Department of the Treasury 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)

Taxnaver's name

Taxpayer's name	Social security number							
VIJAY K THIPPARTHI	487-75-9701							
Spouse's name	Spouse's social security number							
AKHILA REDDY	275-17-2475							
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)								
Enter whole dollars only on lines 1 through 5.								
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1 Adjusted gross income	1 74,511.							
2 Total tax	2 1,566.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 6,607.							
4 Amount you want refunded to you	4 5,041.							
5 Amount you owe	5							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

	er fiv n't er	as my			
5	9	7	0	1	

7 5

as mv

4

Enter five digits, but don't enter all zeros

05/06/2021

7 2

Date 🕨

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 Vijay Thipparthi

Spouse's PIN: check one box only

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

Date										
Practitioner PIN Method Returns Only—continue below										
у										
!	5 8	7	-		-	-		9	8	9
	nue be	ly	nue below	hue below by . 5 8 7 2	below by 5 8 7 2 7	hue below ly . 5 8 7 2 7 8	below by 5 8 7 2 7 8 6	nue below ly	hue below by . 5 8 7 2 7 8 6 1 9	hue below ly . 5 8 7 2 7 8 6 1 9 8

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨	
	in This Form — See Instructions n to the IRS Unless Requested To Do So	
E. B. J. B. J. B. A. M. K.		E 9970 (D 01 0001)

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	i-0074 i	RS Use	Only-	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single \mathbf{X} Married filing jointly u checked the MFS box, enter the n son is a child but not your dependen	ame of	-	separately buse. If you	. ,				·		, ,	
Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number
VIJAY K			THIF	PARTI	II						487-	75-970	1
If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
AKHILA			REDI	ΡY							275-	17-247	5
Home address 7567 WA		er and street). If you have a P.O. box, see REST LN	instructio	ons.				Apt.	. no.		Check	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ate	ZIP code					ntly, want \$3 Checking a
MAINEVI	LE					0	H	4503	9		•	low will not	•
Foreign country	/ name		F	oreign p	rovince/stat	e/coun	ity	Foreign p	oostal co	ode	your ta	x or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	nange, c	or otherv	vise acquii	re any	financial intere	est in any	virtua	l cu	rrency?	Yes	X No
Standard Deduction Age/Blindness		eone can claim:	n or you		dual-statu			rn before	Janua	arv 2	. 1956	Is bl	lind
Dependents					Social secu		(3) Relationsh					or (see instru	
•		irst name Last name	number to you 806-04-3924 Daughter			• •	i		1	her dependents			
lf more than four	.,	AITRA REDDY					Daughter		×			1	
dependents,	SHI	VANSH REDDY					Son					1	
see instruction and check here ►	s								[[
	1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2 .							1		
Attach	2a		2a			bТ	axable interes	t			2b		
Sch. B if	3a	· ·	3a		19.		Ordinary divide				3b	,	35.
required.	4a	IRA distributions	4a				axable amoun				4b	,	
	5a	Pensions and annuities	5a			bΤ	axable amoun	t			. 5b)	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	t			6b	,	
Deduction for -	7	Capital gain or (loss). Attach Sche	dule D if	[;] require	d. If not re	quired	l, check here)		7		-3,000.
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.								. 8	-	-4,087.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our total ir	come				. 1	▶ 9		74,511.
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard de	duction. S	ee inst	tructions 10	b					
• Head of	с	Add lines 10a and 10b. These are	your tot	al adjus	stments to	inco	me			.)	▶ 10	c	
household, \$18,650	11	Subtract line 10c from line 9. This								. 1	▶ 11		74,511.
 If you checked 	12	Standard deduction or itemized	deduct	i ons (fro	m Schedu	le A)					. 12	2	24,800.
any box under Standard	13	Qualified business income deduct	ion. Atta	ch Forn	n 8995 or l	Form 8	3995-A				. 13		3.
Deduction, see instructions.	14	Add lines 12 and 13									. 14	+ <u>;</u>	24,803.
	15	Taxable income. Subtract line 14	from lin	e 11. lf :	zero or les	s, ente	er-0				15	;	49,708.

