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)

Taxpay	ver's name	Social sec	urity numb	ber			
SUN	IISITA BOLISETTI	841-0	3-980	9			
Spouse	's name	Spouse's s	ocial secu	urity number			
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	r year you	are aut	thorizing.)			
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	97,000.			
2	Total tax		2	14,408.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	15,440.			
4	Amount you want refunded to you		4	1,032.			
5	Amount you owe		5				
Part	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	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
1.4	i ddiilon20		

3	9	8	0	9	
Ent don	er fiv i't er	/e di iter a	gits, all ze	but ros	as

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 sign	ature 🕨 🛛 Da	ate 🕨					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 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 🕨	D's signature ► Date ►								
	ERO Must Retain This F Don't Submit This Form to the I								
For Demonstrate Deduction Act	lation and company to contrary in structure to		DEV/ 00/07/04 DDO	Farm 8870 (Day, 01 0001)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/07/21 PRO

E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately buse. If you					,		, 0	dow(er) (QW) he qualifying
Your first name	and m	iddle initial	Last na	ame							Your so	ocial securi	ty number
SUNISIT	4		BOL	ISETT	I						841-	03-980	9
lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number
Home address 9003 REI		er and street). If you have a P.O. box, see ER CIR	instruct	ions.					Apt. no. 200		Check	here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	ite	ZIP co	ode				ntly, want \$3
LOUISVI	LLE					K	Y	402	20			low will not	Checking a t change
Foreign country	/ name			Foreign p	rovince/stat	e/coun	ty	Foreig	n postal	code		x or refund	•
At any time du	ring 20	020, did you receive, sell, send, excl	nange, (	or otherv	vise acqui	re any	financial intere	l est in a	ıny virtu	al cu	rrency?		
Standard Deduction Age/Blindness		Beone can claim:       Image: You as a de         Spouse itemizes on a separate reture         Image: Image: Image: Were born before January 2, 1	n or you		dual-statu			rn befo	ore Janu	uary 2	2, 1956	🗌 ls b	lind
Dependents	s (see			(2)	Social secu	ritv	(3) Relationsh					or (see instru	uctions):
If more		irst name Last name			number	,	to you		Child			1	ther dependents
than four	-												
dependents, see instruction													
and check	5												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1	1	01,400.
Attach	<b>2</b> a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2t	<b>b</b>	
Sch. B if required.	3a	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3k	<b>b</b>	
	4a	IRA distributions	4a			bΤ	axable amoun	t			. 4k	<b>b</b>	
	5a	Pensions and annuities	5a			bТ	axable amoun	t			. 5t	>	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	t			. 6t	<b>)</b>	
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Schee	dule D i	f require	d. If not re	quired	, check here				_ 7		
Married filing	8	Other income from Schedule 1, lin	e9.								. 8		-4,400.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. <sup>-</sup>	This is yo	our <b>total ir</b>	come				•	▶ 9	_	97,000.
<ul> <li>Married filing iointly or</li> </ul>	10	Adjustments to income:					1						
Jointly or Qualifying	а	From Schedule 1, line 22					10	a			_		
widow(er), \$24,800	b	Charitable contributions if you take	the sta	ndard de	duction. S	ee inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	your <b>to</b>	tal adjus	stments to	o incol	me			•	► 10		
household, \$18,650	11	Subtract line 10c from line 9. This								•	► <u>11</u>		97,000.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized		`		,							12,400.
Standard	13	Qualified business income deduction											
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or les	s, ente	er-0				. 15	5	84,600.

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

Form 1040 (2020	))										Page
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2 🗌	4972	3			16	14,408.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	14,408.
	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	14,408.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10	0.				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 🕨	24	14,408.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	15	,440		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	15,440.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return					26	
qualifying child,	27	Earned income credit (EIC)			<sup>N</sup>	lo <sup>.</sup>	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	refunda	ble cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	15,440.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	ne amour	nt you	overpaid		34	1,032.
neruna	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attach	ned, cheo	ck here	e		35a	1,032.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► с Тур	oe: 🗙	Chec	king	Saving	s	
See instructions.	►d	Account number 4 8 8	0 5 2 7	1 8 8 0	6 5			_			
	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 Sch		-						r	
For details on		2020. See Schedule 3, line 1			•						
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with th	he IRS?	See				
Designee	ins	tructions	· · · · ·					Yes. Co	omplete	e below.	🗙 No
		signee's		Phone						ntification	
		ne 🕨		no. 🕨					ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occ	•					nt you an Identity
	. 10	ur signature		Date	rour occ	upation					IN, enter it here
Joint return?					SOFTW	VARE E	ENGII	NEER	(se	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	occupati	ion				nt your spouse an
Keep a copy for your records.	•										ection PIN, enter it he
your rocordo.									(Se	ee inst.) 🕨	
		one no.	Dura and 1	Email address					יאידס		Ob a she ife
Paid		parer's name	Preparer's signat		a		Date	10/0007	PTIN	00505	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA 1	TALLAM	02/	12/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA							Pr	one no. (	678)965-9522
	Fin	n's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	80041			Fir	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	02/07/21 PRC	)		Form <b>1040</b> (202

SCHE	DULE	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 for instructions and the latest information.

OMB No. 1545-0074

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	al security number
SUNISITA BOLISETTI	841-03	-9809

#### Part I Additional Income 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 -4,400. 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 line 8. 9 -4,400. Adjustments to Income Part II 10 Educator expenses . . . . . . . . 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 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 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) ► 19 19 IRA deduction . . . 20 Student loan interest deduction 20 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and 22

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/07/21 PRO

Schedule 1 (Form 1040) 2020

SCHEDULE	Ε
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

## **Supplemental Income and Loss**

OMB №. 1545-0074

	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
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Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest inference of the second secon

