

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

|  |                    |   |   |
|--|--------------------|---|---|
| Your first name and middle initial<br>SAI PAVAN KUMAR  | Last name<br>MORLA | <b>Your social security number</b><br>485-87-6857     |   |
| If joint return, spouse's first name and middle initial<br>LISA M                                    | Last name<br>MORLA | <b>Spouse's social security number</b><br>444-96-9976 |   |
| Home address (number and street). If you have a P.O. box, see instructions.<br>175 CATO ST           |                    | Apt. no.<br>2   | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>WOONSOCKET |                    | State<br>RI   |   |
| Foreign country name   |                    | ZIP code<br>02895                                     |   |
| Foreign province/state/county  |                    | Foreign postal code                                   |   |

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

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

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

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

|   |   |               |           |          |
|---|---|---------------|-----------|----------|
| Attach Sch. B if required.  | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . |               | <b>1</b>  | 118,607. |
|   | <b>2a</b> Tax-exempt interest . . . . .                           | <b>2a</b>     | <b>2b</b> | 6.       |
|   | <b>3a</b> Qualified dividends . . . . .                           | <b>3a</b> 32. | <b>3b</b> | 32.      |
|   | <b>4a</b> IRA distributions . . . . .                             | <b>4a</b>     | <b>4b</b> |          |
|   | <b>5a</b> Pensions and annuities . . . . .                        | <b>5a</b>     | <b>5b</b> |          |
|   | <b>6a</b> Social security benefits . . . . .                      | <b>6a</b>     | <b>6b</b> |          |
| <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . |   | <b>7</b>      | 11,025.   |          |
| <b>8</b> Other income from Schedule 1, line 9 . . . . .   |   | <b>8</b>      | -19,620.  |          |
| <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .        |   | <b>9</b>      | 110,050.  |          |
| <b>10</b> Adjustments to income:  |   |               |           |          |
| <b>a</b> From Schedule 1, line 22 . . . . .   | <b>10a</b>  |               |           |          |
| <b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .      | <b>10b</b>  |               |           |          |
| <b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .           |   | <b>10c</b>    |           |          |
| <b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .          |   | <b>11</b>     | 110,050.  |          |
| <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .                |   | <b>12</b>     | 24,800.   |          |
| <b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .              |   | <b>13</b>     |           |          |
| <b>14</b> Add lines 12 and 13 . . . . .   |   | <b>14</b>     | 24,800.   |          |
| <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .  |   | <b>15</b>     | 85,250.   |          |

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

|    |   |     |         |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16  | 10,326. |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 10,326. |
| 19 | Child tax credit or credit for other dependents   | 19  |         |
| 20 | Amount from Schedule 3, line 7  | 20  |         |
| 21 | Add lines 19 and 20   | 21  |         |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0-   | 22  | 10,326. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.      |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 10,326. |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 10,892. |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 10,892. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |         |
| 27 | Earned income credit (EIC)  | 27  |         |
| 28 | Additional child tax credit. Attach Schedule 8812   | 28  |         |
| 29 | American opportunity credit from Form 8863, line 8  | 29  |         |
| 30 | Recovery rebate credit. See instructions  | 30  |         |
| 31 | Amount from Schedule 3, line 13   | 31  |         |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  |         |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 10,892. |

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

Refund

|     |   |     |      |
|-----|---|-----|------|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34  | 566. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 566. |
| b   | Routing number 065400137  |     |      |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |      |
| d   | Account number 658859165  |     |      |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |      |

Amount You Owe

For details on how to pay, see instructions.

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. |  |    |  |
| 38   | Estimated tax penalty (see instructions)                             | 38 |  |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation<br>HOME MAKER    | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (217) 419-3119 Email address SAIPAVAN.MORLA@GMAIL.COM

Paid Preparer Use Only

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>09/22/2021 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522                            |
|  |   |                    |                   | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SAI PAVAN KUMAR & LISA M MORLA

Your social security number  
485-87-6857

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  | -19,620. |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  |          |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income. List type and amount ▶ _____  | <b>8</b>  |          |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -19,620. |

**Part II Adjustments to Income**

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

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

|  |   |   |
|--|---|---|
| Name of proprietor<br><b>SAI PAVAN KUMAR MORLA</b>   |   | Social security number (SSN)<br><b>485-87-6857</b>                  |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>SOFTWARE SERVICES</b>   | <b>B</b> Enter code from instructions<br>▶ <b>5   1   9   1   0   0</b> |   |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>MORLA CONSULTING SERVICES</b>   | <b>D</b> Employer ID number (EIN) (see instr.)<br>                      |   |
| <b>E</b> Business address (including suite or room no.) ▶ <b>175 CATO ST, Apt. 2</b><br>City, town or post office, state, and ZIP code <b>WOONSOCKET, RI 02895</b> |   |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶       |   |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses                             |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>H</b> If you started or acquired this business during 2020, check here  |   | <input type="checkbox"/>  |
| <b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099?   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Part I Income**