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

Form **1040** (2020)

17 Amount from Schedule 2, line 3 17 18 5, 560 18 Add lines 16 and 17 18 5, 560 19 Child tax cells or credit or credit or other dependents 19 4, 000 20 Amount from Schedule 3, line 7 20 20 21 Add lines 19 and 20 20 21 4, 000 22 Subtract line 21 from line 18. If zero or less, enter -0 22 1, 561 24 Add lines 22 and 23. This is your total tax 24 1, 561 25 Federal income tax withheld from: 256 256 4 Add lines 25a through 25c 256 256 0 Other forms (see instructions) 256 266 4 Add lines 27 through 31. These are your total presents 30 31 30 Add lines 251, 26, and 32. These are your total presents and refundable credits 32 32 4 Add lines 27 through 31. These are your total presents 33 6, 600' 19 through 31. These are your total presents 31 32 34 4 file 31 is no or han in a 24, subtract tin 24 from lins 33. This is the amount you overpaid	Form 1040 (2020))									Page 2	
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	Use Uniy	Fin	m's address 🕨 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm's	EIN ►	30-1017196	
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/1	6/21 PRO			Form 1040 (2020)	

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SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

	Attachment Sequence No. 01							
Your social security number								
487-75-9701								

Part I Additional Income

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

VIJAY K THIPPARTHI & AKHILA REDDY

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 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	-4,300.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Other Income from box 3 of 1099-Misc 213.	8	213.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,087.
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 adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 04/16/21 PRO	Schedul	le 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

▶ Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

VIJAY K THIPPARTHI & AKHILA REDDY

Your social security number

487-75-9701

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		Adjustments to gain or loss from Form(s) 8949, Part I,		Adjustments to gain or loss from Form(s) 8949, Part I,		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.									
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	718,722.	758,622.	15,093.		15,093.		15,093.		-24,807.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	24.	0.			24.				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked									
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4					
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5							
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()							
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	-24,783.							

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
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 Box D checked	13,682.	14,736.			-1,054.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any	Carryover		<i>,</i> , , , , , , , , , , , , , , , , , ,		
	Worksheet in the instructions		14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	-1,054.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-25,837.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 04/16/21 PRO

Schedule D (Form 1040) 2020

Form	8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

2020 Attachment Sequence No. 12A

Social socurity number or taxpayor identification number

Name(s) shown on return	Social security number of taxpayer identification number
VIJAY K THIPPARTHI & AKHILA REDDY	487-75-9701

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

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

1 (a) Description of property	(b) (c) Date acquired		(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	01/15/20	01/16/20	644,481.	677,068.	W	14,930.	-17,657.	
AMERITRADE	02/11/20	06/26/20	26,418.	28,921.	EW	21.	-2,482.	
APEX CLEARING	03/31/20	09/01/20	47,823.	52,633.	W	142.	-4,668.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			718,722.	758,622.		15,093.	-24,807.	

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

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VIJAY K THIPPARTHI & AKHILA REDDY

Social security number or taxpayer identification number 487-75-9701

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	05/25/19	01/16/20	13,668.	14,721.			-1,053.	
APEX CLEARING	05/20/19	10/15/20	14.	15.			-1.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your 1e 9 (if Box E	13,682.	14,736.			-1,054.	

Note: If you checked Box D 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.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number of taxpayer identification number
VIJAY K THIPPARTHI & AKHILA REDDY	487-75-9701

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.

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

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

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

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
APEX	CLEARING	08/31/20	09/01/20	24.	0.			24.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			24.	0.			24.		

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.

