redits	▶ 32	2,250.
	33	Add lines 25d, 26, and 32. These are your to						11,016.
D. (	34	If line 33 is more than line 24, subtract line 2					. 34	3,590.
Refund	35a	Amount of line 34 you want refunded to you			•			3,590.
Direct deposit?	▶b	Routing number   1   0   1   1   0   0   0		► c Type:			THE REPORT OF THE PARTY OF THE	3,330.
See instructions.		Account number 5 1 8 0 0 5 1			<u>.</u>		iiigo	
	36	Amount of line 34 you want applied to your	<u> </u>		36	Τ'		
Amount	37					<u>.l.</u>	▶ 37	
You Owe	31	Subtract line 33 from line 24. This is the amo					200000000000000000000000000000000000000	
For details on		Note: Schedule H and Schedule SE filers, 2020. See Schedule 3, line 12e, and its instr			of the	taxes you owe	e for	
how to pay, see instructions.	38	Estimated tax penalty (see instructions) .			38	1		
						<u> </u>		
Third Party Designee		you want to allow another person to disc tructions				Yes. Comp	olete below	⊠ No
Designee		signee's	Phone		•		identification	
		ne ►	no. ▶		4	number (		
Sign	Und	der penalties of perjury, I declare that I have examine	ed this return and	d accompanying sc	hedules	and statements,	and to the be	st of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is b	ased on	all information of	which prepar	rer has any knowledge.
i ici c	You	ur signature	Date	Your occupation				nt you an Identity
	N L	علا الم		GAT EGEODG	- P-	THE OPEN	Protection P (see inst.) ▶	PIN, enter it here
Joint return? See instructions.	S C C	puse's signature. If a joint return, <b>both</b> must sign.	Data	SALESFORC		VELOPER	·	nt your spouse an
Keep a copy for	<b>y</b>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date	Spouse's occupa	uon			ection PIN, enter it here
your records.		p-phanidhai		HOME MAKE	R		(see inst.) ▶	
	Pho	one no.	Email address				***************************************	
D-1-1		parer's name Preparer's signat			Date	PT	IN .	Check if:
Paid Date: 1	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/	09/2021 P0	2082703	Self-employed
Preparer		n's name ▶ GLOBAL TAXES LLC						(678) 965-9522
Use Only		n's address ▶ 2530 Pebble Creek I	n Cummin	g GA 30041			Firm's EIN	
		1040 for instructions and the latest information.		RAA		/ 03/01/21 PBO		Form 1040 (2020)

### SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

HARISHA SAI KODALI & PHANIDHAR PARUCHURI

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

Your social security number 706-99-1857

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
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	-8,010.
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	0.010
Par	Adjustments to Income	9	-8,010.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government	10	
•	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		
C	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	

REV 03/01/21 PRO

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

2020

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

HARISHA SAI KODALI & PHANIDHAR PARUCHURI

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

▶ 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.

Attachment Sequence No. 12

Your social security number

706-99-1857

☐ No

X Yes

IT "YE	es," attach form 8949 and see its instructions for additiona	ai requirements io	reporting your ga	aii 0i 1088.		
Pai	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines	nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949,	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(calco piles)	(6. 63.6. 53.6)	line 2, colum		with column (g)
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.					
1h	Totals for all transactions reported on Form(s) 8949 with					
	Box A checked	2,168,876.	2,216,348.	55,7	84.	8,312.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
	Short-term gain from Form 6252 and short-term gain or (I				4	-2,804.
	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
	Short-term capital loss carryover. Enter the amount, if ar <b>Worksheet</b> in the instructions				6	( )
7	Net short-term capital gain or (loss). Combine lines 1s	through 6 in colu	ımn (h). If you hav		7	5,508.
	term capital gains or losses, go to Part II below. Otherwis					
Par	t II Long-Term Capital Gains and Losses—Ge	nerally Assets I	Held More Than	One Year	(see	instructions)
lines	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum		combine the result with column (g)
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.	) 0.	0.			0.
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
	Gain from Form 4797, Part I; long-term gain from Form from Forms 4684, 6781, and 8824				11	-4,206.
	Net long-term gain or (loss) from partnerships, S corporation				12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 86	a through 14 in co	olumn (h). Then, g	o to Part III	15	-4,206.

