Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social security number									
VIK	AS REDDY ALWA	099-27-6096									
Spouse	's name	Spouse's social security number									
Part I Tax Return Information – Tax Year Ending December 31, (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	116,442.							
2	Total tax		2	19,050.							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	19,976.							
4	Amount you want refunded to you		4	926.							
5	Amount you owe		5								
	I Termeney Declaration and Gimetrue Arthonization (Decomposed and	I									

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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	L
				ERO firm name		1

7	6	0	9	6	
Ent dor	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date										
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7				6 all ze		9	89)

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 >	ate ►	
	/lust Retain This Form — See Instruction This Form to the IRS Unless Requeste	
For Denominarily Deduction Act Nation and vous to		Earm 8870 (Boy, 01 2021)

Filing Status X Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 on the previous if strint and middle initial Var social security number Your first name and middle initial Last name Your social security number VIKAS REDDY ALWA 099-27-6036 Fine address (number and stree), If you have a P.O. box, see instructions. Apt. no. Spouse's social security number Form address (number and stree), If you have a P.O. box, see instructions. Apt. no. Spouse's social security number RON ANDIO Tix 78.240 boo book will not chenge your socies Foreign country name Foreign province/state/county Foreign poxince/state/county Foreign poxince/state/county Someone can claim: You as a dependent You: You Spouse Dependents, see instructions): (P) Social security will be you in the dual dividends (A) P elaitonship (A) P' if qualifies for (see instructions): If more than four (D) Freign postal code) (D) P elaitonship (A) P' if qualifies for (see instructions): If more th	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.		
VIKAS REDDY ALMA 099-27-6096 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address furmber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 8000 OAKDELL WAY TX 78240 Social Security number Foreign country name Foreign province/state/country Foreign postal code you tax or refund. Foreign country name Foreign province/state/country Foreign postal code you tax or refund. Standard Someone can claim: You as a dependent You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You You Spouse' Dependents (see instructions): (2) Social socurity (3) Relationship (4) riguilation of the dependents It name Last name Interest Interest </td <td>Check only</td> <td>lf yo</td> <td>ou checked the MFS box, enter the n</td> <td>ame of</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td>, ,</td> <td>. , . ,</td>	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-						,		, ,	. , . ,		
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street), if you have a P.O. box, see instructions. Apt. no. Foreideneral Election Campaign 8000 OAKDELL WAY Spoint Spoint Spoint Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State 2P code tog or to this fund. Checking a box below will not change box below will not change your tax or refund. Image: Spoint is fund. Checking a box below will not change your tax or refund. Image: Spoint is fund. Checking a box below will not change your tax or refund. Image: Spoint is fund. Checking a box below will not change your tax or refund. Image: Spoint is fund. Checking a box below will not change your tax or refund. Image: Spoint is fund. Checking a box below will not change your tax or refund. Standard Deduction Spoint is spoint	Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign BODD CARDELL. WAY 5061 Check here if you, or your spouse if filing jointly, want S3 Spouse if filing jointly, want S3 City, town, or post office. If you have a foreign address, also complete spaces below. TX 78.240 rpouse if filing jointly, want S3 Foreign country name Foreign province/state/county Foreign postal code you is or refund. You Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are bind Spouse: Was born before January 2, 1956 Is blind Dependents gee instructions): (1) First name Last name (2) Social security (3) Relationship (4) ¥ /f qualifies for fees instructions): (1) First name Last name (1) First name 1 1.24, 702. Attach 3a b Tax-exempt interest	VIKAS RI	EDDY		ALWA	Ą							099-	27-609	6		
8000 OAKDELL WAY 5061 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code spouse if filing jointly, want \$3 SAN ANTONIO TX 78240 box below will not change Foreign country mane Foreign province/state/county Foreign postal code your tax or refund. You Tax or refund. You Spouse as a dependent You Spouse as a dependent You Spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: You Spouse You Cell tax credit Credit for other dependent Dependents (see instructions): (2) Social security (3) Relationship (4) \$4' if qualifies for (see instructions): If more (1) First name Last name number 1 124,702. Attach Sa Jouinfied dividends 3a Jouinfied dividends 3b Standard Qualified dividends 3a Jouinfied dividends 3b Attach Sa Jouinfied dividends 3b Jouinfied dividends 3b Age/Blindness Suita and anutities Sa <td>lf joint return, s</td> <td>pouse's</td> <td>s first name and middle initial</td> <td>Last na</td> <td>ame</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Spouse</td> <td>'s social se</td> <td>curity number</td>	lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number		
Chily, Way, Dipate June, In your have a holegin address, also both parts spaces balow. State 24' Odde to go to this fund, checking a box below will not change your tax or refund. SAN ANTONIO TX 78240 Foreign province/state/county Foreign postal code to go to this fund, checking a box below will not change your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You spouse as a dependent You spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (1) First name Last name (2) Social security (3) Felationship (4) // It qualifies for (see instructions): (4) // It qualifies for (see instructions): and check I 124, 702. I 124, 702. Attach 3a De Taxable interest				instruct	ions.							Check				
SAN ANTONIO TX 78240 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien A dual-status alien Age/Blindness You: Were born before January 2, 1956 A re blind Spouse itemizes for see instructions): (d) V' if qualifies for (see instructions): If more than four dependents, see instructions (i) First name Last name Image: status alien Child tax credit Credit for other dependents see instructions Iiii and check Iiiii and check Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.										
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse No Deduction 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 Dependents (see instructions): (2) Social security (3) Relationship (4) If dualifies for (see instructions): If more than four Immediate Immediate Immediate Immediate Immediate and check Immediate Immediate Immediate Immediate Immediate and check <td< td=""><td>SAN ANT</td><td>ONIO</td><td></td><td></td><td colspan="5">TX 783</td><td>240</td><td></td><td>0</td><td></td><td>0</td></td<>	SAN ANT	ONIO			TX 783					240		0		0		
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		13	Qualified business income deduct	ion. Atta	ach Forn	n 8995 or l	Form 8	3995-A				. 13	}			
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14		dd lines 12 and 13												
		15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or les	s, ente	er-0				. 15	; 1	04,042.		