(Form 1	040)	(From	n rental real estate, r	oyalties, partnersł	nips, S	corpor	ations,	estates,	trusts, REM	IICs, etc.)	9		
Departm	Department of the Treasury					0, 1040-SR, 1040-NR, or 1041.						Attachment	
	Revenue Service (99)		► Go to www.irs	.gov/ScheduleE fo	or inst	ructions	and th	e latest	information		Sequence No. 13		
Name(s)	shown on return									Your socia			
			& AKHILA REDI							487-7			
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.												
			ents in 2020 that wo										
			ou file required Forr								. LI Y	es 🗌 No	
<u>1a</u>			each property (stree			,	4						
	ANUPAMA N	AGAR	HASTHINAPURAN	1 TELANGANA	IN :	500074	4						
<u>В</u> С													
	Type of Pro	norty	0 F an a shared	-114 -4		- 41		Eair	Rental	Persona			
1D	(from list be		above report	al real estate prop the number of fa	ir rent	al and		-	Days	Days		QJV	
Α	3	,iow)	personal use	days. Check the	QJV b	ox only	Α		365	2	0		
B			gualified joint	venture. See inst	ructio	sa ns.	B		303		0		
	+		-				C						
	of Property:						•						
	ale Family Resid	dence	3 Vacation/Sho	ort-Term Rental	5 La	nd		7 Self-	Rental				
	ti-Family Reside		4 Commercial			valties			r (describe))			
Incom	-			Properties:			Α	0 0 1110	E			С	
3	Rents received	d			3			400.					
4					4								
Expen													
5	Advertising .				5								
6	Auto and trave	el (see i	nstructions)		6								
7	Cleaning and r	mainter	nance		7			600.					
8	Commissions.				8								
9					9								
10	-	-	essional fees		10								
11	•				11			800.					
12			id to banks, etc. (se		12								
13					13								
14					14			800.					
15					15		⊥,	200.					
16 17					16 17		1	200					
18			e or depletion		18		⊥,	300.					
19	Other (list)	sheriad			19								
20		s Add	lines 5 through 19		20		4	700.					
21			line 3 (rents) and/o				- /	,					
21			instructions to find										
	· ·				21		-4,	300.					
22	Deductible rer	ntal rea	l estate loss after li	mitation. if anv.									
			structions)		22	(-4,3	300.)	()	()	
23a	Total of all am	ounts r	eported on line 3 fo	r all rental prope	rties			23a		400.			
b	Total of all am	ounts r	eported on line 4 fo	r all royalty prop	erties			23b					
С													
d			eported on line 18 f					23d					
е			eported on line 20 f					23e		4,700.			
24		•	e amounts shown o							. 24			
25			osses from line 21 and								(4,300.)	
26			ate and royalty ind	• •						I I			
	nere. If Parts	11. 111. 1	IV, and line 40 on	page 2 do not :	apply	το νου	. also	enter th	iis amount	on			

Supplemental Income and Loss

SCHEDULE E

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2020

-4,300.

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OMB No. 1545-0074

888 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA				
	beneficiary. If both spouses				
VIJAY K THIPPARTHI	have HSAs, see instructions ► 487-75-9701				

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part				
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spouse	э.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.			
	See instructions		f-only	본 Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from			
	January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you	~		0.
3	were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for			
	family coverage). All others, see the instructions for the amount to enter	3		7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853,			
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also			
_	include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage			7,100.
'	under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		7,100.
9	Employer contributions made to your HSAs for 2020			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		2,788.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		4,312.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part		rato F		complete
Tart	a separate Part II for each spouse.		1045, 0	Joinpiere
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
с		140 14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this			
	amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the			
	dotted line	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional			
	20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form			
	1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part		ons b	efore	
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate	HSAs,	
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and			
04	enter "HSA" and the amount on the dotted line	20		
21	Autional ias, multiply line 20 by 10% (0.10), include this amount in the total on Schedule 2 (Form)	ı		

1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box For Paperwork Reduction Act Notice, see your tax return instructions.

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Form 8995	
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Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

►	Goto	www.irs	gov/Form	8995 for	instructions	and the	latest i	nformation
	G U 10	<i>www.w.</i>	.407/F0///6	9990 101	111511 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the	Ialesi I	normation.

Name(s) shown on return

VIJAY K THIPPARTHI & AKHILA REDDY

Your taxpayer identification number 487-75-9701

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(c) Qualified business income or (loss)				
_						
i						
ii						
iii						
iv						
V						
2	Total qualified business income or (loss). Combine lines 1i through 1v,					
3	column (c) .	2 3 ()	-			
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	3 ()				
4 5	Qualified business income component. Multiply line 4 by 20% (0.20)	4	5			
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)					
Ŭ	(see instructions)	6 16.				
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior					
	year	7 ()				
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero					
	or less, enter -0	8 16.				
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	3.		
10	Qualified business income deduction before the income limitation. Add lines 5 and	1	10	3.		
11	Taxable income before qualified business income deduction	11 49,711. 12 19.				
12 13	Net capital gain (see instructions)	12 19. 13 49,692.	-			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	9,938.		
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also					
10	the applicable line of your return		15	3.		
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)		
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a	nd 7. If greater than				
	zero, enter -0		17	(0.)		
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 04/	16/21 PRO		Form 8995 (2020)		

