IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
SHARATH REDDY YELLARAM	661-35-7285
Spouse's name	Spouse's social security number
Part ITax 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 46,606.
2 Total tax	2 2,262.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 8,877.
4 Amount you want refunded to you	4 8,415.
5 Amount you owe	

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

			FBO firm name		E
X	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	5

5	7	2	8	5	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	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 🕨	Da	ate 🕨	•							
Practitioner PIN	Method Returns Only—continue	belo	w							
Part III Certification and Authentication –	Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	v your five-digit self-selected PIN.	5	8	 	 	6 all zei	 9	8	9	

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

ERO's signature 🕨		Date 🕨
	ctions sted To Do So	
For Denemicarly Deduction Act Nation and V		Earm 8870 (Bay 01 2021)

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

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS Use	Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly Course of the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ouse. If you	. ,				,		, ,	
Your first name	e and m	iddle initial	Last na	me							Your so	cial securit	y number
SHARATH	RED	DY	YELI	LARAM							661-3	35-728	5
If joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse'	s social sec	curity number
8131 He	athe							_ 1	Apt. no. L O 4		Check h	nere if you,	on Campaign or your atly, want \$3
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP co	ode				Checking a
VIENNA						V	7	221	.80		box bel	ow will not	change
Foreign countr	y name		1	Foreign pr	rovince/stat	e/coun	ty	Foreig	in postal co	ode	your tax	or refund.	Spouse
At any time du	uring 20	020, did you receive, sell, send, exch	nange, c	or otherw	vise acquir	e any	financial intere	est in a	iny virtua	l cu	rrency?	Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	956 🗌	Are bl	ind S	pouse	: 🗌 Was bo	rn befo	ore Janua	ary 2	2, 1956	🗌 ls bl	ind
Dependent		instructions): irst name Last name		(2) S	Social secur number	ity	(3) Relationsh to you	nip	(4) ✔ Child ta			r (see instru Credit for otl	ctions): her dependents
lf more than four	(1) 1	Easthanic							<u>оппа а</u> Г		Cuit		
dependents,									L	=		[
see instruction	IS ——								L	╡		[╡───
and check here ►									L	╡		[
	1	Wages, salaries, tips, etc. Attach F	Form(s)	W-2			I		L		. 1	1	
Attach	2a	• · · · · ·	2a				axable interes	+	• •		2b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sch. B if	3a		3a				Ordinary divide		• •	•	 3b		
required.	4a		4a				axable amoun		• •	•	. 4b		
	5a		5a				axable amoun				. 5b	-	
Standard	6a		6a				axable amoun				. 6b		
Deduction for –	7	Capital gain or (loss). Attach Sched	dule D if	f reauirea	d. If not re	auired	. check here		1		7 7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.			· 	· 				. 8	-	-8,050.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is vo	our total in	come				. 1	▶ 9		46,606.
\$12,400Married filing	10	Adjustments to income:		, -									
jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er),	b	Charitable contributions if you take	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 to l	tal adjus	stments to	inco	me			. 1	► 10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This								. 1	▶ 11	4	46,606.
 If you checked 	12	Standard deduction or itemized											12,400.
any box under Standard	13	Qualified business income deducti		`		,	995-A				. 13		
Deduction, see instructions.	14	Add lines 12 and 13	2 and 13						. 14	1	12,400.		
	15	Taxable income. Subtract line 14	from lin	ie 11. lf z	zero or les	s, ente	er-0				. 15		34,206.
			_										1040 (

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

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			. 16	3,910.
	17	Amount from Schedule 2, lir	ne3						. 17	
	18	Add lines 16 and 17							. 18	3,910.
	19	Child tax credit or credit for	other dependen	ts					. 19	
	20	Amount from Schedule 3, lir	ne7						. 20	1,648.
	21	Add lines 19 and 20							. 21	1,648.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	2,262.
	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	2,262.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25	ja i	8,87	7.	
	b	Form(s) 1099				25	ib			
	с	Other forms (see instruction	s)			25	ic			
	d	Add lines 25a through 25c							. 25 d	8,877.
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	19 return				. 26	
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)			^{No} .	2	7			
If you have	28	Additional child tax credit. A	ttach Schedule 8	8812		2	8			
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		2	9			
see instructions.	30	Recovery rebate credit. See	instructions .			3	0	1,800	0.	
	31	Amount from Schedule 3, lir	ne 13			3	1			
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and refun	dable	credits .		▶ 32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					▶ 33	10,677.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	ount yo	ou overpaid		. 34	8,415.
	35a	Amount of line 34 you want			is attached, cl	neck he	ere	. 🕨 [35 a	8,415.
Direct deposit?	►b	Routing number 0 5 1				X Che	ecking	Saving	gs	
See instructions.	►d	Account number 4 3 5	0 4 3 1	826	7 3					
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax . 🏾 🕨	> 3	6			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				▶ 37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	ot represent a	ll of th	e taxes you	owe f	or	
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instru	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	► 3	8			
Third Party		you want to allow another	person to disc	cuss this retu	m with the IRS	S? See				_
Designee		structions				. 🕨		•	te below.	X No
		signee's me ►		Phone no.				sonal id 1ber (Pl i	entification	
C :		der penalties of perjury, I declare t	hat I have examine			chodula			/	t of my knowledge and
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation	n		11	f the IRS se	nt you an Identity
		·								IN, enter it here
Joint return?					SOFTWARE		INEER	`	see inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occup	oation				nt your spouse an ection PIN, enter it here
your records.									see inst.) 🕨	
	Ph	one no.		Email address						
		eparer's name	Preparer's signat			Da	ite	PTIN		Check if:
Paid		SSMANIKUMARAPPANA	RVSSMANIK		JA		2/16/2021		090332	Self-employed
Preparer		n's name ► GLOBAL TA					., ,			646)727-7157
Use Only		m's address ► 2530 Pebb		n Cummin	T GA 3004	1			Firm's EIN	
Go to www.irc.or		n1040 for instructions and the late			-					Form 1040 (2020)
	74/1 OIT	TO TO INSTRUCTORS and the late	scinionnation.		BAA	R	EV 02/07/21 PR	.0		FORM 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