Part	Summary	·	
16	Combine lines 7 and 15 and enter the result	16	1,302.
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	4.0	
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
47	Ave lines 45 and 40 halls ratios0		
17	Are lines 15 and 16 <b>both</b> 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	
40	If you are required to complete the Harrocontinued Ocation 1000 Ocio Models of A		
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (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?		
	☐ <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
	• The loss on line 16; or	21	( )
	• (\$3,000), or if married filing separately, (\$1,500)		and the same of the
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

# Form **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.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

HARISHA SAI KODALI & PHANIDHAR PARUCHURI

706-99-1857

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.

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.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below		(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)
AMERITRADE	04/01/20	12/12/20	2,166,434.	2,212,039.	W	55,784.	10,179.
AMERITRADE	04/12/20	12/12/20	2,442.	4,309.			-1,867.
						-	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	2,168,876.	2,216,348.		55,784.	8,312.

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.

#### 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

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

Name(s) shown on return Your social security number 706-99-1857 HARISHA SAI KODALI & PHANIDHAR PARUCHURI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 Physical address of each property (street, city, state, ZIP code) KEDARESWARAPETA VIJAYAWADA ANDHRA PRADESH IN 520003 В C **Fair Rental** 1b Type of Property **Personal Use** For each rental real estate property listed **QJV** above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions. **Days Days** (from list below) A 365 0 В В C C Type of Property: 7 Self-Rental 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: C В 3 Rents received . 3 550. 4 4 Royalties received . Expenses: 5 5 Advertising . . . . . . 6 Auto and travel (see instructions) . . 6 7 1,700. 7 Cleaning and maintenance . . . 8 Commissions. . . . . 8 9 9 Insurance . . . . . . . 10 10 Legal and other professional fees . . . 11 1,120. 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,100. 14 15 1,860. 15 16 16 Taxes . . . . . 1,780. 17 17 18 Depreciation expense or depletion . . . . . . 18 19 19 Other (list) 20 8,560. 20 Total expenses. Add lines 5 through 19 . . . . . Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must -8,010.file Form 6198 . . . . . . . . . . . . . . . . 21 Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) . . . . . . . -8,010.550. 23a Total of all amounts reported on line 3 for all rental properties **b** Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d Total of all amounts reported on line 20 for all properties . . . . 23e 8,560. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 8,010. 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 -8,010.

# Form **678**1

Department of the Treasury Internal Revenue Service

# Gains and Losses From Section 1256 Contracts and Straddles

► Go to www.irs.gov/Form6781 for the latest information.

► Attach to your tax return.

OMB No. 1545-0644

2020 Attachment Sequence No. 82

Name(s) shown on tax return Identifying number HARISHA SAI KODALI & PHANIDHAR PARUCHURI 706-99-1857 Check all applicable boxes. A ☐ Mixed straddle election C Mixed straddle account election See instructions. **B** Straddle-by-straddle identification election D ☐ Net section 1256 contracts loss election Part I Section 1256 Contracts Marked to Market (a) Identification of account (b) (Loss) (c) Gain 1 Form 1099-B AMERITRADE -7,010.Add the amounts on line 1 in columns (b) and (c) . . . . . . 2 2 ( Net gain or (loss). Combine line 2, columns (b) and (c) . . . . . . . . . . . . . . . . 3 3 -7,010.4 5 -7,010.Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-6 7 -7.010.Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of 8 -2,804.Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of -4,206.Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Section A-Losses From Straddles (f) Loss. (a) Description of property (b) Date (c) Date (d) Gross (e) Cost or (g) (h) Recognized loss. If column (e) is entered into closed out sales price other basis Unrecognized If column (f) is more than (d), or acquired or sold plus expense gain on more than (g), enter difference. of sale offsetting enter difference. Otherwise. positions Otherwise, enter -0-. enter -0-. 10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule 11a Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule 11b Section B—Gains From Straddles (f) Gain. (a) Description of property (c) Date (b) Date (d) Gross (e) Cost or If column (d) is entered into closed out sales price other basis more than (e), or acquired or sold plus expense enter difference. Otherwise, enter -0-. 12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D 13a Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions) Part III (e) Unrecognized (a) Description of property (b) Date (c) Fair market (d) Cost or gain. If column (c) acquired value on last other basis is more than (d), business day as adjusted enter difference. of tax year Otherwise, enter -0-14

# Additional information from your 2020 Federal Tax Return

Form 6781: Gains and Losses From Section 1256 Contracts and Straddles

**Foreign Currency Contracts** 

**Explanation Statement** 

Explanation			
Name of Contract	Election Type	Line reference	Gain or Loss
	Capital Gain (Loss)	Form 6781, line 1	-7,010.