OMB No. 1545-2294

2020

Attachment Sequence No. 55

_	8867	Paid Preparer's Due Diligence Checklist	OMB	-0074					
Form	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status								
	nent of the Treasury Revenue Service	 To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-P Go to www.irs.gov/Form8867 for instructions and the latest informat 		Attach Seque	ment nce No.	70			
	er name(s) shown on		Taxpayer identif	ication nu	umber				
		RTHI & AKHILA REDDY	487-75-9	701					
	eparer's name and I								
		I SAGAR GUPTA TALLAM	P0208270	3					
Part		gence Requirements							
		ropriate box for the credit(s) and/or HOH filing status claimed on the return red (check all that apply).		AOTC		arts I–V HOH			
1		blete the return based on information for tax year 2020 provided by the tained by you?		Yes	No	N/A			
2	worksheets for AOTC workshe	claimed on the return, did you complete the applicable EIC and/or CTC und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions eet found in the Form 8863 instructions, or your own worksheet(s) that provide all related forms and schedules for each credit claimed?	s, and/or the es the same	X					
3	the following.	the knowledge requirement? To meet the knowledge requirement, you mus							
	determine th	taxpayer, ask questions, and contemporaneously document the taxpayer's r at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.							
		mation to determine that the taxpayer is eligible to claim the credit(s) and/c		X					
4	information rea	nation provided by the taxpayer or a third party for use in preparing th asonably known to you, appear to be incorrect, incomplete, or inconsisten ons 4a and 4b. If "No," go to question 5.)	t? (If " Yes, "		X				
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inforr	nation? .						
b	you asked, wh	mporaneously document your inquiries? (Documentation should include the om you asked, when you asked, the information that was provided, and the don your preparation of the return.)	e impact the						
5	keep a copy applicable wor 8867 and any taxpayer that	/ the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a c ksheet(s), a record of how, when, and from whom the information used to p applicable worksheet(s) was obtained, and a copy of any document(s) prov you relied on to determine eligibility for the credit(s) and/or HOH filing status	copy of any repare Form vided by the						
	the amount(s) List those doci	of the credit(s)		X					
6	credit(s) and/c return is select	e taxpayer whether he/she could provide documentation to substantiate elig r HOH filing status and the amount(s) of any credit(s) claimed on the retu ed for audit?	Irn if his/her	X					
7	(If credits wer	e taxpayer if any of these credits were disallowed or reduced in a previous ye e disallowed or reduced, go to question 7a; if not, go to question 8.)		X					
а 8	If the taxpayer	ete the required recertification Form 8862?	omplete and						
	Correct Schedi	ule C (Form 1040)?			006				

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 8	867 (2020)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			
Part			 Part \	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quituition and related expenses for the claimed AOTC?	alified	Yes	No
Part			o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta	-	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification			
I art	 You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you: A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's response. 			-
	in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	ny app	licable
	 C. Submit Form 8867 in the manner required; and D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 <i>Document Retention.</i> 1. A copy of this Form 8867. 	67 instr	uctions	under
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	r's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for taxpaye			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are to the best of your knowledge true correct	t and	Yes	No

15	Do you certify	that	all o	f the	ansv	wers	on	this	Forn	n 88	867	are,	to tl	he b	oest o	of yo	our	kno	wlee	dge,	tru	e, (cori	ect	t, a	nd	Yes		No
	complete?																			•							×		
																REV	04/1	16/21 F	PRO							F	orm 8	367	(2020)