OMB No. 1545-0074

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 Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial secu
SHARATH REDDY	YELLARAM	661-35	-7285

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	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	-8,050.
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,		
Dor	line 8	9	-8,050.
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	Alimony paid	18a	
b	Recipient's SSN		
с	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 02/07/21 PRO		e 1 (Form 1040) 2020

Additional Credits and Payments

OMB No. 1545-0074

2020

	► Atta	ch to l	Form	1040), 104	0-SR, or	1040	-NR.		
-	-								 -	

	hent of the Treasury Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest inform	ation.	A	Attachment Sequence No. 03
Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your s		ecurity number
	RATH REDDY YELLARAM	661-	35-72	285
Par	rt I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses. Attach Form 2441	2		
3	Education credits from Form 8863, line 19		3	1,648.
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other credits from Form: $\mathbf{a} \square 3800 \mathbf{b} \square 8801 \mathbf{c} \square$		6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-N	R, line 20	7	1,648.
Par	t II Other Payments and Refundable Credits			
8	Net premium tax credit. Attach Form 8962		8	
9	Amount paid with request for extension to file (see instructions)		9	
10	Excess social security and tier 1 RRTA tax withheld		10	
11	Credit for federal tax on fuels. Attach Form 4136		11	
12	Other payments or refundable credits:			
а	Form 2439			
b	Qualified sick and family leave credits from Schedule(s) H andForm(s) 720212b			
С	Health coverage tax credit from Form 8885 . . 12c			
d	Other: 12d			
е	Deferral for certain Schedule H or SE filers (see instructions) . 12e			
f	Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-N	IR, line 31	13	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/0	7/21 PRO	Schedu	le 3 (Form 1040) 2020

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Your social security number

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2020 Attachment Sequence No. 13

Department of the Treasury ► Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99) n

	0101100	00.		1.
Name(s)	shown	on	retu	rr

SHAR	ATH REDDY YELLA							661-3			
Part		s From Rental Real Estate and Ro	-		•			• •			/, use
	Schedule C. See	instructions. If you are an individual, rep	ort farr	n rental ir	ncome o	or loss f	rom Form 4835	on page	2, line 4	0.	
A Dic	l you make any payme	ents in 2020 that would require you to	o file F	orm(s) 10	099? S	ee insti	ructions .		. 🗆 `	Yes	X No
B If "	Yes," did you or will y	ou file required Form(s) 1099?							. 🗆	Yes [No
1a		each property (street, city, state, ZIF									
Α		ABAD TELANGANA IN 500085									
В											
С											
1b	Type of Property	2 For each rental real estate pro	pertv li	sted		Fair	Rental F	Persona	Use		ζΊΛ
	(from list below)	above, report the number of fa personal use days. Check the if you meet the requirements to	ir renta	al and		0	Days	Days	s	, i	20 V
Α	1	if you meet the requirements to	o file a	s a	Α		360		0		
В		qualified joint venture. See inst	tructio	ns.	В						
С		-		Γ	С						
Туре с	of Property:										
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd		7 Self-	Rental				
2 Mult	i-Family Residence	4 Commercial	6 Ro	yalties	:	8 Othe	r (describe)				
Incom	e:	Properties:			Α		В			С	
3	Rents received	· · · · · · · · · · · · ·	3			450.					
4			4								
Expen											
5	Advertising		5								
6	Auto and travel (see i	nstructions)	6			250.					
7	5	nance	7		1,	667.					
8	Commissions		8								
9	Insurance		9								
10		essional fees	10			350.					
11	Management fees .		11								
12	Mortgage interest pai	id to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		2,	650.					
15	Supplies		15		1,	756.					
16	Taxes		16			250.					
17	Utilities		17		1,	577.					
18	Depreciation expense	e or depletion	18								
19	Other (list) ►		19								
20	Total expenses. Add	lines 5 through 19	20		8,	500.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	file Form 6198		21		-8,	050.					
22	Deductible rental rea	l estate loss after limitation, if any,									
	on Form 8582 (see in	nstructions)	22	(-8,0	50.)	()	(
23a	Total of all amounts r	eported on line 3 for all rental prope	erties			23a		450.			
b		eported on line 4 for all royalty prop	erties			23b					
С		reported on line 12 for all properties				23c					
d	Total of all amounts r	reported on line 18 for all properties				23d					
е		reported on line 20 for all properties				23e	8	,500.			
24	Income. Add positiv	e amounts shown on line 21. Do no	t inclu	de any l	osses			. 24			
25	Losses. Add royalty lo	osses from line 21 and rental real estate	e losses	s from lin	e 22. E	nter tota	al losses here	. 25	(8,	050.
26	Total rental real est	ate and royalty income or (loss).	Comb	ine lines	24 an	d 25. E	inter the resul	lt			
		IV, and line 40 on page 2 do not									
	Schedule 1 (Form 104	40), line 5. Otherwise, include this a	mount	in the to	otal on	line 41	on page 2	. 26		- 8	,050.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