## **Illinois Department of Revenue**

# 2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

**Step 1: Personal Information** 

1991 1990

706-99-1857 HARISHA SAI 737-24-7239

KODALI

PHANIDHAR

PARUCHURI

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

21 FOUNTAINHEAD DR

104

WESTMONT

IL60559 DUPAGE



	В	Filing status: Single Married filing jointly Married filing separately Widowed Head		-11
	С	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	of nousen	ola
	D	Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident	Spouse	en ND
	Ste	ep 2: Income		ole dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	89,959 <u>.00</u>
. =	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	
T	. 3	Other additions. Attach Schedule M.	3	.00 .00
•	4	Total income. Add Lines 1 through 3.	4	89,959 <u>.00</u>
a,	Ste	p 3: Base Income		
ě	5	Social Security benefits and certain retirement plan income		
9.4		received if included in Line 1. Attach Page 1 of federal return.	.00	
Ë	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
Q.	7	Schedule 1, Ln. 1.	00	
99	7	Other subtractions. Attach Schedule M.		
10	8	Check if Line 7 includes any amount from Schedule 1299-C.  Add Lines 5, 6, and 7. This is the total of your subtractions.		
ק	9	Illinois base income. Subtract Line 8 from Line 4.	8	.00
Staple W-2 and 1099 forms here	#AMPASSONS	p 4: Exemptions	9	89 <b>,</b> 959. <u>00</u>
7				
<u>-</u>	10	a Enter the exemption amount for yourself and your spouse. See instructions.  b Check if 65 or older:		
ğ		b Check if 65 or older:	00	
St		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	00	
		Attach Schedule IL-E/EIC.	0.00	
		Exemption allowance. Add Lines a through d.	10	4,650.00
	Ste	p 5: Net Income and Tax		
		Residents: Net income. Subtract Line 10 from Line 9.		
lack		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR 11	85,309.00
>	12	Hesidents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		007003,00
5		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	4,223.00
9	13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
Ξ	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	4,223.00
D		p 6: Tax After Nonrefundable Credits		
an	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	.00	
×	16	Property tax and K-12 education expense credit amount from Schedule ICR.		
Pe	17	Attach Schedule ICR.  Cradit amount from Schedule 1999 C. Attach Schedule 1999 C.	.00	
ũ		Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C. <b>17</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	00	2
סק	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	18	0.00 4,223.00
e Z		7: Other Taxes	19	4,223.00
		Household employment tax. See instructions.	00	
Sti	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	20	.00
_		in the instructions. <b>Do not</b> leave blank.	21	0.00
▼	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges	22	.00 .00
	23	Total Tax. Add Lines 19, 20, 21, and 22.	23	4,223,00

IL-1040 2D Front (R-12/20)



