Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information

Submission Identification Number (SID)

Тахрау	ver's name	Social secur	ity numb	er				
MAN	IISH SHARMA	825-02	-4004	4				
Spouse	cial secu	ırity number						
Par	Tax Poturn Information Tax Year Ending December 21 2020 (En	tor yoar you y		thorizing)				
		ter year you a	are aut	linonzing.)				
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		1	111,529.				
2	Total tax		2	17,870.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	20,161.				
4	Amount you want refunded to you		4	2,291.				
5	Amount you owe		5					
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

Under penalties of periury. 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

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

	2	4	0	0	4					
Enter five digits, but don't enter all zeros										

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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 s	signature D	ate 🕨					 				
Practitioner PIN Method Returns Only—continue below											
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		8 nter a		9	8	9	

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 F Don't Submit This Form to the I		
For Demonstrate Deduction Act	Notice and company to contain the demonstration of	 DEV/ 04/00/04 DDO	Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/20/21 PRO

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	20	OMB No. 1545	-0074	IRS Use Only	y—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Arried filing jointly sources of the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separatel your spouse. If yo				` '			low(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	me					Your so	cial securi	ty number
MANISH			SHAR	AMA					825-	02-400	4
lf joint return, s	pouse':	s first name and middle initial	Last na	me					Spouse'	s social se	curity number
		er and street). If you have a P.O. box, see NA STREET	instructio	ons.					Check h	nere if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP cc	de			ntly, want \$3 Checking a
ENGLEWO	OD				C	0	801	12	Ŭ Ŭ	ow will not	•
Foreign country	y name		F	Foreign province/sta	ate/cour	ity	Foreig	n postal code	your tax	or refund.	_
						<i>c</i>				You	Spouse
	-	020, did you receive, sell, send, exch	-				est in a	ny virtual ci	urrency?	Yes	X No
Standard Deduction		eone can claim:	•	·		a dependent					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January	2, 1956	🗌 ls bl	lind
Dependents				(2) Social sect	urity	(3) Relationsh	nip		· I	r (see instru	,
If more	(1) F	irst name Last name		number		to you		Child tax o	credit	Credit for ot	ther dependents
than four dependents,											<u>Ц</u>
see instruction	s —										<u>Ц</u>
and check											
here 🕨 🔝											
Attach	<u>1</u>	Wages, salaries, tips, etc. Attach F	111	N-2					. 1		17,822.
Sch. B if	2a	'	2a	1.2		axable interes			. 2b		
required.	<u>3a</u>		3a	13.		Ordinary divide			. <u>3b</u>		13.
	/ 4a		4a			Taxable amoun			. 4b		
	5a		5a			Taxable amoun			. <u>5b</u>		
Standard Deduction for –	6a	,	6a			Taxable amoun	t		. 6b		1 224
Single or	7	Capital gain or (loss). Attach Schee		•	•		• •	· · ►			1,334.
Married filing separately,	8	Other income from Schedule 1, lin					• •		. 8		<u>-7,350.</u>
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. I	nis is your total i	income	•	• •		▶ 9	<u> </u>	11,819.
 Married filing jointly or 	10	Adjustments to income:					I				
Qualifying widow(er),	a								_		
\$24,800	b	Charitable contributions if you take						29			200
 Head of household, 	C	Add lines 10a and 10b. These are							► <u>100</u>		290.
\$18,650	11	Subtract line 10c from line 9. This	,						► <u>11</u>		11,529.
 If you checked any box under 	12	Standard deduction or itemized		,	,						12,400.
Standard Deduction,	13	Qualified business income deduction									10 100
see instructions.	14	Add lines 12 and 13 Taxable income. Subtract line 14				 or 0					<u>12,400.</u> 99,129.
	15	Taxable Income. Subtract line 14		e 11. Il zero or le	ss, ente	ər-U			. 15		<u>99,129.</u>

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

Form **1040** (2020)

