Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QVI) 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 midow(er) (QVI) Vour first name and middle initial Last name Vour first name and middle initial CHENCHU KALXAN CHARR CHINTALAPUDI Q08=95-1675 Hjohn teatur, spouse's first name and middle initial Last name Spouse's social security number Home address furnhear and street). If you have a P.O. box, see instructions. Apt. no. 209 City, tow, or post office. If you have a foreign address, also complete spaces below. State 27 exide there if you, or your or or spouse of the or ling jointy, want Sp Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign postal code' you Spouse to change your spouse as a dependent Begendents, see instructions): (f) First name Last name (g) Social security (g) Relationating (h) of 'f qualifies for (se instructions): (f) First name Last name (g) Social security namber Peregione the change state is blind Spouse the change state is blind (g) Social security naming is spouse to	E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
CHENCHU KALYAN CHAKR CHINTALAPUDI 008-95-1675 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address furnhor and street). If you have a P.O. box, see instructions. Apt. no. 209 Check here if you, and street). If you have a foreign address, also complete spaces below. State 209 Check here if you, and so fore. GA 3032 8 box below will not change Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country 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 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 receive, all as a separate return or you were a dual-status allen Age/Bindmess You: No Dependents (ee instructions): (f) First name Last name Define of the dual fills Interest in a separate return or you were a dual-status allen Age/Bindmess You: </td <td>Check only</td> <td>ि 🔀 ई lf yo</td> <td>Single Married filing jointly u checked the MFS box, enter the name</td> <td>] Marrie ame of y</td> <td>ed filing separate</td> <td></td> <td></td> <td></td> <td>hold (HC</td> <td>)H)</td> <td>🗌 Qua</td> <td>lifying wid</td> <td>low(er) (QW)</td>	Check only	ि 🔀 ई lf yo	Single Married filing jointly u checked the MFS box, enter the name] Marrie ame of y	ed filing separate				hold (HC)H)	🗌 Qua	lifying wid	low(er) (QW)
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. 20.9 City, town, or post office. If you have a foreign address, also complete spaces below. State 30.32.8 ATLANTA GA 30.22.8 box below will not change box	Your first name	and mi	iddle initial	Last na	me						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 G871 PEACHTREE DUNWOODY RD 209 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code ATLANTA GA 30.328 spouse if filing jointly, want S3 Foreign country name Foreign province/state/country Foreign postal code you is or this fund. Checking a box below will not change you' is or the rest of this fund. Checking a box below will not change you' is or the rest of this fund. Checking a box below will not change you' is or the rest of this fund. Checking a box below will not change you' is or the rest of this fund. Checking a box below will not change you' is or the rest of the rest of the rest of this fund. Checking a box below will not change you' is or the rest of the	CHENCHU	KAL	YAN CHAKR	CHIN	TALAPUDI						008-	95-167	5
6871 FEACHTREE DUNWOODY RD 209 Check here if you, or your State 2/P code Stopsoe if fining infinity, ward 35 to go to this fund. Checking a box below will not change ATLANTA GA 30.32.8 box below will not change box below will not change box below will not change Foreign country name Foreign province/statk/county Foreign postal code you tax or refund. you tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Credit for other dependent Age/Blindness You: Were born before January 2, 1956 Are bind Spouse: Was born before January 2, 1956 Is blind Dependents (an forme for the dependents	If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number
Christ, Wall, or Dock mike in your have a holegy radices, also complete spaces below. State CA 30.32.8 to go to this fund. Checking a box below with ch change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code box below with ch 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 Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware bom before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents in fore (1) First name Last name Immetry number to you Chi dtax credit Credit for the dependents see instructions Immetry number Immetry numetry number Immetry numetry num				instructio	ons.						Check	here if you,	, or your