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⊂ Ohio	ln	-	dual Incor	-	-					
05 05 21	Taxation	Use	only	black ink/U	PPERCAS	E letters.		20000198 8	Sequenc	e No. 1
	nis is an <u>amended</u> re e a copy of the previo		Ohio	IT RE.	Chee	ck here if clain	ning an NOL carryba	ack. Include Sch	nedule IT	F NOL.
Primary taxpayer's SS 487 75 97		If deceased	S	pouse's SSN (275 17		tly)	If deceased	School distric (see instruction		
		check box					check box	SD# ▶▶	3101	
First name VIJAY			M.I. K	Last name THIPP	ARTHI					
Spouse's first name (d	only if married filing jo	pintly)	M.I.	Last name						
AKHILA				REDDY						
Address line 1 (numbe	er and street) or P.O.	Box								
7567 WATER	CREST LN									
Address line 2 (apartn	nent number, suite n	umber, etc.)								
City					State	ZIP code	Ohio cou	nty (first four letter	rs)	
MAINEVILLE	1				OH	45039	HAM	I		
Foreign country (if the	mailing address is c	utside the U.S.)			Foreigr	n postal code				
Residency Statu	<u>s</u> – Check only one	for primary			Filin	g Status – C	Check one (as report	ed on federal inc	ome tax	return)
× Resident	Part-year resident	Nonresident Indicate state	••		5	Single, head o	f household or quali	fying widow(er)		
Check only one for sp					× 1	Married filing jo	ointly	Spouse's S	SN	
X Resident	Part-year resident	Nonresident Indicate state	••		r	Married filing s	eparately	opodoo o o		
Ohio Nonresider	nt Statement – S	ee instructions fo	or requ	uired criteria						
Primary meets th	e five criteria for irreb	uttable presumption	on as i	nonresident.		Check here if y	ou filed the federal e	xtension form 48	68.	
	e five criteria for irreb				j	oint return) as a	omeone else is able a dependent.	to claim you (or	your spo	use if
1. Federal adjusted of your federal retu	gross income (fede urn if the amount is ze									
	s than zero							74	4511	00
2a. Additions – Ohio S	chedule A, line 10 (I	NCLUDE SCHEE	DULE)		2a.				00
2b. Deductions – Ohio	Schedule A, line 39	(INCLUDE SCH	EDUL	.E)		2b.				00
3. Ohio adjusted gros the right if the amo	ss income (line 1 plus ount is less than zero							74	4511	00
4. Exemption amoun Number of exempti	t (INCLUDE SCHED ons including you and					4.		8	3600	00
5. Ohio income tax b	ase (line 3 minus line	e 4; if less than ze	ero, ei	nter zero)		5.		65	5911	00
6. Taxable business i	ncome – Ohio Scheo	lule IT BUS, line	13 (IN	NCLUDE SCI	HEDULE).	6.				00
7. Line 5 minus line 6	6 (if less than zero, e	nter zero)				7.		65	5911	00
	ANA MUNICIPAL AVAILABLE IN	NINT MAN DUR HELEN	h Kalilak	(100-100-11-C-10	15. H HH					



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MM-DD-YY Code

SSN 487 75 9701

2020 Ohio IT 1040



Individual Income Tax Return

SSN 487 75 9701	20000298 Sequence	e No. 2
7a. Amount from line 7 on page 17a.	65911	00
8a.Nonbusiness income tax liability on line 7a (see instructions for tax tables)8a.	1666	00
8b.Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)8c.	1666	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)9.	0	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)10.	1666	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.		00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	1666	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)14.	2402	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)		00
17. Amended return only – amount previously paid with original and/or amended return		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)18.	2402	00
19. Amended return only – overpayment previously requested on original and/or amended return		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	2402	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 1321.		00
22. Interest due on late payment of tax (see instructions)		00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23.		00
24. Overpayment (line 20 minus line 13)24.	736	00
 25. Original return only – amount of line 24 to be credited toward next year's income tax liability		00
a. Ohio History Fund b. State nature preserves c. Breast/Cervical Cancer		
d. Wishes for Sick Children e. Wildlife species f. Military injury relief		00
00 00 00		
27. REFUND (line 24 minus lines 25 and 26g)YOUR REFUND ▶ 27.	736	00
and belief, the return and all enclosures are true, correct and complete.	our refund is \$1.00 or less, no refund will be f you owe \$1.00 or less, no payment is nece	
Primary signature Phone number (614)257-7657	NO Payment Included – Mail to Ohio Department of Taxation	b :
Spouse's signature Date (MM/DD/YY)	P.O. Box 2679 Columbus, OH 43270-2679	
Check here to authorize your preparer to discuss this return with the Department. Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUP</u> Phone number (678)965-9522	Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057	
Preparer's TIN (PTIN) P02082703	Columbus, OH 43270-2057	-



2020 Schedule of Ohio Withholding



20350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

487 75 9701

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 2402 00 Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN 81563 00 6607 00 Ρ 061356481 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 52175448 2402 00 81563 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. 00 00 Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 3. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00 Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation 00 00 Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 7. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00





0098

Part C -	<u>1099-Rs</u>	487 75 9701
1. P/S	Payer's TIN	Box 1 - Gross distribution
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax wit
2. P/S	Payer's TIN	Box 1 - Gross distribution 0 0
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax wit
3. P/S	Payer's TIN	Box 1 - Gross distribution 0 0
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax wit
4. P/S	Payer's TIN	Box 1 - Gross distribution 0 0
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax wi
<u>Part D -</u>	W-2Gs	
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings 0 0
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings 0 0
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings 0 0
Part E -	1099-NECs	
1. P/S	Payer's TIN	Box 1 - Nonemployee comper 0 0
	Box 6 - Payer's Ohio number	Box 7 - State income 0 0
2. P/S	Payer's TIN	Box 1 - Nonemployee comper 0 0
	Box 6 - Payer's Ohio number	Box 7 - State income 0 0



