

**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 ANJANEYULU DHAMERA	Social security number 713-51-9762
Spouse's name	Spouse's social security number

**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>	90,233.
<b>2</b> Total tax	<b>2</b>	12,912.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b>	13,318.
<b>4</b> Amount you want refunded to you	<b>4</b>	406.
<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 

1	9	7	6	2
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 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 \_\_\_\_\_ to enter or generate my PIN 

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 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 ANJANEYULU	Last name DHAMERA	Your social security number 713-51-9762
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 2702 SW WALLACE WAY		Apt. no.	<b>Presidential Election Campaign</b> 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. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BENTONVILLE	State AR	ZIP code 72713	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(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	Credit for other dependents
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.  <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.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	96,372.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	-5,889.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	90,483.
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	250.
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	250.
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	90,233.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,400.
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	12,400.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	77,833.	

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	12,912.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,912.
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	12,912.
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	12,912.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,318.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,318.
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	
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	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	13,318.

• 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	406.																				
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	406.																				
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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.) ▶										
<i>[Signature]</i>		SOFTWARE ENGINEER	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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.) ▶										
			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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	01/25/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name ▶	Firm's address ▶		Phone no.	Firm's EIN ▶
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	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  
ANJANEYULU DHAMERA

Your social security number  
713-51-9762

**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>	-5,889.
<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>	-5,889.

**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**

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

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

ANJANEYULU DHAMERA

Your social security number

713-51-9762

**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>	LAKSHMI BANK STREET HYDERABAD IN 500072				
<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.	Fair Rental Days	Personal Use Days	QJV
<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)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		450.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				

**Expenses:**

<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		150.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		250.		
<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>		4,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>		50.		
<b>15</b>	Supplies . . . . .	<b>15</b>		536.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		853.		
<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>		6,339.		

**21** 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 **Form 6198** . . . . . **21** ( -5,889 . )

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** ( -5,889 . ) ( ) ( )

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	450.	
<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>	6,339.	

**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 5,889 . )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -5,889 .









NO EMAIL

**Pay Online**

Paying online is convenient, secure, and helps make sure we get your payments on time. Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at [www.atap.arkansas.gov](http://www.atap.arkansas.gov). ATAP allows taxpayers or their representatives to log on, make payments and manage their account online.

Additional ATAP features are:

- Make name and address changes
- View account letters
- Check refund status
- ATAP is available 24 hours.

NOTE: Please cut each voucher as straight as possible along the dotted line.

↓ You must cut along the dotted line or the processing of your payment will be delayed. ↓

AR1000ES  
(R 07/15/2020)

STATE of ARKANSAS  
Estimated Tax for Individuals

2021

REV 12/07/20 PRO

Software ID PROSERIES

Calendar Year 2021 or

Voucher

Fiscal Year Ending \_\_\_\_\_  
(MM/DD/YYYY)

4

Your Social Security Number

Spouse's Social Security Number  
(if applicable)

Due Date

713-51-9762

\_\_\_\_\_

01/15/2022

Primary Name ANJANEYULU DHAMERA

Spouse Name \_\_\_\_\_

Address 2702 SW WALLACE WAY

City, State, Zip BENTONVILLE, AR 72713

Telephone # \_\_\_\_\_

Amount of this Payment \$

295.

Include Cents  
(ex. 1,234,567.00)

IITSSN0071351976212312021ESTPYM00000000000000000000000000000000000000

# STATE OF ARKANSAS INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS

All tax return payments should be mailed on or before the due date of the tax return.

## Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at [www.atap.arkansas.gov](http://www.atap.arkansas.gov). ATAP allows taxpayers or their representatives to log on, make payments and manage their account online.

### Additional ATAP features are:

- Make name and address changes
- View account letters
- Check refund status
- ATAP is available 24 hours.