ATLANTA GA 30.32.8 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tox 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 Age/Blindness You: Were born before January 2, 1956 A re blind 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 Megendents, see instructions): (I) First name (I) Social security (I) Rest name Chald tax credit Credit for other dependents see instructions I Wages, salaries, tips, etc. Attach Form(s) W-2 1 1 127, 600. Attach 2a Tax-exempt interest 2a 1 1 27, 600. Standard Gaulified dividends 5a 4a b b Standard Gaulified dividends 5a 5b b 5b Standard Gaulified dividends 5a 5a b b Taxale	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	de				
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? You Spouse 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 Spouse itemizes on a separate returm or you were a dual-status alien	ATLANTA					G.	A	303	28		0		0
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent 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) V if qualifies for (see instructions): If more than four (1) First name Last name number (2) Social security (3) Relationship If more tependents, see instructions 1 Izer (2) Social security (3) Relationship (4) V if qualifies for (see instructions): If more tependents, see instructions 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 127, 600. Attach Sch. B if required. 2a 14. b Taxable interest 2b 12. 3a Qualified dividends 3a 14. b Taxable amount 4b 5a Pensions and annutites 5a 5a b Taxable amount 5b 5andard 6a Social security benefits 6a b 9 131, 829. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income b 7 4, 20	Foreign countr	/ name		F	Foreign province/s	tate/cour	nty	Foreig	n postal c	code	your ta:	_	
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): (1) First name Last name number (3) Relationship (4) ✓ if qualifies for (see instructions): Child tax credit Credit for other dependents see instructions (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): Child tax credit Credit for other dependents see instructions (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): and check (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): Attach 1 20 1 127, 600. (2) (2) (3) Relationship (4) ✓ (4) ✓ (4) ✓ (4) ✓ (4) ✓ (4) ✓ (4) ✓ (4) ✓ (5) € (5) € (4) ✓ (4) ✓ (4) ✓ (5) € (5) € (5) € (5) € (5) € (5) €<	At any time du	ring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acq	uire any	financial intere	est in a	ny virtu	al cu	rrency?	Ves	X No
If more than four dependents, dependents, see instructions (1) First name Last name number to you Child tax credit Credit for other dependents, credit Attach 2a	Deduction		Spouse itemizes on a separate return	n or you	were a dual-sta	atus alier	n	rn befo	ore Janu	ary 2	2, 1956	Is b'	lind
than four dependents, see instructions and check here ▶ 1 1 127, 600. Attach 2a Tax-exempt interest	•	•	,			,		nip	• •			1	,
see instructions and check here b here b Attach Sch. B if required. 3a Qualified dividends 3a Qualified dividends 4a BA distributions 4a Ba outlified dividends 4a Ba outlified dividends 5a Sen. B if required. 4a BA distributions 5a 5a Pensions and annuities 5a 5a Pensions and annuities 5a 5a Pensions and annuities 5a 5a Social security benefits 6a Social security benefits 6a Coapital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 6a Other income from Schedule 1, line 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 7 9 10 Add lines 10a and 10b. These are your total adjustments to income 11 13 Cualifying widow(er), \$24,800 • Had of household, 11 Subtract line 10c from line 9. This is your adjusted gross income 11 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 <													
and check here													
here Image: solution of the solutis solution of the solutis solution of the solu		s ——											
Attach 2a Tax-exempt interest 2a b Taxable interest 2b 12. Sch. B if 3a Qualified dividends 3a 14. b Ordinary dividends 3b 14. 4a IRA distributions 4a b Taxable interest 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 4b 5a Pensions and annuities 5a 5a b Taxable amount 4b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 4,203. Married filing separately, sit2,400 Other income from Schedule 1, line 9 16 not required, check here 7 4,203. 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 9 131,829. 10 Adjustments to income: 10a 10b 10c 11 131,829. 9 Isystemed Isystemed Isystemed Isystemed 11 131,829. 11 Subtract line 10c from line 9. This is your adj													
Attach 2a Tax-exempt interest 2a b Taxable interest 2b 12. Sch. B if 3a Qualified dividends 3a 14. b Ordinary dividends 3b 14. 4a IRA distributions 4a b Taxable interest 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 4b 5a Pensions and annuities 5a 5a b Taxable amount 4b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 4,203. Married filing separately, sit2,400 Other income from Schedule 1, line 9 16 not required, check here 7 4,203. 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 9 131,829. 10 Adjustments to income: 10a 10b 10c 11 131,829. 9 Isystemed Isystemed Isystemed Isystemed 11 131,829. 11 Subtract line 10c from line 9. This is your adj		1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2						. 1	1	27,600.