20350298

Distribution code

Distribution code

Distribution code

Distribution code

Box 15 - Ohio income tax withheld

Box 15 - Ohio income tax withheld

00

00

00

00

00

00

Box 7 -

Box 14 - Ohio tax withheld

Box 7 -

Box 14 - Ohio tax withheld

Box 7 -

Box 14 - Ohio tax withheld

Box 7 -

Box 14 - Ohio tax withheld

Box 4 - Federal income tax withheld 00

Box 4 - Federal income tax withheld

00

Sequence No. 12

stribution Total 00 distribution

Total

Total

Total

distribution

distribution

distribution

ncome tax withheld 00

2020 Schedule of Ohio Withholding Primary taxpayer's SSN

ncome tax withheld 00

ncome tax withheld 00

ncome tax withheld 00

oyee compensation 00

ome 00 oyee compensation

Box 4 - Federal income tax withheld 00

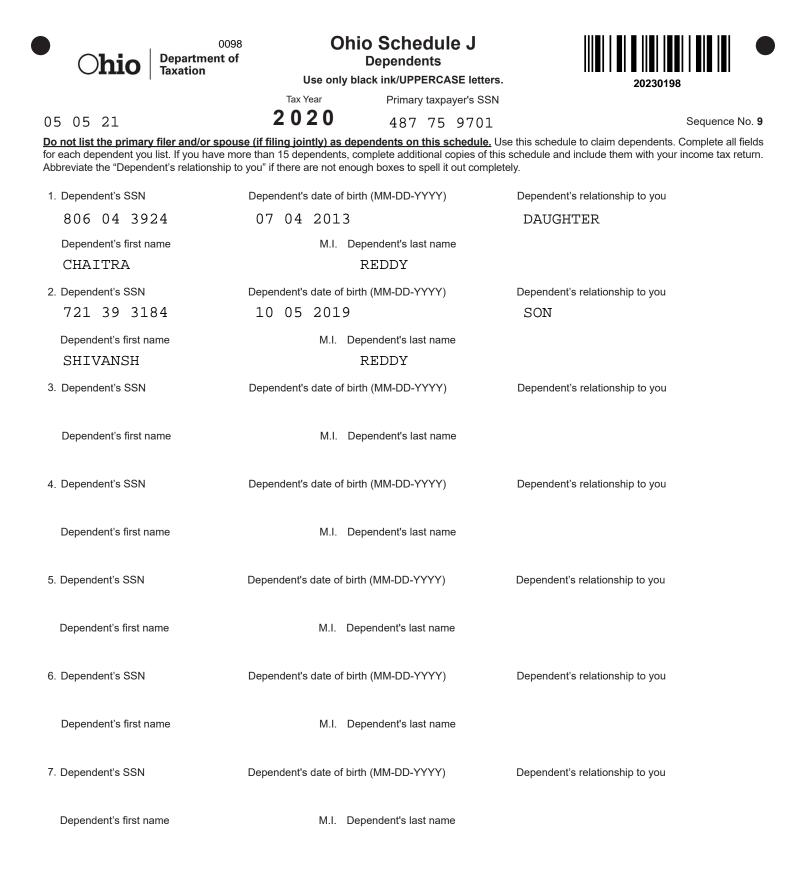
> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00 Box 5 - Ohio tax withheld

00 Box 4 - Federal income tax withheld 00 Box 5 - Ohio tax withheld

00

Pres. 8/25/20. Schedule of Withholding - page 2 of 2 REV 04/06/21 PRO





Click on the fields below and type in your information. Then print the form and mail it to our office.