Form 1040 (2020))										Pag	ge 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	17,870	J.
	17	Amount from Schedule 2, lir	ne3						·	17		
	18	Add lines 16 and 17								18	17,870	J.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	17,870).
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line ⁻	10.				23	().
	24	Add lines 22 and 23. This is							. 1	24	17,870	
	25	Federal income tax withheld	from:								í.	
	а	Form(s) W-2					25a	20	,161			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	20,161	L.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 retur	n				26		
qualifying child,	27	Earned income credit (EIC)					27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See		-			30					
	31	Amount from Schedule 3, lir					31					
	32	Add lines 27 through 31. The					ble cr	edits	.)	▶ 32		
	33	Add lines 25d, 26, and 32. T	,								20,161	
	34	If line 33 is more than line 24	•							34	2,291	
Refund	35a	Amount of line 34 you want					-	-			2,291	
Direct deposit?	►b	Routing number 1 0 2			► c Ty		Chec		Saving			
See instructions.	►d	Account number 9 0 1							ouving			
	36	Amount of line 34 you want a			ed tax	 ►	36	T.				
Amount	37	Subtract line 33 from line 24								37		
You Owe	57			-								
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line 1				esent all c	of the	taxes you	owe to	pr		
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38	1				
Third Party		you want to allow another										_
Designee		tructions	•					Yes. C	omplet	e below.	× No	
200191100		signee's		Phone					•	ntification		
	nar	me ►		no. 🕨					ber (PIN			
Sign		der penalties of perjury, I declare t										
Here		ief, they are true, correct, and com	plete. Declaration				ased on	all information			-	ge.
	Yo	ur signature		Date	Your oc	cupation					nt you an Identity IN, enter it here	
Joint return?					IT					ee inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date		's occupati	ion		lf	the IRS se	nt vour spouse an	
Keep a copy for	- Cp		e in maer eign	Duito	opeace	oooupun					ection PIN, enter it	here
your records.									(s	ee inst.) 🕨		
		one no.		Email address								
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	05/	11/2021	P020	82703	Self-employe	;d
Preparer	Firr	m's name ► GLOBAL TA	XES LLC						PI	none no.	(678)965-95	22
Use Only	Firr	n's address ► 2530 Pebb	le Creek I	n Cummin	g GA	30041			Fi	rm's EIN 🖡	> 30-101719	96
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		B	AA	REV	/ 04/20/21 PRC)		Form 1040 (2020)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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

	Attachment Sequence No. 01
Your soc	ial security number
825-02	-4004

1

2a

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

MANI	SH SHARMA	
Par	t I Additional Income	
1	Taxable refunds, credits, or offsets of state and local income taxes	
2a	Alimony received	
b	Date of original divorce or separation agreement (see instructions)	

D	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	-7,350.
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	-7,350.

Part II Adjustments to Income

10	Educator expenses	10
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11
12	Health savings account deduction. Attach Form 8889	12
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13
14	Deductible part of self-employment tax. Attach Schedule SE	14
15	Self-employed SEP, SIMPLE, and qualified plans	15
16	Self-employed health insurance deduction	16
17	Penalty on early withdrawal of savings	17
18a	Alimony paid	18a
b	Recipient's SSN	
с	Date of original divorce or separation agreement (see instructions)	
19	IRA deduction	19
20	Student loan interest deduction	20
21	Tuition and fees deduction. Attach Form 8917	21
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 04/20/21 PRO	Schedule 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

▶ 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.

20Attachment Sequence No. 12

Name(s) shown on return MANISH SHARMA

Department of the Treasury

Internal Revenue Service (99)

Your social security number 825-02-4004

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? × No **Yes** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(g) Adjustment 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.	Form(s) 8949, F line 2, column	Part I,	combine the result 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.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked		16.	1,419.		
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked			-1.		
4	Short-term gain from Form 6252 and short-term gain or (I	324	4	-33.		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5	-1.		
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	1,384.

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

This form may be easier to complete if you round off cents to (sales price) Proceeds (sales price) Cost to gain or loss (or other basis) Form(s) 8949,						
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.						
Totals for all transactions reported on Form(s) 8949 with Box D checked						
Totals for all transactions reported on Form(s) 8949 with Box E checked						
Totals for all transactions reported on Form(s) 8949 with Box F checked.						
	• •	11	-50.			
Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12				
Capital gain distributions. See the instructions		13				
	-	14	()			
	•			15	-50.	
	below. form may be easier to complete if you round off cents to e dollars. 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 Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked	below. (d) form may be easier to complete if you round off cents to e dollars. (d) 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). (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b (see instructions). Totals for all transactions reported on Form(s) 8949 with Box D checked (see instructions). Totals for all transactions reported on Form(s) 8949 with Box E checked (see instructions). Totals for all transactions reported on Form(s) 8949 with Box E checked (see instructions). Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824 (see instructions). Net long-term gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions (see instructions). Long-term capital loss carryover. Enter the amount, if any, from line 13 of y Worksheet in the instructions (see instructions). Net long-term capital gain or (loss). Combine lines 8a through 14 in combine back (see instructions). (see instructions).	below. (d) (e) form may be easier to complete if you round off cents to e dollars. Proceeds (sales price) Cost (or other basis) 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 Image: Cost (or other basis) Totals for all transactions reported on Form 50 Mg49, leave this line blank and go to line 8b Image: Cost (or other basis) Totals for all transactions reported on Form(s) 8949 with Box D checked Image: Cost (or other basis) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Cost (or other basis) Totals for all transactions reported on Form(s) 8949 with Box F checked Image: Cost (or other basis) Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or flows) from partnerships, S corporations, estates, and trusts from Schee Capital gain or (loss) from partnerships, S corporations, estates, and trusts from Schee Capital gain distributions. See the instructions Image: Cost (or other basis) Net long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Worksheet in the instructions Image: Cost (or other basis) Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, ge on the back Image: Cost (loss) Net long-term capital gain or (l	below. (d) (e) Adjustment to gain or loss form may be easier to complete if you round off cents to e dollars. (sales price) (cor other basis) Adjustment to gain or loss 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). Image: Cost (sales price) Image: Cost (sales price)	below. (d) Proceeds (sales price) (e) Cost (or other basis) Adjustments to gain or loss from Form(s) 849, Part II, line 2, column (g) 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 Image: Column (g) Totals for all transactions reported on Form 900-B for which basis was reported on Form(s) 8949 with Box D checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Column (g) Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 Image: Column (g) Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 Image: Column (g) Capital gain distributions. See the instructions Image: Column (g) Image: Column (g) Worksheet in the instructions Image: Column (g) Image: Column (g) Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back Image: Column (g) Image: Column (g) Ima	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2020

