#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

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

Submission Identification Number (SID)

Taxpay	er's name	Social security number						
SAN	IATH KUMAR VOMA	876-24-5970						
Spouse	s's name	Spouse's social security number						
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	er year you a	re aut	horizing.)				
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	93,102.				
2	Total tax		2	13,539.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	16,900.				
4	Amount you want refunded to you		4	3,656.				
5	Amount you owe		5					
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN
				ERO firm name	

4	5	9	7	0	00 mV
Ent don	as my				

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

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

Your signature

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

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

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

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

Spouse's signature ►	Date ►			
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication – Practit	ioner PIN Method Only			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 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	e ►				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
For Department Reduction Act Nation and your t	PEV 02/15	Eorm <b>8870</b> (Pov. 01 2021)				

Filing Status       X       Single       Married filing participation       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying on box.       Pour secial security number         SANATH KUMAR       VOMA       87.6-2.4-5.970         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your souse if list path, want 33 to go to this fund. Checking a SAN DIEGO         City, town, or pool office. If you have a foreign address, also complete spaces below.       State       ZIP code       your as opponentiation of the stand. Checking a to go to this fund. Checking a to go to the stand a discensity or to go the stand a discensity.         Evelow       Someone can claim:       You spouse as a dependent       You spouse as a dependent         Dependents, see instructions:       (1) First name       Last name       Is dualisted intrame to go thi	<b>104</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> urn 202	20	OMB No. 1545	5-0074	IRS Use	e Only	—Do not w	rite or staple	in this space.
SANATH KUMAR       VOMA       876-24-5970         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         10997 CAMINITO ALVAREZ       Apt. no.       Presidential Election Campaign Check there if you, ry our spouse if filing jointly, want S3         City, tow, or post office. If you have a forsign address, also complete spaces below.       State       2/P code         SAN DIECO       CA       9212.6         Foreign country name       Foreign province/state/country       Foreign postal code         You       Spouse       Sone one can claim:       You as dependent         Standard       Someone can claim:       You as dependent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Immore       Immore         If more time forme intend check       (i) First ame       Last name       Immore       You       Spouse         If and check	Check only	lf yc	ou checked the MFS box, enter the n	ame of y						,		, ,	. , . ,
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.       Presidential Election Campaign         10997       CAMINITO ALVAREZ       Check here if you, or your       Concerns of the election Campaign         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       CA       92126       Dock word will not change a box below will not change a box box	Your first name	e and m	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         10997 CAMINITO ALVAREZ       Check here if you, or your spouse if filing jointly, want S3       San DIEGO       CA       9212.6       box below will not change         Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Vou       Spouse it filing jointly, want S3       Sonoene can claim:       You as dependent       You so a dependent       You so a dependent       You so a dependent       You so as dependent <t< td=""><td>SANATH</td><td>KUMA</td><td>R</td><td>VOMA</td><td></td><td></td><td></td><td></td><td></td><td></td><td>876-2</td><td>24-597</td><td>0</td></t<>	SANATH	KUMA	R	VOMA							876-2	24-597	0
10997 CAMINITO ALVAREZ       Check here if you, or you       Chechere if you, or you       Chechere if	lf joint return, s	spouse's	s first name and middle initial	Last nai	me						Spouse'	s social se	curity number
SAN       DEGO       CA       92126       to go to this fund, Checking a box below.         SAN       DEGO       CA       92126       to go to this fund, Checking a box below into change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse 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         Dependents       See instructions):       (Pleationship       (P) fundifies for (see instructions):       (Pleationship         If more       (I) First name       Last name       Image: see instructions       Image: see instructions       Image: see instructions         If equired.       1       Wages, salaries, tips, etc. Attach Form(s)W-2       Image: see instructions       1       101,823.         Attach       2a       3a       3.       b       Taxable amount       4b         Standard       1       Wages, salaries, tips, etc. Attach Form(s)W-2       See instructions       5b         If equired.       3a       3.       b       Taxable amount       4b				instructio	ons.			A	Apt. no.		Check h	nere if you,	, or your
SAN DIEGO       CA       92126       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       You postal code       Yes       No         Standard       Someone can claim:       You as a dependent       You resource as a dependent       Yes       No         Age/Blindness       You:       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V <sup>+</sup> if qualifies for (see instructions):         if more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V <sup>+</sup> if qualifies for (see instructions):         and check	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode				
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         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         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       (a) Point and the spouse of the	SAN DIE	GO				C	A	921	26				•
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       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         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       (1) First name       Credit for other dependents         if more than four dependents, see instructions:       (1) First name       Last name       (1) First name       Credit for other dependents         ade check       Image: Alastic	Foreign countr	y name		F	oreign province/sta	ate/cour	nty	Foreig	n postal c	code	your tax	or refund	
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) If qualifies for (see instructions):         If more than four       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       101, 823.         Attach       2a       3a       3a       3.       b Taxable interest       2b         Standard       Qualified dividends       3a       3.       b Taxable amount       4b       5b         Standard       Ga       Social security benefits       Ga       b Taxable amount       6b         Deduction for- single or Married filing separately, siz, 400       Note income from Schedule 1 line 9       b Taxable amount       6b         Standard       Ga       Other												You	Spouse
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       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions	At any time du	uring 20	020, did you receive, sell, send, excl	nange, o	r otherwise acqu	iire any	financial intere	est in a	ıny virtua	al cu	rrency?	Yes	X No
Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name		_		•	·		•						
If more than four dependents, see instructions and check here b       Image: the standard dependents is sour dependents, see instructions and check here b       Image: the standard dependents is sour dependents is sour dependents is sour dependents, see instructions and check here b       Image: the standard dependents is sour dependents is the standard deduction see instructions and check here b       Image: the standard defendence is source in the standard deduction see instructions is sour adjusted gross income       Image: the standard deduction is sour dependents is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deduction is sour adjusted gross income       Image: the standard deductis in its sour adjusted gross income       Image: the sta	Age/Blindnes	s You	: Were born before January 2, 1	956 🗌	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore Janu	ary 2	2, 1956	🗌 ls b	lind
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dependents, see instructions and check here       Image: selection of the selectiche selectiche selection of the selection of the select	If more	<b>(1)</b> F	irst name Last name		number		to you		Child t	tax c	redit	Credit for ot	her dependents.
see instructions       Image: Constructions and check       Image: Constructions and constructions and check       Image: Constructions and constructions and check       Image: Constructions and constructions and constructions and check       Image: Constructions and constructions anot any constructions anot an and constructions and constructions a													
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Attach       2a       1       1       101,823.         Attach       2a       Tax-exempt interest       1       101,823.         Sch. B if       3a       Qualified dividends       3a       3.       b       Tax-exempt interest       2b         Attach       3a       Qualified dividends       3a       3.       b       Tax-exempt interest       2b         Standard       4a       IRA distributions       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard Deduction for       6a       Social security benefits       6a       b       Taxable amount       5b         Standard Deduction for       6a       Social security benefits       6a       b       Taxable amount       5b         Standard Big       9       Attach Schedule 1, line 9       b       Taxable amount       5b       5b         Standard Big       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       5c       7       1, 666.         8       -10,390.       9       9, 102.       9       9, 102.       9       9, 102. <td></td>													
