E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use O	inly—E	Do not wri	ite or staple	in this space.	
Filing Status Check only one box.	lf yo	ou checked the MFS box, enter the n	ame of	ed filing separate your spouse. If yo									
	•	son is a child but not your dependent											
Your first name		Iddle Initial	Last na									ty number	
BHARATH			KUNC						_	838-35-7737 Spouse's social security number			
		s first name and middle initial	Last na							-		-	
SHIRISH				IAPELLY							8-184		
	•	er and street). If you have a P.O. box, see UT SPRINGS PLACE	Instructio	ons.				Apt. no. 1223			tial Electi e ere if you,	on Campaign or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	S	tate	ZIP c	ode		•		ntly, want \$3	
HENRICO					7	/A	23	233		0	w will not	Checking a change	
Foreign countr	y name		F	oreign province/st	ate/cou	inty	Forei	gn postal coc			or refund.	•	
											You	Spouse	
At any time du	iring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acqu	uire an	y financial intere	est in	any virtual	curre	ency?	Yes	X No	
Standard Deduction		eone can claim: You as a dep Spouse itemizes on a separate return				s a dependent en							
Age/Blindnes	s You:	: Were born before January 2, 1	956	Are blind	Spous	se: 🗌 Was bo	rn bef	ore Januar	y 2, ⁻	1956	🗌 ls bl	ind	
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relations	nip	(4) 🖌 ji	f qual	lifies for	(see instru	ctions):	
If more		irst name Last name		number		to you		Child tax				her dependents	
than four											[
dependents,]		[
see instruction and check	s ——]		[
here 🕨 🗌]		[
	1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2						1	1	10,865.	
Attach	2a	Tax-exempt interest	2a		b	Taxable interes	t.			2b			
Sch. B if	3a	Qualified dividends	3a		b	Ordinary divide	nds .			3b			
required.	4a	IRA distributions	4a			Taxable amoun				4b			
	5a	Pensions and annuities	5a		b	Taxable amoun	t			5b			
Standard	6a	Social security benefits	6a		b	Taxable amoun	t			6b			
Deduction for-	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not r	equire	ed, check here		🕨		7		381.	
 Single or Married filing 	8	Other income from Schedule 1, lin								8	-	-6,500.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a								9	1	04,746.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	a						
widow(er),	b	From Schedule 1, line 22 10a Charitable contributions if you take the standard deduction. See instructions 10b											
\$24,800 • Head of	с	Add lines 10a and 10b. These are	your tot	al adjustments	to inc	ome				10c	1		
household, \$18,650	11	Subtract line 10c from line 9. This		-						11	10	04,746.	
 If you checked 	12	Standard deduction or itemized	-							12		24,800.	
any box under Standard	13	Qualified business income deducti								13			
Deduction,	14	Add lines 12 and 13										24,800.	
see instructions.	15	Taxable income. Subtract line 14								14 15	-	79,946.	
												1010	

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	9,196.
	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	9,196.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	9,196.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	9,196.
	25	Federal income tax withheld								
	а	Form(s) W-2				25a	10,	765.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	10,765.
• If you have a	26	2020 estimated tax payment							26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
 If you have 	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	1,	800.		
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. These are your total other payments and refundable credits								1,800.
	33	Add lines 25d, 26, and 32. T	. 🕨	33	12,565.					
Refund	34	If line 33 is more than line 24				•	-	· .	34	3,369.
	35a	Amount of line 34 you want	35a	3,369.						
Direct deposit? See instructions.	►b	Routing number 1 1 1			► c Type: 🔰		ing 🗌 Sa	ivings		
	►d	Account number 4 8 8								
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe For details on		Note: Schedule H and Sch								
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in								
Third Party		you want to allow another structions				_		n lata h	مامیر	XNo
Designee		structions		· · · · Phone		. ▶∟	_ Yes. Con	al identif		
		me ►		no.				r (PIN)		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sc	hedules a	nd statements	s, and to	the bes	t of my knowledge and
Here	bel	lief, they are true, correct, and com			,				prepare	er has any knowledge.
nere	Yo	ur signature		Date	Your occupation			If the		nt you an Identity
	N.					DNOTN			ection Pl nst.) ►	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	hoth must sign	Date	SOFTWARE Spouse's occupa		55K			nt your spouse an
Keep a copy for	Op		oon must sign.	Date						ection PIN, enter it here
your records.					HOME MAKER					
	Ph	one no. (409)791-242	4	Email address	BHARATHRAJ	0512@G	MAIL.COM			
Daid	Pre	eparer's name	Preparer's signat	ure		Date	F	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	м 09/2	9/2021 P	02082	2703	Self-employed
Preparer Use Only	Fir									678)965-9522
	Fir	m's address 🕨 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm'	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV)8/30/21 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.

