



# 2020 Virginia Nonresident Income Tax Return

Due May 1, 2021



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

|  |   |                              |                          |   |  |
|--|---|------------------------------|--------------------------|---|--|
| First Name<br><b>BHANU PRAKASH</b>   | MI  | Last Name<br><b>SOMSETTY</b> | Suffix                   | Your Social Security Number<br><b>444-53-8052</b>     | <input type="checkbox"/> Check if deceased |
| Spouse's First Name (Filing Status 2 Only)   | MI  | Last Name                    | Suffix                   | Spouse's Social Security Number                       | <input type="checkbox"/> Check if deceased |
| Present Home Address (Number and Street or Rural Route)<br><b>5290 VILLA WAY APT 209</b> |   |                              |                          | Your Birth Date (mm-dd-yyyy)<br><b>09 - 24 - 1989</b> |  |
| City, Town or Post Office<br><b>EDINA</b>  |   | State<br><b>MN</b>           | ZIP Code<br><b>55435</b> | Spouse's Birth Date (mm-dd-yyyy)<br><b>- -</b>        |  |
| State of Residence<br><b>MN</b>  | <b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located.<br><b>FAIRFAX</b> |                              |                          |   | Locality Code<br><b>600</b>                |
| <input checked="" type="checkbox"/> City <b>OR</b> <input type="checkbox"/> County       |   |                              |                          |   |  |

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>Check Applicable Boxes</b> | <input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/> | <input type="checkbox"/> Name(s) or Address Different than Shown on 2019 VA Return | <input type="checkbox"/> Overseas on Due Date |
|                               | <input type="checkbox"/> Dependent on Another's Return                       | <input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman          | EIC Claimed on federal return<br>\$ _____ .00 |

**Filing Status** Enter Filing Status Code in box below.

|   |   |  |
|---|---|--|
| <b>1</b>  | } | <b>1</b> = Single. Federal head of household? YES <input type="checkbox"/> |
|   |   | <b>2</b> = Married, Filing Joint Return - both must have Virginia income   |
|   |   | <b>3</b> = Married, Spouse Has No Income From Any Source                   |
|   |   | <b>4</b> = Married, Filing Separate Returns                                |
| If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____ |   |  |

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

|                |   |                                |   |            |   |                        |   |
|----------------|---|--------------------------------|---|------------|---|------------------------|---|
| You            |   | Spouse if Filing Status 2 or 3 |   | Dependents |   | <b>Total Section 1</b> |   |
| 1              | + | 0                              | + | 0          | = | 1                      | X \$930 = <span style="border: 1px solid black; padding: 2px;">930</span>   |
| You 65 or over |   | Spouse 65 or over              |   | You Blind  |   | Spouse Blind           |   |
| 0              | + | 0                              | + | 0          | + | 0                      | = <span style="border: 1px solid black; padding: 2px;">0</span> X \$800 = <span style="border: 1px solid black; padding: 2px;">0</span> |

|  |    |       |    |
|--|----|-------|----|
| 1 Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....  | 1  | 76342 | 00 |
| 2 Additions from Schedule 763 ADJ, Line 3.....   | 2  |       | 00 |
| <b>3 Add Lines 1 and 2</b> .....   | 3  | 76342 | 00 |
| 4 Age Deduction (See instructions and the Age Deduction Worksheet). You Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b..... | 4a |       | 00 |
|  | 4b |       | 00 |
| 5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....   | 5  |       | 00 |
| 6 State income tax refund or overpayment credit reported as income on your federal return. ....  | 6  |       | 00 |
| 7 Subtractions from Schedule 763 ADJ, Line 7.....  | 7  |       | 00 |
| <b>8 Add Lines 4a, 4b, 5, 6, and 7</b> .....   | 8  |       | 00 |
| <b>9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....  | 9  | 76342 | 00 |
| 10 Itemized Deductions from Virginia Schedule A, if applicable. See instructions. ....   | 10 |       | 00 |
| 11 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....  | 11 | 4500  | 00 |
| 12 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....  | 12 | 930   | 00 |
| 13 Deductions from Schedule 763 ADJ, Line 9.....   | 13 |       | 00 |
| <b>14 Add Lines 10, 11, 12 and 13</b> .....  | 14 | 5430  | 00 |
| 15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....   | 15 | 70912 | 00 |
| 16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....   | 16 | 24.4  | %  |
| 17 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....  | 17 | 17303 | 00 |
| 18 Income Tax from Tax Table or Tax Rate Schedule.....   | 18 | 737   | 00 |



|  |                                |
|--|--------------------------------|
| Your Name<br><b>BHANU PRAKASH SOMSETTY</b> | Your SSN<br><b>444-53-8052</b> |
|--|--------------------------------|

