| E 104(| | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ 20) | 20 | OMB No. 1545 | 5-0074 | IRS Use Only | –Do not w | rite or staple | in this space. |
|--|-----------|--|------------|---------------------|----------|------------------|----------|-----------------|--------------|--------------------------------|-----------------|
| Filing Statu | s 🗙 | Single 🗌 Married filing jointly 🗌 | Marrie | ed filing separate | lv (MFS |) | house | ehold (HOH) | | lifvina wid | low(er) (QW) |
| Check only one box. | lf yc | ou checked the MFS box, enter the n son is a child but not your dependent | ame of y | | | | | | | | |
| Your first name | and m | iddle initial | Last na | me | | | | | Your so | cial securi | ty number |
| RAKESH | | | YADL | APALLI | | | | | 318- | 57-523 | 1 |
| lf joint return, s | pouse's | s first name and middle initial | Last na | me | | | | | Spouse' | s social se | curity number |
| | | er and street). If you have a P.O. box, see UARY COVE DRIVE | instructio | ons. | | | | Apt. no. 301 | | ntial Election nere if you, | on Campaign |
| City, town, or p | oost offi | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | ate | ZIP c | ode | | | ntly, want \$3 |
| TAMPA | | | | | F | L | 33 | 637 | | this fund. ow will not | Checking a |
| Foreign countr | v name | | F | oreign province/st | ate/cour | nt∨ | Forei | gn postal code | 1 | or refund. | • |
| 0 | , , | | | 0 1 | | , | | 0 | | You | Spouse |
| At any time du | uring 20 | 020, did you receive, sell, send, excl | nange, c | or otherwise acqu | ire any | financial intere | est in a | any virtual cu | Irrency? | Yes | X No |
| Standard Deduction | | neone can claim: | | | | a dependent | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 956 🗌 | Are blind | Spouse | e: 🗌 Was bo | rn bef | ore January | 2, 1956 | 🗌 ls bl | lind |
| Dependent | s (see | instructions): | | (2) Social sec | uritv | (3) Relationsh | ain | (4) ✔ if o | ualifies for | r (see instru | uctions): |
| If more | | irst name Last name | | number | | to you | · | Child tax c | · · · · · | | ther dependents |
| than four | | | | | | | | | | | |
| dependents, | | | | | | | | | | | |
| see instruction and check | s — | | | | | | | | | | |
| here 🕨 🗌 | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach F | orm(s) \ | N-2 | | | | | . 1 | | 75,300. |
| Attach | 2a | | 2a 🎽 | | b 1 | Faxable interes | t. | | 2b | | |
| Sch. B if | 3a | Qualified dividends | 3a | | | Ordinary divide | | | 3b | | |
| required. | 4a | IRA distributions | 4a | | | Faxable amoun | | | . 4b | | |
| | 5a | Pensions and annuities | 5a | | b 1 | Faxable amoun | ıt | | . 5b | | |
| Standard | 6a | Social security benefits | 6a | | b 1 | Faxable amoun | ıt | | . 6b | | |
| Deduction for- | 7 | Capital gain or (loss). Attach Sche | dule D if | required. If not r | equired | l, check here | | 🕨 [| 7 | | -4. |
| Single or Married filing | 8 | Other income from Schedule 1, lin | | | | | | | . 8 | | -7,690. |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | ▶ 9 | | 67,606. |
| Married filing | 10 | Adjustments to income: | | | | | | | | | |
| jointly or Qualifying | а | From Schedule 1, line 22 | | | | 10 | a | | | | |
| widow(er), | b | Charitable contributions if you take | | | | | | | | | |
| \$24,800 • Head of | с | Add lines 10a and 10b. These are | | | | | | | ► 10c | , | |
| household, | 11 | Subtract line 10c from line 9. This | , | | | | | | ▶ 11 | | 67,606. |
| \$18,650 If you checked | 12 | Standard deduction or itemized | , | | | | | | . 12 | | 12,400. |
| any box under Standard | 13 | Qualified business income deducti | | | | | | | . 13 | _ | |
| Deduction, | 14 | | | | | | | | . 14 | | 12,400. |
| see instructions. | 15 | Taxable income. Subtract line 14 | | | | | | | | 1 | 55,206. |
| | - | | | | | | | | | | 1010 |

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

Form **1040** (2020)