8863 Form Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

AUTIO

Education Credits (American Opportunity and Lifetime Learning Credits) ► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

Attachment Sequence No. 50 Your social security number

661-35-7285

SHARATH REDDY YELLARAM

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	II, line 3	0	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5				
6	If line 4 is:					
	• Equal to or more than line 5, enter 1.000 on line 6			ļ		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)				6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portuni	ty credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				-	
-	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part 9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(000	instruct	ionc)	9	
9 10	After completing Part III for each student, enter the total of all amounts from a	•		· · ·	9	
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	8,241.
11	Enter the smaller of line 10 or \$10,000				11	8,241.
12	Multiply line 11 by 20% (0.20)			· · ·	12	1,648.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	e	59,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter	14	4	6,606.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	2	22,394.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	1	.0,000.		
17	If line 15 is:					
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rour					
	places)				17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	-		· · ·	18	1,648.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3		Worksł	neet (see	19	1,648.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 02/07/2	1 PRO	Form 8863 (2020)



Name(s) shown on return

SHARATH REDDY YELLARAM

	Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.				eeded for
Part	III Student and Educational Institution Information	1. See i	nstructions.		
20	Student name (as shown on page 1 of your tax return)		Student social security number (as s /our tax return)	shown	on page 1 of
	SHARATH REDDY YELLARAM	ر ا	661-35-7285		
22	Educational institution information (see instructions)			-	
	Name of first educational institution	b. N	Name of second educational institut	ion (if	any)
	Indiana Wesleyan University				
(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 4201 S Washington St 	(1)	Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	MARION IN 46953				
(2	2) Did the student receive Form 1098-T from this institution for 2020? X Yes I No	(2)	Did the student receive Form 1098 from this institution for 2020?	B-T	Yes 🗌 No
(3	Did the student receive Form 1098-T from this institution for 2019 with box Yes X No 7 checked?	(3)	Did the student receive Form 1098 from this institution for 2019 with 8 7 checked?		Yes 🗌 No
(4	Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.		Enter the institution's employer (EIN) if you're claiming the Americ if you checked "Yes" in (2) or (3 from Form 1098-T or from the inst	an op). Υοι	portunity credit or I can get the EIN
	35-0885591				
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?		es — Stop! to line 31 for this student. X No	— Go	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.				pp! Go to line 31 udent.
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	× Go	es - Stop! to line 31 for this No udent.	— Go	to line 26.
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	G			mplete lines 27 0 for this student.
				t in the	e same year. If
	American Opportunity Credit			07	
27 28	Adjusted qualified education expenses (see instructions). Don Subtract \$2,000 from line 27. If zero or less, enter -0			27 28	
∠o 29	Multiply line 28 by 25% (0.25)			20	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a	add \$2 (000 to the amount on line 29 and		
	enter the result. Skip line 31. Include the total of all amounts fi			30	
	Lifetime Learning Credit				
31	Adjusted qualified education expenses (see instructions). Inclu III, line 31, on Part II, line 10			31	8,241.

Your social security number

661-35-7285

Form **8863** (2020)