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       a       Qualified dividends       .       .       3a       3.       b       Ordinary dividends       .       .       3b       3.         required.       4a       .       .       4a       .       b       Ordinary dividends       .       .       .       3b       3.       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .	here 🕨 🔄												
Sch. B if required.       2a       2a       2a       2a       2a         Sch. B if required.       3a       Qualified dividends       3a       3.       b       Ordinary dividends       3b       3.         4a       IRA distributions       4a       b       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7       1,666.         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1,666.       8       -10,390.         9       93,102.       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       93,102.         9       Naried fling jointly or Qualifying widow(er), \$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c         9       93,102.       10       Add lines 10a and 10b. These are your adjusted gross income       11       93,102.         14       Subtract line 10c from line 9. This is your adjusted gross income       12       12,400.       12<		1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2						. 1	1	01,823.
required.       3a       Gualified dividends       3a       3.       b Ordinary dividends       3b       3.         4a       IRA distributions       4a       b Taxable amount       4b       4b         5a       Pensions and annuities       5a       b Taxable amount       4b       4b         5a       Pensions and annuities       5a       b Taxable amount       5b       5b         6a       Social security benefits       6a       b Taxable amount       6b       7       1,666.         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1,666.       8       -10,390.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       93,102.       9         10       Adjustments to income:       10a       10b       10c       10c         10       Add lines 10a and 10b. These are your total adjustments to income       11       93,102.       11       93,102.         14       Subtract line 10c from line 9. This is your adjusted gross income       12       12,400.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.       14       12,400.		2a	Tax-exempt interest	2a		b 1	Taxable interes	t.			. 2b		
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for - Single or Married filing separately, S12,400       6a       Social security benefits       6a       b       Taxable amount       7       1,666.         8       Other income from Schedule 1, line 9       5       8       -10,390.       9       93,102.         • Married filing jointly or Qualifying widow(er), S24,800       • Married filing jointly or Charitable contributions if you take the standard deduction. See instructions       10a       10a       10b       10c         • Head of household, S18,660       11       Subtract line 10c from line 9. This is your adjusted gross income       10b       11       93,102.         • If you checked ary box under Standard deduction or itemized deductions. If you checked any box under Standard       12       12,400.       12       12,400.         • Standard Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         • Add lines 12 and 13       • Har or line 11. If zero or less, enter -0-       15       80,702.       15		3a	Qualified dividends	3a	3.	b(	Ordinary divide	nds .			. 3b		3.
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       1,666.         8       Other income from Schedule 1, line 9       •       •       •       8       -10,390.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       •       •       9       93,102.         •       0       Adjustments to income:       10a       10a       10b       10c         •       •       0       Add lines 10a and 10b. These are your total adjustments to income       •       •       10c         •       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       93,102.         •       12       12,400.       13       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.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       •       15       80,702.<		) 4a	IRA distributions	4a		b 1	Faxable amoun	ıt			. 4b		
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1,666.         • Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -10,390.         • Married filing jointly or Qualifying widow(er), \$24,800       9       93,102.       9       93,102.         • Married filing jointly or Qualifying widow(er), \$24,800       •       10a       10a       10b         • Charitable contributions if you take the standard deduction. See instructions thousehold, \$18,650       •       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       93,102.         • If you checked any box under Standard Deduction, see instructions.       12       12,400.       12       12,400.         • Add lines 12 and 13       •       •       •       13       14       12,400.         • Add lines 12 and 13       •       •       •       13       80,702.		5a	Pensions and annuities	5a		b 1	<b>b</b> Taxable amount				. 5b		
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In Subtract line 10c from line 11. If zero or less, enter -0-</li> <li>In Subtract line 10c from line 11. If zero or less, enter -0-</li> <li>In Subtract line 10c from line 11. If zero or less, enter -0-</li> <li>In Subtract line 10c from line 11. If zero or less, enter -0-</li> </ul>		6a	Social security benefits	6a		b 1	Faxable amoun	ıt			. 6b		
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       10,390         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       93,102         Married filing jointy 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       10a       10c         •       10c       10c       11       93,102.       11       93,102.         •       10c       10b       11       93,102.       11       93,102.         •       10a       10b       10c       11       93,102.         •       10c       11       93,102.       11       93,102.         •       10c       11       93,102.       11       93,102.         •       10c       11       93,102.       12       12,400.         •       12       12,400.       13       14       12,400.       13         •       14       12,400.       13       14       12,400.       15       80,702.       15       80,702.		7	Capital gain or (loss). Attach Schee	dule D if	required. If not r	equirec	l, check here				7		1,666.
\$12,400       9       Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income       9       93,102.         • 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       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9							. 8		
jointly or 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, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       •       •         11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       93,102.         If you checked any box under Standard Deduction, see instructions.       12       12,400.       12       12,400.         14       Add lines 12 and 13       •       •       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       80,702.		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total</b> i	income	•				▶ 9		93,102.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22	to to the second	10	Adjustments to income:										
\$24,800       ID       Chantable contributions if you take the standard deduction. See instructions       ID         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       ID       11       93,102.         • If you checked any box under Standard deduction, see instructions, see instruction, see instruction, see instructions.       ID       11       93,102.         • If you checked any box under Standard deduction, see instructions.       12       12,400.       12       12,400.         • If you checked any box under Standard deduction.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       II       13         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •	Qualifying	а	From Schedule 1, line 22				10	a					
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>If you checked any box under Standard Deductions.</li> <li>If you checked any box under Standard Deduction.</li> <li>If you checked any box under Standard Deduction.<td></td><td>b</td><td>Charitable contributions if you take</td><td>the stan</td><td>dard deduction.</td><td>See inst</td><td>tructions 10</td><td>b</td><td></td><td></td><td></td><td></td><td></td></li></ul>		b	Charitable contributions if you take	the stan	dard deduction.	See inst	tructions 10	b					
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       93,102.         • If you checked any box under Standard       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.         14       12,400.       14       12,400.       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       80,702.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments t	to inco	me				► <u>10</u> c	;	
<ul> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Add lines 12 and 13</li> <li>Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia 12 12,400.</li> <li>Ib 14 12,400.</li> <li>Ib 15 80,702.</li> </ul>		11	Subtract line 10c from line 9. This	is your <b>a</b>	adjusted gross i	ncome					▶ 11		93,102.
Standard Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       80,702.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deducti	ons (from Sched	lule A)					. 12		12,400.
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduction	ion. Atta	ch Form 8995 or	Form 8	3995-A				. 13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14											
		<sup>′</sup> 15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0				. 15		