TO EXPEDITE PROCESSING, PLEASE DO NOT STAPLE

Individual Tax Return 2020

Tax Return is due by April 15, 2021 City of Cincinnati Income Tax Division

Income Tax Division PO Box 637876 Cincinnati OH 45263-7876 Phone: (513) 352-2546 E-file available at:

https://web2.civicacmi.com/Cincinnati

Account Number:		SSN: <u>487 75 9701</u>			
E-Ma	il:	Spouse SSN: 275 17 2475		filer eral Sch C, E, F or K-1	
Name		– AKHILA REDDY	Athlete or	Entertainer	
Addre	· · · · · · · · · · · · · · · · · · ·			Return	
				a valid refund request)	
City/s	State/Zip MAINEVILLE	ОН 45039	Account S	Should be Closed	
If part	t-year, resident indicate dates of Cincinnat	ti residency: FromTo	Reason:		
Part	A Tax Calculation – Attach 1 st	page of Federal 1040, Schedule		icable schedules	
1.	Total Qualifying Wages W-2 Box 5 or	Tax Calculation Worksheet on page 2 if mu		\$ 88 035 00	
2.	Less Nontaxable Income (part year or non-	residents only) (provide calculations)		\$	
3.	Taxable Qualified Wages (Line 1 minus Lin	ie 2)		\$ 88 035 00	
4.a.	Other Income from Federal Sched. 1, C, E,			\$	
4.b.		uce qualifying wages)		\$	
5.		e 4.a.) Losses on Line 4b do not offset W		\$ 88 035 00	
6.	Cincinnati Income Tax (Multiply Line 5 by 2	,		\$ 1 783 00	
	1		\$	1 705 00	
7 a.			¢	-	
7 b.		vious year)		_	
7 c.		(Enclose W-2s or Other City returns)			
8.	Total Payments and Credits (Lines 7a + 7b	+ 7c)		\$ 1 786 00	
9.	Tax Due (Subtract Line 8 from Line 6) (Amo	ounts less than \$10.00 are not due)		\$	
10.	Overpayment (Line 8 greater than Line 6).		\$ 3.00	Federal Extension filed If yes, attach copy	
11.		\$10.00 will not be refunded)	¢	Yes	
12.	1		^	No 🗵	
Part		x for 2021 – Mandatory if 2020 lia			
13.		1X 101 2021 – Manualory II 2020 IIa		\$ 88 035 00	
13.		tiply Line 13 by 1.8% (.018)		\$ 1 585 00	
14.	Estimated Taxes Withheld from Wages	\$ 1 786 00			
16.	Estimated Tax Due after Withholding (Line	\$ -201 00			
17.	Quarter One Estimated Tax Due Before Cre	\$			
18.	Less Credits (from Line 12 above) or Amou	\$			
19.	Net Estimated Tax Due if Line 17 Minus Lin	\$			
20.	TOTAL AMOUNT DUE— Line 9 plus Line	19 or pay online at https://web2.civica.cmi.com/Cir		\$	

*Subsequent estimated payments are due 06/15/21, 09/15/21 and 01/18/22

*Failure to remit timely estimated payments will result in the assessment of interest and penalties.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Paid Preparer Name	May the City Tax Division discuss this return with the		Signature of Taxpayer or Agent	Date	
GLOBAL TAXES LLC		preparer shown to the left?			
Name of Firm or Employer 2530 PEB	BLE CREEK LN			Signature of Spouse	Date
CUMMING GA 30041 (6	578)965-9522	(D) YES	(🛛) NO		
Address of Firm or Employer	Telephone Number			Daytime Telephone Number	

Alternative Tax Calculation Method-Based on ACTUAL Earning Period

A	B	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	H	<u>l</u>
Source of Income	Income Period 1	Tax @ 2.1%	Credits	Income Period 2	Tax@ 1.80%	Credits	Total Tax	Total Credits
(W-2, 1099-MISC, Sch C and E)	(Jan 1-Oct 1)	(Income x .021)	Limit to 2.1%	(Oct 2-Dec 31)	(Income x .018)	Limit to 1.8%	(<u>C+F</u>)	<u>(D+G</u>)
TOTALS			-					

Column A	List the various types of income earned in the calendar year. For example, W-2- Employer Name. 1099-MISC Payer Name
Column B	Determine how much was earned in the period before October 2, 2020. (Do you have a paystub with a date close to 10/2/2020?)
Column C	Multiply Column B by 2.1%
Column D	How much tax was paid to Work-In City for Cincinnati Residents ONLY-Limit to 2.1% Tax Rate
Column E	Determine how much was earned in the period after October 1, 2020. (Do you have a paystub with a date close to 10/2/2020?)
Column F	Multiply Column B by 1.8%
Column G	How much tax was paid to Work-In City for Cincinnati Residents ONLY-Limit to 1.8% Tax Rate
Column H	Add Tax Due in Columns C and E Enter in Part A on Line 6.
Column I	Add Tax Credits in Columns D and G Enter In Part A on Line 7c