24	Total tax from Page 1, Line 23.					24	4,223.00
Step	8: Payments and Refundab	le Credit			-		
25 II	linois Income Tax withheld. Attac	h Schedule IL-W	IT.		<b>25</b> 4	, 563 <u>.00</u>	
<b>26</b> E	stimated payments from Forms I	L-1040-ES and II	505-I,				
	cluding any overpayment applie				26	.00	
<b>27</b> P	ass-through withholding. Attach	Schedule K-1-P o	r K-1-T.		27	.00	
<b>28</b> E	arned Income Credit from Sched	ule IL-E/EIC, Step	4, Line 8. A	<b>Attach</b> Schedule IL-E/EIC.	28	.00	
29 T	otal payments and refundable	credit. Add Lines	25 through	28.		29	4,563 <u>.00</u>
Step	9: Total		4				
<b>30</b> If	Line 29 is greater than Line 24, su	ıbtract Line 24 froi	n Line 29.			30	340 <u>.00</u>
<b>31</b> If	Line 24 is greater than Line 29, su	ubtract Line 29 fro	m Line 24.			31	.00
	10: Underpayment of Estima					for late-payme	nt penalty
for u	nderpayment of estimated t	ax or to make	a volunta	ry charitable donat	ion.		
<b>32</b> L	ate-payment penalty for underpa	yment of estimate	ed tax.		32	.00	
	☐ Check if at least two-thirds of	-					
	Check if you or your spouse		•				
· c	Check if your income was no	t received evenly	during the	year and you annualiz	ed your income	on Form IL-2210.	
	Attach Form IL-2210.						
	Check if you were not requir			income lax return in t	tne previous tax 33		
	oluntary charitable donations. <b>At</b> otal penalty and donations. Ad				33	<u>.00</u> <b>34</b>	.00
		u Lines 32 anu 3				J-T	.00
-	11: Refund						
	you have an amount on Line 30	and this amount	is greater th	an Line 34, subtract L	ine 34 from Line		240.00
	his is your <b>overpayment</b> .	unded to you. Ch	aak ana ba	v on Line 27. See instru	uetiono	35 36	340 <b>.00</b> 340 <b>.00</b>
	mount from Line 35 you want <b>ref</b> o	unded to you. Cr	ieck <b>one</b> bo	x on Line 37. See instr	uctions.	30	340.00
	choose to receive my refund by						
а	☑ direct deposit - Complete to	ne information be	low if you c				
	Routing number	er 1 0 1 1	0 0 0	4 5 × Che	cking or Sa	vings	
	Account number	er 5 1 8 0	0 5 1	8 7 0 0 9		1	
_							
b	☐ Illinois Individual Income I http://tax.illinois.gov/Debit	ax refund debit	<b>card.</b> I ackr king this ele	nowledge I have review ection.	ved the card into	ormation found at	
c	paper check.	Juliu prior to ma	iang and on				
	mount to be <b>credited forward.</b> Su	ubtract Line 36 fro	m Line 35.	See instructions.		38	.00
	12: Amount You Owe						
•			-104				
	you have an amount on Line 31,						
	you have an amount on Line 30 ubtract Line 30 from Line 34. This					39	.00
						·	
Step	13: If this is a joint return, both yo					- 10 1- 0	
	Under penalties of perjury, I	state that I have ex	camined this	return and, to the best	of my knowledge	e, it is true, correct	, and complete.
Sign	K. Halistia	03/14/2021	RIPL	andhar	03/4/22	<i>I</i> ( )	
Here	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature [	Date (mm/dd/yyyy)	Daytime phone n	umber
	SYAM PRIYA RAM SAGAR GUPTA TA	LLAM	SYAM PRIYA 1	RAM SAGAR GUPTA TALLAM	03/09/2021		02082703
Paid	Print/Type paid preparer's name		Paid prepare	r's signature [	Date (mm/dd/yyyy)	self-employed p	aid Preparer's PTIN
Prepare Use On		TAXES LLC		F	Firm's FEIN	301017196	
Jac Uli		ble Creek LnC	umming	GA 30041 F	Firm's phone	<b>(</b> 678 <b>)</b> 965–	9522
Third				[/ \	and the second and the second		Department may
Party				<u> </u>		discuss this retu	rn with the third
<u>Design</u>	ee Designee's name (please print)			Designee's phone numb	per	party designee	shown in this step.
	D = ( = . ! = . ! ! = . 000	0 11 4040 1-			4 !!		

Refer to the 2020 IL-1040 Instructions for the address to mail your return.

IL-1040 2D Back (R-12/20)
Printed by authority of the State of
Illinois - web only, 1.





### Illinois Department of Revenue

# 2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	1.
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

# Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

HARISHA SAI KO Your name as shown		7 0 6 _ 9 9 _ 1 8 5 7  Your Social Security number					
Column A Column B Form type Employer/Payer Identification Number		Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross	Column E Illinois Income Tax Withheld			
1 <u>W</u>	362318336 000 9	_ \$ <u>96,967<b>₀00</b></u>	\$96,967 <b>.00</b>	<b>\$4</b> ,563 <b>.00</b>			
2		- \$ <u></u>	\$ <u>•00</u>	\$			
3		- \$ <u></u>	\$ <u>•00</u>	\$ <u></u>			
4		- \$ <u></u>	\$ <u>•00</u>	\$ <u>•00</u>			
5		- \$ <u>•00</u>	\$ <u>•00</u>	\$ <u>•00</u>			

## Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

PHANIDHAR PARUCHURI

7 3 7 \_ 2 4 \_ 7 2 3 9

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

_	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.		Column E Illinois Income Tax Withheld	
6 _			- \$	•00	\$	•00	\$	•00
7 _			. \$	•00	\$	•00	\$	<u>•00</u>
8	·		. \$	•00	\$	<u>•00</u>	\$	•00
9 _			. \$	•00	\$	<u>•00</u>	\$	<u>•00</u>
10 _			. \$	•00	\$	•00	\$	•00