	Vour cooi	al coourity number
ormation.		Attachment Sequence No. <b>13</b>

Name(s)	shown on return							Your socia	al securi	ty numbe	∍r
SUNI	SITA BOLISETTI	E Contraction of the second seco						841-0	3-980	9	
Part	Income or Loss	s From Rental Real Estate and Ro	yalties	s Note	e: If you	are in th	e business c	of renting per	sonal p	roperty,	use
	Schedule C. See	instructions. If you are an individual, rep	oort farn	n rental	income	or loss f	rom Form 48	<b>335</b> on page	2, line 4	10.	
A Dic	d you make any payme	ents in 2020 that would require you to	o file Fo	orm(s) 1	099? S	ee inst	ructions .		. 🗆 '	Yes 🛛	No
B If "	Yes," did you or will ye	ou file required Form(s) 1099?							. 🗆 '	Yes 🗌	No
<b>1</b> a		each property (street, city, state, ZI									
Α		EAST GODAVARI ANDHRA PR		-	53312	5					
В											
С											
1b	Type of Property	2 For each rental real estate pro	pertv li	sted		Fair	Rental	Persona	Use	0	JV
	(from list below)	above, report the number of fa	air renta	al and		[	Days	Days	6	G	JV
Α	3	personal use days. Check the if you meet the requirements to	o file as	s a	Α		365		0		]
В	<b>_</b>	qualified joint venture. See ins	truction	ns.	В						]
С		-			С						]
Туре	of Property:	1									
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd		7 Self-	Rental				
2 Mul	ti-Family Residence	4 Commercial	6 Ro	valties		8 Othe	er (describe)	)			
Incom		Properties:			Α		E			С	
3	Rents received	· · · · · · · · · · · · ·	3			650.					
4			4								
Expen											
5			5								
6	-	nstructions)	6								
7	(	nance	7			800.					
8	-		8								
9			9								
10		essional fees	10								
11			11								
12	-	id to banks, etc. (see instructions)	12								
13	·		13								
14			14		1.	250.					
15			15			000.					
16			16		- /						
17			17		2	000.					
18		e or depletion	18		<u> </u>	000.					
19	Other (list)	·	19								
20	Total expenses Add	lines 5 through 19	20		5	050.					
					57	000.					
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
	file Form 6198	instructions to find out if you must	21		-4.	400.					
22		l estate loss after limitation, if any,			- /						
~~	on Form 8582 (see in		22	(	-4 4	400.)	(	)	(		Y
23a		eported on line 3 for all rental prope		\	- , -	<b>23a</b>	\	650.	`		,
b		eported on line 4 for all royalty prop				23b					
c		eported on line 12 for all properties				23c					
d		reported on line 18 for all properties		• •	• •	23d					
e		eported on line 20 for all properties		• •	• •	23e		5,050.			
24		e amounts shown on line 21. <b>Do no</b>		· · de anv	 109999	200	I	. 24			
2 <del>4</del> 25		esses from line 21 and rental real estate		-		nter tot	al losses her		(	Δ /	400.)
									\	±, =	
26		ate and royalty income or (loss). IV, and line 40 on page 2 do not									
		40), line 5. Otherwise, include this a		-						-4,	400.

g	582	Passive Activity Loss Limitations	L	OMB No. 1545-1008
Form U	JUL	► See separate instructions.		2020
	ent of the Treasury	<ul> <li>Attach to Form 1040, 1040-SR, or 1041.</li> <li>Go to www.irs.gov/Form8582 for instructions and the latest information.</li> </ul>		Attachment
	evenue Service (99) shown on return		Identifying	Sequence No. 858
SUNI		SETTI		3–9809
Part		ssive Activity Loss	011 0.	
T are		Complete Worksheets 1, 2, and 3 before completing Part I.		
Rental		Activities With Active Participation (For the definition of active participation,	see	
		or Rental Real Estate Activities in the instructions.)	500	
-		net income (enter the amount from Worksheet 1, column (a)) . <b>1a</b>	0.	
		net loss (enter the amount from Worksheet 1, column (b)) <b>1b</b> ( 4,40	0.)	
С	Prior years' ur	allowed losses (enter the amount from Worksheet 1, column (c))	)	
d	Combine lines	1a, 1b, and 1c	. 1d	-4,400.
Comm	ercial Revitali	zation Deductions From Rental Real Estate Activities		
2a	Commercial re	evitalization deductions from Worksheet 2, column (a) 2a (	)	
b	Prior year una	llowed commercial revitalization deductions from Worksheet 2,		
	column (b)		)	
	Add lines 2a a		. 2c	( )
	er Passive Ac			
		net income (enter the amount from Worksheet 3, column (a)) . 3a		
		net loss (enter the amount from Worksheet 3, column (b)) 3b (	)	
		allowed losses (enter the amount from Worksheet 3, column (c))	)	
		3a, 3b, and 3c	. 3d	
		a 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with y		
		es are allowed, including any prior year unallowed losses entered on line 1c, 2b, or		
	-	ses on the forms and schedules normally used	. 4	-4,400.
	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		a ta lina 15
Cautio	n. If your filing	• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and status is married filing separately and you lived with your spouse at any time durin	-	
		ead, go to line 15.	J the yea	
Part		Allowance for Rental Real Estate Activities With Active Participation		
Tarti		ter all numbers in Part II as positive amounts. See instructions for an example.		
5		<b>ller</b> of the loss on line 1d or the loss on line 4	. 5	4,400.
-		0. If married filing separately, see instructions $\dots \dots \dots$		1,100.
		I adjusted gross income, but not less than zero. See instructions <b>7</b> 101, 40		
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
		vise, go to line 8.		
8	Subtract line 7	' from line 6	0.	
9	Multiply line 8	by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructi	ons 9	24,300.
10	Enter the sma	Iler of line 5 or line 9	. 10	4,400.
		oss, go to Part III. Otherwise, go to line 15.		
Part I	II Special	Allowance for Commercial Revitalization Deductions From Rental Real	Estate /	Activities
		ter all numbers in Part III as positive amounts. See the example for Part II in the instru		
		reduced by the amount, if any, on line 10. If married filing separately, see instructions		
		from line 4		
		2 by the amount on line 10		
		<b>llest</b> of line 2c (treated as a positive amount), line 11, or line 13	. 14	
Part I		osses Allowed		
		ne, if any, on lines 1a and 3a and enter the total		0.
		allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instruction		4 400
		v to report the losses on your tax return	. 16	
For Pap	berwork Reduct	ion Act Notice, see instructions. BAA REV 02/07/21 PRO		Form <b>8582</b> (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)

Name of activity	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss	
DOWLAISWARAM	0.	4,400.			4,400.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	4,400.				