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

Form **1040** (2020)

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3	]		16	13,539.
	17	Amount from Schedule 2, lir	ne3					-	17	0.
	18	Add lines 16 and 17							18	13,539.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	13,539.
	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 <b>total tax</b>					🕨	24	13,539.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25	a 16	5,900		
	b	Form(s) 1099				25	b			
	С	Other forms (see instruction	s)			25	C			
	d	Add lines 25a through 25c							25d	16,900.
• 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)			<sup>No</sup> .	27	,			
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28	<b>;</b>			
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29	)			
see instructions.	30	Recovery rebate credit. See	instructions .			30	)	295		
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refun	dable o	credits .	🕨	32	295.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				🕨	33	17,195.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amo	ount yo	u <b>overpaid</b>		34	3,656.
Horana	35a	Amount of line 34 you want			is attached, cl	heck he	re	. 🕨 🗌	<b>35</b> a	3,656.
Direct deposit?	►b	Routing number 3 2 2			► c Type:	X Che	cking	Saving	s	
See instructions.	►d	Account number 9 0 3	0 9 1 2	0 0						
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax . 🏾 🕨	► 36	;			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	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							r	
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) .		🕨	38	;			
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS	S? See	_			_
Designee	ins	structions				. 🕨	Yes. C	omplete	e below.	× No
		signee's me ►		Phone no.				sonal ide ber (PIN	ntification	
0.			hat I have averaine			abadula				
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation	n		lf	he IRS se	nt you an Identity
				Dato						PIN, enter it here
Joint return?					ENGINEER			(se	ee inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occup	oation				nt your spouse an
your records.	,								ee inst.) 🕨	ection PIN, enter it here
	Ph	one no.		Email address				(-		
		eparer's name	Preparer's signat			Dat	e	PTIN		Check if:
Paid		SSMANIKUMARAPPANA	RVSSMANIK		JZ		/23/2021		90332	Self-employed
Preparer				UNALAFEAL	лт	102	/ 20/ 2021	-		(646)727-7157
Use Only		m's name ► GLOBAL TA m's address ► 2530 Pebb		n Cummin	T CA 3004	1				
					-				m's EIN Ⅰ	
GO TO WWW.Irs.go	ov/rorn	n1040 for instructions and the late	si information.		BAA	RE	EV 02/15/21 PR	υ		Form <b>1040</b> (2020)

BAA

SCHEDULE	1
(Form 1040)	

# **Additional Income and Adjustments to Income**

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

OMB No. 1545-0074
2020
Attachment Sequence No. <b>01</b>

Department of the Treasury ► Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Name(s)

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SANATH KUMAR VOMA	876-24-5970

## 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	-11,890.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Form 8889 Health Savings Accounts 1,500.	8	1,500.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Dor	line 8	9	-10,390.
_	t II Adjustments to Income		
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	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	22 Schedu	ile 1 (Form 1040) 2020

SCHEDULE	2
(Form 1040)	

Department of the Treasury

## **Additional Taxes**

OMB No. 1545-0074 2020

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

Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 1040, 1040-SR, or 1040-NR.</li> <li>Go to www.irs.gov/Form1040 for instructions and the latest information.</li> </ul>		Attachment Sequence No. <b>02</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security number
SANATH KUMAR V	OMA	876	5-24-5970
Part I Tax			

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \Box 4137$ $\mathbf{b} \Box 8919$ .	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	0.
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: <b>a</b> 🗌 Form 8959 <b>b</b> 🗌 Form 8960		
	c 🗌 Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your <b>total other taxes.</b> Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	0.
For Pa	aperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/15/21 PRO	Schedu	ule 2 (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

SANATH KUMAR VOMA

Your social security number

876-24-5970

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.	<b>(d)</b> Proceeds	<b>(e)</b> 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 <b>Box A</b> checked	39,623.	38,818.	8	52.	1,657.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	9.	0.			9.
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	usts from	5			
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> 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	1,666.

#### Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
<b>11</b> 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					11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12 13	
<b>13</b> Capital gain distributions. See the instructions						
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions					14	( )
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	,,
16	Combine lines 7 and 15 and enter the result	<b>16</b> 1,666.
	• If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	<ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>	
	□ 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:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	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?	
	X 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 02/15/21 PRO

Schedule D (Form 1040) 2020

Form <b>8949</b>	
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## **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Attachment

20

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.

 1b, 2, 3, 8b, 9, and 10 of Schedule D.
 Sequence No. 12A

 Social security number or taxpayer identification number

Name(3) shown on retain	Social security number of t
SANATH KUMAR VOMA	876-24-5970

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		<b>(h)</b> <b>Gain or (loss).</b> Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	Various	11/18/20	39,623.	38,818.	W	852.	1,657.	
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), <b>lir</b>	lude on your 1e 2 (if Box B	39,623.	38,818.		852.	1,657.	

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

Form <b>8949</b>	
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## **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

20

20

Attachment

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.

2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
SANATH KUMAR VOMA	876-24-5970

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

<b>1</b> (a) Description of property		(c) Date sold or	(d) (c) Cost or other basis. Proceeds (sales price) (see instructions) (see instructions	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)			
Robinhood Securities LLC	11/09/20	11/23/20	9.	0.			9.		
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), <b>lir</b>	lude on your 1e 2 (if Box B	9.	0.			9.		

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	E
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

#### **Supplemental Income and Loss**

OMB No. 1545-0074

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest information.

MICs, etc.) 2020 Attachment Sequence No. 13

Name(s)	shown on return						Your soci	al securit	y number	
SANA	TH KUMAR VOMA						876-2	4-597	0	
Part	Income or Loss From Rental Real Estate and Ro Schedule C. See instructions. If you are an individual, rep	-		•			• •	•		е
	you make any payments in 2020 that would require you to									
	Yes," did you or will you file required Form(s) 1099?		. ,							10
1a	Physical address of each property (street, city, state, ZII							· 🗆 '		10
A	WARANGAL HYDERABAD TELANGANA IN 50616		-)							
B	WARANGAL HIDERADAD IELANGANA IN 50010	<u> </u>								
C										
1b	Type of Property (from list below) 2 For each rental real estate pro above, report the number of fa	air rent	al and			Rental Days	Persona Day		QJV	
Α	personal use days. Check the	QJV b	ox only	Α		360	-	0		
B	1 if you meet the requirements t qualified joint venture. See ins	tructio	ns.	B				<u> </u>		
С	+		-	C						
	of Property:			-						
	gle Family Residence 3 Vacation/Short-Term Rental	5 La	nd	7	7 Self-	Rental				
-	ti-Family Residence 4 Commercial	6 Ro	valties	Ę	3 Othe	r (describe)				
Incom				A		B			С	
3	Rents received	3			320.				-	
4	Royalties received	4								
Expen										
5	Advertising	5								
6	Auto and travel (see instructions)	6		r	750.					
7	Cleaning and maintenance	7			540.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11								
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs.	14		3.5	560.					
15	Supplies	15			950.					
16	Taxes	16								
17	Utilities	17		2.4	410.					
18	Depreciation expense or depletion	18								
19	Other (list) ►	19								
20	Total expenses. Add lines 5 through 19	20		12,2	210.					
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		-11,8	390.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	-11,8	90.)	(	)	(		)
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		320.			
b	Total of all amounts reported on line 4 for all royalty prop	perties			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	12	,210.			
24	Income. Add positive amounts shown on line 21. Do no	ot inclu	ide any	losses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from lir	ne 22. Er	nter tota	al losses here	. 25	(	11,890	).
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	s 24 and	d 25. E	inter the resu	lt			
	here. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	in the t	otal on	line 41	on page 2	. 26		-11,89	ЭО.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Form (Rev. February 2021) Department of the Treasury Internal Revenue Service (99)

Name of individual subject to additional tax. If married filing jointly, see instructions.

## **Additional Taxes on Qualified Plans** (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form5329 for instructions and the latest information.