Sch. B if required. 3a 14. b Ordinary dividends 3b 14. 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 4,203. 8 Other income from Schedule 1, line 9 . . 8 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 131,829. 9 Maried filing you dow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 10c 11 Subtract line 10c from line 9. This is your adjusted gross income . 11 131,829.		2a	· · · · ·	1.1		Ь	Faxable interes	t.			. 2b		
4a IRA distributions 4a 5a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 6a Social security benefits 6a Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 4, 203. 8 Other income from Schedule 1, line 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 Adjustments to income: a From Schedule 1, line 22 0 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if you take the standard deduction. See instructions c Add lines 10a and 10b. These are your total adjustments to income 10a 10b 10b 11 11 131, 829. 12 12, 400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 12, 400.		3a	Qualified dividends	3a	14.	-					. 3b	,	14.
Standard Deduction for - 6a Social security benefits 6a b Taxable amount 6b * Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here * 7 4,203. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income * 8 * 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income * * 9 • Married filing jointly or Qualifying widow(er), \$24,800 * * 10a * 10a • Married filing jointly or Qualifying widow(er), \$24,800 * * * 10a * 10b • Head of household, \$18,650 * * Not total adjustments to income * * 10c 11 Subtract line 10c from line 9. This is your adjusted gross income * * 11 131,829. • 12 Standard deduction or itemized deductions (from Schedule A) * * 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A * 13 14 12,400.	required.	4a	IRA distributions	4a			,				. 4b	,	
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 4,203. • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9		5a	Pensions and annuities	5a		b	Faxable amoun	t			. 5b	,	
 Single or Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income In the second deduction or itemized deductions (from Schedule A) Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A Add lines 12 and 13 Attach Schedule D if required, the of required, check here If you checked any box under Standard Add lines 12 and 13 Add lines 12 and 13 Add lines 12 and 13 	Standard	6a	Social security benefits	6a		b 1	Faxable amoun	t			. 6b	,	
Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 131,829 Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10 Adjustments to income: 10a 10b 10c Widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 10c 11 131,829. 11 131,829. 11 131,829. If you checked any box under Standard Deduction, see instructions, ese instructions, ese instructions, 12 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 12 12 12,400. 14 12,400. 14 12,400.		7	Capital gain or (loss). Attach Schee	dule D if	required. If not	required	d, check here			► [7		4,203.
\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 131, 829. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 10b 10c • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, line	e9.							. 8		
 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Add lines 12 and 13 Adjustments to income: IO IOa IOa IOa IOa IOb IOb IOb IOb IOb IOb IOb IOb IOc IOc III III		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your total	income	.			.	▶ 9	1	31,829.
Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income		10	Adjustments to income:										
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 10b Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income .		а	From Schedule 1, line 22				10	a					
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions, see instructions, see instructions. Add lines 10a and 10b. These are your total adjustments to income	widow(er),	b	Charitable contributions if you take	the star	dard deduction.	See inst	tructions 10	b					
\$18,650 11 131,029. If you checked any box under Standard 13 Standard deduction or itemized deductions (from Schedule A) 1 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 1 13 Add lines 12 and 13 14 12,400.		с	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	me				► 10	c	
 If you checked any box under Standard Deduction, see instructions, see instructions. 14 Add lines 12 and 13		11	Subtract line 10c from line 9. This	is your a	adjusted gross	income				.	▶ 11	1	31,829.
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 1314	 If you checked 	12		-							. 12		
Deduction, see instructions. 14 Add lines 12 and 13 12,400 12,400		13					8995-A				. 13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Deduction,	14	Add lines 12 and 13									+	12,400.
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ente	er-0				. 15	; 1	19,429.