## E-Filed Returns

If mailing a payment for a tax return that has been electronically filed, complete the voucher (AR1000V) below. Mail the AR1000V and a check or money order to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

**Arkansas State Income Tax**  
P.O. Box 8149  
Little Rock, AR 72203-8149

## Paper Returns

If mailing a paper tax return with a payment, complete the voucher (AR1000V) below. Mail the AR1000V, a check or money order and your tax return (Form AR1000F or AR1000NR) to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

**Arkansas State Income Tax**  
P.O. Box 2144  
Little Rock, AR 72203-2144

**Note:** Make your check or money order payable in U.S. Dollars to the Department of Finance and Administration. Be sure to include your Social Security Number and/or account number on your check or money order.

(R 8/16/2018)

↓ You must cut along the dotted line or the processing of your payment will be delayed. ↓

## AR1000V INDIVIDUAL INCOME TAX RETURN PAYMENT VOUCHER

REV 12/07/20 PRO

(R 8/22/2018)

Software ID	<input type="text" value="PROSERIES"/>	Spouse's Social Security Number	Fiscal Year End	Tax Year
Primary Social Security Number	<input type="text" value="713-51-9762"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2020"/>
Name	<input type="text" value="ANJANEYULU"/>	<input type="text" value="DHAMERA"/>	Due Date	Amount Paid
Address	<input type="text" value="2702 SW WALLACE WAY"/>		<input type="text" value="04/15/2021"/>	<input type="text" value="1,178."/>
City, State, Zip	<input type="text" value="BENTONVILLE, AR 72713"/>		Is Payment for an Amended Return?	
Telephone #	<input type="text"/>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Include Cents  
(ex. 1,234,567.89)

IITSSN0071351976212312020RTNPYM000000000000000000000000

# 2020 AR1000F



# AR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2020 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name ● ANJANEYULU	MI ●	Last name ● DHAMERA	Check if ● <input type="checkbox"/> Deceased	Primary's social security number ● 713-51-9762
	Spouse's legal first name ●	MI ●	Last name ●	Check if ● <input type="checkbox"/> Deceased	Spouse's social security number ●
Mailing address (number and street, P.O. box or rural route) ● 2702 SW WALLACE WAY					<input type="checkbox"/> Check if address is outside U.S.
City ● BENTONVILLE		State or province ● AR		ZIP ● 72713	Foreign country name

FILING STATUS Check Only One Box	1. <input checked="" type="checkbox"/> Single (Or widowed before 2020 or divorced at end of 2020)	4. <input type="checkbox"/> Married filing separately on the same return
	2. <input type="checkbox"/> Married filing joint (Even if only one had income)	5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____
3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____		6. <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: (See instructions) _____

Check here if you want a tax booklet mailed to you next year.

**Check this box if you have filed a state extension or an automatic federal extension**

PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/qualifying widow(er) (Filing status 3 only)	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	(Filing status 6 only)	
	Multiply number of boxes checked ..... 7A <input type="checkbox"/> X \$29 = <input type="text" value="29.00"/>						
	<b>Dependents (Do not list yourself or spouse)</b>						
	First name		Last name		Dependent's social security number		Dependent's relationship to you
1.							
2.							
3.							
7B. Multiply number of DEPENDENTS from above ..... 7B <input type="checkbox"/> X \$29 = <input type="text" value="00"/>							
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) ..... 7C <input type="checkbox"/> X \$500 = <input type="text" value="00"/>							
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D						<input type="text" value="29.00"/>	

I D	DL# / State ID _____	Your state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____
	DL# / State ID _____	Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

**Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.**

Routing Number 1	Account Number 1	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 Amt
<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value="00"/>
Routing Number 2	Account Number 2	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 Amt
<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value="00"/>

PLEASE 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.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE	Primary's signature	Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>		PTIN/ID number ● 301017196	For Department Use Only	
	Preparer's name GLOBAL TAXES LLC		City/State/ZIP CUMMING GA 30041	A	●
	E-mail SYAM@GTAXFILE.COM		Telephone (678) 965-9522		