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

Form **1040** (2020)

Form 1040 (2020))										Pag	ge 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	19,050	J.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	19,050).
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	19,050).
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	().
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	19,050	<u>.</u>
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	19	,976			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	19,976	5.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)			^N	IÒ .	27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	ble cr	edits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	19,976	5.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is th	ne amoui	nt you	overpaid		34	926	5.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attach	ned, cheo	ck here	e] 35a	926	5.
Direct deposit?	►b	Routing number 0 8 1	0 0 0 0	3 2	► c Ty	pe: 🗙	Chec	king	Saving	s		
See instructions.	►d	Account number 3 5 5	0 0 6 2	3 7 1	6 6							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37		
You Owe		Note: Schedule H and Sch		-						or 🗌		
For details on		2020. See Schedule 3, line 1			•			later jea	0.110 10			
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	he IRS?	See			•		
Designee	ins	tructions	· · · · ·					Yes. Co	omplet	e below.	🗙 No	
		signee's		Phone						ntification		
		ne 🕨		no. 🕨					oer (PIN	,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occ	•					nt you an Identity	go.
	. 10	ur signature		Date	rourocc	upation					IN, enter it here	
Joint return?					SOFT	WARE I	DEVE:	LOPER	(se	ee inst.) 🕨		\square
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	s occupati	ion				nt your spouse an	_
Keep a copy for your records.	,									entity Prot ee inst.) 🕨	ection PIN, enter it	here
jour rooordor									(5)	ee Inst.)		
		one no.	Dueneueutt	Email address			D-+		DTIN		Chaols if:	
Paid		parer's name	Preparer's signat		a		Date		PTIN	00000	Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUP'I'A	ТАГТАЦ	02/	02/2021		82703	Self-employe	
Use Only		m's name ► GLOBAL TA		~ '	~						678)965-952	
		m's address ► 2530 Pebb		n Cummin	-				Fi	rm's EIN 🖡		
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BA	A	REV	01/25/21 PRC)		Form 1040 (2	2020)