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

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

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

Name of activity	Currer	nt year	Prior years	Overall ga	ain or loss
Name of activity	<b>(a)</b> Net income (line 3a)	<b>(b)</b> Net loss (line 3b)	(c) Unallowed loss (line 3c)	<b>(d)</b> Gain	(e) Loss
<b>Total.</b> 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>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
DOWLAISWARAM	E Ln 22	4,400.	1.00000000	4,400.	0.
Total		4,400.	1.00	4,400.	0.

## Worksheet 5-Allocation of Unallowed Losses (see instructions)

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



T40 Commonwealth of Kentucky

#### KENTUCKY INDIVIDUAL INCOME TAX RETURN Besidents Only

Department of Revenue				Kes	idents Only				
Check if deceased: Spouse Taxpayer	For calenda	ır year or other	taxabl	e year b	eginning		_, and endir	ıg	
A. Spouse's Social Security Number	<b>B.</b> Your Social Security N	umber							
	841-03-9809			1.0					
Name—Last, First, Middle Initial (Joint or combine	l ed return, give both names and initials	s.)							
BOLISETTI SUNISITA									
Mailing Address (Number and Street including Ap	artment Number or P.O. Box)								
9003 RED DEER CIR	200								
City, Town or Post Office	State	ZIP Code							
LOUISVILLE	KY 4022	0							
FILING STATUS (see instructions)		Check if ap			POLITICAL PAR				
1 X     Single       2      Married, filing separately c	on this combined	Copy of	1040)		Designating \$2 w	ill not	change you A. Spouse		
return. (If both had income		applica	ble.)		Democratic		(1)	(4)	
3 <i>Married</i> , filing joint return.					Republican		(2)	(5)	]
4 Married, filing separate ret Social Security number ab	•				No Designatio	n	(3)	(6) 🗙	
				<b>A.</b> Filing	Spouse (Use if Status 2 is checked.	,	<b>B</b> .	Yourself (or Joint)	
5 Enter amount from federal Form 10		al of				th			
Columns A and B is \$34,846 or less Family Size Tax Credit. See instruct			5		0		5	97,000.	00
6 Additions from Schedule M, line 6.			6		0		6		00
7 Add lines 5 and 6			7		0		7	97,000.	00
8 Subtractions from Schedule M, line			8		0		8	517000.	00
			9		0		9	97,000.	00
9 Subtract line 8 from line 7. This is yo			9			1	9	57,000.	00
10 Itemizers: Enter itemized deduction					0		40	2,650.	00
Nonitemizers: Enter \$2,650 in Colu			10			1 🖿	10	94,350.	
11 Subtract line 10 from line 9. This is		_	11		0		11		00
12 Tax Computation: Multiply line 11 by		dule J 🖵	12		0	<u> </u>   -	12	4,718.	00
13 Enter tax from Form 4972-K []; So							_		
Schedule DS-R 🔲 ; Angel Investor	Recapture		13		0	1 🖿	13		00
14 Add lines 12 and 13 and enter total	here		14		0		14	4,718.	00
15 Enter amounts from Schedule ITC,	Section A, lines 25E and 25F		15		0		15		00
16 Subtract line 15 from line 14. If line	15 is larger than line 14, ent	er zero	16		0		16	4,718.	00
17 Enter personal tax credit amounts fro	m Schedule ITC, Section B		17		0		17		00
18 Subtract line 17 from line 16. If line	17 is larger than line 16, ent	er zero	18		0		18	4,718.	00
19 Add tax amount(s) in Columns A ar	Add tax amount(s) in Columns A and B, line 18 and enter here, continue to						19	4,718.	00



## FORM 740 (2020)

I

20	Ch	eck the box that represents your total family size ( <b>see instructions</b> before c	ompl	eting lines 20 and 21)	20	1 🗙	2 🗌	3 🗌	4 🗌
21	Μι	ultiply line 19 by <b>Family Size Tax Credit</b> decimal amount <u>0.00</u> ( <u>0</u> %	) fron	n Schedule ITC	21			0.	00
22	Su	btract line 21 from line 19			22		4	,718.	00
23	En	ter the Education Tuition Tax Credit from Form 8863-K			23				00
24	En	ter Child and Dependent Care Credit from federal Form 2441, line 11 >		x 20% (	.20) 24				00
25	En	ter Income Gap Tax Credit from Schedule ITC			25				00
26	Inc	come Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less,	enter	zero	26		4	,718.	00
27	En	ter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state	purch	ases (see instructions	27				00
28	Ad	ld lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b>			28		4	,718.	00
29	Fo	r amended return; overpayment, if any, shown on original return			29				00
30	Ad	ld lines 28 and 29, enter here			30		4	,718.	00
31	а	Enter Kentucky income tax withheld as shown on enclosed							
		Schedule KW-2	31a	4,938.	00				
	b	Enter 2020 Kentucky estimated tax/extension payments	31b		00				
	с	Enter 2020 refundable certified rehabilitation credit	31c		00				
	d	For amended return; enter amount paid with original return plus							
		additional payment(s) made after it was filed	31d		00				
32	Ad	ld lines 31(a) through 31(d)			32		4	,938.	00
33	lf li	ine 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONA	LTA	( DUE	33				00
34	а	Estimated tax penalty Check if Form 2210-K attached	34a		00				
	b	Interest	34b		00				
	с	Late payment penalty	34c		00				
	d	Late filing penalty	34d		00				
35	Ad	ld lines 34(a) through 34(d). Enter here			35				00
36	lf t	he total of lines 30 and 35 is more than line 32, subtract line 32 from the tot	al of I	ines 30 and 35.					
	Th	is is the AMOUNT YOU OWE, continue to page 3		OW	/E 36				00
37	lf li	ine 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the	AMO	OUNT YOU OVERPAID,					
	со	ntinue to page 3			37			220.	00