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

Form **1040** (2020)

Form 1040 (2020))										Pa	ge 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4	4972	3			. 16	22,741	
	17	Amount from Schedule 2, lin	ie3							. 17		
	18	Add lines 16 and 17								. 18	22,741	1.
	19	Child tax credit or credit for	other dependen	ts						. 19		
	20	Amount from Schedule 3, lin	ie7							. 20		
	21	Add lines 19 and 20								. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	22,741	1.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					. 23	(Ο.
	24	Add lines 22 and 23. This is	your total tax							▶ 24	22,741	1.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	23	,035	5.		
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								. 25d	23,035	5.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return .					. 26		
qualifying child,	27	Earned income credit (EIC)					27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lin	ie 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and r	efunda	ble cr	edits		▶ 32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments						▶ 33	23,035	5.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the	amoun	nt you	overpaid		. 34	294	4.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attache	d, chec	k here)		35a	294	1.
Direct deposit?	►b	Routing number 1 1 1			► c Type		Checl		Saving	gs 🛛		
See instructions.	►d	Account number 4 8 8			1 6							
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax		36	Γ				
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe	now				. 1	37		
You Owe		Note: Schedule H and Sch		-						or		
For details on		2020. See Schedule 3, line 1				in an o		lance yea				
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 the	e IRS?	See					
Designee	ins	tructions	· · · · ·					Yes. C	omple	te below.	🗙 No	
		signee's		Phone						entification		
		ne 🕨		no. 🕨					oer (PII	,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occup	,					nt you an Identity	go.
	. 10	ur signature		Date	Tour occup	Jalion					IN, enter it here	
Joint return?					SOFTWA	ARE E	NGI	NEER	(\$	see inst.) 🕨		\square
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's c	occupatio	on				nt your spouse an	
Keep a copy for your records.	·									dentity Prote see inst.) 🕨	ection PIN, enter it	here
you rooordor									(2	see mst.)		
		one no. parer's name	Droporor's signat	Email address			Detc		PTIN		Check if:	
Paid			Preparer's signat			\ T T N N /	Date	20/2021				nd.
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TA	АЦЦАМ	103/2	20/2021		082703	Self-employe	
Use Only		m's name ► GLOBAL TAX		'		0.4.1					(678) 965-95	
		m's address ► 2530 Pebb.		n Cummin	-				F	irm's EIN 🕨		
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA		REV	03/13/21 PRO)		Form 1040 (2020)

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. 12

20

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

Department of the Treasury

CHENCHU KALYAN CHAKR CHINTALAPUDI

Your social security number

008-95-1675

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X 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)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment		(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.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part I, line 2, column (g)		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	499,626.	510,948.	15 , 5	14.	4,192.
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	6,025.	6,014.			11.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5				
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	4,203.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (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) Adjustmen to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.								
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked								
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	11 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								
12	Net long-term gain or (loss) from partnerships, S corporat	12							
13	Capital gain distributions. See the instructions	13							
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()						
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15				

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

Schedule D (Form 1040) 2020

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 4,203.
	• 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 03/13/21 PRO

Schedule D (Form 1040) 2020

Form	8949	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
CHENCHU KALYAN CHAKR CHINTALAPUDI	008-95-1675

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)		
(Example: 100	sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (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 Secur	tities LLC	01/01/20	12/31/20	499,626.	510,948.	W	15,514.	4,192.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked). or line 3 (if Box C above is checked) ►				499,626.	510,948.		15,514.	4,192.	

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

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.