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

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2020
Attachment Sequence No. 01

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VIKAS REDDY ALWA

099-27-6096

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	-8,010.
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,		
Par	line 8	9	-8,010.
		10	
10		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		18a	
b	Recipient's SSN	lou	
c	Date of original divorce or separation agreement (see instructions)		
19		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 01/25/21 PRO	Schedul	e 1 (Form 1040) 2020

					ıpplementa							OMB	No. 1545	5-0074
(Form 1	040)	(From	renta	al real estate, roy				2020						
	ent of the Treasury				ch to Form 1040	,	- , -		Attac	hment	-			
-	Revenue Service (99) shown on return			Go to www.irs.g	ov/ScheduleE 1	or inst	ructions	and th	e latest	Information		Sequ	ence No.	
. ,	S REDDY AL	W 7										27-609	-	
Part			s Fro	m Rental Real	Estate and Ro	valtie	s Note	e: If you	are in th	e husiness (USe
T ur t				ctions. If you are a		-		-			÷ .	•		400
A Dic				2020 that would									Yes 🗵	No
				e required Form									Yes [_
1a	Physical addre	ess of e	each	property (street	, city, state, ZIF	o code	e)							
Α				RBAD IN 500			,							
В														
С														
1b	Type of Prop		2		real estate prop	perty li	isted		-	Rental		Personal Use		
	(from list be	low)		above, report the personal use data	ne number of fa avs. Check the	ur renta QJV b	al and lox only			Days	Day	/S		JV
A	3			if you meet the	requirements to	o file a	sa	Α		365		0		
			-	qualified joint v	enture. See insi	Iructio	ns.	B						<u> </u>
								С						
	of Property:		~		h Tawa Dawtal	5 1 -	a al			Devetel				
-	le Family Resid		-	Vacation/Short	t-Term Rental		na valties		7 Self-					
Incom		ence	4	Commercial	Properties:			Α	o Othe	r (describe	;) B		С	
3	-	4			•	3		~	600.		<u> </u>		•	
4						4								
Expen														
5						5			90.					
6	Auto and trave	l (see i	nstru	ctions)		6			320.					
7	Cleaning and n	nainter	nance			7			80.					
8	Commissions.					8								
9						9								
10	-	-		nal fees		10								
11	•					11								
12				banks, etc. (see	,	12			000					
13 14						13 14		8,	000.					
14 15	•					14			120.					
16						16								
17						17								
18				epletion		18								
19	Other (list) ►	1				19								
20	Total expenses	s. Add		5 through 19 .		20		8,	610.					
21	Subtract line 2	0 from	line 3	3 (rents) and/or	4 (royalties). If									
	result is a (loss	s), see	instru	uctions to find o	ut if you must									
						21		-8,	010.					
22				te loss after lim		22	(-8.()	(,
23a				ed on line 3 for					23a	1	600.			
b				ed on line 4 for					23b					
с				ed on line 12 fo					23c					
d				ed on line 18 fo					23d					
е				ed on line 20 for					23e		8,610.			
24		•		ounts shown on			-				24			
25	Losses. Add ro	oyalty lo	sses	from line 21 and r	rental real estate	losse	s from li	ne 22. E	Enter tota	al losses he	re. 25	(8,0)10.
26				nd royalty inco										
				nd line 40 on p ne 5. Otherwise									-8,	010.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