**Refund:** Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000

**Tax Due/No Tax:** Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144



Primary SSN 713-51-9762

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s) .....	96,372.00	00
	9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>		
	10. Interest income: (If over \$1,500, Attach AR4) .....		
	11. Dividend income: (If over \$1,500, Attach AR4) .....		
	12. Alimony and separate maintenance received: .....		
	13. Business or professional income: (Attach federal Schedule C) .....		
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D) .....		
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) .....		
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs) .....		
	17. Military retirement: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>		
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> Taxable amount <input type="checkbox"/> Less \$6,000	00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> Taxable amount <input type="checkbox"/> Less \$6,000	00	00
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) .....	-5,889.00	
	20. Farm income: (Attach federal Schedule F) .....		
	21. Unemployment (Attach 1099-G) .....		
	22. Other income/depreciation differences: (Attach Form AR-OI) .....		
	23. TOTAL INCOME: (Add lines 8 through 22) .....	90,483.00	
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) .....			
25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) .....	90,483.00		
TAX COMPUTATION	26. Select tax table: (Select only one)		
	27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input type="checkbox"/> Itemized deductions (Attach AR3)	2,200.00	
	28. NET TAXABLE INCOME: (Subtract line 27 from line 25) .....	88,283.00	
	29. TAX: (Enter tax from tax table) .....	5,008.00	
	30. Combined tax: (Add amounts from line 29, columns A and B) .....		5,008.00
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....		
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) .....		
33. TOTAL TAX: (Add lines 30 through 32) .....		5,008.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) .....	29.00	
	35. Child care credit: (20% of federal credit allowed; attach federal Form 2441) .....		
	36. Other credits: (Attach AR1000TC) .....	689.00	
	37. TOTAL CREDITS: (Add lines 34 through 36) .....		718.00
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....		4,290.00	
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G) .....	3,112.00	
	40. Estimated tax paid or credit brought forward from 2019: .....		
	41. Payment made with extension: (See instructions) .....		
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) .....		
	43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) .....		
	44. TOTAL PAYMENTS: (Add lines 39 through 43) .....		3,112.00
45. AMENDED RETURNS ONLY - Previous refund: (See instructions) .....			
46. Adjusted total payments: (Subtract line 45 from line 44) .....		3,112.00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) .....		
	48. Amount to be applied to 2021 estimated tax: .....		
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) .....		
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) .....	REFUND	00
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) .....	TAX DUE	1,178.00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> 3 Penalty 52B <input type="checkbox"/> 00		
52C. Add lines 51 and 52B: (See instructions) .....	TOTAL DUE	1,178.00	

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



ARKANSAS INDIVIDUAL INCOME TAX  
TAX CREDITS

Primary taxpayer's name <b>ANJANEYULU DHAMERA</b>	Primary's social security number <b>713-51-9762</b>
--	--

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. State political contribution credit: (See instructions) .....	1 •		00
2. Other state tax credit: [Attach copy of other state tax return(s)] ..See OtherStatesCredit .....	2 •	689.	00
3. Credit for adoption expenses: (Attach federal Form 8839) .....	3 •		00
4. Phenylketonuria disorder credit: (See instructions. Attach AR1113) .....	4 •		00

If certificate is issued to an individual, leave FEIN box below blank.

Primary:

5A. BIC Code	<input type="text"/>	FEIN	<input type="text"/>	Amount	<input type="text"/>	00
5B. BIC Code	<input type="text"/>	FEIN	<input type="text"/>	Amount	<input type="text"/>	00
5C. BIC Code	<input type="text"/>	FEIN	<input type="text"/>	Amount	<input type="text"/>	00

Spouse:

5D. BIC Code	<input type="text"/>	FEIN	<input type="text"/>	Amount	<input type="text"/>	00
5E. BIC Code	<input type="text"/>	FEIN	<input type="text"/>	Amount	<input type="text"/>	00
5F. BIC Code	<input type="text"/>	FEIN	<input type="text"/>	Amount	<input type="text"/>	00

5. Business incentive tax credit(s): (Add amounts from 5A-5F above) .....	5 •		00
<b>A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.</b>			
6. TOTAL CREDITS: Add lines 1 through 5. Enter total on line 36, Form AR1000F/AR1000NR .....	6 •	689.	00