|     |   |     |     |    |
|-----|---|-----|-----|----|
| 19a | Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.   | 19a | 944 | 00 |
| 19b | Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.   | 19b |     | 00 |
| 20  | 2020 Estimated Tax Payments.  | 20  |     | 00 |
| 21  | 2019 overpayment credited to 2020 estimated tax.  | 21  |     | 00 |
| 22  | Extension Payment - submitted using Form 7601P.   | 22  |     | 00 |
| 23  | Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.  | 23  |     | 00 |
| 24  | Total credits from Schedule OSC.  | 24  |     | 00 |
| 25  | Credits from Schedule CR, Section 5, Line 1A.   | 25  |     | 00 |
| 26  | <b>Total payments and credits. Add Lines 19a through 25.</b>  | 26  | 944 | 00 |
| 27  | If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE</b> .  | 27  |     | 00 |
| 28  | If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT</b> .  | 28  | 207 | 00 |
| 29  | Amount of overpayment on Line 28 to be CREDITED TO 2021 ESTIMATED INCOME TAX.   | 29  |     | 00 |
| 30  | Virginia529 and ABLEnow Contributions from Schedule VAC, Part I, Line 6.  | 30  |     | 00 |
| 31  | Other Voluntary Contributions from Schedule VAC, Section II, Line 14.   | 31  |     | 00 |
| 32  | Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21.  | 32  |     | 00 |
| 33  | Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. <input checked="" type="checkbox"/> Check here if no sales and use tax is due.   | 33  |     | 00 |
| 34  | <b>Add Lines 29 through 33.</b>   | 34  |     | 00 |
| 35  | If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE</b> . Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> . <input type="checkbox"/> Check here if paying by credit or debit card - See instructions. | 35  |     | 00 |
| 36  | If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be <b>REFUNDED TO YOU</b> .   | 36  | 207 | 00 |

If the Direct Deposit section below is not completed, your refund will be issued by check.

|                            |                                  |                          |  |                                  |
|----------------------------|----------------------------------|--------------------------|--|----------------------------------|
| <b>DIRECT BANK DEPOSIT</b> | Your Bank Routing Transit Number | Your Bank Account Number | Checking <input checked="" type="checkbox"/> | Savings <input type="checkbox"/> |
| Domestic Accounts Only     | 0 5 2 0 0 1 6 3 3                | 4 4 6 0 4 1 0 1 5 5 7 9  |  |                                  |
| No International Deposits  |                                  |                          |  |                                  |

**Nonresident Allocation Percentage**

|  |    | A - All Sources |    | B - Virginia Sources |    |
|--|----|-----------------|----|----------------------|----|
| 1. Wages, salaries, tips, etc.   | 1  | 81802           | 00 | 18643                | 00 |
| 2. Interest income   | 2  |                 | 00 |                      | 00 |
| 3. Dividends   | 3  |                 | 00 |                      | 00 |
| 4. Alimony received  | 4  |                 | 00 |                      | 00 |
| 5. Business income or loss   | 5  |                 | 00 |                      | 00 |
| 6. Capital gain or loss/capital gain distributions   | 6  |                 | 00 |                      | 00 |
| 7. Other gains or losses   | 7  |                 | 00 |                      | 00 |
| 8. Taxable pensions, annuities and IRA distributions   | 8  |                 | 00 |                      |    |
| 9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.   | 9  | -5460           | 00 | 0                    | 00 |
| 10. Farm income or loss  | 10 |                 | 00 |                      | 00 |
| 11. Other income   | 11 |                 | 00 |                      | 00 |
| 12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.   | 12 |                 | 00 |                      |    |
| 13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.  | 13 |                 | 00 |                      | 00 |
| 14. TOTAL - Add Lines 1 through 13 and enter each column total here.   | 14 | 76342           | 00 | 18643                | 00 |
| 15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16. | 15 |                 |    | 24.4%                |    |

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

|   |  |   |                           |
|---|--|---|---------------------------|
| Your Signature  | Your Phone Number<br>(240) 342-1461                      | Date                                      |                           |
| Spouse's Signature (If a joint return, <b>both</b> must sign) | Spouse's Phone Number                                    | Preparer's PTIN<br>P02082703              | Vendor Code<br>1555       |
| Preparer's Name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM          | Firm's Name (or Yours if Self-Employed)<br>ENDOW TAX LLC | Preparer's Phone Number<br>(678) 965-9522 | Filing Election Code<br>7 |
|   |  |   | ID Theft PIN              |

**2020 Schedule INC/CG**

444538052

Report all W-2s, 1099s & VK-1s with VA Withholding



BHANU PRAKAS SOMSETTY

| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips,<br>other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 444538052           | W                   | 944.              | 261222517        | 3026122251F001       | 18643.                         |

| Total VA Withholding | SSN       | VA Withholding |
|----------------------|-----------|----------------|
| You                  | 444538052 | 944.           |
| Spouse               |           |                |

Total # of W-2s, 1099s & VK-1s 01

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**

**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<br><b>BHANU PRAKASH</b>   | Last name<br><b>SOMSETTY</b>  | Your social security number<br><b>444-53-8052</b> |
| 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.<br><b>5290 VILLA WAY</b>   |                               | Apt. no.<br><b>209</b>                            |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>EDINA</b> |                               | State<br><b>MN</b>                                |
|  |                               | ZIP code<br><b>55435</b>                          |
| Foreign country name   | Foreign province/state/county | Foreign postal code                               |