| Form 1040 (2020 | D) | | | | | | | | | Page 2 |
|--------------------------------------|--------|---|---------------------------|---------------------|-----------------|------------------|-------------|-------------------------|----------|--|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | | 16 | 7,940. |
| | 17 | Amount from Schedule 2, lin | ne3 | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 7,940. |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ne7 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 7,940. |
| | 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 | 7,940. |
| | 25 | Federal income tax withheld | from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 10, | 278. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 10,278. |
| • If you have a | 26 | 2020 estimated tax payment | | | | | | | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | No . | 27 | | | | |
| If you have | 28 | Additional child tax credit. A | ttach Schedule | 8812 | | 28 | | | | |
| nontaxable combat pay, | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | |
| see instructions. | 30 | Recovery rebate credit. See | instructions . | | | 30 | 1, | 800. | | |
| | 31 | Amount from Schedule 3, lin | ne 13 | | | 31 | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tot a | al other paym | ents and refund | dable cre | dits | . 🕨 | 32 | 1,800. |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | . 🕨 | 33 | 12,078. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amo | unt you o | verpaid | | 34 | 4,138. |
| noruna | 35a | Amount of line 34 you want | | | is attached, ch | eck here | | | 35a | 4,138. |
| Direct deposit? | ►b | Routing number 0 7 1 | | | ► c Type: | | ng 🗌 Sa | avings | | |
| See instructions. | ►d | Account number 2 3 3 | 3 8 9 6 | 3 1 | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2021 estimate | ed tax . ト | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | now | | | . 🕨 | 37 | |
| You Owe | | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for | | | | | | | | |
| For details on how to pay, see | | 2020. See Schedule 3, line 12e, and its instructions for details. | | | | | | | | |
| instructions. | 38 | Estimated tax penalty (see in | nstructions) . | | 🕨 | 38 | | | | |
| Third Party | | you want to allow another | • | | | _ | _ | | | _ |
| Designee | | structions | | | | . 🕨 🗋 | Yes. Cor | • | | X No |
| | | signee's me ► | | Phone no. | | | | al identif r (PIN) ▶ | | |
| 0: | | der penalties of perjury, I declare t | hat I have examine | | | bodulos ar | | | | t of my knowlodge and |
| Sign | | lief, they are true, correct, and com | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | If the | IRS ser | nt you an Identity |
| | | 0 | | | | | | | | N, enter it here |
| Joint return? | | | | | SOFTWARE | | EER | · · | inst.) 🕨 | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, I | both must sign. | Date | Spouse's occupa | ation | | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | | | | | inst.) 🕨 | |
| | Ph | Phone no. Email address | | | | | | | | |
| | | eparer's name | Preparer's signat | | | Date | | PTIN | , | Check if: |
| Paid | | SSMANIKUMARAPPANA | RVSSMANIK | | JA | | | 02090 | 1332 | Self-employed |
| Preparer | | m's name GLOBAL TAX | | OLUMATI I AL | ** * | 02/2 | 5, 2021 1 | _ | | 646)727-7157 |
| Use Only | | m's address > 2530 Pebb | | n Cummin | g GA 30041 | | | | 's EIN ▶ | |
| Co to union inc. | | | | | | | | | | Form 1040 (2020) |
| GO IO WWW.IIS.go | UV/FOM | n1040 for instructions and the late | sumonnation. | | BAA | KEV (| 2/15/21 PRO | | | Form 1040 (2020) |

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| 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.

| | Attachment Sequence No. 01 | | | | | |
|-----------------------------|-------------------------------|--|--|--|--|--|
| Your social security number | | | | | | |
| 318-57 | -5231 | | | | | |

RAKESH YADLAPALLI Part I Additional Income

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

| 1 4 | | | |
|--------|--|------------|--------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2 a | |
| 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 | -7,690. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ► | | |
| | | 0 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, | 1 1 | |
| Par | line 8 | 9 | -7,690. |
| | | 10 | |
| 10 | | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | 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 02/15/21 PRO | Schedule | 1 (Form 1040) 2020 |

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

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

Department of the Treasury

RAKESH YADLAPALLI

Your social security number

318-57-5231

| Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? | 🗌 Yes 🛛 🗶 No | |
|---|--------------------|--|
| If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting | your gain or loss. | |

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

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustment to gain or loss Form(s) 8949, F line 2, columr | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---------------|---|---|--|--|-----------------|---|
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 69. | 73. | | | -4. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (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. |

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. | y be easier to complete if you round off cents to (sales price) | | (g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum | 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. | | | | | |
| | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | | | 11 12 | |
| 12 13 | Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions | 12 | | | | |
| 14 | Long-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | 14 | () | | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back . | 0 | ()) 0 | | 15 | |

| Par | Summary | |
|-----|---|-----------------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 -4. |
| | 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 (4.) |
| | 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. | |
| | X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |
| | REV 02/15/21 PRO | Schedule D (Form 1040) 2020 |

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

| Name(s) shown on return | Social security number or taxpayer identification numbe | | | | |
|-------------------------|---|--|--|--|--|
| RAKESH YADLAPALLI | 318-57-5231 | | | | |

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 | Proceeds | (e) Cost or other basis. See the Note below | If you enter an enter a c | f any, to gain or loss. amount in column (g), ode in column (f). arate instructions. | (h) Gain or (loss). Subtract column (e) |
|--|--|--------------------------------|----------|---|-------------------------------------|---|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) |
| Robinhood Securities LLC | 09/15/20 | 09/23/20 | 69. | 73. | | | -4. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in column negative amounts). Enter each tot: Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box | al here and inc is checked), lir | lude on your 1e 2 (if Box B | 69. | 73. | | | -4. |

