## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

| Filing Status<br>Check only<br>one box. | If yo   | Single Married filing jointly unchecked the MFS box, enter the son is a child but not your dependent | name of         |                             |            |                 |        |                 |           |             |                              |                          |
|---|---------|--|-----------------|-----------------------------|------------|-----------------|--------|-----------------|-----------|-------------|------------------------------|--------------------------|
| Your first name                         | and m   | iddle initial  | Last na         | me                          |            |                 |        |                 | Your      | rsoc        | ial securit                  | y number                 |
| LAVANYA                                 |         |  | PONN            | IAPATI                      |            |                 |        |                 | 194       | 194-17-9371 |                              |                          |
| If joint return, s                      | pouse's | s first name and middle initial  | Last na         | me                          |            |                 |        |                 | Spou      | use's       | social sec                   | urity number             |
|   | •       | er and street). If you have a P.O. box, se   | e instruction   | ons.                        |            |                 |        | Apt. no.        | - 1       |             |                              | on Campaign              |
| 3415 FE                                 |         |  |                 |                             | 1          |                 | T      | 210             |           |             | ere if you,<br>f filing ioin | or your<br>tly, want \$3 |
|   |         | ce. If you have a foreign address, also c  | omplete s       | paces below.                | Sta        |                 |        | code            |           |             | 0,                           | Checking a               |
| SAINT PA                                |         |  |                 |                             | MI         |                 | + -    | 5122            |           |             | w will not                   | change                   |
| Foreign country                         | / name  |  |                 | Foreign province/state      | e/coun     | ty              | For    | eign postal cod | e your    | тах         | or refund.                   | Spouse                   |
| At any time du                          | ring 20 | 020, did you receive, sell, send, exc  | change, c       | or otherwise acquir         | e any      | financial inter | est ir | any virtual     | currenc   | y?          | Yes                          | <b>⊠</b> No              |
| Standard<br>Deduction                   |         | eone can claim:  |                 |                             |            | •               |        |                 |           |             |                              |                          |
| Age/Blindness                           | You:    | Were born before January 2,  | 1956            | Are blind S                 | oouse      | : Was bo        | orn be | efore Januar    | , 2, 195  | 6           | ☐ Is bli                     | nd                       |
| Dependents                              | s (see  | instructions):   |                 | (2) Social securi           | ty         | (3) Relations   | hip    | (4) <b>✓</b> if | qualifies | s for       | (see instru                  | ctions):                 |
| If more                                 |         | irst name Last name  |                 | number                      |            | to you          |        | Child tax cred  |           | - 1         |                              | ner dependents           |
| than four                               |         |  |                 |                             |            |                 |        |                 |           |             |                              |                          |
| dependents, see instruction             |         |  |                 |                             |            |                 |        |                 |           |             |                              |                          |
| and check                               | 5 —     |  |                 |                             |            |                 |        |                 |           |             |                              |                          |
| here ▶ □                                |         |  |                 |                             |            |                 |        |                 |           |             |                              |                          |
|   | _1_     | Wages, salaries, tips, etc. Attach   | Form(s)         | W-2                         |            |                 |        |                 |           | 1           | 5                            | 52,904.                  |
| Attach                                  | 2a      | Tax-exempt interest  | 2a              |                             | b T        | axable intere   | st     |                 |           | 2b          |                              |                          |
| Sch. B if required.                     | 3a      | Qualified dividends  | 3a              |                             | <b>b</b> 0 | Ordinary divid  | ends   |                 |           | 3b          |                              |                          |
|   | 4a      | IRA distributions  | 4a              |                             | b T        | axable amou     | nt .   |                 |           | 4b          |                              |                          |
|   | 5a      | Pensions and annuities   | 5a              |                             | <b>b</b> T | axable amou     | nt .   |                 |           | 5b          |                              |                          |
| Standard                                | 6a      | Social security benefits   | 6a              |                             | <b>b</b> T | axable amou     | nt .   |                 |           | 6b          |                              |                          |
| Deduction for— Single or                | 7       | Capital gain or (loss). Attach Scho  | edule D if      | frequired. If not red       | quired     | , check here    |        | •               |           | 7           |                              | 25.                      |
| Married filing                          | 8       | Other income from Schedule 1, li   | ne 9 .          |                             |            |                 |        |                 |           | 8           | _                            | 3,950.                   |
| separately,<br>\$12,400                 | 9       | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7   | , and 8. T      | his is your <b>total in</b> | come       |                 |        |                 | <b>•</b>  | 9           | 4                            | 18,979.                  |
| Married filing                          | 10      | Adjustments to income:   |                 |                             |            | 1               |        |                 |           |             |                              |                          |
| jointly or<br>Qualifying                | а       | From Schedule 1, line 22   |                 |                             |            | 10              | Оа     |                 |           |             |                              |                          |
| widow(er),<br>\$24,800                  | b       | Charitable contributions if you take   | e the star      | ndard deduction. Se         | e inst     | ructions 10     | Ob     |                 |           |             |                              |                          |
| Head of                                 | С       | Add lines 10a and 10b. These are   | your <b>tot</b> | tal adjustments to          | inco       | me              |        |                 | <b>•</b>  | 10c         |                              |                          |
| household,<br>\$18,650                  | 11      | Subtract line 10c from line 9. This  | s is your a     | adjusted gross inc          | come       |                 |        |                 | <b>•</b>  | 11          |                              | 18,979.                  |
| If you checked any box under            | 12      | Standard deduction or itemized   | deduct          | ions (from Schedu           | le A)      |                 |        |                 |           | 12          | 1 1                          | 2,400.                   |
| Standard                                | 13      | Qualified business income deduc  | tion. Atta      | ach Form 8995 or F          | orm 8      | 8995-A          |        |                 |           | 13          |                              |                          |
| Deduction, see instructions.            | 14      | Add lines 12 and 13  |                 |                             |            |                 |        |                 |           | 14          |                              | 2,400.                   |
|   | 15      | Taxable income. Subtract line 14   | 4 from lin      | e 11. If zero or less       | s, ente    | er-0            |        |                 | .         | 15          | 3                            | 36,579.                  |