BUSINESS INCENTIVE CREDIT TYPES

Code Credit Type

- 0001....Advantage Arkansas
- 0002....Affordable Housing
- 0003....AR Plus
- 0004....AR Plus 50% Technology-Based
- 0005....AR Plus 75% Technology-Based
- 0006....AR Plus 100% Technology-Based
- 0008....Capital Development Company
- 0009....Child Care Facility
- 0010....Coal Mining Producing and Extracting
- 0011....Delta Geotourism
- 0013....Enterprise Zone
- 0014....Equipment Donation/Sale
- 0015....Equity Investment Incentive
- 0016....Existing Workforce Training
- 0017....Family Savings Initiative Act
- 0018....Historic Rehabilitation
- 0019....Low Income Housing
- 0020....Public Roads Incentive
- 0021....Research Park Authority
- 0022....Research and Development with Universities
- 0023....In-House Research Income Tax Credit
- 0024....In-House Research by Targeted Business Income Tax Credit
- 0025....In-House Research Area of Strategic Value Income Tax Credit
- 0026....Qualified Research

Code Credit Type

- 0028....Tourism Development
- 0029....Tuition Reimbursement Program
- 0030....Targeted Business Payroll
- 0031....Venture Capital Investment
- 0034....Waste Reduction, Reuse or Recycle Equipment
- 0035....Water Impounded Outside Critical
- 0036....Water Impounded Within Critical
- 0037....Water Surface Outside Critical
- 0038....Water Surface Inside Critical
- 0039....Water Surface Inside Critical-Industrial or Commercial
- 0040....Water Land Leveling
- 0041....Wetland Riparian Zone Creation/Restoration
- 0042....Wetland Riparian Zone Conservation
- 0043....Central Business Improvement District Rehab and Dev
- 0044....Biodiesel Incentive Credit
- 0045....Recycle Equipment for Steel Manufacturer
- 0046....Recycle-Steel Manufacturer Amendment 82 Project Act 862
- 0047....Recycle-Expansion Project Act 1046
- 0048....Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
- 0049....Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
- 0050....Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
- 0051....Apprenticeship Program
- 0052....Major Historic Rehabilitation
- 0053....Delta Music Trail



**ARKANSAS INDIVIDUAL INCOME TAX  
PENALTY FOR UNDERPAYMENT  
OF ESTIMATED TAX**

Primary's legal name ANJANEYULU DHAMERA	Primary's social security number 713-51-9762
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**PART I - EXCEPTION**

If you qualify for an **exception 1 through 5** (see list on back of this form) from the Underestimate Penalty, enter the exception on the line to the right and on Form AR1000F/AR1000NR, box 52A or AR1002F/AR1002NR, box 36A 3

**If you qualify for an exception, stop here.** Do not complete Part II or Part III. Attach this form to Form AR1000F/AR1000NR. **(To claim exception 6, do not complete Form AR2210. For exception 6, use Form AR2210A only.)**

**If you do not qualify for an exception, complete Part II below.**

**PART II - REQUIRED ANNUAL PAYMENT**

1. 2020 net tax: (line 38, Form AR1000F or line 38D, AR1000NR or line 24B, AR1002F or line 24F, AR1002NR)	1	4,290.
2. Enter 90% (.90) of the amount shown on line 1:	2	3,861.
3. 2020 Arkansas income tax withheld: (line 39, AR1000F/AR1000NR or line 25, AR1002F/AR1002NR)	3	3,112.
4. Subtract line 3 from line 1: (If the result is \$1,000 or less, stop here. Do not complete this schedule.)	4	1,178.
5. 2019 net tax: (line 38, AR1000F or line 38D, AR1000NR or line 24B, AR1002F or line 24F, AR1002NR)	5	0.
6. Required annual payment. Enter the smaller of line 2 or line 5:	6	0.