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 1,334.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ 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 smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	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?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 04/20/21 PRO

Schedule D (Form 1040) 2020

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ 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.

20 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
MANISH SHARMA	825-02-4004

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

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of prope	erty Date acqu	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	Gain or (loss). Subtract column (e)			
(Example: 100 sh. XYZ	(Mo., day		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)			
Robinhood Securities	s LLC 03/19/	20 10/19/20	5,231.	3,828.	EW	16.	1,419.			
2 Totals. Add the amounts in negative amounts). Enter e Schedule D, line 1b (if Box above is checked), or line 3	5,231.	3,828.		16.	1,419.					

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074 2020

Attachment

Department of the Treasury Internal Revenue Service

▶ 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.

Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
MANISH SHARMA	825-02-4004

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

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
Robinhood Securities LLC	03/19/20	10/19/20	7.	8.			-1.		
2 Totals. Add the amounts in column: negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6	7.	8.			-1.				

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

3 Rents received	imber erty, use
MANTSH SHARMA B25-02-4004 PartU Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal properting personal property is compared by the second state and payments in 2020 that would require you to file Form(s) 1099? See instructions	erty, use
Part1 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal prop Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4936 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 B If "Yes," did you or will you file required Form(s) 1099? Yes 1a Physical address of each property (street, city, state, ZIP code) A A BHART CHANDRAPUR MAHARASHTRA IN 560037 B C	
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 □ □ □ □ □ ■ □ ■ □ ■ □ ■ □ ■ □ ■ □ ■ □ ■ □ ■ □ ■ ■ □ ■ ■ ■ □ ■ <th></th>	
A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions I I Yes B If Yes," did you or will you file required Form(s) 1099?	X No
B ff "Yes," did you or will you file required Form(s) 1099? Yes 1a Physical address of each property (street, city, state, ZIP code) A BHART CHANDRAPUR MAHARASHTA IN 560037 B	
1a Physical address of each property (street, city, state, ZIP code) A BHARI CHANDRAPUR MAHARASHTRA IN 560037 B C 1b Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only of you meet the requirements to file as a qualified joint venture. See instructions. A 365 0 A 3 Type of Property: 3 Vacation/Short-Term Rental 5 A 365 0 Type of Property: 3 Vacation/Short-Term Rental 5 C C Image: Colored structure A B Image: Colored structure C Image: Colored structure Colored struc	
A BHARI CHANDRAPUR MAHARASHTRA IN 560037 B C Ib Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days A 3 qualified joint venture. See instructions. A 365 0 B C C C C C 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 0 3 Rents received . 3 550. 6 4 Royalties received . 4 B 0 5 Adventising . 6 . 10 6 . 10 . 10 . 1 Management fees . 11 1,000. 13 1 Depreciation e	
B Discrete Personal Use 1b Type of Property (from list below) 2 For each rental real estate property listed 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. A 365 0 A 3	
C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QuV box only qualified joint venture. See instructions. Fair Rental Personal Use Days A 3	
1b Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and presonal use days. Check the QJV box only Fair Rental Days Personal Use Days A 3 365 0 B Qualified joint venture. See instructions. A 365 0 C B Qualified joint venture. See instructions. B Qualified joint venture. C Type of Property: 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 I Single Family Residence 3 Vacation/Short-Term Rental 6 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: A B O 4 Royatties received 5 5 6 5 Advertising 5 5 6 6 Auto and travel (see instructions) 7 800. 8 9 11 1,000. 12 10 Legal and other professional fees 11 1,000. 12 13	
Image: A interpret and a construction is a bole, report the number of the rent and and personal used days. Check the QJV box only A 365 0 Days Days A 3 above, report the number of the CJV box only qualified joint venture. See instructions. A 365 0 Days B qualified joint venture. See instructions. A 365 0 Days Type of Property: C C C C C Type of Property: 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 A B O Income: Properties: A B O 3 Rents received . . 3 550. 4 Royalties received . 4 Expenses: 5 5 Advertising . 6 . 7 800. 8 9 Insurance . 9 . 10 . 11 1,000. 11 14 1,700. 11 1,000. 11 11 1,000. 12 13 Other intere	