	OMB No. 1545-0074
	2020
	Attachment Sequence No. <b>29</b>
Yo	ur social security number

SANATH KUMAR VOMA		876-24-5970		
	Home address (number and street), or P.O. box	if mail is not delivered to your home		Apt. no.
Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return	City, town or post office, state, and ZIP code. If spaces below. See instructions.	If this is an amended return, check here ►		
,	Foreign country name	Foreign province/state/county	Foreign pos	tal code
	10% tax on the full amount of the ear without filing Form 5329. See instructio		report this	tax directly on
Part I Additional Tax o	n Early Distributions. Complete this	s part if you took a taxable distributior	ו before yo	u reached age
•	ed retirement plan (including an IRA) or le 2 (Form 1040)—see above). You may	l l	, i	

	an exception to the additional tax on early distributions or for certain Roth IRA distributions. See ins	struct	ions.
1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions.	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions).		
	Enter the appropriate exception number from the instructions:	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 6	4	
	<b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.		

Part	Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts	nts.	Complete	this part
	if you included an amount in income, on Schedule 1 (Form 1040), line 8, from a Coverdell edu	catio	n savings	account
	(ESA), a qualified tuition program (QTP), or an ABLE account.			
-		-		

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 6	8	
_			

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2020 than is allowable or you had an amount on line 17 of your 2019 Form 5329.

9	Enter your excess contributions from line 16 of your 2019 Form 5329. See instruction	ne 15	9				
10	If your traditional IRA contributions for 2020 are less than your maximum						
	allowable contribution, see instructions. Otherwise, enter -0	10					
11	2020 traditional IRA distributions included in income (see instructions)	11					
12	2020 distributions of prior year excess contributions (see instructions)	12					
13	Add lines 10, 11, and 12	13					
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0						
15	Excess contributions for 2020 (see instructions)						
16	Total excess contributions. Add lines 14 and 15						
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditio	nal IF	As on	Dece	mber		
	31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule	e 2 (Fo	orm 10	040), liı	ne 6	17	

Part	Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contribution	ited n	nore to your Roth
	IRAs for 2020 than is allowable or you had an amount on line 25 of your 2019 Form 5329.		
18	Enter your excess contributions from line 24 of your 2019 Form 5329. See instructions. If zero, go to line 23	18	

10		10	
19	If your Roth IRA contributions for 2020 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0		
20	2020 distributions from your Roth IRAs (see instructions)		
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0	22	
23	Excess contributions for 2020 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31,		
	2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6	25	
For Pr		Form <b>5329</b> (2020)	

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

Form 5	329 (202)	)						Page <b>2</b>
Part				tributions to Coverdell ESAs. C han is allowable or you had an amoun				
26	Enter	he excess contributions from I	ine 32 c	of your 2019 Form 5329. See instruction	s. If zero, g	o to line 31	26	
27		,		ESAs for 2020 were less than the uctions. Otherwise, enter -0	27			
28	2020	distributions from your Cover	dell ESA	As (see instructions)	28			
29	Add I	nes 27 and 28					29	
30	Prior	ear excess contributions. Su	otract li	ine 29 from line 26. If zero or less, ente	er-0		30	
31	Exces	s contributions for 2020 (see	instruct	tions)			31	
32	Total	excess contributions. Add line	es 30 ar	nd 31			32	
33	Dece	nber 31, 2020 (including 202	) contri	maller of line 32 or the value of you ibutions made in 2021). Include this a	mount on	Schedule 2		
	(Form	1040), line 6					33	
Part				ributions to Archer MSAs. Comple				-
				han is allowable or you had an amount				ı 5329.
34	Enter	he excess contributions from	ine 40 o	of your 2019 Form 5329. See instructior	is. If zero, g	go to line 39	34	
35		,		for 2020 are less than the maximum therwise, enter -0	35			
36	2020	distributions from your Archer	MSAs	from Form 8853, line 8	36			
37	Add I	nes 35 and 36 .....					37	
38	Prior	ear excess contributions. Su	otract li	ine 37 from line 34. If zero or less, ente	er-0		38	
39	Exces	s contributions for 2020 (see	instruct	tions)			39	
40	Total	excess contributions. Add line	es 38 ar	nd 39			40	
41	Addit	onal tax. Enter 6% (0.06) of	of the	smaller of line 40 or the value of y	our Archei	r MSAs on		
	Dece	nber 31, 2020 (including 202)	) contr	ibutions made in 2021). Include this a	mount on	Schedule 2		
							41	
Part 42		omeone on your behalf, or mount on line 49 of your 201	your er 9 Form	ntributions to Health Savings Ac mployer contributed more to your HS 5329. 3 of your 2019 Form 5329. If zero, go to	SAs for 202	20 than is a		
43				2020 are less than the maximum			72	0.
40				therwise, enter -0	43			
44				orm 8889, line 16	44		-	
45		•					45	
46				ine 45 from line 42. If zero or less, ente			46	
47				tions)			47	1,500.
48				nd 47			48	1,500.
49				aller of line 48 or the value of your H				
10				2021). Include this amount on Schedule			49	0.
Part V				ributions to an ABLE Account. C			ntributi	
		ccount for 2020 were more t						···· , ···
50	Exces	s contributions for 2020 (see	instruct	tions)			50	
51	Addit	onal tax. Enter 6% (0.06) c	f the s	smaller of line 50 or the value of yo	our ABLE a	account on		
				on Schedule 2 (Form 1040), line 6 .			51	
Part	IX	Additional Tax on Excess	Accu	mulation in Qualified Retirement	Plans (In	cluding IF	As). C	complete this part
		you did not receive the minir	num re	equired distribution from your qualified	retirement	plan.		
52	Minin	um required distribution for 2	020 (se	e instructions)			52	
53	Amou	nt actually distributed to you	n 2020				53	
54				s, enter -0			54	
55	Addit			I. Include this amount on Schedule 2 (F			55	
Are F	iling Tl	Ily if You     Under penalties of pe belief, it is true, correct       is Form     Not With	jury, I de , and con	clare that I have examined this form, including accomplete. Declaration of preparer (other than taxpayer) i	ompanying atta s based on all	achments, and t information of wh	o the bes nich prepa	t of my knowledge and arer has any knowledge.
	Tax Re					Date		
				Preparer's signature	Date			PTIN
Paid Prep		Print/Type preparer's name			Duie		if iployed	
	Only	Firm's name				Firm's EIN ►		
	,	Firm's address <b>&gt;</b>				Phone no.		

888 Form Department of the Treasury

# Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service	Go to www.irs.gov/Form8889 for instructions and the second sec	۱e
		_

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
SANATH KUMAR VOMA	have HSAs, see instructions ► 876-24-5970

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part				
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spous	е
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	Se	f-only	Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from			
۷	January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		
5	Subtract line 4 from line 3. If zero or less, enter -0	5		
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		0.
9	Employer contributions made to your HSAs for 202091,500.			
10	Qualified HSA funding distributions         10			
11	Add lines 9 and 10	11		1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		0.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part		rate l	-ISAs	complete
	a separate Part II for each spouse.		10/10, 1	
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
с	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			

For Paperwork Reduction Act Notice, see your tax return instructions.							REV 02/15/21	PR
		1040), Part II, line 8; check box c	and enter "HD	HP" and the	amount on the	line next	t to the bo	х
		Additional taxi manipiy into 20 b	<i>y</i> 10/0 (0.10).			total on	Concario	-