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

**11 \$** 4,563**.00** 

→ Attach all Schedules IL-WIT to your IL-1040. ←



2020 IL-84	tment of Revenue III  153 Illinois Individual Incommodule Incommunication (III)  The individual Incommunicat	ome Tax Ele	Submission ID ctronic F lless it is rea	- I - I - I - I - I - I - I - I - I - I	IIII
Step 1: Provide taxpayer HARISHA SAI	information PHANIDHAR PARUCHURI KODALI		7 0	6 _ 9 9	_ 1 8
First name and middle initial	Spouse's first name (and last name if different)	Last name	Social Secu	urity number	

Ste	p 1: Provide taxpaye HARISHA SAI	r information PHANIDHAR PAR	UCHURI KODALI		7 0 6 _ 9 9 _	1 8 5 7
	First name and middle initial		nd last name if different)	Last name	Social Security number	
Prin	t 21 FOUNTAINHEAD	DR 104			7 3 7 _ 2 4 _	7 2 3 9
or typ∈					Spouse's Social Security number	
,,,	WESTMONT		IL	60559		
	City		State	ZIP	Daytime phone number	
Ste	2: Complete inform	ation from tax ret	urn			
_	Net income from Form II				1	85,3091 <b>00</b>
	Tax from Form IL-1040,				<u> </u>	4,223   00
	Illinois Income Tax withh		0 Line 25 <b>only</b> (ent	er "O" if none)	3	
	Overpayment from Form		o, Line 20 only (Cit	ci <b>u</b> ii none)	3 —	340   00
	Total amount due from F	•			5	
				ing separately Wido	wed Head of household	
				ds withdrawal inform		
does vithi 7	not support internationant the United States or the Routing no. (RN): $\frac{1}{100}$	ACH transactions. ID ose not funded by inte	OOR will only perforn renational funds. Elec	n direct transactions ( <i>e.g.,</i> stronic payments will not b	within the electronic transm debit, deposit) with financial in the accepted and refunds will be	nstitutions located
3	Account no. (AN): 5	1 8 0 0 5	1 8 7 0 0		<u> </u>	٠(
•	Type of account: $\times$	Checking Savi	ngs			
10	Date the payment is to b	e electronically withd	rawn://	·		
11	Electronic funds withdra	wal amount:	<u> </u>			
2	Name on account:				1	· · · · · · · · · · · · · · · · · · ·
Step	4: Taxpayer declarat	ion and signature	(Sign only after o	completing Step 2 and	I, if applicable, Step 3.)	
Σ					the information on Lines 7 these as an agent to receive the	
	withdrawal as designated involved in the process and resolve issues re	ated in the electronic ssing of an electronic lated to the payment.	portion of my 2020 loverpayment of taxe	Illinois Individual Income es to receive confidential	t to initiate an ACH electronic Tax return. I authorize the fina information necessary to ans	ancial institutions
	l do not want direct de	eposit of my refund, o	r an electronic fund	s withdrawal (direct debit)	of my balance due.	
rigir and a been	nator (ERO) are identical. accompanying informatio accepted or rejected. If r	To the best of my kno n may be sent to IDOI rejected, I authorize ID	owledge, my return is R by my ERO. I auth OOR to identify the re	true, correct, and comple orize IDOR to inform my E eason(s) so the return may	nation I provided to my electro ete. I consent that my return, i ERO and/or the transmitter wh y be corrected and retransmitt	this declaration, en my return has
Sigr	1 Kitalus			- P. Phani	gher 0	3/14/20
	Your signature		Date ' '		oint return, <b>both</b> must sign)	Date
dec ave	lare that I have examine	d this taxpayer's elect s of this program and	ronic Form IL-1040, declare, under pen	alties of perjury, that to th	nature form IL-8453, and accompany te best of my knowledge the t	
	ERO's signature			03/09/2021 Date	Check if paid preparer: 🗵	See instructions.)
	GLOBAL TAXES LLO	7			P	7 7 7
RO	Firm's name or your name if s				<u>P 0 2 0 8 2</u> Your PTIN	
ISE	2530 Pebble Cree	• •				7 1 0 6
nly	Mailing address	. N. 1111			3 0 - 1 0 1 7 Federal employer identification num	/1_9_6_ her (FFIN)
	Cumming		GA	30041	(678) 965-9522	(
	City		State	ZIP	Daytime phone number	
					23, anno priorio numbor	

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