**If you do not qualify for an exception (Part I) and line 6 is more than line 3, complete Part III below.**

**PART III - COMPUTING THE PENALTY**

	PAYMENT DUE DATES			
	A 4-15-2020	B 6-15-2020	C 9-15-2020	D 1-15-2021
7. <b>Required installments.</b> Enter 1/4 (.25) of line 6, AR2210 in each column: ..... 7				
8. <b>Estimated tax paid and tax withheld.</b> For column A only, enter the amount from line 8 on line 12. If line 8 is equal to or greater than line 7 for all payment periods, stop here. You do not owe the penalty. Complete lines 9 through 15 of each column before going to the next column: ..... 8				
9. Enter amount, if any, from line 15 of previous column: ..... 9				
10. Add lines 8 and 9: ..... 10				
11. Add amounts on lines 13 and 14 of previous column: ..... 11				
12. Subtract line 11 from line 10. If zero or less, enter 0. For column A only, enter the amount from line 8: ..... 12				
13. If the amount on line 12 is zero, subtract line 10 from line 11. Otherwise, enter zero: ..... 13				
14. <b>Underpayment.</b> If line 7 is equal to or greater than line 12, subtract line 12 from line 7. Then go to line 9 of the next column. Otherwise, go to line 15: ..... 14				
15. <b>Overpayment.</b> If line 12 is more than line 7, subtract line 7 from line 12, then go to line 9 of the next column: ..... 15				
16. Number of days <b>from</b> the payment due date shown at top of column <b>to</b> the date the amount on line 14 was paid, or 4-15-2021, whichever is earlier: ..... 16				
17. Underpayment Number of from line 14 X days from line 16 X .10 ..... 17				

18. **PENALTY.** Add all the amounts on line 17 in all columns. SEE STMT  
Enter the total here and on Form AR1000F/AR1000NR, line 52B or Form AR1002F/AR1002NR, line 36B: ..... 18



## ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● ANJANEYULU		Last Name ● DHAMERA		Primary's Social Security Number ● 713-51-9762	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 2702 SW WALLACE WAY					Telephone ●
City BENTONVILLE	State or Province AR	ZIP 72713	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

**PART I - TAX RETURN INFORMATION (Whole Dollars Only)**

1. Total Income (Form AR1000F or AR1000NR, Line 23).....	1	90,483.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38).....	2	4,290.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39).....	3	3,112.	00
4. Refund (Form AR1000F or AR1000NR, Line 47).....	4		00
5. Tax Due (Form AR1000F or AR1000NR, Line 51).....	5	1,178.	00

**PART II - DECLARATION OF TAXPAYER**

6a.  I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.

6b.  I do not want direct deposit of my refund or I am not receiving a refund.

6c.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here \_\_\_\_\_

Primary's Signature	Date	Spouse's Signature	Date
---------------------	------	--------------------	------

**PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING	01/25/2021	GA 30041	30-1017196
	Firm's name and address	Date	Your SSN or PTIN	FEIN

Check if paid preparer  Check if self-employed

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING	01/25/2021	GA 30041	P02082703
	Firm's name and address	Date	Preparer's SSN or PTIN	FEIN

Check if self-employed

**Additional information from your 2020 Arkansas Tax Return**

Form AR1000TC: Tax Credits

OtherStatesCredit

Continuation Statement

Other State	Oth. State AGI	Oth. Tax Due	Allowable Tax Crd.	Withholding Amt
NJ	39,155.	689.	689.	1,757.

DO NOT MAIL



**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

ANJANEYULU DHAMERA

713-51-9762

**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>	LAKSHMI BANK STREET HYDERABAD IN 500072				
<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.	Fair Rental Days	Personal Use Days	QJV
<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)

Income:		Properties:	A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>	450 .		
<b>4</b>	Royalties received . . . . .	<b>4</b>			

**Expenses:**

<b>5</b>	Advertising . . . . .	<b>5</b>			
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>	150 .		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	250 .		
<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>	4,500 .		
<b>14</b>	Repairs. . . . .	<b>14</b>	50 .		
<b>15</b>	Supplies . . . . .	<b>15</b>	536 .		
<b>16</b>	Taxes . . . . .	<b>16</b>			
<b>17</b>	Utilities. . . . .	<b>17</b>	853 .		
<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>	6,339 .		

**21** 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 **Form 6198** . . . . . **21** -5,889 .

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** ( -5,889 . ) ( ) ( )

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	450 .	
<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>	6,339 .	

**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 5,889 . )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -5,889 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020