21

REV 02/15/21 PRO

5	<b>3582</b>	Passive Activity Loss Limitati	ons		OMB No. 1545-1008
Form			2020		
Departm		Attachment			
	Revenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the lat	est information.		Sequence No. 858
• •	) shown on return			Identifying	
	TH KUMAR V			876-24	4-5970
Part		ssive Activity Loss			
		Complete Worksheets 1, 2, and 3 before completing Part I.		_	
		Activities With Active Participation (For the definition of act	ive participation,	see	
-		or Rental Real Estate Activities in the instructions.)			
-		net income (enter the amount from Worksheet 1, column (a))		0.	
b		net loss (enter the amount from Worksheet 1, column (b)) .	<b>1b</b> ( 11,89	<u>, , , , , , , , , , , , , , , , , , , </u>	
C	-	allowed losses (enter the amount from Worksheet 1, column (c))	1c (	)	11.000
<u>d</u>		1a, 1b, and 1c		. 1d	-11,890.
-		zation Deductions From Rental Real Estate Activities			
2a		evitalization deductions from Worksheet 2, column (a)	2a (	)	
b	•	llowed commercial revitalization deductions from Worksheet 2,			
	column (b) .		2b (	)	
	Add lines 2a a			. 2c	()
	her Passive Ac				
-		net income (enter the amount from Worksheet 3, column (a))	3a		
b		net loss (enter the amount from Worksheet 3, column (b)) .	3b (	)	
C	-	allowed losses (enter the amount from Worksheet 3, column (c))	<b>3c</b> (	)	
d		3a, 3b, and 3c	· · · · · ·	. 3d	
4		1d, 2c, and 3d. If this line is zero or more, stop here and includ			
		es are allowed, including any prior year unallowed losses entered	on line 1c, 2b, or		11 000
		ses on the forms and schedules normally used		. 4	-11,890.
	If line 4 is a los		nt II anadara ta Davit		
		Line 2c is a loss (and line 1d is zero or more), skip Pal	-		a ta lina 15
Couti	and If your filing	Line 3d is a loss (and lines 1d and 2c are zero or more status is married filing constrately and you lived with your analysis)		•	
		status is married filing separately and you lived with your spouse ad, go to line 15.	e at any time durin	ig the yea	
Part		Allowance for Rental Real Estate Activities With Active	Particination		
T art		ter all numbers in Part II as positive amounts. See instructions for			
5		ller of the loss on line 1d or the loss on line 4	an example.	. 5	11,890.
6		D. If married filing separately, see instructions	<b>6</b>   150,00	-	11,090.
7		adjusted gross income, but not less than zero. See instructions	7 104,99		
'		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on	1 104,95		
		vise, go to line 8.			
8	Subtract line 7	-	8 45,00		
9		by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing sepa			22,504.
10		ller of line 5 or line 9			
10		oss, go to Part III. Otherwise, go to line 15.		. 10	11,090.
Part		Allowance for Commercial Revitalization Deductions Fr	om Rental Real	Estate /	Activities
i arc		ter all numbers in Part III as positive amounts. See the example for			
11		reduced by the amount, if any, on line 10. If married filing separate			
12					
13		2 by the amount on line 10			
14		<b>llest</b> of line 2c (treated as a positive amount), line 11, or line 13			
Part		osses Allowed			
15		ie, if any, on lines 1a and 3a and enter the total		. 15	0.
16		llowed from all passive activities for 2020. Add lines 10, 14, and			
		v to report the losses on your tax return			11,890.
For Pa		ion Act Notice, see instructions. BAA	REV 02/15/21 PRO		Form <b>8582</b> (2020)
-		- BAA			. ,

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

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss	
WARANGAL	0.	11,890.			11,890.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	11,890.				

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

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

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a)   oss	<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
WARANGAL	E Ln 22	11,890.	1.00000000	11,890.	0.
Total		11,890.	1.00	11,890.	0.

## Worksheet 5-Allocation of Unallowed Losses (see instructions)

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

175	DO NOT MA	IL THIS FO	RM TO THE FTB
TAXABLE YEAR			FORM
2020	California e-file Signature Authorization for Indivi	duals	8879
Your name		Your SSN or ITI	N
SANATH KUM	AR VOMA	876-24-59	
Spouse's/RDP's nam	e	Spouse's/RDP's	SSN or ITIN
	rn Information (whole dollars only)		02 102
<ol> <li>California Adjus</li> <li>Amount You Ov</li> </ol>	ted Gross Income (AGI). See instructions	1	93,102.
3 Refund or No A	ted Gross Income (AGI). See instructions /e. See instructions		1,579.
	r Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)		
tax identification nu income tax return. and on form FTB 84 agrees with the dire agent to authorize a return to the Franch <b>provider, and/or tra</b> does not receive ful read and consent to	urn originator (ERO), transmitter, or intermediate service provider (including my name, address, and soc mber) and the amounts shown in Part I above agree with the information and amounts shown on the co f applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax IS5, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that d to deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointme in electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service tise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclos ansmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due I and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and p the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have	rresponding line payments as sho irect deposit refi ent of the other provider to trans <b>se to my ERO, ir</b> return, I unders penalties. I acknow ve selected a per	es of my electronic own on my return und amount on line 3 spouse/RDP as an smit my complete <b>ntermediate service</b> stand that if the FTB owledge that I have
Taxpayer's PIN: ch			5 9 7 0
A l'autnorize <u>G</u>	LOBAL TAXES LLC to ente	-	not enter all zeros
as my signatu	re on my 2020 e-filed California individual income tax return.		
	PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you using the Practitioner PIN method. The ERO must complete Part III below.	ou are entering y	our own PIN and your
Your signature	Date		
Spouse's/RDP's PI	N: check one box only		
I authorize	to ente	er my PIN	
	ERO firm name re on my 2020 e-filed California individual income tax return.		not enter all zeros
	y PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>o</b> n is filed using the Practitioner PIN method. The ERO must complete Part III below.	<b>nly</b> if you are e	ntering your own PIN
Spouse's/RDP's sig	nature 🕨 Date 🕨		
	Practitioner PIN Method Returns Only continue below		
Part III Certific	ation and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Er	nter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 Do not enter all a	6 1 9 Zeros	8 9
	ove numeric entry is my PIN, which is my signature for the 2020 California individual income tax return ubmitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub.		
ERO's signature	Date )02/23/2	2021	

# 2020 California Resident Income Tax Return

		APE	ATTACH FEDERAL RETURN
		24–5970 VOMA THKUMAR VOMA	20
		7 CAMINITO ALVAREZ DIEGO CA 92126	
05	-05	5-1993	
	۲	Enter your county at time of filing (see instructions)	
Principal Residence		If your address above is the same as your principal/physical reside If not, enter below your principal/physical residence address at the	
ncipal F	۲	Street address (number and street) (If foreign address, see instructions.)	Apt. no/ste. no.
Pri	۲	City	State ZIP code
		If your California filing status is different from your federal filing	status, check the box here
atus	1	×     Single     4     Head of h	ousehold (with qualifying person). See instructions.
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying	widow(er). Enter year spouse/RDP died.
Ξ		See instru	ictions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN c	r ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent,	check the box here. See inst • 6
		or line 7, line 8, line 9, and line 10: Multiply the number you enter in the Bergeral. If you checked here 1, 2, or 4 shows, enter 1 in the here	Whole dollars only
Exemptions	8	<b>Personal:</b> If you checked box 1, 3, or 4 above, enter 1 in the box. box 2 or 5, enter 2 in the box. If you checked the box on line 6, se <b>Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	e instructions. ( $\odot$ 7 1 X \$124 = $\odot$ \$ 124
Exe	9		
		REV 02/16/21 PRO 175 310	1204 Form 540 2020 <b>Side 1</b>