| Form 1040 (2020   | ))      |   |                          |                      |                    |              |            |                         |                       | Page <b>2</b>             |
|---|---------|---|--------------------------|----------------------|--------------------|--------------|------------|-------------------------|-----------------------|---------------------------|
|   | 16      | Tax (see instructions). Check   | if any from Form         | ı(s): <b>1</b> 881   | 4 <b>2</b> 🗌 4972  | 3 🗌          |            |                         | 16                    | 4,192.                    |
|   | 17      | Amount from Schedule 2, lir   |                          |                      |                    |              |            |                         | 17                    |                           |
|   | 18      | Add lines 16 and 17   |                          |                      |                    |              |            |                         | 18                    | 4,192.                    |
|   | 19      | Child tax credit or credit for  | other dependen           | ts                   |                    |              |            |                         | 19                    |                           |
|   | 20      | Amount from Schedule 3, lir   | •                        |                      |                    |              |            |                         | 20                    | 2,000.                    |
|   | 21      | Add lines 19 and 20   |                          |                      |                    |              |            |                         | 21                    | 2,000.                    |
|   | 22      | Subtract line 21 from line 18   | . If zero or less.       | enter -0             |                    |              |            |                         | 22                    | 2,192.                    |
|   | 23      | Other taxes, including self-e   | *                        |                      |                    |              |            |                         | 23                    | 0.                        |
|   | 24      | Add lines 22 and 23. This is  |                          |                      |                    |              |            |                         | 24                    | 2,192.                    |
|   | 25      | Federal income tax withheld   | •                        |                      |                    |              |            |                         |                       |                           |
|   | а       | Form(s) W-2   |                          |                      |                    | 25a          | 5.         | 945.                    |                       |                           |
|   | b       | Form(s) 1099  |                          |                      |                    | 25b          |            |                         | 1                     |                           |
|   | c       | Other forms (see instruction  |                          |                      |                    | 25c          |            |                         | -                     |                           |
|   | d       | Add lines 25a through 25c   | ,                        |                      |                    |              |            |                         | 25d                   | 5,945.                    |
|   | 26      | 2020 estimated tax paymen   |                          |                      |                    |              |            |                         | 26                    | 3,713.                    |
| <ul> <li>If you have a L<br/>qualifying child,</li> </ul> | 27      | Earned income credit (EIC)  |                          |                      |                    | 27           |            |                         | 20                    |                           |
| attach Sch. EIC.  | 28      | Additional child tax credit. A  |                          |                      |                    | 28           |            |                         | -                     |                           |
| If you have<br>nontaxable                                 | 29      |   |                          |                      |                    |              |            |                         | -                     |                           |
| combat pay,   |         | American opportunity credit   |                          | •                    |                    | 30           |            |                         | -                     |                           |
| see instructions.   | 30      | Recovery rebate credit. See   |                          |                      |                    |              |            |                         | -                     |                           |
|   | 31      | Amount from Schedule 3, lir   |                          |                      |                    | 31           | :          |                         | -                     |                           |
|   | 32      | Add lines 27 through 31. The  |                          |                      |                    |              |            |                         | 32                    | F 0.45                    |
|   | 33      | Add lines 25d, 26, and 32. T  |                          |                      |                    |              |            | . 🕨                     | 33                    | 5,945.                    |
| Refund  | 34      | If line 33 is more than line 24   |                          |                      |                    | -            | -          |                         | 34                    | 3,753.                    |