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

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

c nnlomontol lu 4 1

| SCHEDULE E (Form 1040) | | Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | | | | | | OMB No. 1545-0074 | | | |
|---|---|---|----------|-----------------|-----------------------------------|--|------------|----------|----------|--------------------|-------|-----|------------------------|-----|--------|----|
| | | | | | | | | | | | | | 2020 | | | |
| Departm | ent of the Treasury | ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041. | | | | | | | | | | | Attachment | | | |
| Internal F | Revenue Service (99) | | | | | | | | | | | | Sequence No. 13 | | | |
| () | shown on return | | | | | | | | | al security number | | | | | | |
| RAKE | | | | | | yalties Note: If you are in the business of renting pe | | | | | | | 7-5231 | | | |
| Part | | | | | | - | | • | | | | - · | • | • | y, use | |
| | | | | | an individual, rep | | | | | | | | | | | |
| | you make any | | | | | | () | | | | | | | | | |
| | | s," did you or will you file required Form(s) 1099? | | | | | | | | | | | . 🗆 | Yes | No | |
| <u>1a</u> | | Idress of each property (street, city, state, ZIP code) | | | | | | | | | | | | | | |
| | MIYAPUR H | HYDERABAD IN 500049 | | | | | | | | | | | | | | |
| B C | | | | | | | | | | | | | | | | |
| 1b | | f Property 2 For each rental real estate property listed Fair Rental Personal Use Q.IV | | | | | | | | | | | | | | |
| ID. | Type of Property (from list below) 2 For each rental real estate pu above, report the number of | | | | the number of fa | ir rent | al and | | Days | | Days | | | QJV | | |
| Α | (from list below) 1 1 (from list below) 1 (from list below) 1 (from list below) 1 (from list below) 1 (from list below) 1 (from list below) (from list | | | | lays. Check the | QJV b | ox only | Α | 365 | | 0 | | | | | |
| B | qualified joint venture. See in | | | | | tructio | ns. | B | | | | | | | | |
| | · · · · · · · · · · · · · · · · · | | | | | | | c | | | | | | | | |
| | of Property: | | | | | | | | | | | | | | | |
| 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental | | | | | | | | | | | | | | | | |
| | 2 Multi-Family Residence 4 Commercial | | | | | | | | | her (describe) | | | | | | |
| Incom | | | | | Properties: | | yalties | Α | 0 01 | | B | | | С | | |
| 3 | Rents received | k | | | | 3 | | | 498. | | | | | | | |
| 4 | Royalties recei | | | | | 4 | | | | | | | | | | |
| Expen | | | | | | | | | | | | | | | | |
| 5 | Advertising | | | | | | | | | | | | | | | |
| 6 | Auto and travel (see instructions) | | | | | | | | | | | | | | | |
| 7 | Cleaning and maintenance | | | | | | | 1, | 996. | | | | | | | |
| 8 | Commissions | | | | | | | | | | | | | | | |
| 9 | Insurance | | | | | | | | | | | | | | | |
| 10 | Legal and other professional fees | | | | | | | | | | | | | | | |
| 11 | Management fees | | | | | | | | | | | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | | | | | | | | | | | | | | | |
| 13 | Other interest | | | | | 13 | | | | | | | | | | |
| 14 | Repairs | | | | | 14 | 1 - | | | | | | | | | |
| 15 | Supplies | | | | | 15 16 | | 1, | 287. | | | | | | | |
| 16 | | | | | | | | | | | | | | | | |
| 17 | Utilities | | | | | | | 3, | 265. | | | | | | | |
| 18 | Depreciation expense or depletion | | | | | | | | | | | | | | | |
| 19 20 | Total expenses | | | | | 19 20 | | 0 | 188. | | | | | | | |
| | | | | • | | 20 | | 0 | 100. | | | | | | | |
| 21 | Subtract line 2 | | | · / | 4 (royaities). If but if you must | | | | | | | | | | | |
| | file Form 6198 | | | | | 21 | | -7 | 690. | | | | | | | |
| 22 | | | | | | | | , | | | | | | | | |
| <u>من</u> | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | | | | | | (| -7, | 690. |)(| |) | (| | |) |
| 23a | Total of all amounts reported on line 3 for all rental prop | | | | | | | | | | 98. | | | | | |
| b | Total of all amo | | | | | | | 23 | | - | | | | | | |
| C | | I of all amounts reported on line 12 for all properties | | | | | | | | | | | | | | |
| d | | I of all amounts reported on line 18 for all properties | | | | | | | | _ | | | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | | | | | 236 | | 8,1 | 88. | | | | |
| 24 | Income. Add positive amounts shown on line 21. Do n | | | | | | | | | | | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | | | | | | s from lir | ne 22. E | Enter to | otal losses he | re. | 25 | (| 7 | ,690. |) |
| 26 | Total rental re | eal esta | ate ar | nd royalty inco | ome or (loss). | Comb | ine lines | s 24 ar | nd 25. | Enter the re | esult | | | | | _ |
| | here. If Parts | II, III, I ^v | V, and | d line 40 on p | bage 2 do not | apply | to you | , also | enter | this amount | t on | | | | | |
| | Schedule 1 (Fo | orm 104 | 10), lin | e 5. Otherwise | e, include this a | mount | in the t | otal or | n line 4 | 1 on page 2 | 2 . | 26 | | - 7 | 7,690 | 1. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020