WORKSHEET B - BUSINESS INCOME or LOSS

**Enclose copies of all Federal Forms and Schedules used to compute your local income. **

	Schedules	Column A Income / (Loss) from Federal Schedules	Column B Percentage from Sch Y	Column C Cinti Taxable Income (Column A x Column B)
B1.	Schedule C - Business Income (A separate allocation schedule is required for each Schedule C).	\$		\$
B2.	Schedule E - Rental Income (Residents enter profit/loss from all properties. Nonresidents enter only profit/loss from Cincinnati properties).	\$ -4 300 00	100.00	\$ -4 300 00
B3.	Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold Cincinnati tax on entire distributive share)	\$	100.00	\$
B4.	Other Income – Fed, Sch. 1 (1040) Line 8, 1099-MISC, W-2G & Schedule F, etc.	\$		
B5.	Allowable Net Operating Loss Deduction (Enter the amount claimed as a deduction in Column C) Enclose a worksheet (see form and example on website) showing prior year loss claimed or leave blank and calculate the deduction in the table on the next page	\$()		
B6.	TOTAL TAX YEAR BUSINESS/OTHER INCOME (LOSS) *	\$ -4 300 00		

* If Line B6 is a loss, enter in Part A on Line 4.b.

		Column A	Column C
B7.	Cincinnati Losses Carried Forward to Offset Current Year Business Income (deduction up to 100% of Income on B5) 2015 ()+2016 ()	Total 2015-2016 Losses Available \$	2015-2016 NOL Applied \$
B8.	SUBTOTAL Taxable Income (B5 less pre-2016 losses)	\$	\$
В9.	Cincinnati Losses Carried Forward to Offset Current Year Business Income (deduction up to 100% of Income on B5) 2017 ()+2018 ()+2019 () *Loss deduction is the lesser of 50% of B7 of 50% of B8, Col A	Total 2017-2019 Losses Available \$	2017-2019 NOL Applied (Loss deduct 50% Limit)* \$
B10.	TOTAL TAXABLE INCOME (B8 less B9 Column C)	\$	\$

- B.7. NOL Carryforward from tax years 2015-2016: Operating losses may be carried forward for a maximum period of five tax years and may be used to reduce taxable income in Worksheet B up to 100%.
- B.8. <u>Subtotal Taxable Income</u>: B5 less B6 Column C is the remaining Cincinnati Taxable Income after 2015-2016 losses applied.
- B.9. <u>NOL Carryforward from tax years 2017-2019</u>: State law changes limit the deduction allowed for operating losses carried forward from tax years 2018-2021. These losses may be used to reduce taxable income in Worksheet B at the lesser of 50% of the taxable income on M7 or 50% of the losses available in these tax years (8B Column C).
- B.10. Total Income: B7 less B8 Column C. Enter total income on Part A, Line 4a.

For no	LE Y - BUSINESS APPORTIONMENT FORMULA onresidents who earn a portion of their net profits cinnati.	a. Located Everywhere	b. Located in Cincinnati	c. Percentage (b/a)
STEP 1.	Average Original Cost of Real and Tangible Personal Property Gross Annual Rent Paid Multiplied by 8 TOTAL STEP 1			-
STEP 2. STEP 3.	Wages, Salaries, and Other Compensation Paid Gross Receipts from Sales Made and/or Work or Services Performed			
STEP 4. STEP 5.	Total Percentages. (Add Percentages from Steps 1-3) Apportionment Percentage (Divide Total Percentage by Number of Enter Percentage in Column B of Worksheet	f Percentages Used)		

LINE 6: The Cincinnati Tax Rate was decreased from 2.1% to 1.8% effective 10/02/20. To account for the decrease the qualifying wages will be multiplied by the blended rate of 2.0205% which is 2.1% for the months Jan-Sep and 1.8% for the months Oct-Dec. If using the Alternative Tax Method above enter the amount from Column H.

LINE 7a: Enter the amount of Cincinnati Tax withheld by employers.

LINE 7b: Enter the amount of estimated tax payments including any amounts paid with an extension. Estimated payments may be subject to the underpayment of estimated tax penalty if not paid timely. The total of the quarterly estimates should equal 100% of the prior year's tax or 90% of the current year's tax