| 5   | 35a     | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here         |                          |                      |                    |              |            |                         | 35a                   | 3,753.                    |
| Direct deposit?<br>See instructions.                      | ►b      |   |                          |                      |                    |              |            |                         |                       |                           |
|   | ►d      | · · · · · · · · · · · · · · · · · · ·   |                          |                      |                    | +            |            |                         |                       |                           |
|   | 36      | Amount of line 34 you want  | applied to your          | 2021 estimate        | ed tax ►           | 36           |            |                         |                       |                           |
| Amount  | 37      | Subtract line 33 from line 24   | . This is the <b>amo</b> | ount you owe         | now                |              |            | . ▶                     | 37                    |                           |
| You Owe   |         | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for |                          |                      |                    |              |            |                         |                       |                           |
| For details on how to pay, see                            |         | 2020. See Schedule 3, line 12e, and its instructions for details.                               |                          |                      |                    |              |            |                         |                       |                           |
| instructions.   | 38      | Estimated tax penalty (see in   |                          |                      |                    | 38           |            |                         |                       |                           |
| Third Party   |         | you want to allow another   | •                        |                      |                    |              | 1          |                         |                       |                           |
| Designee  |         | structions  |                          |                      |                    | . ▶ ∟        | Yes. Con   | •                       |                       | X No                      |
|   |         | signee's<br>me ▶  |                          | Phone no. ▶          |                    |              |            | al identif<br>r (PIN) 🕨 |                       |                           |
| <u>C:</u>   |         | der penalties of perjury, I declare t   | hat I have examine       |                      | l accompanying sol | nodulos and  |            |                         |                       | et of my knowledge and    |
| Sign  |         | lief, they are true, correct, and com   |                          |                      |                    |              |            |                         |                       |                           |
| Here  | Yo      | ur signature  |                          | Date Your occupation |                    |              |            |                         | IRS se                | nt you an Identity        |
|   | k .     |   |                          |                      |                    |              |            |                         |                       | IN, enter it here         |
| Joint return?   |         |   |                          |                      | SOFTWARE           | EMPLOY       | EE         | (see                    | inst.) 🕨              |                           |
| See instructions.<br>Keep a copy for                      | Sp      | ouse's signature. If a joint return, I  | <b>both</b> must sign.   | Date                 | Spouse's occupat   | tion         |            |                         |                       | nt your spouse an         |
| your records.   | ,       |   |                          |                      |                    |              |            |                         | ity Prote<br>inst.) ▶ | ection PIN, enter it here |
|   |         | (040) 260 402   |                          | For all and done     |                    | 77.40 F o GN | ATT COM    | ,                       |                       |                           |
|   |         | one no. (848)268-483<br>eparer's name   |                          | Email address        | LAVANYAREDD        |              |            | PTIN                    |                       | Check if:                 |
| Paid  |         | •   | Preparer's signat        |                      | OIIDMA             | Date         |            |                         | 2702                  | l                         |
| Preparer  |         | I PRIYA RAM SAGAR GUPTA TALLAM  |                          | KAM SAGAR            | GUPTA TALLAM       | 1 09/09      | / ZUZI   P | 02082                   |                       | Self-employed             |
| Use Only  |         | m's name ► GLOBAL TA  |                          |                      | <b>a</b> 20041     |              |            |                         |                       | (678)965-9522             |
|   |         | m's address ► 2530 Pebb   |                          | n Cummin             |                    |              |            | Firm                    | 's EIN 🕨              |                           |
| Go to www.irs.go  | ov/Forr | n1040 for instructions and the late   | st information.          |                      | BAA                | REV 07       | /28/21 PRO |                         |                       | Form <b>1040</b> (2020)   |

### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

Attachment

Your social security number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

OMB No. 1545-0074

PONNAPATI 194-17-9371 LAVANYA **Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -3,950. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -3,950. Adjustments to Income Part II 10 Educator expenses . . . . . . . . 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 . . . . . . 13 13 14 Deductible part of self-employment tax. Attach Schedule SE . . . . . . . . . . . 14 15 Self-employed SEP, SIMPLE, and qualified plans . . . . . . . . . . . . . . . . . 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . 20 20 21 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

### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

Your social security number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **03** 

OMB No. 1545-0074

| LAV. | ANYA PONNAPATI  | 194-1 | L7-93 | 71     |
|------|---|-------|-------|--------|
| Par  | t I Nonrefundable Credits   |       |       |        |
| 1    | Foreign tax credit. Attach Form 1116 if required  |       | 1     |        |
| 2    | Credit for child and dependent care expenses. Attach Form 2441                              |       | 2     |        |
| 3    | Education credits from Form 8863, line 19   |       | 3     | 2,000. |
| 4    | Retirement savings contributions credit. Attach Form 8880                                   |       | 4     |        |
| 5    | Residential energy credits. Attach Form 5695  |       | 5     |        |
| 6    | Other credits from Form: <b>a</b> $\square$ 3800 <b>b</b> $\square$ 8801 <b>c</b> $\square$ |       | 6     |        |
| 7    | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, lin                |       | 7     | 2,000. |
| Par  | t II Other Payments and Refundable Credits  |       |       |        |
| 8    | Net premium tax credit. Attach Form 8962  |       | 8     |        |
| 9    | Amount paid with request for extension to file (see instructions)                           | 9     |       |        |
| 10   | Excess social security and tier 1 RRTA tax withheld   |       | 10    |        |
| 11   | Credit for federal tax on fuels. Attach Form 4136   |       | 11    |        |
| 12   | Other payments or refundable credits:   |       |       |        |
| а    | Form 2439   |       |       |        |
| b    | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202                 |       |       |        |
| С    | Health coverage tax credit from Form 8885   |       |       |        |
| d    | Other: 12d  |       |       |        |
| е    | Deferral for certain Schedule H or SE filers (see instructions) . 12e                       |       |       |        |
| f    | Add lines 12a through 12e   |       | 12f   |        |
| 13   | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, li               | ne 31 | 13    |        |

BAA

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► 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.

Name(s) shown on return Your social security number 194-17-9371 LAVANYA PONNAPATI

### Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 . . . . . . . . . . . . . . . . . . 144. 119. 25. 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 . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 25. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 25. • 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 • 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

### **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

194-17-9371

LAVANYA PONNAPATI

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

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

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

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

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

|          | <b>(B)</b> Short-term transactions <b>(C)</b> Short-term transactions  |   |                                |                                     | sis <b>wasn't</b> report                              | ed to the IF                        | RS   |  |
|----------|--|---|--------------------------------|-------------------------------------|---|-------------------------------------|--|--|
| 1        | (a) Description of property  | (b) Date acquired                           | (c) Date sold or               | <b>(d)</b><br>Proceeds              | (e) Cost or other basis. See the <b>Note</b> below    | If you enter an enter a c           | fany, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>arate instructions. |  |
|          | (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                             | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment  | from column (d) and<br>combine the result<br>with column (g) |
| Robi     | nhood Securities LLC   | 06/17/20                                    | 08/05/20                       | 144.                                | 119.  |                                     |  | 25.  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
|          |  |   |                                |                                     |   |                                     |  |  |
| ne<br>Sc | otals. Add the amounts in columns<br>gative amounts). Enter each tota<br>hedule D, line 1b (if Box A above<br>ove is checked). or line 3 (if Box 6 | al here and inc<br>is checked), <b>li</b> i | lude on your<br>ne 2 (if Box B | 144.                                | 119.  |                                     |  | 25.  |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