763	
Page 1	

2020 Virginia Nonresident Income Tax Return Due May 1, 2021



	Enclose a complete copy of yo	our federal ta	x return a	nd all oth	ner required	l Virginia e	nclosure	s.								
First N	lame	MI	/II Last Name			Suffix Your Social Security Nu				umber				Check		
	RATH REDDY		661-35-7285								_ decea	isea				
Spous	se's First Name (Filing Status 2 Only)		Suffix	Spouse's	Social	Secu	ity Nun	ıber				Check decea				
Prese	nt Home Address (Number and Street o	or Rural Route)					Birth Date	0	7	- 2	g -	- 1		92	7	
8131 HEATHERTON LN APT 104																
	Town or Post Office		State		Code	Spouse's I	Birth Date -dd-yyyy)			-	-					
VIE		portant - Nam	VA of Virginia		180			ss em	nlovm	ent or	incon	ne s			ality Co	de
Oluie		located.	o or virginia	only of Ool				55, em							, -	uc
TX	F.	AIRFAX C	OUNTY							City)R 🛛	ĭ C	ounty	059)	
		d Return ason Code			Name(s) or <i>I</i> than Shown					Verse	as or	n Di	le Da	ite		
Ch	eck Applicable				Return	011 20 10 1/	·									
	Boxes Depende	ent on Anothe	r's Return		Qualifying Fa		erman, or		EIC	Claime	d on	ı fec	leral	return		
				ſ	Merchant Se				\$.00		
	Filing Status Enter Filing Status (1			otions Ad Spous	e if			2. Ei	nter	the s	sum o	n Line	12.
	1 = Single. Federal head					You	Filing St	atus [3	Depend	lents		_		Tot	al Secti	on 1
1	2 = Married, Filing Joint F 3 = Married, Spouse Has			-	ncome	1	+	+		=	1	X	\$930) =	93	0
	4 = Married, Filing Separa			ouroo			5 Spouse 6			ouse		L		 	4-1 0	
	If Filing Status 3 or 4, enter spouse's	SSN in the Sp	ouse's Soc	ial Securit	y Number	or ove		Blind	- 7 [Blind		1 🗸			otal Sect	ion 2
	box at top of form and enter Spouse'	's Name					+	-	+	=	L	`	\$800	,=		
1	Adjusted Gross Income from fede	ral return - No	ot federal ta	axable inc	come						1			46	5606	00
2	Additions from Schedule 763 ADJ	, Line 3									2					00
3	Add Lines 1 and 2										3			46	5606	00
4	Age Deduction (See instructions a	and the Age D	eduction V	Vorksheet	t)				Yo	J 4	a					00
	Enter Birth Dates above. Enter Yo on Line 4a and Your Spouse's Age							SI	pous	e 4	b					00
5	Social Security Act and equivalent	t Tier 1 Railro	ad Retirem	ent Act be	enefits repor	ted on you	r federal r	eturn.			5					00
6	State income tax refund or overpa	ayment credit	reported a	s income	on your fede	eral return.					6					00
7	Subtractions from Schedule 763 A	ADJ, Line 7									7					00
8	Add Lines 4a, 4b, 5, 6, and 7										8					00
9	Virginia Adjusted Gross Income	e (VAGI). Sub	tract Line	8 from L	ine 3						9			46	5606	00
10	Itemized Deductions from Virginia	Schedule A,	if applicab	e. See ins	structions					1	0					00
11	If you do not claim itemized deduc	ctions on Line	10, enter	standard o	deduction. S	See instruct	tions			1	1			4	1500	00
12	Exemption amount. Enter the tota	l amount from	the Exem	ption Sec	tions 1 and 2	2 above				1	2				930	00
13	Deductions from Schedule 763 AE	DJ, Line 9								1	3					00
14	Add Lines 10, 11, 12 and 13									1	4			5	5430	00
15	Virginia Taxable Income computed	d as a resider	it. Subtract	Line 14 f	from Line 9					1	5			41	176	00
16	Percentage from Nonresident Allo	cation Sectio	n on Page	2 (Enter t	o one decim	al place or	lly)			1	6				3.2	%
17	Nonresident Taxable Income. (Mu			-							7			1	1318	
18	Income Tax from Tax Table or Tax	Rate Schedu	le							. 1	8				26	00