#### FORM 740 (2020)

								-
38	FU	ND CONTRIBUTIONS; see instructions.						
	а	Nature and Wildlife Fund	38a	00				
	b	Child Victims' Trust Fund	38b	00				
	с	Veterans' Program Trust Fund	38c	00				
	d	Breast Cancer Research/Education Trust Fund	38d	00				
	е	Farms to Food Banks Trust Fund	38e	00				
	f	Local History Trust Fund	38f	00				
	g	Special Olympics Kentucky	38g	00				
	h	Pediatric Cancer Research Trust Fund	38h	00				
	i	Rape Crisis CenterTrust Fund	38i	00				
	j	Court Appointed Special AdvocateTrust Fund	38j	00				
	k	YMCA Youth Association Fund	38k	00				
39	Ad	d lines 38(a) through 38(k)			39			00
		nount of line 37 to be CREDITED TO YOUR 2021 ESTIMATED TAX			40			00
	(Cr	edit forwards not available for amended returns)						
41	Su	btract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b>		REFUND	41		220.	00
						•		

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

	Signature of Taxpayer	Driver's License/State Issued ID No.		Date		Telephone Number (daytime)		
Sign		B18-136-208				(402)807-9916		
Here	Signature of Spouse	Driver's License/State Issued ID No.		Date				
	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM			Date 02/12/2021				
Paid Preparer Use	Name of Preparer or Firm GLOBAL TAXES LLC				ID Number P02082703			
036	Email Telephone No.			May the DOR discuss this return with this preparer?				
Enclose	Include a complete copy of federal Form 1040 received farm, business, or rental income or l required, check here.	· ·	Refu or N Payr	-	<b>Kentucky Dep</b> Frankfort, KY	artment of Revenue 40618-0006		
Payment	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <b>www.revenue.ky.gov</b> Include: Your Social Security number and	"KY Income Tax—2020"	With Payr	n nent	<b>Kentucky Dep</b> Frankfort, KY	artment of Revenue 40619-0008		

#### 1555

200040 42A740 (10-20)





3 4 9 1 5 5 5 0 0

#### Enter name(s) as shown on tax return.

BOLISETTI, SUNISITA

#### **KENTUCKY INDIVIDUAL** TAX CREDIT SCHEDULE Enclose with Form 740 or 740-NP

 $\succ$ 

2020

Your Social Security Number

841-03-9809

#### SECTION A-BUSINESS INCENTIVES AND OTHER TAX CREDITS

Α	В	С	D	E		F	
	Preapproval Required	Credit Name	Required Attachment	Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability EntityTax Credit Worksheet/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Food Donation (Carryover only)	Schedule FD		00		00
21	No	Distilled Spirits	Schedule DS		00		00
22	Yes	Angel Investor	Certification Letter		00		00
23	Yes	Film Industry	Film Office Certification		00		00
24	No	Inventory	Schedule INV		00		00
25	page 1, lii	other Tax Credits (add lines 1 through 24). Er ne 15, Columns A and B, or enter combined 740-NP, page 1, line 15	totals of Columns E and F		00		00

SCHEDULE ITC (2020)



2003501555

#### SECTION B-PERSONAL TAX CREDITS

#### Taxpayer

#### Spouse Complete only if filing joint or married, filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)	08/2	9/1	L989	Enter your date of birth (MM/DD/YYYY)				
1 If you were 65 on or before 12/31/2020, e	nter 40	1		5 If you were 65 on or before 12/31/2020, enter 40	5			
2 If you were legally blind on 12/31/2020, e	nter 40	2		6 If you were legally blind on 12/31/2020, enter 40	6			
3 If you were a member of the Kentucky Na	ational			7 If you were a member of the Kentucky National				
Guard on 12/31/2020, enter 20		3		Guard on 12/31/2020, enter 20	7			
4 AllowableTaxpayer Credit—Add lines 1 th	hrough 3	4		8 Allowable Spouse Credit—Add lines 5 through 7	8			
Assignment of Personal Tax Credits								

9	For filing status Single or Married, filing separate returns, enter the amount from line 4 here and in Column B		
	of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100)	9	
10	For filing status Married, filing separately on this combined return, enter the amount from line 4		
	here and in column B of Form 740, line 17 (Not to exceed 100)	10	
11	For filing status Married, filing separately on this combined return, enter the amount from line 8		
	here and in column A of Form 740, line 17. (Not to exceed 100)	11	
12	For filing status Married, filing jointly, add line 4 and line 8 and enter here and in Column B of Form 740,		
	line 17 or Form 740-NP, line 17. (Not to exceed 200)	12	

#### SECTION C-FAMILY SIZE TAX CREDIT AND INCOME GAP CREDIT

Enter dependents qualifying for family size credit and income gap credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage and the amount of your income gap credit.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit

Use this **Family Size Table** to determine the percentage of family size credit and the amount of income gap credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21 and you will enter the income gap credit on Form 740 or 740-NP, line 25.

Family Siz	e:	One	Two		Three		Two Three Four or More		Four or More		Credit	Incor	ne Gap (	Credit
If MGI	is over	is not over	is over	is not over	is over	is not over	is over	is not over	Percentage is	One	Two	Three		
	\$	\$12,760	\$	\$17,240	\$	\$21,720	\$	\$26,200	100%					
	12,760	13,270	17,240	17,930	21,720	22,589	26,200	27,248	90%	\$11	\$7	\$3		
02	13,270	13,781	17,930	18,619	22,589	23,458	27,248	28,296	80%	\$20	\$13	\$6		
N N	13,781	14,291	18,619	19,309	23,458	24,326	28,296	29,344	70%	\$29	\$18	\$6		
	14,291	14,802	19,309	19,998	24,326	25,195	29,344	30,392	60%	\$37	\$22	\$6		
al	14,802	15,312	19,998	20,688	25,195	26,064	30,392	31,440	50%	\$45	\$24	\$4		
l Å	15,312	15,822	20,688	21,378	26,064	26,933	31,440	32,488	40%	\$51	\$26			
	15,822	16,205	21,378	21,895	26,933	27,584	32,488	33,274	30%	\$58	\$27			
	16,205	16,588	21,895	22,412	27,584	28,236	33,274	34,060	20%	\$64	\$28			
o,	16,588	16,971	22,412	22,929	28,236	28,888	34,060	34,846	10%	\$69	\$28			
	16,971		22,929		28,888		34,846		0%					

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.