soc	ial security number
	Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR BHARATH RAJ KUNCHAM & SHIRISHA KOTHAPELLY Your social security nun 838-35-7737

Part I Additional Income

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	-6,500.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	C EOO
Par	line 8	3	-6,500.
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		Schedu	le 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

20

Attachment

► 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.

Your social security number

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

Department of the Treasury

BHARATH RAJ KUNCHAM & SHIRISHA KOTHAPELLY

838-35-7737

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)

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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	from 'art 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	35,963.	35,626.		44.	381.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	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	381.		

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) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	Form(s) 8949, I line 2, colum	Part II,	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					
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 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions			. ,	12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	/, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 381.
	• 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 ()
	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 08/30/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
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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 or taxpayer ide	entification number
BHARATH RAJ KU	JNCHAM &	SHIRISHA	KOTHAPELLY	838-35-7737	

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) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)		
(a) Description of property (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	12/31/20	07/14/20	35,963.	35,626.	W	44.	381.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), li	lude on your 1e 2 (if Box B	35,963.	35,626.		44.	381.	

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

	DULE E	Supplemental Income and Loss											OMB No. 1545-0074		
(Form 1	1040)	(From	renta	l real esta	te, royal	ties, partners	hips, S	6 corpor	ations,	estates,	trusts, REM	ICs, etc.)	9	· @20	
Departm	ent of the Treasury)	Attach	to Form 104	0, 1040	0-SR, 10	40-NR,	or 1041.				hment	
Internal F	Revenue Service (99)			Go to www	v.irs.gov	/ScheduleE f	or inst	tructions	s and th	ne latest	information.	-i	Sequ	ence No. 13	
.,	shown on return													ty number	
1	ATH RAJ KU						voltio	o Net					35-773		
Part						tate and Ro individual, rep	-		-			• •			
	d you make any			-										Yes 🔀 No	
	Yes," did you o							• • •							
<u>1</u> a	Physical addr								• •				• 🗆		_
A	GANDHI NA							,							-
В	_	-						-							
С															_
1b	Type of Prop		2	For each	rental re	al estate pro	perty l	isted		Fair	Rental	Persona	al Use	QJV	
	(from list be	elow)		above, re	port the	number of fa s. Check the quirements t	air rent	al and			Days	Day	S	QUV	
A	3			if you me	et the re	quirements t	o file a	as a	Α		365		0		
B			-	qualified	joint ven	ture. See ins	tructio	ons.	В						
C									C						
	of Property:										_				
	gle Family Resid					Ferm Rental				7 Self-					
2 IVIUI	ti-Family Reside	ence	4	Commer		Properties:	<u>6 RC</u>	oyalties	Α	8 Othe	r (describe) B			С	
3	Rents received	4				•	3		A	600.	D			0	_
4	Royalties recei						4			000.					-
Expen							<u> </u>								
5							5								
6	Auto and trave	el (see ir	nstruc	tions) .			6								
7	Cleaning and r						7		1	,200.					_
8	Commissions.						8								
9	Insurance						9								
10	Legal and othe						10								
11	Management f						11			650.					
12	Mortgage inter	-			-		12								
13	Other interest.						13		- 1	2.0.0					
14	Repairs						14 15			,300.					
15 16	Supplies Taxes						15		I ,	,550.					_
17							17		2	,400.					
18	Depreciation e						18			, 100.					-
19	Other (list) ►						19								-
20	Total expenses	s. Add I	lines :	5 through	19		20		7	,100.					
21	Subtract line 2	0 from	line 3	(rents) ar	nd/or 4	(royalties). If									
	result is a (loss														
	file Form 6198						21		-б	,500.					
22	Deductible ren										,				
~~	on Form 8582	-					22			500.)	())(_
23a	Total of all am		-					• •		23a		600.			
b	Total of all am		-							23b					
c d	Total of all amo		-					• •		23c 23d					
d e	Total of all ame							· · · ·		23a 23e		7,100.			
24	Income. Add											· 24			
25	Losses. Add ro	-						-			al losses here		(6,500.	-
26	Total rental re													0,000.	
20	here. If Parts														
	Schedule 1 (Fo											. 26		-6,500	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