A 3 personal use days. Check the QJV box only if you meet the requirements to file as in the requirement to file as in the requirements to file as in the requirement to the requirement to file as in the requirement to the requirement to file as in the requirement to file	QJV
C C C Type of Property: 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 0 4 Rents received	
C C C Type of Property: 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 0 4 Rents received	
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 0 3 Rents received . . 3 550. 4 4 Royalties received . . 4 550. 4 Expenses: 5 . 6 . 6 . 5 Advertising . . 6 . . 6 6 Auto and travel (see instructions) . . 6 . . 6 7 800. 8 . . . 9 . . . 10 . 11 1,000. 11 1,000. 12 . 13 . . . 11 1,000. 12 . . 14 1,700. . 15 2,100. . . 14	
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 3 Rents received	
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: A B 0 3 Rents received	
Income: Properties: A B 3 Rents received	
3 Rents received	2
4 Royalties received 4 Expenses: 5 5 Advertising 6 Auto and travel (see instructions) 7 Cleaning and maintenance 8 7 9 8 9 9 10 10 11 Management fees 12 10 13 11 14 1,700. 15 2,100. 16 11 17 Utilities 18 14 19 15 110 11 12 12 13 14 14 1,700. 15 2,100. 16 11 17 2,300. 18 19 19 19 10 19 111 10,001 12 19 13 11 14 1,700. 18 19 19 19 10	
Expenses: 5 Advertising 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 8 9 9 9 9 9 10 Legal and other professional fees 9 11 Management fees 10 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 0ther interest 13 14 Repairs 14 1,700. 15 Supplies 16 17 17 Utilities 16 17 19 Other (list) ▶ 19 19 20 Total expenses. Add lines 5 through 19 20 7,900. 21 Subtract line 20 from line 3 (rents) and/or 4 (royatties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -7,350.	
5 Advertising 5	
6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 800. 8 0 0 9 10 Legal and other professional fees 9 10 Legal and other professional fees 10 11 Management fees 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 0ther interest. 13 </th <td></td>	
7Cleaning and maintenance7 $800.$ 8Commissions.899Insurance910Legal and other professional fees1011Management fees1012Mortgage interest paid to banks, etc. (see instructions)130ther interest.14Repairs.15 $2,100.$ 161117 $2,300.$ 181920Total expenses. Add lines 5 through 1921Subtract 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 61987800.82121 $-7,350.$	
8 Commissions. 8	
9 Insurance	
10Legal and other professional fees111Management fees112Mortgage interest paid to banks, etc. (see instructions)13Other interest.14Repairs.1215Supplies14161517Utilities.181619Other (list)20Total expenses. Add lines 5 through 1921Subtract 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	
11 Management fees 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 1,700. 15 Supplies 14 1,700. 16 Taxes 15 2,100. 17 Utilities 16 17 18 Depreciation expense or depletion 18 19 20 Total expenses. Add lines 5 through 19 19 20 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 -7,350.	
12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest. 14 Repairs. 15 Supplies 16 Taxes 17 Utilities. 18 Depreciation expense or depletion 19 Other (list) ▶ 20 Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royatlies). If result is a (loss), see instructions to find out if you must file Form 6198	
13 Other interest. 13 14 Repairs. 14 1,700. 15 Supplies 14 1,700. 16 Taxes 15 2,100. 17 Utilities. 16 16 17 Utilities. 16 17 18 Depreciation expense or depletion 18 19 20 Total expenses. Add lines 5 through 19 19 20 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 -7,350.	
14 Repairs. 14 1,700. 15 Supplies 15 2,100. 16 Taxes 16 16 17 Utilities. 17 2,300. 18 19 Other (list) ▶ 19 19 19 20 Total expenses. Add lines 5 through 19 20 7,900. 20 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 -7,350.	
15 Supplies 15 2,100. 16 Taxes 16 16 17 Utilities 17 2,300. 17 18 Depreciation expense or depletion 18 18 19 19 Other (list) ▶ 19 19 19 20 Total expenses. Add lines 5 through 19 20 7,900. 20 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 -7,350.	
17 Utilities. 17 2,300. 18 Depreciation expense or depletion 18 19 Other (list) ▶ 19 20 Total expenses. Add lines 5 through 19 19 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 20 7,900. 21 -7,350. 21 -7,350.	
18 Depreciation expense or depletion 18	
19 Other (list) ▶ 19 19 20 Total expenses. Add lines 5 through 19 20 7,900. 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	
19 Other (list) ▶ 19 19 20 Total expenses. Add lines 5 through 19 20 7,900. 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 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 -7,350.	
result is a (loss), see instructions to find out if you must file Form 6198	
file Form 6198	
22 Deductible rental real estate loss after limitation, if any,	
on Form 8582 (see instructions))
23a Total of all amounts reported on line 3 for all rental properties. 23a 550.	
b Total of all amounts reported on line 4 for all royalty properties 23b	
c Total of all amounts reported on line 12 for all properties	
d Total of all amounts reported on line 18 for all properties	
e Total of all amounts reported on line 20 for all properties	
24 Income. Add positive amounts shown on line 21. Do not include any losses	
	7,350.)
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	-7,350.