**KENTUCKY INCOMETAX WITHHELD** 

► Enclose with Form 740, 740-NP or 740-NP-R

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

2020

BOLISETTI, SUNISITA

841-03-9809

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)	F KY Income Tax Withheld (Box 17 of Form W-2)	
1	841-03-9809	20-1672302	КY	297603	101,400.0	4,938.	00
2					C	00	00
3					С	00	00
4					с	00	00
5					c	00	00
6					C	00	00
7					C	00	00
8					C	00	00
9					0	00	00
10					C	00	00
11	TOTAL FROM ALL W-2s				101,400.0	4,938.	00

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

	A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount	F KY Income Tax Withheld
12					00	00
13					00	00
14					00	00
15					00	00
16					00	00
17	TOTAL FROM ALL 1099s AND W2-Gs				00	00
_						F.

	Part III—Totals Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F o income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).	n your Kentucky	Total Kentucky Inco Tax Withheld	ne
3	Enter combined totals from Column F, lines 11 and 17.		4,938.	00





E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately buse. If you					,		, 0	dow(er) (QW) he qualifying
Your first name	and m	iddle initial	Last na	ame							Your so	ocial securi	ty number
SUNISIT	4		BOL	ISETT	I						841-	03-980	9
lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number
Home address 9003 REI		er and street). If you have a P.O. box, see ER CIR	instruct	ions.					Apt. no. 200		Check	here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	ite	ZIP co	ode				ntly, want \$3
LOUISVI	LLE					K	Y	402	20			low will not	Checking a t change
Foreign country	/ name			Foreign p	rovince/stat	e/coun	ty	Foreig	n postal	code		x or refund	•
At any time du	ring 20	020, did you receive, sell, send, excl	nange, (	or otherv	vise acqui	re any	financial intere	l est in a	ıny virtu	al cu	rrency?		
Standard Deduction Age/Blindness		Beone can claim:       Image: You as a de         Spouse itemizes on a separate reture         Image: Image: Image: Were born before January 2, 1	n or you		dual-statu			rn befo	ore Janu	uary 2	2, 1956	🗌 ls b	lind
Dependents	s (see			(2)	Social secu	ritv	(3) Relationsh					or (see instru	uctions):
If more		irst name Last name			number	,	to you		Child			1	ther dependents
than four	-												
dependents, see instruction													
and check	5												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1	1	01,400.
Attach	<b>2</b> a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2t	<b>b</b>	
Sch. B if required.	3a	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3k	<b>b</b>	
	4a	IRA distributions	4a			bΤ	axable amoun	t			. 4k	<b>b</b>	
	5a	Pensions and annuities	5a			bТ	axable amoun	t			. 5t	>	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	t			. 6t	<b>)</b>	
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Schee	dule D i	f require	d. If not re	quired	, check here				_ 7		
Married filing	8	Other income from Schedule 1, lin	e9.								. 8		-4,400.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. <sup>-</sup>	This is yo	our <b>total ir</b>	come				•	▶ 9	_	97,000.
<ul> <li>Married filing iointly or</li> </ul>	10	Adjustments to income:					1						
Jointy or Qualifying     a     From Schedule 1, line 22     .     .     .     10a													
widow(er), \$24,800	b	Charitable contributions if you take	the sta	ndard de	duction. S	ee inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	your <b>to</b>	tal adjus	stments to	o incol	me			•	► 10		
household, \$18,650	11	Subtract line 10c from line 9. This								•	► <u>11</u>		97,000.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized		`		,							12,400.
Standard	13	Qualified business income deduction											
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or les	s, ente	er-0				. 15	5	84,600.

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

Form 1040 (2020	))										Page
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2 🗌	4972	3			16	14,408.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	14,408.
	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	14,408.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10	0.				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 🕨	24	14,408.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	15	,440		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	15,440.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return					26	
qualifying child,	27	Earned income credit (EIC)			<sup>N</sup>	lo <sup>.</sup>	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	refunda	ble cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	15,440.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	ne amour	nt you	overpaid		34	1,032.
neruna	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attach	ned, cheo	ck here	e		35a	1,032.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► с Тур	oe: 🗙	Chec	king	Saving	s	
See instructions.	►d	Account number 4 8 8	0 5 2 7	1 8 8 0	6 5			_			
	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 Sch		-						r	
For details on		2020. See Schedule 3, line 1			•						
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with th	he IRS?	See				
Designee	ins	tructions	· · · · ·					Yes. Co	omplete	e below.	🗙 No
		signee's		Phone						ntification	
		ne 🕨		no. 🕨					ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occ	•					nt you an Identity
	. 10	ur signature		Date	rour occ	upation					IN, enter it here
Joint return?					SOFTW	VARE E	ENGII	NEER	(se	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	occupati	ion				nt your spouse an
Keep a copy for your records.	•										ection PIN, enter it he
your rocordo.									(Se	ee inst.) 🕨	
		one no.	Dura and 1 1	Email address					יאידס		Ob a she ife
Paid		parer's name	Preparer's signat		a		Date	10/0007	PTIN	00505	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA 1	TALLAM	02/	12/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA							Pr	one no. (	678)965-9522
	Fin	n's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	80041			Fir	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	02/07/21 PRC	)		Form <b>1040</b> (202

Go to www.irs.gov/Form1040 for instructions and the latest information.

SCHE	DULE	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 for instructions and the latest information.

OMB No. 1545-0074
2020
Attachment Sequence No. <b>01</b>

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SUNISITA BOLISETTI	841-03-9809
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,400.
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	-4,400.
Par	t 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 <b>adjustments to income.</b> 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 02/07/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE I	
(Form 1040)	

Department of the Treasury Internal Revenue Service (99)

## **Supplemental Income and Loss**

OMB No. 1545-0074 2020

► Attach to Form 1040, 1040 ► Go to www.irs.gov/ScheduleE for inst

-SR, 1040-NR, or 1041.
ructions and the latest information.