	582 Passive Activity Loss Limitations				OMB No. 1545-1008	
Form U	See separate instructions.					
Departmen	ent of the Treasury Revenue Service (99) Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information.				Attachment	
					Sequence No. 858	
()	hown on return			Identifying		
	REDDY AL			099-27	/-6096	
Part I		ssive Activity Loss				
<u> </u>		Complete Worksheets 1, 2, and 3 before completing Part I.				
		Activities With Active Participation (For the definition of act or Rental Real Estate Activities in the instructions.)	live participation,	see		
-		net income (enter the amount from Worksheet 1, column (a)) .	1a	0.		
		net loss (enter the amount from Worksheet 1, column (a)) .	1b (8,01			
		allowed losses (enter the amount from Worksheet 1, column (c))	1c (
	-	1a, 1b, and 1c		, . 1d	-8,010.	
		zation Deductions From Rental Real Estate Activities		. 10	-8,010.	
		vitalization deductions from Worksheet 2, column (a)	2 a (
		llowed commercial revitalization deductions from Worksheet 2,				
	column (b)		2b (
	Add lines 2a a			, 2c	(
	er Passive Ac					
		net income (enter the amount from Worksheet 3, column (a)) .	3a			
		net loss (enter the amount from Worksheet 3, column (b))	3b ()		
		allowed losses (enter the amount from Worksheet 3, column (c))	3c ()		
	-	3a, 3b, and 3c	\	. 3d		
		1d, 2c, and 3d. If this line is zero or more, stop here and include		our		
			•			
1	elum, all loss	es are allowed. Including any prior vear unallowed losses enlered	on line 1c. 2b. or	3c.		
		es are allowed, including any prior year unallowed losses entered ses on the forms and schedules normally used	on line 1c, 2b, or	3c. 4	-8,010.	
F		ses on the forms and schedules normally used	on line 1c, 2b, or		-8,010.	
F	Report the loss	ses on the forms and schedules normally used		. 4	-8,010.	
F	Report the loss	ses on the forms and schedules normally used	rt II and go to Part	. 4		
F	Report the loss f line 4 is a los	 ses on the forms and schedules normally used	rt II and go to Part ə), skip Parts II and	. 4 III. I III and go	o to line 15.	
ہ ا Cautior	Report the loss f line 4 is a los n: If your filing	 ses on the forms and schedules normally used	rt II and go to Part ə), skip Parts II and	. 4 III. I III and go	o to line 15.	
F I Cautior Part II o	Report the loss f line 4 is a los n: If your filing r Part III. Inste	 ses on the forms and schedules normally used	rt II and go to Part e), skip Parts II and e at any time durin	. 4 III. I III and go	o to line 15.	
F I Cautior Part II o	Report the loss f line 4 is a los f line 4 is a los f line 4 is a los f line 4 f loss f line 4 f loss f loss f loss f loss f loss f loss f line 4 is a loss f f line 4 is a loss f f f line 4 is a loss f f f f f f f f f f f f f f f f f f	 ses on the forms and schedules normally used	rt II and go to Part e), skip Parts II and e at any time durin Participation	. 4 III. I III and go	o to line 15.	
F Cautior Part II o Part II	Report the loss f line 4 is a los n: If your filing or Part III. Inste Special Note: En	 ses on the forms and schedules normally used	rt II and go to Part e), skip Parts II and e at any time durin Participation	. 4 III. I III and go	o to line 15.	
F Cautior Part II o Part II 5 F	r If your filing r Part III. Inste Special Note: Em Enter the small	 ses on the forms and schedules normally used	rt II and go to Part e), skip Parts II and e at any time durin Participation	. 4 III. I III and go g the yea . 5	o to line 15. r, do not complet	
F Cautior Part II o Part II 5 F 6 F	Report the loss f line 4 is a los r lf your filing r Part III. Inste Special Note: En Enter the smal Enter \$150,000	 ses on the forms and schedules normally used	rt II and go to Part e), skip Parts II and e at any time durin Participation an example.	. <u>4</u> III. I III and go g the yea . <u>5</u> 00 .	o to line 15. r, do not complet	
F Cautior Part II o Part II 5 E 6 E 7 E	r If your filing r Part III. Inste Special Note: En Enter the smal Enter \$150,000 Enter modified	 ses on the forms and schedules normally used	t II and go to Part a), skip Parts II and at any time durin Participation an example. 6 150,000	. <u>4</u> III. I III and go g the yea . <u>5</u> 00 .	o to line 15. r, do not complet	