LTD

\$_

For Local Use



2020	FORM 763 Page 2														
Your N SHAF	ame ATH REDDY YELLARAM	I	Your SSN 661-35-	7285											
19a	Your Virginia income tax withh		orms W-2, W	-2G, 1099	, and VK-	·1					19a			б	6 00
19b	Spouse's Virginia income tax v	withheld. Enclos	se Forms W-	2, W-2G,	1099, and	l VK-1					19b				00
20	2020 Estimated Tax Payments	s									20				00
21	2019 overpayment credited to	2020 estimated	tax								21				00
22	Extension Payment - submitte										22				00
23	Credit for Low-Income Individu	•									23				00
24	Total credits from Schedule OS	SC									24				00
25	Credits from Schedule CR, Se	ection 5, Line 1A									25				00
26	Total payments and credits.										26			6	6 00
27	If Line 18 is larger than Line 20		-								27				00
28	If Line 26 is larger than Line 18										28			4	0 00
29	Amount of overpayment on Line										29			1	00
30	Virginia529 and ABLEnow Cor										30				00
31	Other Voluntary Contributions										31				00
32	Addition to Tax, Penalty, and Ir		<i>,</i>								32				00
33	Sales and Use Tax is due on In														
	See instructions	Chec	k here if no s	sales and	use tax is	due		·····			33				00
34	Add Lines 29 through 33										34				00
35	If you owe tax on Line 27, add Line 34 is larger than Line 28, www.tax.virginia.govC	enter the differe	ence. AMOU	NT YOU	OWE. En	nclose	payment	t or pay			35				00
36	If Line 28 is larger than Line 34,	subtract Line 34	4 from Line 2	8. This is tl	he amoun	t to be	REFUN	DED TO			36			4	0 00
If the I	Direct Deposit section below is I	not completed,	your refund	will be iss	ued by ch	eck.									
	T BANK DEPOSIT Your	Bank Routing T	ransit Numb	er	You	r Bank	Account	t Numb	er	Cheo	king	X	Savin	gs [
	tic Accounts Only ornational Deposits 0 5	1 0 0	0 0 1	7	4 3	5	0 4	3	1 8	2	6	7 3			
Non	esident Allocation Percen	itage					A	A - All S	Sourc	es		В-	Virginia	Source	s
1.	Wages, salaries, tips, etc					1			546	56	00			1488	00
2.	Interest income					2					00				00
3.	Dividends					3					00				00
4.	Alimony received					4					00				00
5.	Business income or loss					5					00				00
6.	Capital gain or loss/capital gain	distributions				6					00				00
	Other gains or losses					7					00				00
	Taxable pensions, annuities an					8					00				1
	Rents, royalties, partnerships, e			,		9			-80	50	00			0	-
	Farm income or loss					10					00				00
	Other income					11					00				00
	Interest on obligations of other Lump-sum and accumulation d					12 13					00				00
12		ISTRUCTION STRUCT		. 105 ADJ	, сше э	13					00				00
				tal hero		11			ACC	nel	00			1/100	00
14.	TOTAL - Add Lines 1 through 1	3 and enter eac	ch column to			14			466	06	00			1488	
14. 15.		3 and enter eac age - Divide Lin	ch column to e 14 B, by Li	ne 14 A. (Compute	14 15			466	06	00			1488 3.2	
14. 15.	TOTAL - Add Lines 1 through 1 Nonresident allocation percenta	3 and enter eac age - Divide Lin ce (e.g., 5.4%).	ch column to e 14 B, by Li Enter on Paç	ne 14 A. (ge 1, Line	<i>Compute</i> 16		l agree t	to obtai				at www	v.tax.virg		%
14. 15. □ I (TOTAL - Add Lines 1 through 1 Nonresident allocation percenta percentage to one decimal place	3 and enter eac age - Divide Lin ce (e.g., 5.4%). on to discuss this	ch column to e 14 B, by Li Enter on Pag return with m	ine 14 A. (ge 1, Line ly (our) pre	Compute 16	15	•		n my F	orm 1	099-G		-	3.2' jinia.gov	%

		(571) 525-6181		
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN	Vendor Code
			P02090332	1555
Preparer's Name	Firm's Name (or Yours if Self-Employed)	Preparer's Phone Number	Filing Election Code	ID Theft PIN
RVSSMANIKUMARAPPANA	GLOBAL TAXES LLC	(646) 727-7157	7	

2020 Schedule INC/CG 661357285

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

SHARATH REDD YELLARAM



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
661357285	W	66.	453734608	30453734608F001	1488.

Total VA Withholding	SSN	VA Withholding
You	661357285	66.
Spouse		
Total # of W-2s,1099s & VK-1s	01	_

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

1555

Virginia Individual Income Tax e-File Signature Authorization

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)							
Your Name	B Your Social Sec	urity Number					
SHARATH REDDY YELLARAM	661-35-728	5					
Spouse's Name	A Spouse's Social						
		, i i j					
Part I Tax Return Information	A Spouse	B Yourself					
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		46606.					
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		46606.					
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		1318.					
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		26.					
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		66.					
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)							
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		40.					
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying :							
December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic 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 2 8 5 as my signature on my 2020 e-fi Do not enter all zeros	led Virginia individual inco	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 bo 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 as my signature on my 2020 e-fi Do not enter all zeros	led Virginia individual inco	ome tax return.					
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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.							
Spouse's Signature Date							
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 2 7 8 6	5 1 9 8 9						
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	16-21						