Your soci	al security number
	Attachment Sequence No. <b>13</b>

SUNISITA         BOLISETTI         [841-03-9809           Parti         Income or Loss From Renal 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(5) 10997 See instructions.         Yes         No           If "Yes," (did you or will you file required Form(5) 10997 See instructions.         Yes         No           In Physical address of each property (street, city, state, ZIP code)         A         A         Days         Days         QJV           A         Dive of Property (from list below)         2         For each rental real estate property listed qualified pint venture. See instructions.         B         Days         Days         QJV           A         3         Subscience         3         Vacation/Short-Term Rental 5         Land         7         Self-Rental           1         Single Family Residence         3         Vacation/Short-Term Rental 5         Land         7         Self-Rental           2         Auto and travel (see instructions)         6         6         6         6         6           3         Acto and travel (see instructions)         6         8         Other (describe)         1 <th>Name(s)</th> <th colspan="6">Name(s) shown on return Your social security number</th>	Name(s)	Name(s) shown on return Your social security number										
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	SUNI											
A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions	Part	Income or Loss	From Rental Real Estate and Ro	yalties	s Note	: If you a	are in th	e business of	renting pe	rsonal p	roperty	, use
B If "Yes," did you or will you file required Form(s) 10997		Schedule C. See	instructions. If you are an individual, rep	ort farr	n rental i	ncome d	or loss f	rom <b>Form 48</b> 3	<b>35</b> on page	2, line 4	10.	
1a       Physical address of each property (street, city, state, ZIP code)         A       DOWLAI SWARAM EAST GODAVARI       ANDHRA       PRADESH       IN       533125         B       C       Fair Rental back, report the number of fair rental and personal use days. Check the GUV box only if you meet the requirements to file as a qualified joint venture. See instructions.       Fair Rental Days       Personal Use pays. CuV         A       3       C       A       365       0       □         Type of Property:       1       Single Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental       2       C       □         10       Single Family Residence       4 Vacation/Short-Term Rental 5 Land       7 Self-Rental       8       C         3       Rents received       A       8       C       6         3       Rents received       4       Expenses:       5       6       8       C         5       Advertising       5       5       5       5       6       8       9       10         10       11       14       1,250,       13       14       1,250,       14       1,250,         13       Other interest.       16       10       11       11       11       1	A Did	you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099? S	ee inst	ructions .		. 🗆 '	Yes 🛛	< No
1a       Physical address of each property (street, city, state, ZIP code)         A       DOWLAI SWARAM EAST GODAVARI       ANDHRA       PRADESH       IN       533125         B       C       Fair Rental back, report the number of fair rental and personal use days. Check the GUV box only if you meet the requirements to file as a qualified joint venture. See instructions.       Fair Rental Days       Personal Use pays. CuV         A       3       C       A       365       0       □         Type of Property:       1       Single Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental       2       C       □         10       Single Family Residence       4 Vacation/Short-Term Rental 5 Land       7 Self-Rental       8       C         3       Rents received       A       8       C       6         3       Rents received       4       Expenses:       5       6       8       C         5       Advertising       5       5       5       5       6       8       9       10         10       11       14       1,250,       13       14       1,250,       14       1,250,         13       Other interest.       16       10       11       11       11       1	B If "	Yes," did you or will yo	bu file required Form(s) 1099?							. 🗆 `	Yes 🗌	No
B         C         Fair Rental         Personal Use         QJV           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 qualified joint venture. See instructions.         Fair Rental Days         Personal Use Days         QJV           A         3         -												
C         Type of Property (from list below)         2         For each rental real estate property listed personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.         Fair Rental Days         Personal Use Days         QJV           A         3	Α	DOWLAISWARAM E	AST GODAVARI ANDHRA PRA	ADESI	I IN 5	3312	5					
Ib         Type of Property (from list below)         2         For each rental real estate property listed above, report the number of far rental and provide the source instructions.         Fair Rental Days         Personal Use Days         QJV           A         3	В											
Image: construction of fair rental and generating of fair rental fair fair fair fair fair fair fair fair	С										_	
(trom list below)         above, report the inquirements to file as a         Days         Days           A         3         above, report the requirements to file as a         a 365         0	1b	Type of Property		oerty li	sted		Fair	Rental	Persona	l Use		
B       qualified joint venture. See instructions.       B       □         C       □       □         C       □       □         Type of Property:       3       Vacation/Short-Term Rental       5       C       □         1 Single Family Residence       3 Vacation/Short-Term Rental       5       C       □       □         2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)       Image: Commercial       7       Self-Rental         3 Rents received       .       .       3       65.0       .		(from list below)	above, report the number of fa	ir renta	al and			Days	Day	s		
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       C         3 Rents received       .       .       3       650.         4 Royalties received       .       .       4       .         Expenses:       5       .       .       .         5 Advertising       .       .       .       .       .         6 Auto and travel (see instructions)       .       .       .       .       .         7 Cleaning and maintenance       .       .       .       .       .       .         9 Insurance       .       .       .       .       .       .       .       .         10 Legal and other professional fees       . </td <td>Α</td> <td>3</td> <td>if you meet the requirements to</td> <td>o file a</td> <td>s a</td> <td>Α</td> <td></td> <td>365</td> <td></td> <td>0</td> <td>[</td> <td></td>	Α	3	if you meet the requirements to	o file a	s a	Α		365		0	[	
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         3 Rents received       .       .       3       650.         4 Royalties received       .       .       4       .         5 Advertising       .       .       4       .         6 Auto and travel (see instructions)       .       6       .       .         7 Cleaning and maintenance       .       .       8       .       .         9 Insurance       .       .       .       .       .       .         10 Legal and other professional fees       .       .       .       .       .       .         11 Management fees       .       .       .       .       .       .       .       .       .       .         13 Other interest       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <t< td=""><td></td><td></td><td>qualified joint venture. See inst</td><td>tructio</td><td>ns.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			qualified joint venture. See inst	tructio	ns.							
1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       6 Royatties       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received	С					С						
2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received       3       650.       4       6       6         4 Royalties received       4       4       4       6       6         Expenses:       5       6       6       6       6         7 Cleaning and maintenance       7       800.       8       9         9 Insurance       9       10       11       11       11         10 Legal and other professional fees       11       11       11       11         11 Management fees       11       12       13       14       1,250.       15         13 Other interest       15       1,000.       15       1,000.       16       17       2,000.       18       19       12       14       1,250.       12       12       14       1,250.       15       1,000.       16       17       2,000.       18       19       10       12       14       1,250.       15       1,000.       16       17       2,000.       18       19       10       10       10       10       10 <td>Туре с</td> <td>of Property:</td> <td></td>	Туре с	of Property:										
Income:       Properties:       A       B       C         3       Rents received	1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd	-	7 Self-	Rental				
3       Rents received	2 Mult	i-Family Residence		6 Ro	yalties	8	8 Othe	r (describe)		-		
4       Royalties received       4         Expenses:       5         5       Advertising         6       5         6       7         7       800         8       9         9       9         10       10         12       10         13       0ther interest.         14       1,250.         15       1,000.         16       14         17       2,000.         18       10         19       12         11       14         12       14         13       14         14       1,250.         15       1,000.         16       17         17       2,000.         18       19         19       19         20       5,050.         21       -4,400.         21       -4,400.         22       (-4,400.)(()         23       Total of all amounts reported on line 3 for all rental properties       23a	Incom	e:	Properties:			Α		В			С	