### **SCHEDULE E**

(Form 1040)

### **Supplemental Income and Loss**

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

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

Attachment Sequence No. **13** 

OMB No. 1545-0074

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

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

Your social security number

| LAVA     | NYA PONNAPATI            |   |                   |            |          |           |               | 19            | 94-17-93       | 71       |
|----------|--------------------------|---|-------------------|------------|----------|-----------|---------------|---------------|----------------|----------|
| Part     |                          | s From Rental Real Estate and Roy                             | -                 |            | -        |           |               |               |                |          |
|          | Schedule C. See          | instructions. If you are an individual, repo                  | ort far           | m rental i | ncome    | or loss f | rom Form 48   | <b>335</b> or | n page 2, line | 40.      |
| A Dic    | d you make any payme     | nts in 2020 that would require you to                         | file F            | orm(s) 1   | 099? S   | See insti | ructions .    |               | 🗆              | Yes 🗵 No |
| B If "   | Yes," did you or will yo | ou file required Form(s) 1099?                                |                   |            |          |           |               |               | 🗆              | Yes 🗌 No |
| 1a       |                          | each property (street, city, state, ZIF                       |                   |            |          |           |               |               |                |          |
| Α        | GANDHI NAGAR H           | IYDERABAD TE4LANGANA IN 5                                     | 5000              | 45         |          |           |               |               |                |          |
| В        |                          |   |                   |            |          |           |               |               |                |          |
| С        |                          |   |                   |            |          |           |               |               |                | _        |
| 1b       | Type of Property         | 2 For each rental real estate prop                            | erty I            | isted      |          | Fair      | Rental        | Per           | rsonal Use     | QJV      |
|          | (from list below)        | above, report the number of fair personal use days. Check the | ir rent<br>O.IV r | al and     |          |           | Days          |               | Days           |          |
| Α        | 3                        | if you meet the requirements to                               | o file a          | as a 🔝     | Α        |           | 365           |               | 0              |          |
| В        |                          | qualified joint venture. See inst                             | ructio            | ns.        | В        |           |               |               |                |          |
| С        |                          |   |                   |            | С        |           |               |               |                |          |
|          | of Property:             |   |                   |            |          |           |               |               |                |          |
| -        | gle Family Residence     | 3 Vacation/Short-Term Rental                                  |                   |            |          | 7 Self-   |               |               |                |          |
|          | ti-Family Residence      |   | 6 Ro              | yalties    | _        | 8 Othe    | r (describe)  |               |                |          |
| Incom    |                          | Properties:   | _                 |            | Α        |           | E             | 3             |                | С        |
| 3        |                          |   | 3                 |            |          | 600.      |               |               |                |          |
| 4        |                          |   | 4                 |            |          |           |               |               |                |          |
| Expen    |                          |   | _                 |            |          | 105       |               |               |                |          |
| 5        |                          |   | 5                 |            |          | 125.      |               |               |                |          |
| 6        | •                        | nstructions)  | 6                 |            |          | 300.      |               |               |                |          |
| 7        | •                        | nance   | 7                 |            |          |           |               |               |                |          |
| 8        |                          |   | 8                 |            |          |           |               |               |                |          |
| 9        |                          |   | 10                |            |          |           |               |               |                |          |
| 10<br>11 |                          | essional fees   | 11                |            |          |           |               |               |                |          |
| 12       | _                        | d to banks, etc. (see instructions)                           | 12                |            |          |           |               |               |                |          |
| 13       |                          |   | 13                |            | 1        | 000.      |               |               |                |          |
| 14       |                          |   | 14                |            | т,       | 125.      |               |               |                |          |
| 15       | •                        |   | 15                |            |          | 123.      |               |               |                |          |
| 16       |                          |   | 16                |            |          |           |               |               |                |          |
| 17       |                          |   | 17                |            |          |           |               |               |                |          |
| 18       |                          | e or depletion  | 18                |            |          |           |               |               |                |          |
| 19       | Other (list) ▶           | •   | 19                |            |          |           |               |               |                |          |
| 20       | ` ′                      | lines 5 through 19  | 20                |            | 4,       | 550.      |               |               |                |          |
| 21       | •                        | line 3 (rents) and/or 4 (royalties). If                       |                   |            |          |           |               |               |                |          |
|          |                          | instructions to find out if you must                          |                   |            |          |           |               |               |                |          |
|          | file <b>Form 6198</b>    |   | 21                |            | -3,      | 950.      |               |               |                |          |
| 22       | Deductible rental rea    | l estate loss after limitation, if any,                       |                   |            |          |           |               |               |                |          |
|          | on Form 8582 (see in     |   | 22                | (          | -3,9     | 950.)     | (             |               | )(             | )        |
| 23a      |                          | eported on line 3 for all rental prope                        |                   |            |          | 23a       |               | 6             | 00.            |          |
| b        |                          | eported on line 4 for all royalty prope                       | erties            |            |          | 23b       |               |               |                |          |
| С        |                          | eported on line 12 for all properties                         |                   |            |          | 23c       |               |               |                |          |
| d        |                          | eported on line 18 for all properties                         |                   |            |          | 23d       |               |               |                |          |
| е        |                          | eported on line 20 for all properties                         |                   |            |          | 23e       |               | 4,5           |                |          |
| 24       | · ·                      | e amounts shown on line 21. <b>Do no</b>                      |                   | •          |          |           |               |               | 24             |          |
| 25       | Losses. Add royalty lo   | sses from line 21 and rental real estate                      | losse             | s from lir | ne 22. E | nter tota | al losses her | е.            | 25 (           | 3,950.)  |
| 26       |                          | ate and royalty income or (loss).                             |                   |            |          |           |               |               |                |          |
|          |                          | V, and line 40 on page 2 do not                               |                   |            |          |           |               |               |                |          |
|          | Schedule 1 (Form 104     | 40), line 5. Otherwise, include this ar                       | noun              | t in the t | otal on  | line 41   | on page 2     |               | 26             | -3,950.  |