D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
CHENCHU KALYAN CHAKR CHINTALAPUDI	008-95-1675

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

X (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 (sales price)	(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) from column (d) and combine the result with column (g)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	Date acquired disposed of		and see Column (e) in the separate instructions	(f) Code(s) from instructions		
Robinhood Crypto LLC	01/01/20	12/31/20	6,024.	6,013.			11.
Robinhood Securities LLC	01/01/20	12/31/20	1.	1.			0.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	6,025.	6,014.			11.

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.





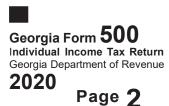
Georgia Form 500 (Rev. 06/20/20) Individual Income Tax Return

Individual Income Tax Return Georgia Department of Revenue 2020(Approved software version)

ZUZU(Approved software

Page 1

Fiscal Year Beginning	state GA issued									
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID)	060849428							
YOUR FIRST NAME 1. CHENCHU KALYAN C		МІ	YOUR SOCIAL SECURITY NUMBER							
LAST NAME (For Name Change See IT-5 CHINTALAPUDI	11 Tax Booklet)		SUFFIX							
SPOUSE'S FIRST NAME		МІ	SPOUSE'S SOCIAL SECURITY NUMBER	DEPARTMENT USE ONLY						
LAST NAME			SUFFIX							
ADDRESS (NUMBER AND STREET or P.O. BO) 2. 6871 PEACHTREE DUNWOOI APT NO 209		line for Ap	ot, Suite or Building Number) \square CHECK IF ADDRESS HAS CHANGED							
CITY (Please insert a space if the city has mult 3. ATLANTA	tiple names)		STATEZIP CODEGA30328							
(COUNTRY IF FOREIGN)										
4. Enter your Residency Status with the ap	opropriate numbe	ər	F	Residency Status 4. 1						
1. FULL- YEAR RESIDENT 2. PART- YEAR RESI	DENT		то	3. NONRESIDENT						
Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.										
5. Enter Filing Status with appropriate le	etter (See IT-511	Tax Bo	oklet)	5						
A. Single B. Married filing joint C. Married filir	ng separate (Spouse's	social sec	urity number must be entered above) D. Head of Household or Q	ualifying Widow(er)						
6. Number of exemptions (Check appro	priate box(es) ar	nd enter	total in 6c.) 6a. Yourself 🛛 6b. Spouse 🗌	6c. 1						
7a. Number of Dependents (Enter details o	n Line 7b., and DC	NOT ind	clude yourself or your spouse)	7a.						
ALL PAGES (1-5) ARE F	REQL	JIRED FOR PROCESSING	_						





YOUR SOCIAL SECURITY NUMBER 008-95-1675

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

 First Name, MI.

 Last Name
 - Social Security Number Relationship to You

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

Last Name

Last Name

Relationship to You

Relationship to You

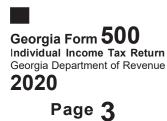
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8	Federal adjusted gross income (From Federal Form 1040)	8	131829
0.	(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Scher	more, or your gross income is less tha	
9.	Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	
10.	Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.	131829
11.	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	11a.	4600
	b. Self: 65 or over? Blind? Total x 1,300= Spouse: 65 or over? Blind?	11b.	
	c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	11c.	4600
12.	Total Itemized Deductions used in computing Federal Taxable Income. If you use item	nized deductions, you must include Fede	eral Schedule A.
	a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.	
	b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
	c. Georgia Total Itemized Deductions	12c.	
13.	Subtract either Line 11c or Line 12c from Line 10; enter balance	13.	127229

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING REV 03/02/21 PRO





YOUR SOCIAL SECURITY NUMBER

008-95-1675

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information) 	15a. 15b.	124529
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	124529
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	6988
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	6988

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) 🔀 SSN 🗌	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) 🔀 SSN 🗌	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)
	472013898		222375138		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3287925DK	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 16500	4.	GA WAGES / INCOME 111100	4.	GA WAGES / INCOME
5.	ga tax withheld 912	5.	ga tax withheld 5935	5.	GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