Expenses:       5       Advertising       5         6       Auto and travel (see instructions)       6	3			-			650.					
5       Advertising       5       5         6       Auto and travel (see instructions)       6       7         7       Cleaning and maintenance       7       800.         8       0       9       0         9       10       Legal and other professional fees       9         10       Legal and other professional fees       10       0         11       Management fees       11       0         12       Mortgage interest paid to banks, etc. (see instructions)       12       0         13       Other interest.       13       14       1, 250.         14       Repairs.       14       1, 250.       15       1, 000.         16       7       2,000.       16       17       2,000.       16         17       2,000.       18       19       0       10       10       10         10       Other (list) ▶       19       20       5,050.       21       -4,400.       21       -4,400.       22       (-4,400.)(()()()()()()()()()()()()()()()()()(	4	Royalties received .		4								
6       Auto and travel (see instructions)       6       7         7       Cleaning and maintenance       7       800.         8       9       9       9         9       10       Legal and other professional fees       9         10       Legal and other professional fees       10       11         11       12       11       12         12       Mortgage interest paid to banks, etc. (see instructions)       12       12         13       0ther interest.       13       14       1,250.         14       Repairs.       14       1,250.       15         11       14       1,200.       16       17         14       1,200.       18       19       10         15       1,000.       18       19       19       10         14       1,200.       18       19       19       10         15       1,050.       18       19       10       10       11         19       19       10       10       11       10       11       11       11       11       11       11       11       11       11       11       11       11       11	-											
7       Cleaning and maintenance       7       800.         8       9       9       9         9       9       9       9         10       Legal and other professional fees       9       9         11       Management fees       10       11         12       Mortgage interest paid to banks, etc. (see instructions)       12       11         13       0       12       13         14       Repairs       14       1,250         15       Supplies       14       1,250         16       15       1,000       16         17       2,000       18       19         20       5,050       19       20         21       -4,400       21       -4,400         22       -4,400       22       -4,400         23a       Total of all amounts reported on line 3 for all rental properties       23a       650	5	Advertising		5								
8       Commissions.       8	6			6								
9       Insurance       9       10         10       Legal and other professional fees       11         11       Management fees       11         12       Mortgage interest paid to banks, etc. (see instructions)       12         13       0ther interest.       13         14       Repairs.       14       1,250.         15       Supplies       15       1,000.         16       16       11         17       Utilities       17       2,000.         18       Depreciation expenses or depletion       18       19         20       Total expenses. Add lines 5 through 19       20       5,050.         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       -4,400.         22       0       -4,400.       10       10         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.	7			7			800.					
10       Legal and other professional fees       10       11         11       Management fees       11       11         12       Mortgage interest paid to banks, etc. (see instructions)       12       12         13       12       13       14         14       Repairs.       14       1,250.       15         15       Supplies       14       1,250.       16         16       15       1,000.       16       17         17       Utilities       17       2,000.       18         19       Other (list) ▶       19       19       10         20       5,050.       20       5,050.       21         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       -4,400.       21       -4,400.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       -4,400. )(       )(       )(         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.       650.	8			8								
11       Management fees       11       11         12       Mortgage interest paid to banks, etc. (see instructions)       12       12         13       14       1, 250.       13         14       Repairs.       14       1, 250.         15       Supplies       14       1, 250.         16       15       1, 000.         17       Utilities       16         17       Utilities       17       2,000.         18       Depreciation expense or depletion       18         19       Other (list)       19         20       5,050.       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       -4,400.         21       -4,400.       22       (-4,400.)(()()()()()()()()()()()()()()()()()(	9	Insurance		9								
12       Mortgage interest paid to banks, etc. (see instructions)         13       Other interest.         14       Repairs.         15       Supplies         16       14         17       Utilities.         18       16         19       17         20       Total expenses. Add lines 5 through 19         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         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	10	Legal and other profe	ssional fees	10								
13       Other interest.       13       14       1,250.         14       1,250.       14       1,250.         15       Supplies       15       1,000.         16       16       16       16         17       Utilities       17       2,000.       18         19       Other (list) ▶       19       19       19         20       Total expenses. Add lines 5 through 19       20       5,050.       21         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       -4,400.       21         22       (-4,400.)(       )(       )(       )(       )(         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.	11	Management fees .		11								
14Repairs.14 $1,250.$ 15Supplies16Taxes17Utilities1819Other (list) $\blacktriangleright$ 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 619822Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)23aTotal of all amounts reported on line 3 for all rental properties23aCatal of all amounts reported on line 3 for all rental properties	12			12								
15       Supplies       15       1,000         16       Taxes       16       16         17       Utilities       17       2,000       16         18       Depreciation expense or depletion       17       2,000       18         19       Other (list) ▶       18       19       19         20       Total expenses. Add lines 5 through 19       20       5,050       5,050         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       -4,400         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (-4,400.)(       )(         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.	13	Other interest										
16       Taxes       16       17         17       Utilities       17       2,000       17         18       Depreciation expense or depletion       17       2,000       18         19       Other (list) ▶       18       19       19         20       Total expenses. Add lines 5 through 19       20       5,050       18         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       -4,400       21         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (-4,400.)(       )(         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.												
17       Utilities	15	Supplies		-		1,	000.					
<ul> <li>18 Depreciation expense or depletion</li></ul>												
19       Other (list) ▶       19       19         20       Total expenses. Add lines 5 through 19       20       5,050.         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				-		2,	000.					
<ul> <li>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</li></ul>												
<ul> <li>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</li></ul>	19	Other (list) ►		-								
<ul> <li>result is a (loss), see instructions to find out if you must file Form 6198</li> <li>Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)</li> <li>Total of all amounts reported on line 3 for all rental properties</li> <li>21 -4,400.</li> <li>22 ( -4,400.)( )( )( )( )( )( )( )( )( )( )( )( )( )</li></ul>	20	Total expenses. Add I	ines 5 through 19	20		5,	050.					
file Form 6198       1       -4,400.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21       -4,400.         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.												
<ul> <li>22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)</li></ul>			-				400					
on Form 8582 (see instructions)       22       ( -4,400.)       ( )( )(         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.				21		-4,	400.					
23a    Total of all amounts reported on line 3 for all rental properties     23a    650.					1		• • • •	,	,	,		
					(	-4,4		(	)	(		
<b>b</b> Lotal of all amounts reported on line 4 for all royalty properties <b>23b</b>					• •				650.			
				erties	• •							
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				 داممانه			236					
24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses       4.4.0.0					-		 ntor tot			(	Л	100
<b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . <b>25</b> ( 4,400.										(	4,4	±00.
<b>26</b> Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result have a la part of the result of the resu												
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> -4,400.											-4	,400.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