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS Use	Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly Course of the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ouse. If you					,		, ,	
Your first name	e and m	iddle initial	Last na	me							Your so	cial securit	y number
SHARATH	RED	DY	YELI	LARAM							661-3	35-728	5
If joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse'	s social sec	curity number
8131 He	athe							_ 1	Apt. no. L O 4		Check h	nere if you,	on Campaign or your atly, want \$3
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP co	ode				Checking a
VIENNA						V	7	221	.80		box bel	ow will not	change
Foreign countr	y name		1	Foreign pr	rovince/stat	e/coun	ty	Foreig	in postal co	ode	your tax	or refund.	Spouse
At any time du	uring 20	020, did you receive, sell, send, exch	nange, c	or otherw	vise acquir	e any	financial intere	est in a	iny virtua	l cu	rrency?	Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	956 🗌	Are bl	ind S	pouse	: 🗌 Was bo	rn befo	ore Janua	ary 2	2, 1956	🗌 ls bl	ind
Dependent		instructions): irst name Last name		(2) S	Social secur number	ity	(3) Relationsh to you	nip	(4) ✔ Child ta			r (see instru Credit for otl	ctions): her dependents
lf more than four	(1) 1	Easthanic									Cuit		
dependents,									L	=		[
see instruction	IS ——								L	╡		[╡───
and check here ►									L	╡		[
	1	Wages, salaries, tips, etc. Attach F	Form(s)	W-2			I		L		. 1	1	
Attach	2a	• · · · · ·	2a				axable interes	+	• •		2b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sch. B if	3a		3a				Ordinary divide		• •	•	 3b		
required.	√ 4a		4a				axable amoun		• •	•	. 4b		
	5a		5a				axable amoun				. 5b	-	
Standard	6a		6a				axable amoun				. 6b		
Deduction for –	7	Capital gain or (loss). Attach Sched	dule D if	f reauirea	d. If not re	auired	. check here		1		7 7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.			· 	· 				. 8	-	-8,050.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is vo	our total in	come				. 1	▶ 9		46,606.
\$12,400Married filing	10	Adjustments to income:		, -									
jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er),	b	Charitable contributions if you take	the star	ndard dee	duction. Se	e inst	ructions 10	b					
\$24,800 • Head of	с	Add lines 10a and 10b. These are	your to l	tal adjus	stments to	inco	me			. 1	► 10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This								. 1	▶ 11	4	46,606.
 If you checked 	12	Standard deduction or itemized	•	-	-								12,400.
any box under Standard	13	Qualified business income deducti		`		,	995-A				. 13		
Deduction, see instructions.	14	Add lines 12 and 13									. 14	1	12,400.
	15	Taxable income. Subtract line 14	from lin	ie 11. lf z	zero or les	s, ente	er-0				. 15		34,206.
			_										1040 (

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

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			. 16	3,910.
	17	Amount from Schedule 2, lir	ne3						. 17	
	18	Add lines 16 and 17							. 18	3,910.
	19	Child tax credit or credit for	other dependen	ts					. 19	
	20	Amount from Schedule 3, lir	ne7						. 20	1,648.
	21	Add lines 19 and 20							. 21	1,648.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	2,262.
	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	2,262.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25	ja i	8,87	7.	
	b	Form(s) 1099				25	ib			
	с	Other forms (see instruction	s)			25	ic			
	d	Add lines 25a through 25c							. 25 d	8,877.
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	19 return				. 26	
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)			^{No} .	2	7			
If you have	28	Additional child tax credit. A	ttach Schedule 8	8812		2	8			
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		2	9			
see instructions.	30	Recovery rebate credit. See	instructions .			3	0	1,800	0.	
	31	Amount from Schedule 3, lir	ne 13			3	1			
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and refun	dable	credits .		▶ 32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					▶ 33	10,677.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	ount yo	ou overpaid		. 34	8,415.
	35a	Amount of line 34 you want			is attached, cl	neck he	ere	. 🕨 [35 a	8,415.
Direct deposit?	►b	Routing number 0 5 1				X Che	ecking	Saving	gs	
See instructions.	►d	Account number 4 3 5	0 4 3 1	826	7 3					
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax . 🏻 🕨	> 3	6			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				▶ 37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	ot represent a	ll of th	e taxes you	owe f	or	
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instru	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	► 3	8			
Third Party		you want to allow another	person to disc	cuss this retu	m with the IRS	S? See				_
Designee		structions				. 🕨		•	te below.	X No
		signee's me ►		Phone no.				sonal id 1ber (Pl i	entification	
C :		der penalties of perjury, I declare t	hat I have examine			chodula			/	t of my knowledge and
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation	n		11	f the IRS se	nt you an Identity
		·								IN, enter it here
Joint return?					SOFTWARE		INEER	`	see inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occup	oation				nt your spouse an ection PIN, enter it here
your records.									see inst.) 🕨	
	Ph	one no.		Email address						
		eparer's name	Preparer's signat			Da	ite	PTIN		Check if:
Paid		SSMANIKUMARAPPANA	RVSSMANIK		JA		2/16/2021		090332	Self-employed
Preparer		n's name ► GLOBAL TA					., ,			646)727-7157
Use Only		m's address ► 2530 Pebb		n Cummin	T GA 3004	1			Firm's EIN	
Go to www.irc.or		n1040 for instructions and the late			-					Form 1040 (2020)
	74/1 OIT	TIOTO IN THE LOUGH AND THE PALE	scinionnation.		BAA	R	EV 02/07/21 PR	.0		FORM 1040 (2020)

BAA

SCHE	DULE	1
(Form	1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

	Attachment Sequence No. 01
Your soc	ial security number
661-35	-7285

Department of the Treasury Internal Revenue Service Attack Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SHARATH REDDY YELLARAM