\$	3582	Passive Activity Loss Limitati	ons		DMB No. 1545-1008	
Departm	ent of the Treasury	 See separate instructions. Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the lat 	act information		2020 Attachment	
	Revenue Service (99)) shown on return	Go to www.irs.gov/Form8382 for instructions and the lat	est information.		Sequence No. 858	
	,	INCHAM & SHIRISHA KOTHAPELLY		Identifying 838-35		
Part		assive Activity Loss		030-33	- / / 5 /	
Fail		Complete Worksheets 1, 2, and 3 before completing Part I.				
Dente			ive participation			
		Activities With Active Participation (For the definition of act or Rental Real Estate Activities in the instructions.)	ive participation,	see		
-		net income (enter the amount from Worksheet 1, column (a))	1a	0.		
b		net loss (enter the amount from Worksheet 1, column (b)) .	1b (6,50			
c		nallowed losses (enter the amount from Worksheet 1, column (c))	1c (
d	-	s 1a, 1b, and 1c	· ·	, 1d	-6,500.	
		ization Deductions From Rental Real Estate Activities		. 14	-0,500.	
2a		evitalization deductions from Worksheet 2, column (a)	2a (
b		allowed commercial revitalization deductions from Worksheet 2,				
D	column (b)		2b (
с	Add lines 2a a			, 2c	()	
	her Passive A				/	
3a		net income (enter the amount from Worksheet 3, column (a)) .	3a			
b		net loss (enter the amount from Worksheet 3, column (b))	3b (
c		nallowed losses (enter the amount from Worksheet 3, column (c))	3c ()		
d	-	s 3a, 3b, and 3c		. 3d		
4		s 1d, 2c, and 3d. If this line is zero or more, stop here and include	he this form with w	our		
-		ses are allowed, including any prior year unallowed losses entered				
		ses on the forms and schedules normally used		. 4	-6,500.	
	If line 4 is a lo	-				
		Line 2c is a loss (and line 1d is zero or more), skip Par	rt II and go to Part	III.		
		• Line 3d is a loss (and lines 1d and 2c are zero or more	-		to line 15.	
Cauti	on: If your filing	status is married filing separately and you lived with your spouse		-		
Part II	or Part III. Inst	ead, go to line 15.				
Part	II Specia	Allowance for Rental Real Estate Activities With Active	Participation			
	Note: Er	ter all numbers in Part II as positive amounts. See instructions for	an example.			
5	Enter the sma	Iller of the loss on line 1d or the loss on line 4		. 5	6,500.	
6	Enter \$150,00	0. If married filing separately, see instructions	6 150,00	0.		
7	Enter modifie	d adjusted gross income, but not less than zero. See instructions	7 111,24	6.		
	Note: If line 7	is greater than or equal to line 6, skip lines 8 and 9, enter -0- on				
	line 10. Other	wise, go to line 8.				
8	Subtract line	7 from line 6	8 38,75	4.		
9	Multiply line 8	by 50% (0.50). Do not enter more than \$25,000. If married filing sepa	rately, see instructi	ons 9	19,377.	
10	Enter the sma	Iller of line 5 or line 9		. 10	6,500.	
		oss, go to Part III. Otherwise, go to line 15.				
Part	III Specia	Allowance for Commercial Revitalization Deductions Fr	om Rental Real	Estate A	ctivities	
		ter all numbers in Part III as positive amounts. See the example for				
11		reduced by the amount, if any, on line 10. If married filing separate				
12		from line 4				
13		2 by the amount on line 10		. 13		
14		illest of line 2c (treated as a positive amount), line 11, or line 13 .		. 14		
Part		osses Allowed				
15		ne, if any, on lines 1a and 3a and enter the total			0.	
16		allowed from all passive activities for 2020. Add lines 10, 14, and				
		w to report the losses on your tax return		. 16	6,500.	
For Pa	perwork Reduc	tion Act Notice, see instructions. BAA	REV 08/30/21 PRO		Form 8582 (2020)	

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. **Worksheet 1–For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

	Currer	nt year	Prior years	Overall ga	Overall gain or loss	
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
GANDHI NAGAR	0.	6,500.			6,500.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	6,500.				