## Form **8863**

# Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 50

Name(s) shown on return

LAVANYA PONNAPATI

Your social security number 194-17-9371



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

| Par  | Refundable American Opportunity Credit   |        |                 |    |         |
|------|--|--------|-----------------|----|---------|
| 1    | After completing Part III for each student, enter the total of all amounts from all P  | arts I | II, line 30     | 1  |         |
| 2    | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)   | 2      |                 |    |         |
| 3    | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter | 3      |                 |    |         |
| 4    | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit  | 4      |                 |    |         |
| 5    | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)  | 5      |                 |    |         |
| 6    | If line 4 is:  |        | ,               |    |         |
|      | • Equal to or more than line 5, enter 1.000 on line 6  |        |                 |    |         |
|      | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot at least three places)   |        | I               | 6  |         |
| 7    | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th conditions described in the instructions, you can't take the refundable America              |        |                 |    |         |
|      | skip line 8, enter the amount from line 7 on line 9, and check this box $\ . \ . \ . \ .$  |        |                 | 7  |         |
| 8    | <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.                             |        |                 | 8  |         |
| Part |  |        |                 |    |         |
| 9    | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet  | (see   | instructions) . | 9  |         |
| 10   | After completing Part III for each student, enter the total of all amounts from a  |        |                 |    |         |
|      | zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19  |        |                 | 10 | 10,000. |
| 11   | Enter the smaller of line 10 or \$10,000   |        |                 | 11 | 10,000. |
| 12   | Multiply line 11 by 20% (0.20)   |        |                 | 12 | 2,000.  |
| 13   | Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)   | 13     | 69,000.         |    |         |
| 14   | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for                     |        |                 |    |         |
|      | the amount to enter  | 14     | 48,979.         |    |         |
| 15   | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19  | 15     | 20,021.         |    |         |
| 16   | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)  | 16     | 10,000.         |    |         |
| 17   | If line 15 is:   |        |                 |    |         |
|      | • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18  |        |                 |    |         |
|      | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun places)  |        |                 | 17 | 1.000   |
| 18   | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet  | (see i | instructions) 🕨 | 18 | 2,000.  |
| 19   | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3                                |        |                 | 19 | 2,000.  |

| Name(s) shown o | Your social security number |             |  |  |
|-----------------|-----------------------------|-------------|--|--|
| LAVANYA         | PONNAPATI                   | 194-17-9371 |  |  |