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F Cautior Part II o Part II 5 E 6 E 7 E 1 1 8 S	r If your filing r Part III. Inste Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 ine 10. Otherw Subtract line 7	 ses on the forms and schedules normally used	and go to Part and go to Parts II and a), skip Parts II and a any time durin Participation an example. 6 150,00 7 124,45 8 25,54	. 4 III. I III and go g the yea . 5 00. 52. 48.	o to line 15. r, do not complet	
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F Caution Part II o Part II 5 6 7 8 9 10 10 10 11 12 13	Report the loss f line 4 is a los r line 4 is a los r Part III. Inste Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 ine 10. Otherw Subtract line 7 fultiply line 8 t Enter the smal f line 2c is a lo Special Note: Em Enter \$25,000 Enter the loss Reduce line 12	 Ses on the forms and schedules normally used	rt II and go to Part e), skip Parts II and e at any time durin Participation an example. 	. 4 III. I III and go g the yea . 5 00. 52. III. III and go g the yea . 5 00. 52. III. I	2 to line 15. r, do not complet 8,010. 12,774. 8,010. Activities	
Cautior Part II o Part II o Part II 5 E 6 E 7 E 7 E 1 E 10 E 11 E 12 E 13 F 14 E	Report the loss f line 4 is a los r Part III. Inste Special Note: Em Enter the smal Enter \$150,000 Enter modified Note: If line 7 ine 10. Otherw Subtract line 7 Multiply line 8 t Enter the smal f line 2c is a lo Special Note: Em Enter \$25,000 Enter the loss Reduce line 12 Enter the smal	 Ses on the forms and schedules normally used	rt II and go to Part e), skip Parts II and e at any time durin Participation an example. 	. 4 III. I III and go g the yea . 5 00. 52. III. III and go g the yea . 5 00. 52. III. I	2 to line 15. r, do not complet 8,010. 12,774. 8,010. Activities	
Cautior Part II o Part II o Part II 5 E 6 E 7 E 7 E 1 E 10 E 11 E 12 E 13 F 14 E Part II	A port the loss f line 4 is a loss f line 4 is a loss are an experience of the present an experience of the small anter \$150,000 anter the small f line 2c is a loss f line f \$25,000 anter the loss f anter the loss f anter the loss f anter the loss f anter the small f line 12 anter the small f line 12 anter the small f anter the small f anter the small f anter the small f anter the sm	 ses on the forms and schedules normally used	t II and go to Part e), skip Parts II and e at any time durin Participation an example. 6 150,000 7 124,45 8 25,54 arately, see instruction om Rental Real r Part II in the instru- ely, see instructions	. 4 III. I III and go g the yea . 5 00. 52. III. III. . 5 00. 52. III. . 5 00. 52. III. . 5 00. 52. III. III. . 5 00. 52. III. III. III. III. . 10 . 5 . 10 . 11 . 11 11 	2 to line 15. r, do not complet 8,010. 12,774. 8,010. Activities	
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F Part II o Part II 5 6 7 8 9 10 8 9 10 11 12 13 14 Part II 15 16	A port the loss f line 4 is a los f line 2 is a los f line 2 c is a los f line 12 f line 12 c is a los f line 12 f line 12 c is a los f line 12 f line 12 c is a los f line 12 f line	 as on the forms and schedules normally used	t II and go to Part e), skip Parts II and e at any time durin Participation an example. 6 150,000 7 124,45 8 25,54 arately, see instruction om Rental Real r Part II in the instruction of the second secon	. 4 III. I III and go g the year . 5 00. 52. 10 Estate A uctions. s . 11 . 12 . 13 . 14 . 15 ons	b to line 15. r, do not complet. 8,010. 12,774. 8,010. Activities 0.	

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)

	Current year		Prior years	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.	8,010.			8,010.
Total. Enter on Form 8582, lines 1a, 1b,					
and 1c	0.	8,010.			

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)

	Current year		Prior years	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) 000	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
GANDHI NAGAR	E Ln 22	8,010.	1.00000000	8,010.	0.
Total		8,010.	1.00	8,010.	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	

REV 01/25/21 PRO