|   |          |  |
|---|----------|--|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/> | <b>1</b> |  |
| <b>2</b> Returns and allowances . . . . .   | <b>2</b> |  |
| <b>3</b> Subtract line 2 from line 1 . . . . .  | <b>3</b> |  |
| <b>4</b> Cost of goods sold (from line 42) . . . . .  | <b>4</b> |  |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .   | <b>5</b> |  |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .   | <b>6</b> |  |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶   | <b>7</b> |  |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|   |            |  |   |            |          |
|---|------------|--|---|------------|----------|
| <b>8</b> Advertising . . . . .  | <b>8</b>   |  | <b>18</b> Office expense (see instructions)             | <b>18</b>  |          |
| <b>9</b> Car and truck expenses (see instructions). . . . .   | <b>9</b>   |  | <b>19</b> Pension and profit-sharing plans . . . . .    | <b>19</b>  |          |
| <b>10</b> Commissions and fees . . . . .  | <b>10</b>  |  | <b>20</b> Rent or lease (see instructions):             |            |          |
| <b>11</b> Contract labor (see instructions)   | <b>11</b>  |  | <b>a</b> Vehicles, machinery, and equipment             | <b>20a</b> |          |
| <b>12</b> Depletion . . . . .   | <b>12</b>  |  | <b>b</b> Other business property . . . . .              | <b>20b</b> | 15,600.  |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .   | <b>13</b>  |  | <b>21</b> Repairs and maintenance . . . . .             | <b>21</b>  |          |
| <b>14</b> Employee benefit programs (other than on line 19) . . . . .   | <b>14</b>  |  | <b>22</b> Supplies (not included in Part III) . . . . . | <b>22</b>  |          |
| <b>15</b> Insurance (other than health)   | <b>15</b>  |  | <b>23</b> Taxes and licenses . . . . .                  | <b>23</b>  |          |
| <b>16</b> Interest (see instructions):  |            |  | <b>24</b> Travel and meals:                             |            |          |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16a</b> |  | <b>a</b> Travel . . . . .                               | <b>24a</b> |          |
| <b>b</b> Other . . . . .  | <b>16b</b> |  | <b>b</b> Deductible meals (see instructions) . . . . .  | <b>24b</b> | 2,400.   |
| <b>17</b> Legal and professional services   | <b>17</b>  |  | <b>25</b> Utilities . . . . .                           | <b>25</b>  | 1,620.   |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶   | <b>28</b>  |  | <b>26</b> Wages (less employment credits) . . . . .     | <b>26</b>  |          |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .  | <b>29</b>  |  | <b>27a</b> Other expenses (from line 48) . . . . .      | <b>27a</b> |          |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .                               | <b>30</b>  |  | <b>27b</b> <b>Reserved for future use</b> . . . . .     | <b>27b</b> |          |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | <b>31</b>  |  |   |            | -19,620. |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |  |   |            |          |

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.



**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

SAI PAVAN KUMAR & LISA M MORLA

Your social security number

485-87-6857

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 your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 72,082.                          | 61,217.                         | 2.  | 10,867.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 10,867.  |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 318.                             | 160.                            |  | 158.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> 158.  |

**Part III Summary**

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 11,025. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |         |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |         |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |         |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |         |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.     |           |         |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> | ( )     |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |         |



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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.

Name(s) shown on return

SAI PAVAN KUMAR & LISA M MORLA

Social security number or taxpayer identification number

485-87-6857

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
|  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | Robinhood Securities LLC                                     | 01/01/20                                | 10/26/20  | 72,082.  | 61,217.  | W   | 2.                             | 10,867.  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |  |   |   | 72,082.  | 61,217.  |   | 2.                             | 10,867.  |

**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.





**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2020**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**SAI PAVAN KUMAR MORLA**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **485-87-6857**

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

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |                                    |  |
|-----------|--|------------------------------------|--|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . . ▶   | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| <b>2</b>  | 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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b>                           | 0.   |
| <b>3</b>  | If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b>                           | 7,100.                                     |
| <b>4</b>  | 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 . . . . .                                       | <b>4</b>                           | 0.   |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b>                           | 7,100.                                     |
| <b>6</b>  | 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 . . . . .   | <b>6</b>                           | 7,100.                                     |
| <b>7</b>  | If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions . . . . .   | <b>7</b>                           |  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b>                           | 7,100.                                     |
| <b>9</b>  | Employer contributions made to your HSAs for 2020 . . . . .  | <b>9</b>                           | 6,640.                                     |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>                          |  |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b>                          | 6,640.                                     |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b>                          | 460.                                       |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | <b>13</b>                          | 0.   |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |   |            |  |
|------------|---|------------|--|
| <b>14a</b> | Total distributions you received in 2020 from all HSAs (see instructions) . . . . .   | <b>14a</b> |  |
| <b>b</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 . . . . .  | <b>14b</b> |  |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .   | <b>14c</b> |  |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .  | <b>15</b>  |  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> 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 . . . . .   | <b>16</b>  |  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>   |            |  |
| <b>b</b>   | <b>Additional 20% tax</b> (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 . . . . . | <b>17b</b> |  |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |   |           |  |
|-----------|---|-----------|--|
| <b>18</b> | Last-month rule . . . . .   | <b>18</b> |  |
| <b>19</b> | Qualified HSA funding distribution . . . . .  | <b>19</b> |  |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .  | <b>20</b> |  |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box . . . . . | <b>21</b> |  |

## Additional information from your 2020 Federal Tax Return

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

#### Line 20b

#### Itemization Statement

| Description      | Amount         |
|------------------|----------------|
| RENT (12 M*1300) | 15,600.        |
| <b>Total</b>     | <b>15,600.</b> |

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

#### Line 25

#### Itemization Statement

| Description         | Amount        |
|---------------------|---------------|
| INTERNET(12 M *60)  | 720.          |
| PHONE BILL(12 M*75) | 900.          |
| <b>Total</b>        | <b>1,620.</b> |