Υοι	ır na	me:	VOMA			Your SSN	or ITIN:	876-2	4-5970				
	10	Depend	dents: I		ot include yourself	or your spouse/R		and ant 0			Donondont 2		
		First	Name	$oldsymbol{O}$	Dependent 1		• Dehe	ndent 2			Dependent 3		
Ś		Last	Name				•						
otion		SSN.		٢									
Exemptions		instru	uctions.	•						•			
ш		relati to you	ionship u	$oldsymbol{O}$			•						
	Tota	al depen	ident ex	kemp	otions			•	10 X	\$383 = 🤇	\$		
	11	Exem	ption a	mou	Int: Add line 7 thro	ugh line 10. Transf	er this amo	ount to lin	e 32	🖲 1	1 \$	12	24
	12	State	wages	from	n your federal								
		Form	(s) W-2	, bo	x 16	•••••	12		103323	<b>.</b> 00	[		
	13				usted gross income					• 13		93102	. 00
	14	Part I	, line 23	, 3, co	ments – subtractior Ilumn B					• 14		1500	. 00
ne	15				from line 13. If less	· · · · · · · · · · · · · · · · · · ·				15		91602	. 00
Incor	16		alifornia adjustments – additions. Enter the amount from Schedule CA (540), art I, line 23, column C										. 00
Taxable Income	17				ed gross income. C							93102	. 00
Тах	18		(		•					``			
	10	Enter the Vour California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> <b>larger</b> of Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately\$4,601											
					ngle or Married/RD arried/RDP filing joi								
	10	Cubtr			arried/RDP filing sepa	•		cked, <b>STOP</b> .	See instructions	• 18		4601	• 00
	19	If less	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0										. 00
					~	Tau Tabla		Data Oak	- de la				
	31	Tax. C	Check th	ne bo	ox if from:	Tax Table		Rate Sch				5250	
	32	Exem	ption c	redit	s. Enter the amoun	FTB 3800 ● t from line 11. If v			ore than	• 31		5359	• 00
Тах					structions	•				<b>•</b> 32		124	<b>.</b> 00
	33	Subtr	act line	32 f	from line 31. If less	than zero, enter -	0			• 33		5235	. 00
	34	Tax. S	See inst	ructi	ions. Check the box	c if from: •	Schedule G	-1	FTB 5870A	• 34			. 00
	35	Add li	ine 33 a	ınd l	ine 34					• 35		5235	. 00
												]	
edits	40	Nonre	efundab	le Cl	hild and Dependent	Care Expenses Ci	redit. See ir	nstruction	S	• 40			. 00
al Cri	43	Enter	credit r	name	e		_ code ●		and amount	• 43			. 00
Special Credits	44	Enter	credit ı	name	e		code •		and amount	• 44			. 00
		RE	EV 02/16/2	21 PR	0								
		Side 2	Form	540	2020	175	310	2204					

You	r nar	ame: VOMA Your SSN or ITIN: 876-24-5970		l		
Ś	45	To claim more than two credits. See instructions. Attach Schedule P (540)	45			. 00
Special Credits	46	Nonrefundable Renter's Credit. See instructions	46			. 00
scial (	47	Add line 40 through line 46. These are your total credits	9 47			. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0	9 48		5235	. 00
					]	
	61	Alternative Minimum Tax. Attach Schedule P (540)	61			• 00
xes	62	Mental Health Services Tax. See instructions	62			- 00
Other Taxes	63	Other taxes and credit recapture. See instructions	63			. 00
ō	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions •	64			. 00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	65		5235	- 00
	71	California income tax withheld. See instructions	71		6814	. 00
	72					. 00
	73					. 00
nts	74					. 00
Payments						. 00
<b>L</b>	75					. 00
	76					
	77 78	Add line 71 through line 77. These are your total payments.				• 00
		See instructions	78		6814	• 00
Тах	91	Use Tax. Do not leave blank. See instructions		0 .00		
Use Tax		If line 91 is zero, check if: 🗙 No use tax is owed. You paid your use tax of	oligatio	n directly to CDTFA.		
ISR Penaltv	92	Individual Shared Responsibility (ISR) Penalty. See instructions ● 92         Image: Set to the set of the		.00		
		• X Full-year health care coverage.				
Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93		6814	. 00
хх/Тах	94		) <b>94</b>			. 00
aid Ta	95		) <b>95</b>		6814	. 00
Overpaid Tax/Tax Due	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then	96			. 00
_		REV 02/16/21 PRO				
		175 3103204		Form 540 2020	Side 3	

You	r nar	ne:	VOMA	Your SSN or ITIN:	876-24-5970			
Overpaid Tax/Tax Due	97	Over	paid tax. If line 95 is more than line 6	5, subtract line 65 from	line 95	• 97	1579	. 00
Tax/Tá	98	Amo	unt of line 97 you want applied to you	ur <b>2021</b> estimated tax		• 98	0	<u>   00    </u>
rpaid	99	Over	paid tax available this year. Subtract I	ine 98 from line 97		• 99	1579	. 00
Ovel	100	Tax o	lue. If line 95 is less than line 65, sub	tract line 95 from line 6	5	100		. 00
						<u>Code</u>	<u>Amount</u>	
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		<b>.</b> 00
		Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribu	tion Fund	• 401		. 00
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribi	ution Program	• 403		<b>.</b> 00
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	d	• 405		. 00
		Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		• 406		. 00
		Emer	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		<b>.</b> 00
		Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	ibution Fund	• 408		. 00
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
suc		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
Contributions		Scho	ol Supplies for Homeless Children Fu	ınd		• 422		. 00
Conti		State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
		Prote	ct Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		. 00
		Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
		Preve	ention of Animal Homelessness and C	Cruelty Voluntary Tax Co	ntribution Fund	• 431		. 00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fun	d	• 438		. 00
		Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	ı Fund	• 439		. 00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		- 00
		Scho	ols Not Prisons Voluntary Tax Contril	bution Fund		• 443		. 00
		Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		. 00
	110	Add	code 400 through code 444. This is y	our total contribution		• 110		. 00