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

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

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

	Currer	nt year	Prior years	Overall ga	Overall gain or loss	
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
Total. Enter on Form 8582, lines 3a, 3b, and 3c						

Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
GANDHI NAGAR	E Ln 22	6,500.	1.00000000	6,500.	0.
Total	🕨	6,500.	1.00	6,500.	0.

Worksheet 5-Allocation of Unallowed Losses (see instructions)

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



BHARATH RAJ

SHIRISHA



KUNCHAM

KOTHAPELLY



		S PL APT 1223			
HENRICO		VA 23233			
SSN - You KUNC		838357737	Vendor ID 1555	XX	xxx
SSN - Spouse KOTH	I	974981847			
Fed Adj Gross Income (FAGI)	1.	104746.	Withholding (VA) - You	19A.	5857.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	104746.	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	5857.
Total VA Adj Gross Income (VAGI)	9.	104746.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	716.
Standard Deduction	11.	9000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemption	s) 14.	10860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	93886.	Sales and Use Tax	33.	
Amount of Tax	16.	5141.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	1	716.
VAGI - Spouse	17A.		Ponk Pouting #	_ c	111000025
Net Amount of Tax	18.	5141.	Bank Routing #		
L			Bank Account #	4880539	04000

]

___LAR ___DLAR ___DTD ___LTD \$_____

838357737





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Filing Status, Age &	License Info	rmation	Additional Filing Information		
Filing Status		2	Locality	159	
Federal Head of Ho	usehold		Name or Filing Status Change		
DOB - You		12051988	Address Change		
VA Driver's License	ID - You	A58048962	VA Return Not Filed Last Year		
VA Driver's License	- Iss. Date - Yo	u 02062021	Dependent on Another's Return		
Spouse Name (Filin	g Status 3 Only	()	Farmer / Fisherman / Merchant Seaman		
		11101001	Amended		
DOB - Spouse		11191991	Reason Code		
VA Driver's License	·		Overseas on Due Date		
VA Driver's License			Federal EIC & Amount		
Exemptions (A) You	1 1	xemptions (B) 65 & Over - You	Deceased Indicator		
Spouse	1	65 & Over - Spouse	No Sales & Use Tax Due Indicator	Х	
Dependents		Blind - You	Obtain Electronic 1099G		
Total (A)	2	Blind - Spouse	ID Theft PIN		
		Total (B)			

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You	Date	Phone - You		4097912424
Signature - Spouse	Date	Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date 092921	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pre	parer.	Preparer Information	7	P02082703
File by May 1, 2021	GLOBA	L TAXES LLC		1
Include Page 1, Page 2 and all supporting 760CG documents.	2530 CUMMI	PEBBLE CREEK LN NG	GA 3	0041 Page 2 of 2

1555 REV 08/03/21 PRO

2020 Schedule INC/CG 838357737

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

BHARATH RAJ KUNCHAM

SHIRISHA KOTHAPELLY



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					
838357737	W	5857.	800353288	30800353288F001	110865.

Total VA Withholding	SSN	VA Withholding
You	838357737	5857.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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

Virginia Individual Income Tax e-File Signature Authorization

Tax Year

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)					
		with the Neurale and			
Your Name	B Your Social Sec	5			
BHARATH RAJ KUNCHAM Spouse's Name	838–35–773 A Spouse's Social				
		3			
SHIRISHA KOTHAPELLY Part I Tax Return Information	974-98-184 A Spouse	^{± /} B Yourself			
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	A opouse	104746.			
 Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 		104746.			
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		93886.			
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		5141.			
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		5857.			
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		5057.			
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		716.			
Part II Declaration of Taxpayer and Signature Authorization		/10.			
Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
Taxpayer's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 5 7 7 3 7 as my signature on my 2020 e-fi	led Virginia individual inc	ome tax return.			
Do not enter all zeros					
GLOBAL TAXES LLC ERO Firm Name					
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x only if you are entering	your own e-File PIN			
Your Signature Date					
Spouse's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 8 1 8 4 7 as my signature on my 2020 e-fi Do not enter all zeros	led Virginia individual inc	ome tax return.			
GLOBAL TAXES LLC					
ERO Firm Name I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x only if you are entering	your own e-File PIN			
Spouse's Signature Date					
Part III Certification and Authentication – Practitioner PIN Method Only					
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
ERO's Signature Date					