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.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

()

2

Schedu	ıle E (Form 1040) 2020							A	ttachment Sequence N	lo. 13			Page 2
Name(s	s) shown on return. Do not enter r	name and social sec	urity nu	mber if sho	own on o	other side.					ocial securi		ber
	ISH SHARMA										-02-400)4	
	on: The IRS compares an		-										
Part	t II Income or Loss stock, or receive a lo computation. If you r line 28 and attach Fo	ean repayment fro report a loss from	m an S an at-r	corporat risk activit	ion, yo	u must che	ck the bo	ox i	n column (e) on line	28 and	d attach th	e requir	red basis
27	Are you reporting any passive activity (if that see instructions before	t loss was not r	eporte	d on Fo	rm 858	32), or unre	eimburs	sed	partnership expe	enses?	If you ar	nswere	
28	(a) Nam			(b) Enter partners for S corp	r P for hip; S	(c) Check foreign partnersh	: if		(d) Employer identification number	(e) basis c	Check if omputation equired	any ar	Check if mount is at risk
В	TP-PROSHARES ULTRA VIXSH	ORT-TERMFUTURE:	S ETF	P				4	5-1448802				
С												<u> </u>	<u> </u>
D	Passive Inco	maandlass			-		N	lon	passive Income	and I			
	(g) Passive loss allowed		ssive inc			onpassive los			(i) Section 179 exp			passive	incomo
	(attach Form 8582 if required		chedule			see Schedule			deduction from Form			Schedule	
Α		0.		0.									
B													
C D													
 29a	Totals			0.									
b	Totals	0.						T					
30	Add columns (h) and (k)	of line 29a			·					30			0.
31	Add columns (g), (i), and	•								31	(0.)
32	Total partnership and					ombine line	es 30 an	nd 3	31	32			0.
Part	III Income or Loss				•						(b) Er	nployer	
33 A	(a) Name							identification number					
В													
		ive Income and	Loss							ncome and Loss			
	(c) Passive deduction or lo (attach Form 8582 if re			(d) Passive income from Schedule K-1			(e) Deduction or loss from Schedule K-1			(f) Other income from Schedule K-1			
A B													
34a	Totals												
b	Totals												
35	Add columns (d) and (f)									35			
36	Add columns (c) and (e)									36	()
37 Part	Total estate and trust i		,				 t Conc	dui	 ite (PEMIC e)—I	37 Rosid		lor	
38	(a) Name	(a) Name (b) Employer identification (c) Excee number Sched					cess inclusion from iedules Q, line 2c ee instructions) (d) Taxable income (net loss) from Schedules Q, line 1b						
					,0001								
39	Combine columns (d) ar	nd (e) only. Ente	r the r	esult her	re and	include in	the tota	al c	on line 41 below	39			
Part						wlata lina	10 h alai			40	1		
40 41	Net farm rental income of Total income or (loss). Comb	. ,				•				40		-7	,350.
42	Reconciliation of farmi										1		73301
	farming and fishing incom (Form 1065), box 14, code AD; and Schedule K-1 (Fo	ne reported on F e B; Schedule K-	orm 48 1 (For	335, line 7 m 1120-8	7; Sche S), box	edule K-1 17, code	42						
43	Reconciliation for real estat												
	(see instructions), enter the r 1040, Form 1040-SR, or Form	net income or (loss n 1040-NR from all) you re rental re	eported a eal estate	nywher	e on Form							
	you materially participated under the passive activity loss rules												

Form **6781**

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

Identifying number

Name(s) shown on tax return						
MANISH	SHARMA					

	825-02-4004

Part I Section 1256 C	ontracts Marked to Market					
See instructions.	B Straddle-by-straddle identification election	D I Net section 1256 contracts loss election				
Check all applicable boxes.	A 🗌 Mixed straddle election	C 🗌 Mixed straddle account election				

	(a) Identification of account	(b) (Loss)	(c) Gain		
1	From Schedule K-1	-83.			
2	Add the amounts on line 1 in columns (b) and (c) 2 (83.)			
3	Net gain or (loss). Combine line 2, columns (b) and (c)			3	-83.
4	Form 1099-B adjustments. See instructions and attach statement			4	
5	Combine lines 3 and 4	[5	-83.	
	Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partners see instructions.	ships and S cor	rporations,		
6	6	0.			
7	Combine lines 5 and 6	[7	-83.	
8	Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here Schedule D or on Form 8949. See instructions.			8	-33.
9	Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here a Schedule D or on Form 8949. See instructions			9	-50.
Dor	Going and Lagons From Straddlag Attach a concrete statement lie	isting asphatra	ddla and ita		ananta