02 1555 115 2020 GA 004

REV 03/02/21 PRO

Indiv	orgia Form 500 ridual Income Tax Return gia Department of Revenue 20	2100411542		YOUR SOCIAL SECURITY NUMBER
	Page 4			
1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		1. 52-LP 52-RP 2.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITH	IHOLDING ID 3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME	4. GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD	5. GA TAX WITHHELD	5.	GA TAX WITHHELD
	Georgia Income Tax Withheld on Wag (Enter Tax Withheld Only and include W-2 Other Georgia Income Tax Withheld	2s and/or 1099s)	23. 24.	6847
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or	r G2-RP)	27.	
25.	Estimated Tax paid for 2020 and Form	IT-560	25.	
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electro		26.	
27.	Total prepayment credits (Add Lines 23	, 24, 25 and 26)	27.	6847
28.	If Line 22 exceeds Line 27, subtract Lir balance due		28.	141
29.	If Line 27 exceeds Line 22, subtract Lin overpayment		29.	
30.	Amount to be credited to 2021 ESTIN	IATED TAX	30.	
31.	Georgia Wildlife Conservation Fund (N	o gift of less than \$1.00)	31.	
32.	Georgia Fund for Children and Elderly	(No gift of less than \$1.00)	32.	
33.	Georgia Cancer Research Fund (No g i	ift of less than \$1.00)	33.	
34.	Georgia Land Conservation Program (I	No gift of less than \$1.00)	34.	
35.	Georgia National Guard Foundation (N	o gift of less than \$1.00)	35.	
36.	Dog & Cat Sterilization Fund (No gift o	f less than \$1.00)	36.	
37.	Saving the Cure Fund (No gift of less	than \$1.00)	37.	
38.	(No gift of less than \$1.00)	appen (REACH) Program	38. FOR PRO	CESSING

Georgia Form 500 Individual Income Tax Re Georgia Department of Rev 2020			OCIAL SECURITY NUMBER 95-1675
Page 5			
39. Public Safety Memor	al Grant (No gift of less than \$1.00))	
40. Form 500 UET (Estin	nated tax penalty) 🗌 500 UET exce	eption attached 40.	
41. (If you owe) Add L MAKE CHECK PAY	ines 28, 31 thru 40 ABLE TO GEORGIA DEPARTMENT	41. OF REVENUE	141
Amount Due Mail To GEORGIA DEPARTM PROCESSING CENT ATLANTA, GA 30374	IENT OF REVENUE ER, PO BOX 740399		
THIS IS YOUR REFU			paper check.
Type: Checking Savings	Routing Number Account Number		EPARTMENT OF REVENUE G CENTER, PO BOX 740380
I/We declare under the penaltie and belief, it is true, correct, an	s of perjury that I/we have examined this return d complete. If prepared by a person other that	CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR rn (including accompanying schedules and statements) and an the taxpayer(s), this declaration is based on all information paid in lawful money of the United States, free of any expens	to the best of my/our knowledge of which the preparer has knowledge.
Taxpayer's Signature	(Check box if deceased)	Spouse's Signature (Check box	(if deceased)
Date		Date	
Taxpayer's Phone No 832-833-1006		I authorize DOR to discuss this return with the	named preparer.
By providing my e-mail addi my account(s). Taxpayer's E-mail Add		t of Revenue to electronically notify me at the below e-mail a	address regarding any updates to
		Preparer's Phone Numbe	er
Signature of Prepare		678-965-9522	
Name of Preparer Oth SYAM PRIYA R	er Than Taxpayer AM SAGAR GUPT	Preparer's FEIN 30-1017196	
Preparer's Firm Name GLOBAL TAXES		Preparer's SSN/PTIN/SI P02082703	IDN

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 03/02/21 PRO