REV 02/16/21 PRO Side 4 Form 540 2020

175

3104204

Γ

You	r nan	ne:	VOMA			Your SS	N or ITII	N: 876-24	-59	70					
Amount You Owe	111	Mail	UNT YOU OWE. In to: FRANCHISE Dnline – Go to ftb	TAX	BOARD, PO	BOX 942867	, SACRA				1	e instru	uctions. Do	o not send cash.	. 00
Interest and Penalties	112 113		est, late return pe erpayment of esti			ayment pena	lties				112				.00
Pena		Chec	k the box: ●	FT	B 5805 atta	ched •	FTB 5	805F attached		•••••	113				.00
-	114	Total	amount due. See	e instr	uctions. Enc	lose, but <b>do</b> i	<b>10t</b> staple	e, any payment			114				. 00
	115	REFL	JND OR NO AMO	UNT I	DUE. Subtrac	ct the sum of	line 110	, line 112 and li	ne 11	3 from line 9	9. See ir	nstructi	ions.		
		Mail	to: FRANCHISE 1	AX B	OARD, PO B	OX 942840, S	SACRAM	ENTO CA 9424	0-000	•	115			1579	. 00
Refund and Direct Deposit		See i All or	n the information nstructions. <b>Hav</b> r the following an Routing number	e you	verified the of my refund ype	routing and	account i s authoriz	numbers? Use zed for direct de	whole	e dollars only		wn bel	ow:	or a deposit slip eposit amount	).
and D			322271627	×	Checking	903091			]				Direct ut	1579	. 00
nnd					Savings										
Ref		The r	remaining amoun	t of m • Ty	-	e 115) is aut	horized f	or direct depos	it into	the account	shown t	pelow:			
		● R	Routing number		Checking	Account	number		٦			• 117	Direct de	eposit amount	
					Savings										<b>.</b> 00
			See the instructio		-								to al informa		
ftb.c Und knov	er per vledge	v/form nalties e and	your privacy right <b>ns</b> and search for s of perjury, I decl belief, it is true, o	1131 are th	. To request the nat I have example	this notice by amined this ta	mail, cal	800.852.5711.	mpan	lying schedul	es and s	stateme	ents, and t	o the best of m	
Your	signat	ure					Date		7	Spouse's/RDF	's signatu	ıre (if a j	oint tax retu	urn, both must sig	n)
			Your email ad	dress.	Enter only one	e email address	ـــــــــــــــــــــــــــــــــــــ						Prefer	rred phone numbe	er
Si	gn												56278	379519	
	ere		Paid preparer's s	ignatu	re (declaratio	n of preparer i	s based o	on all information	n of wl	hich preparer	has any	knowled	dge)		
	unlaw	/ful	RVSSMANI	KUMA	RAPPANA										
to fo	rge a use's/		Firm's name (or	yours,	if self-employe	ed)									
RDF			GLOBAL TA	AXES	5 LLC									P0209033	32
Join	t tax		Firm's address											Firm's FEIN	
retui (See	)		2530 PEBI	3LE	CREEK L	N CUMMIN	IG GA	30041						30101719	96
instr	uctior	าร)	Do you want to	allow	v another per	rson to discus	s this ta	x return with us	? See	instructions		•	Yes	× No	
			Print Third Party	Desigr	nee's Name								Telephone	e Number	]
			REV 02/16/21 PRO			1.2.5									
						175	3:	105204				Fo	orm 540	2020 Side 5	

CA (540)

#### California Adjustments — Residents 2020

	ortant: Attach this schedule benind Form 540, Side 5 as a supporting Califorr	lla	schedule.				
Name	e(s) as shown on tax return		SSN	or ITI	Ν		
	IATH KUMAR VOMA		876	5245	970		
	t I Income Adjustment Schedule	A	Federal Amounts (taxable amounts from	B	Subtractions See instructions	C	Additions See instructions
Sect	ion A – Income from federal Form 1040 or 1040-SR		your federal tax return)			_	
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C $\ldots$ . $\mathbf 1$			$\bigcirc$		$\bigcirc$	1,500.
2	Taxable interest. a 🔘 2b	lacksquare	)	$oldsymbol{O}$		$\bigcirc$	
3	Ordinary dividends. See instructions. a 🖲 3 3b	lacksquare	) 3.	$oldsymbol{O}$		$\bigcirc$	
4	IRA distributions. See instructions. a 🔘 4b	lacksquare	)	$\odot$		$\bigcirc$	
5	Pensions and annuities. See instructions. a 💿 5b	$  \bullet$	)	$oldsymbol{igstar}$		$\odot$	
6	Social security benefits. a 🖲 6b		)	$\bullet$			
7	Capital gain or (loss). See instructions		) 1,666.				
Sect	ion B – Additional Income from federal Schedule 1 (Form 1040)						
1	Taxable refunds, credits, or offsets of state and local income taxes		)				
2a	Alimony received. See instructions						
2 <i>a</i> 3	Business income or (loss). See instructions					$\bigcirc$	
4	Other gains or (losses).					$\bigcirc$	
-		$\vdash \simeq$		<u> </u>			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc		== ,				
6	Farm income or (loss)					$\bigcirc$	
7	Unemployment compensation		)				
8	Other income.		(	, a 🧕		a	
	a California lottery winnings e NOL from FTB 3805Z,			b 💽		b	
			) 1,500.	C		C 🧕	)
	c Federal NOL (federal Schedule 1 (Form 1040), line 8) f Other (describe):		Į	d 🧕		d	
				e 🧕		e	
	d NOL deduction from FTB 3805V			f 🦲	1,500.	f 🧕	)
	g Student loan discharged due to closure of a for-profit school		l	. g 🧕		g	
9	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 incolumn A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g incolumn B and column C. Go to Section C.9	•	93,102.	۲	1,500.		1,500.
Sect	ion C – Adjustments to Income from federal Schedule 1 (Form 1040)						
	Educator expenses		)				
11	Certain business expenses of reservists, performing artists, and fee-basis		,				
	government officials		)	$oldsymbol{O}$			
12	Health savings account deduction			٢			
13	Moving expenses. Attach federal Form 3903. See instructions					$\bigcirc$	
14	Deductible part of self-employment tax. See instructions						
15	Self-employed SEP, SIMPLE, and qualified plans						
16	Self-employed health insurance deduction. See instructions						
17	Penalty on early withdrawal of savings	-					
	Alimony paid. <b>b</b> Recipient's: SSN ( <b>e</b> ) <b> </b>		·				
100							
	Last name 🔘 18a					$\bigcirc$	
19	IRA deduction	<u> </u>					
20	Student loan interest deduction	$\sim$				$oldsymbol{0}$	
21	Tuition and fees	$\bullet$	)	$oldsymbol{O}$			
22	Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C.						
	See instructions		)	$oldsymbol{O}$		$\bigcirc$	
23	Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions	lacksquare	93,102.	ullet	1,500.	ullet	1,500.

For Privacy Notice, get FTB 1131 ENG/SP.

I

	rt II Adjustments to Federal Itemized Deductions ck the box if you did NOT itemize for federal but will itemize for California	A	Federal Amounts (from federal Schedule A (Form 1040)	B	Subtractions See instructions	C	Additions See instructions
	lical and Dental Expenses See instructions.						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (9 93, 102. 2						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					$oldsymbol{O}$	
ax	es You Paid						
5a	State and local income tax or general sales taxes	$\bigcirc$	7,152.	$\bullet$	7,152.		
	State and local real estate taxes						
	State and local personal property taxes	-					
	Add line 5a through line 5c	-	7,152.				
	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A						
	Enter the amount from line 5a, column B in line 5e, column B						
	Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e		7,152.	$oldsymbol{O}$	7,152.	1	
6	Other taxes. List type • 6	$\odot$		$oldsymbol{O}$		$oldsymbol{O}$	
7	Add line 5e and line 6	$\odot$	7,152.	$oldsymbol{igstar}$	7,152.	$oldsymbol{O}$	
ite	rest You Paid						
a	Home mortgage interest and points reported to you on federal Form 1098	$\odot$				$oldsymbol{eta}$	
b	Home mortgage interest not reported to you on federal Form 1098	$\odot$				$oldsymbol{eta}$	
C	Points not reported to you on federal Form 10988c	$\odot$				$oldsymbol{O}$	
d	Mortgage insurance premiums	$\bigcirc$					
e	Add line 8a through line 8d	$\odot$		$oldsymbol{eta}$		$oldsymbol{O}$	
	Investment interest	$\bigcirc$		$   \mathbf{O} $		$oldsymbol{O}$	
0	Add line 8e and line 9			$\bullet$		$oldsymbol{O}$	
ift	s to Charity						
1	Gifts by cash or check			$\bullet$		$\bullet$	
2	Other than by cash or check	-		$   \mathbf{O} $		$oldsymbol{O}$	
3	Carryover from prior year	-		$oldsymbol{igstar}$		$oldsymbol{O}$	
4	Add line 11 through line 13	-		lacksquare		lacksquare	
as	ualty and Theft Losses						
5	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal						
	Form 4684. See instructions			$   \mathbf{O} $		$oldsymbol{O}$	
the	er Itemized Deductions						
ô	Other—from list in federal instructions						
7	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	$\sim$	7,152.		7,152.	Ň	