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Section A–Losses From Straddles

	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales pric	e othe plus e	Cost or r basis expense sale	(f) Loss. If column (e) more than (e) enter differen Otherwise enter -0	d), ice. offset	gnized on ting	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0
10										
11a	Enter the short-term portion o D or on Form 8949. See instru		m line 10,	column (h),	here and	include	on line 4 of	Schedule	11a	()
b	Enter the long-term portion of									
	D or on Form 8949. See instru	ctions							11b	()
Secti	on B-Gains From Straddl	es								1
	(a) Description of property		(b) Date entered into or acquired	(c) Date closed out or sold) Gross es price	(e) Cost or other basis plus expense of sale		(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0	
12										
13a	Enter the short-term portion o or on Form 8949. See instruct	•	n line 12, c	 olumn (f), h	ere and ir	iclude o	n line 4 of S	chedule D	13a	
b	Enter the long-term portion of D or on Form 8949. See instru	ctions							13b	
Part	III Unrecognized Gains	From Pos	itions He	eld on Las	t Day of	Tax Ye	ar. Memo	entry only	(see in	structions)
	(a) Description of	of property			(b) Date acquired	valu	air market ie on last iness day tax year	(d) Cost other ba as adjus	sis	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0
14										

	8582	Passive Activity Loss Limitations	L	OMB No. 1545-1008		
	Pepartment of the Treasury					
	Revenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the latest information.		Attachment Sequence No. 858		
Name(s	s) shown on return		Identifying	number		
MAN	ISH SHARMA		825-02	2-4004		
Par	t I 2020 Pa	ssive Activity Loss				
	Caution:	Complete Worksheets 1, 2, and 3 before completing Part I.				
Renta	al Real Estate	Activities With Active Participation (For the definition of active participation,	see			
Spec	ial Allowance fo	or Rental Real Estate Activities in the instructions.)				
1a	Activities with	net income (enter the amount from Worksheet 1, column (a)) . 1a	0.			
b	Activities with	net loss (enter the amount from Worksheet 1, column (b)) 1b (7,35	0.)			
с	Prior years' un	allowed losses (enter the amount from Worksheet 1, column (c)) 1c ()			
d	Combine lines	1a, 1b, and 1c	. 1d	-7,350.		
		zation Deductions From Rental Real Estate Activities				
2a	Commercial re	evitalization deductions from Worksheet 2, column (a) 2a ()			
b	•	Illowed commercial revitalization deductions from Worksheet 2, 2b ()			
с	Add lines 2a a		, 2c	()		
All Ot	ther Passive Ac			/		
3a	Activities with	net income (enter the amount from Worksheet 3, column (a)) . 3a				
b		net loss (enter the amount from Worksheet 3, column (b)) 3b ()			
С		allowed losses (enter the amount from Worksheet 3, column (c)) 3c ()			
d		3a, 3b, and 3c	. 3d			
4	Combine lines	1 1, 2c, and 3d. If this line is zero or more, stop here and include this form with y	our			
-		es are allowed, including any prior year unallowed losses entered on line 1c, 2b, or				
		ses on the forms and schedules normally used	. 4	-7,350.		
	If line 4 is a los	-		,		
		• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part	III.			
		 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and 		to line 15.		
		status is married filing separately and you lived with your spouse at any time durin ead, go to line 15.	-			
Part		Allowance for Rental Real Estate Activities With Active Participation				
i ui t		ter all numbers in Part II as positive amounts. See instructions for an example.				
5		ller of the loss on line 1d or the loss on line 4	. 5	7,350.		
6		0. If married filing separately, see instructions $\dots \dots \dots$		1,550.		
7		I adjusted gross income, but not less than zero. See instructions 7 118,87				
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on	<u> </u>			
		vise, go to line 8.				
8	Subtract line 7		21			
9		by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instruction		15,561.		
10		ller of line 5 or line 9				
		pss, go to Part III. Otherwise, go to line 15.	. 10	1,550.		
Part		Allowance for Commercial Revitalization Deductions From Rental Real	Estate #	ctivities		
- arc		ter all numbers in Part III as positive amounts. See the example for Part II in the instru				
11		reduced by the amount, if any, on line 10. If married filing separately, see instructions				
12						
13		2 by the amount on line 10		1		
14		llest of line 2c (treated as a positive amount), line 11, or line 13				
Part		osses Allowed	. 14	1		
15		ie, if any, on lines 1a and 3a and enter the total	. 15	0.		
16		allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instruction				
10		v to report the losses on your tax return		7,350.		
For Pa		ion Act Notice, see instructions.		Form 8582 (2020)		

For Paperwork Reduction Act Notice, see instructions. BAA

Form **8582** (2020)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain (e) Loss		
BHARI	0.	7,350.			7,350.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	7,350.				