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

| Part III Student and Educational Institution Information. See instructions. |  |           |   |                           |                                     |  |  |  |
|---|--|-----------|---|---------------------------|-------------------------------------|--|--|--|
|   |  |           |   |                           |                                     |  |  |  |
| 20  | Student name (as shown on page 1 of your tax return) LAVANYA   |           | tudent social security number (as s<br>our tax return)  | hown c                    | on page 1 of                        |  |  |  |
|   | PONNAPATI  |           | 194-17-9371   |                           |                                     |  |  |  |
| 22  | Educational institution information (see instructions)   |           |   |                           |                                     |  |  |  |
|   | Name of first educational institution  | b. N      | ame of second educational institut  | on (if a                  | nv)                                 |  |  |  |
|   | UNIVERSITY OF THE CUMBERLANDS  |           |   | ,                         | 37                                  |  |  |  |
|   | 1) Address. Number and street (or P.O. box). City, town or   | (1)       | Address. Number and street (or P.   | ) hav                     | City town or                        |  |  |  |
| (   | post office, state, and ZIP code. If a foreign address, see instructions.  |           | post office, state, and ZIP code. If instructions.  |                           |                                     |  |  |  |
|   | 6178 COLLEGE STATION DR  |           |   |                           |                                     |  |  |  |
|   | WILLIAMSBURG KY 40769  |           |   |                           |                                     |  |  |  |
| (   | 2) Did the student receive Form 1098-T   | , ,       | Did the student receive Form 1098 from this institution for 2020?   | -T _                      | Yes 🗌 No                            |  |  |  |
| (   | Did the student receive Form 1098-T from this institution for 2019 with box ☒ Yes ☐ No 7 checked?  |           | Did the student receive Form 1098 from this institution for 2019 with b7 checked?   |                           | Yes 🗌 No                            |  |  |  |
| (   | 4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.  |           | Enter the institution's employer (EIN) if you're claiming the America if you checked "Yes" in <b>(2)</b> or <b>(3)</b> from Form 1098-T or from the insti | an oppo<br>. You          | ortunity credit or                  |  |  |  |
|   | 61-0470593   |           |   |                           |                                     |  |  |  |
| 23  | Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?  |           | s — Stop!<br>to line 31 for this student. X No  | – Go t                    | o line 24.                          |  |  |  |
| 24  | Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. | X Yes     |   | – <b>Stop</b><br>his stud | o! Go to line 31<br>dent.           |  |  |  |
| 25  | Did the student complete the first 4 years of postsecondary education before 2020? See instructions.   | × Go      | s — Stop! to line 31 for this No  | – Go t                    | o line 26.                          |  |  |  |
| 26  | Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?   | I ☐ Go    |   |                           | plete lines 27<br>for this student. |  |  |  |
| CAUT  |  |           |   | in the                    | same year. If                       |  |  |  |
|   | American Opportunity Credit  |           |   |                           |                                     |  |  |  |
| 27  | Adjusted qualified education expenses (see instructions). Dor  | n't enter | more than \$4,000   | 27                        |                                     |  |  |  |
| 28  | Subtract \$2,000 from line 27. If zero or less, enter -0   |           |   | 28                        |                                     |  |  |  |
| 29  |  |           |   | 29                        |                                     |  |  |  |
| 30  | If line 28 is zero, enter the amount from line 27. Otherwise, a  |           |   |                           |                                     |  |  |  |
| 30  |  |           |   | 20                        |                                     |  |  |  |
|   | enter the result. Skip line 31. Include the total of all amounts f   | ioni an P | ans iii, iiile su, un Part I, iiile T .   | 30                        |                                     |  |  |  |
|   | Lifetime Learning Credit   |           |   |                           |                                     |  |  |  |
| 31  | Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10   |           | total of all amounts from all Parts   | 31                        | 10,000.                             |  |  |  |