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 9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 9 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 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 nealth insurance deduction 16 17 Iaa Iaa 18 Alimony paid 18a b Recipient's SSN 19 19 IA deduction 20 21 Tuition and fees deduction. Attach Form 8917 21 <th>Par</th> <th>t I Additional Income</th> <th></th> <th></th>	Par	t I Additional Income		
b Date of original divorce or separation agreement (see instructions) ▶ 3 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 -8,00 6 Farm income or (loss). Attach Schedule F 6 6 7 Unemployment compensation 7 8 9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 -8,00 9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 -8,00 9 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 10 11 10 Educator expenses 10 11 11 12 Health savings account deduction. Attach Form 8889 12 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 15 Self-employed SEP, SIMPLE, and qualified plans 15 16 16 17 Penalty on early withdrawal of savings 17 18a <	1	Taxable refunds, credits, or offsets of state and local income taxes	1	
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 Farm income or (loss). Attach Schedule F 6 7 0 6 8 0ther 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 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 17 18a 17 18a Alimony paid 18a 19 20 Student loan interest deduction 19 20 21 Tuition and fees deduction. Attach Form 8917 21 <td>2a</td> <td>Alimony received</td> <td>2a</td> <td></td>	2 a	Alimony received	2a	
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 Farm income or (loss). Attach Schedule F 6 7 0 6 8 0ther 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 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 17 18a 17 18a Alimony paid 18a 19 20 Student loan interest deduction 19 20 21 Tuition and fees deduction. Attach Form 8917 21 <td>b</td> <td>Date of original divorce or separation agreement (see instructions)</td> <td></td> <td></td>	b	Date of original divorce or separation agreement (see instructions)		
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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 Part II Adjustments to Income 9 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 I8a Alimony paid 18a b Recipient's SSN 18a 18a b Recipient's SSN 19 19 20 Student loan interest deduction 20 21	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,050.
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, ine 8 9 Part II Adjustments to Income 10 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 19 19 IRA deduction 19 20 21 21	6	Farm income or (loss). Attach Schedule F	6	
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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 17 Penalty on early withdrawal of savings 17 18a Alimony paid 18a 18a b Recipient's SSN 19 IRA deduction 19 20 Student loan interest deduction 20 21	Par	t II Adjustments to Income		
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13 Moving expenses for members of the Armed Forces. Attach Form 3903 13 14 Deductible part of self-employment tax. Attach Schedule SE	11		11	
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 18a c Date of original divorce or separation agreement (see instructions) ▶ 19 19 IRA deduction 19 20 20 21	12	Health savings account deduction. Attach Form 8889	12	
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 17 18a Date of original divorce or separation agreement (see instructions) ▶ 19 19 IRA deduction 19 20 21 21	13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
16 Self-employed health insurance deduction	14	Deductible part of self-employment tax. Attach Schedule SE	14	
17 Penalty on early withdrawal of savings 17 18a Alimony paid 18a b Recipient's SSN 18a c Date of original divorce or separation agreement (see instructions) ▶ 19 19 IRA deduction 19 20 Student loan interest deduction 20 21 Tuition and fees deduction. Attach Form 8917 21	15	Self-employed SEP, SIMPLE, and qualified plans	15	
18a Alimony paid	16	Self-employed health insurance deduction	16	
b Recipient's SSN	17	Penalty on early withdrawal of savings	17	
c Date of original divorce or separation agreement (see instructions) ▶ 19 IRA deduction 20 Student loan interest deduction 21 Tuition and fees deduction. Attach Form 8917	18a	Alimony paid	18a	
19 IRA deduction 19 19 20 Student loan interest deduction 10 20 21 Tuition and fees deduction. Attach Form 8917 10 21	b	Recipient's SSN		
20 Student loan interest deduction 20 21 Tuition and fees deduction. Attach Form 8917 21	с	Date of original divorce or separation agreement (see instructions)		
21 Tuition and fees deduction. Attach Form 8917	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	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	

Additional Credits and Payments

OMB No. 1545-0074

2020

	► Atta	ch to l	Form	1040), 104	0-SR, or	1040	-NR.		
-	-								 -	

Departm Internal	A	Attachment Sequence No. 03		
Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your s		ecurity number
	RATH REDDY YELLARAM	661-	35-72	285
Par	rt I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	1,648.
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other credits from Form: $\mathbf{a} \square 3800 \mathbf{b} \square 8801 \mathbf{c} \square$		6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-N	R, line 20	7	1,648.
Par	t II Other Payments and Refundable Credits			
8	Net premium tax credit. Attach Form 8962		8	
9	Amount paid with request for extension to file (see instructions)		9	
10	Excess social security and tier 1 RRTA tax withheld		10	
11	Credit for federal tax on fuels. Attach Form 4136		11	
12	Other payments or refundable credits:			
а	Form 2439			
b	Qualified sick and family leave credits from Schedule(s) H andForm(s) 720212b			
С	Health coverage tax credit from Form 8885 . . 12c			
d	Other: 12d			
е	Deferral for certain Schedule H or SE filers (see instructions) . 12e			
f	Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-N	IR, line 31	13	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/0	7/21 PRO	Schedu	le 3 (Form 1040) 2020

SCHEDULE	Е
(E 4040)	