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
<u>2b</u>			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Nome of activity	Currer	nt year	Prior years	Overall ga	ain or loss
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) oss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)	
BHARI	E Ln 22	7,350.	1.00000000	7,350.	0.	
Total	🕨	7,350.	1.00	7,350.	0.	

Worksheet 5-Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total		1.00		



208453 11555

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State of Colorado Individual Income Tax Declaration for Electronic Filing Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

				I						
Тахрау	er SSN or ITIN	Spouse SSN or ITI	N (If Joint Re	turn)	Submission I	ID				
825-	02-4004									
Тахрау	ver Last Name			Taxpayer Fire	st Name				Midd	le Initial
SHAR	MA			MANISH						
Spouse	e Last Name (If Joint Return)			Spouse First	Name (If Joint	t Retu	rn)			
Street	Address						Phone	Number		
7314	S HAVANA STREET APT	2032					(720))505-905	8	
City							State	Zip		
ENGL	EWOOD						CO	80112		
		Part I –	– Tax Retu	rn Informa	ation					
1 . Tota	al Income, line 9 from your fe	deral Form 1040)			1	\$		11	1819
о т.						•	•		9	9129
Z. Tax	able Income, line 15 on fede	ral Form 1040				2	\$			4 - 1 0
3. Col	orado Tax, line 19 on Colorad	do Form 104				3	\$			4510
4. Col	orado Tax Withheld, line 20 c	on Colorado Forn	n 104			4	\$			5185
5. Ref	und, line 32 Colorado Form	104				5	\$			675
6 Am	ount You Owe, line 37 on Co	lorado Form 104				6	\$			
••••				on of Tax I	Payer	•	Ŷ			
with the are true applica	penalties of perjury, I declare that e amounts shown on my 2020 Fere e, correct, and complete to the I ble) may be required to provide equest by the Colorado Departme	deral/Colorado inco pest of my knowled paper copies of thi	me tax return lge and belie is declaration	ns, and that s ef. I understa n, my returns	aid tax return and that I (or s, withholding	s, sta my E state	tements lectroni ments,	s, schedules a c Return Ori schedules, a	and attach ginator (E and attach	ments RO) if
Signatu	re	Da	ate	Spouse's S	ignature (If Joi	int Re	turn, Bot	h Must Sign)	Date	
	Р	art III — Declara	ation of EF	RO/Prepare	er/Transmit	ter				
If the t	ransmitter did not prepare th	e tax return, che	ck here							
Colorad Colorad amount best of have pr covered	If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2020 Federal/ Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2020 Federal/ Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period. ERO's Signature Preparer Identification Number or Your SSN									
	PRIYA RAM SAGAR GUPT	'A TALLAM					20827		-	
						Date	(MM/DD/	(Y)]
	Check if also Preparer X				-		/11/2			





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2020 Colorado Individual Income Tax Return

X Full-Year

 Part-Year or Nonresident (or resident, part-year, non-resident combination)
 *Must include DR 0104PN Mark if Abroad on due date – see instructions

Your Last Name			Your Fi	rst Nam	e						Middle	e Initial
SHARMA			MANI	SH								
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	sed								
05/20/1992	825-02-40	04					ked and cla R 0102 and					
Enter the following information from your current driver license or state identification card.			State of Issue Last 4 characters of ID				D number Date of Issuance					
			CO 2219			08/18/20						
If Joint, Spouse's Last Name			Spouse's First Name					÷		Middle	e Initial	
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	sed								
							ked and cla					
							R 0102 and				·	eturn.
Enter the following informatio	n from vour so	ouse's	State of Issue Last 4 characters of ID			D number Date of Issuance						
Enter the following informatio current driver license or state	identification	card.										
Mailing Address								F	Phone N	umber		
7314 S HAVANA STREET APT 2032									(720)	505-905	58	
City				State	Zip	o Code		Forei	gn Coun	try (if appli	cable)	
ENGLEWOOD				CO	8	80112						
									Round	To The N	earest I	Dollar
 Enter Federal Taxable Income from your federal incore 1040 SR line 15 			come ta	ax forn	n: 1	040 lin	e 15 ● 1				9912	9 00
Include W-2s and 1099s with CO withholding.												
Additions to Federal Taxable Income												
2. State Addback, enter the state income tax deduction from your federal form												
1040 or 1040 SR schedule	e A, line 5a (se	e instructi	ons)				• 2					00
3. Business Interest Expense	e Deduction A	ddback (se	e instru	uctions	;)		• 3					0 0