g	582	Passive Activity Loss Limitations	L	OMB No. 1545-1008
Form U	JUL	► See separate instructions.		2020
		<ul> <li>Attach to Form 1040, 1040-SR, or 1041.</li> <li>Go to www.irs.gov/Form8582 for instructions and the latest information.</li> </ul>		Attachment
	evenue Service (99) shown on return		Identifying	Sequence No. 858
SUNI		SETTI		3–9809
Part		ssive Activity Loss	011 0.	
T are		Complete Worksheets 1, 2, and 3 before completing Part I.		
Rental		Activities With Active Participation (For the definition of active participation,	see	
		or Rental Real Estate Activities in the instructions.)	500	
-		net income (enter the amount from Worksheet 1, column (a)) . <b>1a</b>	0.	
		net loss (enter the amount from Worksheet 1, column (b)) <b>1b</b> ( 4,40	0.)	
С	Prior years' ur	allowed losses (enter the amount from Worksheet 1, column (c))	)	
d	Combine lines	1a, 1b, and 1c	. 1d	-4,400.
Comm	ercial Revitali	zation Deductions From Rental Real Estate Activities		
2a	Commercial re	evitalization deductions from Worksheet 2, column (a) 2a (	)	
b	Prior year una	llowed commercial revitalization deductions from Worksheet 2,		
	column (b)		)	
	Add lines 2a a		. 2c	( )
	er Passive Ac			
		net income (enter the amount from Worksheet 3, column (a)) . 3a		
		net loss (enter the amount from Worksheet 3, column (b)) 3b (	)	
		allowed losses (enter the amount from Worksheet 3, column (c))	)	
		3a, 3b, and 3c	. 3d	
		a 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with y		
		es are allowed, including any prior year unallowed losses entered on line 1c, 2b, or		
	-	ses on the forms and schedules normally used	. 4	-4,400.
	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		a ta lina 15
Cautio	n. If your filing	• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and status is married filing separately and you lived with your spouse at any time durin	-	
		ead, go to line 15.	J the yea	
Part		Allowance for Rental Real Estate Activities With Active Participation		
Tarti		ter all numbers in Part II as positive amounts. See instructions for an example.		
5		<b>ller</b> of the loss on line 1d or the loss on line 4	. 5	4,400.
-		0. If married filing separately, see instructions $\dots \dots \dots$		1,100.
		I adjusted gross income, but not less than zero. See instructions <b>7</b> 101, 40		
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
		vise, go to line 8.		
8	Subtract line 7	' from line 6	0.	
9	Multiply line 8	by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructi	ons 9	24,300.
10	Enter the sma	Iler of line 5 or line 9	. 10	4,400.
		oss, go to Part III. Otherwise, go to line 15.		
Part I	II Special	Allowance for Commercial Revitalization Deductions From Rental Real	Estate /	Activities
		ter all numbers in Part III as positive amounts. See the example for Part II in the instru		
		reduced by the amount, if any, on line 10. If married filing separately, see instructions		
		from line 4		
		2 by the amount on line 10		
		<b>llest</b> of line 2c (treated as a positive amount), line 11, or line 13	. 14	
Part I		osses Allowed		
		ne, if any, on lines 1a and 3a and enter the total		0.
		allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instruction		4 400
		v to report the losses on your tax return	. 16	
For Pap	berwork Reduct	ion Act Notice, see instructions. BAA REV 02/07/21 PRO		Form <b>8582</b> (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 ga	ain or loss
Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	<b>(e)</b> Loss
DOWLAISWARAM	0.	4,400.			4,400.
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c	0.	4,400.			

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

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

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

	Currer	nt year	Prior years	Overall gain or loss	
Name of activity	<b>(a)</b> Net income (line 3a)	<b>(b)</b> Net loss (line 3b)	(c) Unallowed loss (line 3c)	<b>(d)</b> Gain	(e) Loss
<b>Total.</b> 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>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
DOWLAISWARAM	E Ln 22	4,400.	1.00000000	4,400.	0.
Total		4,400.	1.00	4,400.	0.

## Worksheet 5-Allocation of Unallowed Losses (see instructions)

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