18

19 20

Supplemental Income and Loss

OMB No. 1545-0074

(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) (0)Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Department of the Treasury Attachment Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13 Internal Revenue Service (99) Name(s) shown on return Your social security number SHARATH REDDY YELLARAM 661-35-7285 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes X No Yes No 1a Physical address of each property (street, city, state, ZIP code) Α MIYAPUR HYDERABAD TELANGANA IN 500085 В С 1b Fair Rental Personal Use Type of Property 2 For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a (from list below) Days Days Α 360 0 1 Α qualified joint venture. See instructions. В В С С Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α B С 3 Rents received . 3 450. 4 Royalties received 4 . Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 250. 7 Cleaning and maintenance . . . 7 1,667. 8 8 Commissions. 9 Insurance 9 10 10 Legal and other professional fees . . . 350. 11 11 Management fees 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 14 Repairs. 2,650. . . . 1,756. 15 15 Supplies . . . Taxes 16 16 250. Utilities. 17 1,577. 17

21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-8,0	50.			
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-8,05	50.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope	rties		23a	4	50.	
b	Total of all amounts reported on line 4 for all royalty properties	erties		23b			
С	Total of all amounts reported on line 12 for all properties			23c			
d	Total of all amounts reported on line 18 for all properties			23d			
е	Total of all amounts reported on line 20 for all properties			23e	8,5	00.	
24	Income. Add positive amounts shown on line 21. Do not	t inclu	ide any losses			24	
25	Losses. Add royalty losses from line 21 and rental real estate	losse	s from line 22. En	ter tota	al losses here .	25	(8,050
26	Total rental real estate and royalty income or (loss). (here. If Parts II, III, IV, and line 40 on page 2 do not						
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar					26	-8,05

18

19

20

For Paperwork Reduction Act Notice, see the separate instructions.

Depreciation expense or depletion .

Total expenses. Add lines 5 through 19 . . .

Other (list) ►

8,500.

Schedule E (Form 1040) 2020

Form **88663** Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

AUTIO

Education Credits (American Opportunity and Lifetime Learning Credits) Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

Attachment Sequence No. 50 Your social security number

661-35-7285

SHARATH REDDY YELLARAM

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	II, line 3	0	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5				
6	If line 4 is:					
	• Equal to or more than line 5, enter 1.000 on line 6			ļ		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)				6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portuni	ty credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				-	
-	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part 9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(000	instruct	ionc)	9	
9 10	After completing Part III for each student, enter the total of all amounts from a	•		· · ·	9	
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	8,241.
11	Enter the smaller of line 10 or \$10,000				11	8,241.
12	Multiply line 11 by 20% (0.20)			· · ·	12	1,648.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	e	59,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter	14	4	6,606.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	2	22,394.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	1	.0,000.		
17	If line 15 is:					
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rour					
	places)				17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	-		· · ·	18	1,648.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3		Worksł	neet (see	19	1,648.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 02/07/2	1 PRO	Form 8863 (2020)



Name(s) shown on return

SHARATH REDDY YELLARAM

	Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.				eeded for
Part	III Student and Educational Institution Information	1. See i	nstructions.		
20	Student name (as shown on page 1 of your tax return)		Student social security number (as s our tax return)	shown	on page 1 of
	SHARATH REDDY YELLARAM	y	661-35-7285		
22	Educational institution information (see instructions)		001 00 / 200		
a. Name of first educational institution b. Name of second education				tion (if	any)
	Indiana Wesleyan University				
(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 4201 S Washington St 	(1)	Address. Number and street (or P post office, state, and ZIP code. It instructions.		
	MARION IN 46953				
(2	2) Did the student receive Form 1098-T from this institution for 2020? X Yes I No	(2)	Did the student receive Form 109 from this institution for 2020?	в-т	Yes No
(3	Did the student receive Form 1098-T from this institution for 2019 with box Yes X No 7 checked?	(3)	Did the student receive Form 1098 from this institution for 2019 with 7 checked?		Yes 🗌 No
(4	Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4)	Enter the institution's employed (EIN) if you're claiming the Americ if you checked "Yes" in (2) or (3) from Form 1098-T or from the inst	an op β). Υοι	portunity credit or
	35-0885591				
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?		s – Stop! to line 31 for this student. \mathbf{X} No	— Go	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Ye			op! Go to line 31 udent.
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	× Go	s – Stop! o to line 31 for this No udent.	— Go	to line 26.
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	Go			mplete lines 27 0 for this student.
				t in the	e same year. If
	American Opportunity Credit				
27 28	Adjusted qualified education expenses (see instructions). Don Subtract \$2,000 from line 27. If zero or less, enter -0			27 28	
∠o 29	Multiply line 28 by 25% (0.25)			20	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a	add \$2 (000 to the amount on line 29 and		<u> </u>
	enter the result. Skip line 31. Include the total of all amounts fi			30	
	Lifetime Learning Credit				
31	Adjusted qualified education expenses (see instructions). Inclu III, line 31, on Part II, line 10			31	8,241.

Your social security number

661-35-7285

Form **8863** (2020)