DR 0104 (10/19/20) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 2 of 4

200104 21555	Tax.Colorado.gov Page 2 of 4			
Name			SSN or ITIN	
MANISH SHARMA			825-02-4004	
4. Excess Business Loss Addback (see instruc	tions)	• 4		C
5. Net Operating Loss Addback (see instructions)				C
6. Other Additions, explain (see instructions)		• 6		C
7. Subtotal, sum of lines 1 through 6		7	99129	(
, <u> </u>	Colorado Subtractions	l l		
8. Subtractions from the DR 0104AD Schedule	, line 20, you must submit the			Τ
DR 0104AD schedule with your return.		• 8		(
• Colorado Taxable Incomo aubtract line 9 fra	m line 7		99129	
9. Colorado Taxable Income, subtract line 8 fro Tax, Prepayments and Credits: see 10		● 9 t-vear DR (104PN Schedule	
0. Colorado Tax from tax table or the DR 0104				
the DR 0104PN with your return if applicable		• 10	4510	
1. Alternative Minimum Tax from the DR 01044				
DR 0104AMT with your return.		• 11		
2. Recapture of prior year credits		• 12		
3. Subtotal, sum of lines 10 through 12		13	4510	
4. Nonrefundable Credits from the DR 0104CR	line 43. the sum of lines 14. 15. an			
cannot exceed line 13, you must submit the		• 14		
5. Total Nonrefundable Enterprise Zone credits				
or from the DR 1366 line 87, the sum of lines				
you must submit the DR 1366 with your retu		• 15		
 Strategic Capital Tax Credit from DR 1330, t exceed line 13, you must submit the DR 133 		• 16		
exceed line 13, you must submit the DR 133		• 10		
7. Net Income Tax, sum of lines 14, 15, and 16	. Subtract that sum from line 13.	17	4510	
8. Use Tax reported on the DR 0104US schedu				
the DR 0104US with your return.		• 18		
		40	4510	
 9. Net Colorado Tax, sum of lines 17 and 18 0. CO Income Tax Withheld from W-2s and 109 	20s you must submit the W/2s	19		
and/or 1099s claiming Colorado withholding		• 20	5185	
		• 10		
1. Prior-year Estimated Tax Carryforward		• 21		
2. Estimated Tax Payments, enter the sum of t	ne quarterly payments			
remitted for this tax year		• 22		
3. Extension Payment remitted with the DR 01	58-I	• 23		
				1
24. Other Prepayments: OR 0104BEP	• DR 0108 • DR 1079	• 24		

200104 31555

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DR 0104 (10/19/20) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 3 of 4

Name	SSN or ITIN
MANISH SHARMA	825-02-4004
 25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. 25 	0 0
26. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return. • 26	0 0 0
27. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return. • 27	0 0
28. Subtotal, sum of lines 20 through 27 28	5185 00
 29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, or 1040 SR line 11 • 29 	111529 00
30. Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28 30	⁶⁷⁵ 00
31. Estimated Tax Credit Carryforward to 2021 first quarter, if any. • 31	0 0
If you have an overpayment on line 32 below and would like to donate all or a portion of Colorado charity, include Form DR 0104CH to contribute.	your overpayment to a qualified
32. Refund, subtract line 31 from line 30 (see instructions) • 32	⁶⁷⁵ 00
Direct Routing Number 1 0 2 0 0 0 0 7 6 Type: X Checking	Savings CollegeInvest 529
Deposit Account Number 9 0 1 8 0 0 8 5 7 4 Image: Control of the second seco	
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInve	est.org or call 800-448-2424.
33. Net Tax Due, subtract line 28 from line 19 33	0 0
34. Delinquent Payment Penalty (see instructions) • 34	0 0
35. Delinquent Payment Interest (see instructions) • 35	0 0
36. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions) • 36	0 0
37. Amount You Owe, sum of lines 33 through 36 • 37	
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the sar check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the electronically.	me day received by the State. If converted, your payment amount directly from your bank account

200104 41555	DR 0104 (10/19/20) COLORADO DEPARTME Tax. Colorado.gov Page 4 of 4	ENT OF REVENUE		-
Name				SSN or ITIN
MANISH SHARMA				825-02-4004
	Third Party Desig	gnee	I	
Do you want to allow another person to disc return and any related information with the of Department of Revenue? See the instruction	Colorado 🖕 🛛 No	Yes. Complete	the fo	llowing:
Designee's Name		P	hone N	umber
•		•		
Sign Below Under penalties of perjury, I decla	are that to the best of my knowledge	e and belief, this return is true, o	correct a	
Your Signature				Date (MM/DD/YY)
Spouse's Signature. If joint return, BOTH must sig	n.			Date (MM/DD/YY)
Paid Preparer's Name		Pa	id Prep	arer's Phone
GLOBAL TAXES LLC		((678)	965-9522
Paid Preparer's Address	City	S	tate	Zip
2530 PEBBLE CREEK LN	CUMMING	G	A	30041

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**6** If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**5**

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.

REV 04/06/21 PRO