Job I	Expenses	and	Certain	Miscellaneous	Deductions
-------	----------	-----	---------	---------------	------------

19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses - investment, safe deposit box, etc. List type		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 🕥93 , 102 .		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	• • 25	0.
26	Total Itemized Deductions. Add line 18 and line 25	<ul> <li>26</li> </ul>	0.
27	Other adjustments. See instructions. Specify.	. • 27	
28	Combine line 26 and line 27.	. • 28	0.
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	. • 29	0.
30	Enter the larger of the amount on line 29 or your standard deduction listed belowSingle or married/RDP filing separately. See instructions.\$4,601Married/RDP filing jointly, head of household, or qualifying widow(er)\$9,202		
	Transfer the amount on line 30 to Form 540, line 18	. • 30 [	4,601.

2020	<b>Passive</b>	Activity	Loss	Limitations

Attach to	Form 540	Form 540NR	Form 541	or Form 100S.
Allacii lu			, I OIIII 371.	

TAXABLE YEAR

Nam	e(s) as s	shown on tax return			SS	N, ITIN	N, FEIN, or CA corporation	n no.
SAN	ІАТН	KUMAR VOMA					5970	
Pa		2020 Passive Activity Loss See the instructions for Worksheet 1 and Worksheet 3 for federal Form	8582	2 before completing Par				unts.
Ren	tal Rea	al Estate Activities with Active Participation			-			
<b>1</b> a	Activit	ties with net income from Worksheet 1, column (a)	1a	0.	00			
1b	Activit	ties with net loss from Worksheet 1, column (b)	1b	( -11,890.)	00			
1c	Prior	year unallowed losses from Worksheet 1, column (c)	1c	( )	00			
		ine line 1a, line 1b, and line 1c				1d	-11,890.	00
All C	)ther P	Passive Activities		1				
<b>2</b> a	Activit	ties with net income from Worksheet 2, column (a)	2a		00			
2b	Activit	ties with net loss from Worksheet 2, column (b)	2b	( )	00			
2c	Prior	year unallowed losses from Worksheet 2, column (c)	2c	( )	00			1
2d Combine line 2a, line 2b, and line 2c.								00
3	3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions						-11,890.	00
Pa	rt II	Special Allowance for Rental Real Estate with Active Participa Enter all numbers in Part II as positive amounts. See instructions.	ation					
4	Enter	the <b>smaller</b> of losses from line 1d or line 3				4	11,890.	00
		\$150,000. If married/RDP filing a separate tax return, see instructions federal modified adjusted gross income, but not less than zero.	5	150,000.	00			
	If line	structions. 6 is equal to or more than line 5, skip line 7 and line 8, enter -0-						
_		e 9, and then go to line 10. Otherwise, go to line 7	6	104,992.	00			
7	Subtra	act line 6 from line 5	7	45,008.	00			
8	Multip	bly line 7 by 50% (.50). <b>Do not</b> enter more than \$25,000				8	22,504.	00
9	9 Enter the smaller of line 4 or line 8						11,890.	00
Pa	rt III	Total Losses Allowed						
10	Add th	ne income, if any, from line 1a and line 2a and enter the total				10	0.	00
11	Total losses allowed from all passive activities for 2020. Add line 9 and line 10						11,890.	00

See the instructions on Page 2 to find out how to report the losses on your tax return.

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## California Wage, IRA and Pension Adjustments

2020

Attach to return (after all other FTB forms)

um

Name as Shown on Return SANATH KUMAR VOMA Social Security No. 876-24-5970

#### Line 1 – Wages, Salaries, Tips, Etc.

		<b>(B)</b> Subtractions	<b>(C)</b> Additions
1	Excess reimbursements from Form 2106 included in wage income		
2	Active duty military pay		
3	Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4	Income exempted by U.S. tax treaties (unless specifically		
5	exempt for state purposes also)		
6	Qualified Stock Option (CQSO).       Ridesharing fringe benefit differences         Ridesharing fringe benefit differences       Ridesharing fringe benefit differences		
7	HSA employer contributions		1 500
8	Paid Family Leave Insurance (PFL) benefits		1,500.
9	Employer-provided adoption benefits income exclusions		
10	In-Home Supportive Services (IHSS) supplementary payment		
11 12	Native American income (Form 3504)		
а	as smallest of amount spent or fair rental value		
b	Enter the amount spent on qual. housing expenses		
13	Excess moving reimbursements		
14 15	CA Employees and federal Independent Contractors income Other (itemize):		
а			
b			
С			
d			
	Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1		1,500.

#### Line 4 - IRA, Pensions, and Annuities

IRA'	S	<b>(B)</b> Subtractions	<b>(C)</b> Additions
1 a b	Other (itemize):		
C			
d	Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		
Pens	sions and Annuities	(B) Subtractions	<b>(C)</b> Additions
1 2 a	Form 1099-R, Railroad Retirement Benefits		
b c d			
	Total adjustments to pensions and annuities. Enter here and		

California Passive Activity Worksheet (See General Instructions for Step 1.)



Use this worksheet to fig	ure California income (los	s) from passive activities	before application of pass	sive activity loss (PAL) ru	les.
(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
WARANGAL	SCH E	N/A	-11,890.	0.	-11,890
California Adjus	tment Worksheet	s (See General Instruct	ions for Step 4.)		
	figure your California adju		T	1	-
(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:	
(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.	
				to Sch. CA (540), Part I o	<b>gative</b> , transfer the amoun r Sch. CA (540NR), Part II amount) line 3, column B.
Total		1(c)	1(d)*	1(e)	
(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	California	e) Adjustment
WARANGAL, HYDERABAD, TELANGANA, 506164, INDIA	PASSIVE	-11,890.	-11,890.	If the amount below is	s <b>positive</b> , transfer the

Schedule E Activities	Passive or Nonpassive	California Amount	Federal Ámount	California Adjustment
WARANGAL, HYDERABAD, TELANGANA, 506164, INDIA	PASSIVE	-11,890.	-11,890.	If the amount below is <b>positive</b> , transfer the
				amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
				If the amount below is <b>negative</b> , transfer the amoun to Sch. CA (540), Part I or Sch. CA (540NR), Part II
				Section B, (as a positive amount) line 5, column B.
Total		2(c) -11,890.	2(d)** -11,890.	2(e) 0.

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is <b>negative</b> , transfer the amoun to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
ōtal		3(c)	3(d)***	3(e)

\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.

\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.

\*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.



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