You  Spouse

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

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

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

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

|                            |   |            |                                       |            |         |
|----------------------------|---|------------|---------------------------------------|------------|---------|
|                            | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .                                     |            |                                       | <b>1</b>   | 81,802. |
| Attach Sch. B if required. | <b>2a</b> Tax-exempt interest . . . . .   | <b>2a</b>  | <b>b</b> Taxable interest . . . . .   | <b>2b</b>  |         |
|                            | <b>3a</b> Qualified dividends . . . . .   | <b>3a</b>  | <b>b</b> Ordinary dividends . . . . . | <b>3b</b>  |         |
|                            | <b>4a</b> IRA distributions . . . . .   | <b>4a</b>  | <b>b</b> Taxable amount . . . . .     | <b>4b</b>  |         |
|                            | <b>5a</b> Pensions and annuities . . . . .  | <b>5a</b>  | <b>b</b> Taxable amount . . . . .     | <b>5b</b>  |         |
|                            | <b>6a</b> Social security benefits . . . . .  | <b>6a</b>  | <b>b</b> Taxable amount . . . . .     | <b>6b</b>  |         |
|                            | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . |            |                                       | <b>7</b>   |         |
|                            | <b>8</b> Other income from Schedule 1, line 9 . . . . .   |            |                                       | <b>8</b>   | -5,460. |
|                            | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .        |            |                                       | <b>9</b>   | 76,342. |
|                            | <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> |                                       |            |         |
|                            | <b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .           |            |                                       | <b>10c</b> |         |
|                            | <b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .          |            |                                       | <b>11</b>  | 76,342. |
|                            | <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>  | 63,942. |

|           |  |            |         |
|-----------|--|------------|---------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b>  | 9,854.  |
| <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b> | Add lines 16 and 17  | <b>18</b>  | 9,854.  |
| <b>19</b> | Child tax credit or credit for other dependents  | <b>19</b>  |         |
| <b>20</b> | Amount from Schedule 3, line 7   | <b>20</b>  |         |
| <b>21</b> | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 9,854.  |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10   | <b>23</b>  | 0.      |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 9,854.  |
| <b>25</b> | Federal income tax withheld from:  |            |         |
| <b>a</b>  | Form(s) W-2  | <b>25a</b> | 12,538. |
| <b>b</b>  | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>  | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>  | Add lines 25a through 25c  | <b>25d</b> | 12,538. |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return  | <b>26</b>  |         |
| <b>27</b> | Earned income credit (EIC) <b>NO</b>   | <b>27</b>  |         |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812  | <b>28</b>  |         |
| <b>29</b> | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b> | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b> | Amount from Schedule 3, line 13  | <b>31</b>  |         |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 12,538. |

**Refund**

|            |   |            |   |
|------------|---|------------|---|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  | 2,684.  |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> | 2,684.  |
| <b>b</b>   | Routing number 052001633  | <b>c</b>   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number 446041015579   |            |   |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | <b>36</b>  |   |

**Amount You Owe**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe now</b>   | <b>37</b> |  |
|           | <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. |           |  |
| <b>38</b> | Estimated tax penalty (see instructions)   | <b>38</b> |  |

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

**Paid Preparer Use Only**

|   |  |                           |                          |   |
|---|--|---------------------------|--------------------------|---|
| Preparer's name<br><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> | Preparer's signature<br><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> | Date<br><b>02/14/2021</b> | PTIN<br><b>P02082703</b> | Check if:<br><input type="checkbox"/> Self-employed             |
| Firm's name <b>Endow Tax LLC</b>                            | Firm's address <b>135 Fallen Leaf Ct Alpharetta GA 30005</b>     |                           |                          | Phone no. <b>(678) 965-9522</b><br>Firm's EIN <b>84-3171965</b> |

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

**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  
BHANU PRAKASH SOMSETTY

Your social security number  
444-53-8052

**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>  | -5,460. |
| <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 ▶ _____<br>_____   | <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>  | -5,460. |

**Part II Adjustments to Income**

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

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

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

BHANU PRAKASH SOMSETTY

444-53-8052

**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>  | 3-34 GOPULAPURAM WANAPARTHY, TELANAGANA IN 509120                 |  |                  |                   |                          |
| <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>    |   | 550.     |   |   |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |   |          |   |   |
| <b>Expenses:</b> |   |             |   |          |   |   |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |   |          |   |   |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |   |          |   |   |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 530.     |   |   |
| <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>   |   | 1,600.   |   |   |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |   |          |   |   |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |   |          |   |   |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |   | 1,180.   |   |   |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 1,200.   |   |   |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |          |   |   |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 1,500.   |   |   |
| <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>   |   | 6,010.   |   |   |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b>   |   | -5,460.  |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>   | ( | -5,460.) | ( | ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 550.     |   |   |
| <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>  |   | 6,010.   |   |   |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>   |   |          |   |   |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( | 5,460.)  |   |   |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |   | -5,460.  |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020