Filing Status       X Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box.       Periors is a child but not your dependent b         Your first name and middle initial       Last name       Your social security number         NAXED_TREEDUY       KOTHAKAPU       885-28-7155         Home address (number and street, If you have a Droign address, also complete spaces below.       Apt. no.       41.04         City, town, or poot office. If you have a foreign address, also complete spaces below.       NII       488.92       box or your         City, town, or poot office. If you have a foreign address, also complete spaces below.       NII       480.92       box or your       You       Spouse filing jointly, want 33         Foreign country name       Foreign province/state/county       Foreign postul code       You       Spouse filing jointly, want 33       box below will not chenge your advalue status allen         Age/Blindness You:       Were born before January 2, 1956       result will all status allen       Poreign province/state/county       Foreign postul code       You       Spouse         Dependents, see instructions:       (Pi entame in advalues), 2, 1956       result bintorcom;       Child t	E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20	20	OMB No. 1545	-0074	IRS Use O	nly—D	o not wr	ite or staple i	in this space.
NAVATEJAREDDY       KOTHAKAPU       885-28-7155         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Joint address furmber and street, If you have a P.O. box, see instructions.       Apt. no.       Apt. no.         27519       PARKVIEW BLVD       All 0.4         City, town, or post office. If you have a foreign address, also complete spaces below.       State       2P code         WARREN       MI       48092         Foreign country name       Foreign province/state/country       Foreign postal code         Vou       spouse it filing jointly, want S3       Spouse it mizes on a separate return or you ware a dual-status allen         Age/Blindness       You       Was born before January 2, 1956       Is blind         Dependents       (specificate country)       (specificate country)       (specificate country)         If more time use functions):       (a) Social security       (a) Relationship       (b) V <sup>II</sup> (qualifies for (see instructions):         If more time use functions):       (a) Relationship       (b) V <sup>II</sup> (qualifies for (see instructions):       (a) Patibility         If more time use functions       (a) And dual status allen       (b) Taxable interest       2b       (d) 1.3         Attach       3a       b) Ordinary dividends       3b       (d) Pat	Check only	lf yo	ou checked the MFS box, enter the n	ame of					. ,		-	, ,	
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       4104         27519       PARKYTEW BLVD       100         City, town, or post office. If you have a foreign address, also complete spaces below.       MI       49092         WARREN       MI       49092       box below will not change box will not change box below.       Orbits fund. Checking a box below will not change box below.       If goode         WARREN       Someone can claim:       You as a dependent       You spouse as a dependent       Orbits fund. Checking a box below.         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (a) Secial security       (a) ereinstructions;         If oreit fund fourt, dependents, see instructions;       a       b Taxable interest       a         and theck       Sa       b Taxable amount.       5b       5b         Standard       Social security benefits       Sa       b Taxable amount.       5b         Standard       Social security benefits <t< td=""><td>Your first name</td><td>e and m</td><td>iddle initial</td><td>Last na</td><td>me</td><td></td><td></td><td></td><td></td><td>Y</td><td>our soc</td><td>cial securit</td><td>y number</td></t<>	Your first name	e and m	iddle initial	Last na	me					Y	our soc	cial securit	y number
Home address fnumber and street). If you have a P.O. box, see instructions.       Apt. no.       4104         27519 PARKVIEW BLVD       4104         City, town, or post office. If you have a foreign address, also complete spaces below.       MI       48092         WAREN       MI       48092         Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         You       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       You       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You       Ware 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) f/ if qualifies for (see instructions):       Cheld tax credit       Cedit to rehar dependents         if more       if au-exempt interest       2a       b Taxable interest       2b       41       122, 851.         Attach       2a       b Taxable interest       3b       -       40       -       -         Sendard       Good interest.       6a       b Taxable amount       6b       -       -       -       -       -       -       -       <	NAVATEJ	ARED	DY	KOTH	IAKAPU					8	85-2	28-715	5
27519       PARKVIEW BLVD       4104       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       MI       48.092       town, or post office. If you have a foreign address, also complete spaces below.       MI       48.092       town or post office. If you have a foreign address, also complete spaces below.       MI       48.092       town or post office. If you have a foreign postal code       town or post office.       <	If joint return, s	spouse's	s first name and middle initial	Last na	me					Sp	pouse's	social sec	curity number
Cuty, Out, or post mixed a bringin address, and compare spuces below.       State       2/P Ode       to go to this fund. Checking a box below into change your tax or refund.         WARREN       Foreign country name       Foreign province/state/country       Foreign postal code       you is postal code         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       Yes       No         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       (2) Social security       (2) Relationship       (4) If virtualifies for (see instructions):       Child tax credit for other dependents         if more       (1) First name       Last name       Interest       22       413.         and check       Image       Image       Image       24       413.         ag Qualified dividends       3a       b       Dordinary dividends       3b       Imagee         see instructions       Ga       Gualified dividends       3a       b       Taxable amount       4b       Imagee				instructio	ons.					C	heck h	ere if you,	or your
WAREN       MI       48092       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 source       Yes       No         Standard       Someone can claim:       You as a dependent       You resource       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 I qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V I 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				
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard Deduction       Spouse itemizes on a separate refum 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) I ' if qualifies for (see instructons):         If more than four       (1) First name       Last name       Immetry number       Immetry 1       Immetry 1         Attach       2a       Jaa       b       Tax-exempt interest       2b       41.3.3         Standard Deduction for Deduction for Schedule 1, line 9       Saa       b       Taxable amount       4b         Standard Stand of Coll Scurity benefits       Sa       Saa       b       Taxable amount       6b         Gualified trividends       Sa       Social security benefits       Sa       -7,000.       9       11.6,264.         Attach       Sa       Social security bout tak a diser deductions its your total adjuster methy sour total adjustery d	WARREN					M	I	480	92		0		•
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       Yes         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       Yes       Yes       No         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:       Yes       Yes <td>Foreign countr</td> <td>y name</td> <td></td> <td>F</td> <td>oreign province/st</td> <td>ate/cour</td> <td>nty</td> <td>Foreig</td> <td>n postal cod</td> <td></td> <td></td> <td></td> <td>0</td>	Foreign countr	y name		F	oreign province/st	ate/cour	nty	Foreig	n postal cod				0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more than four dependents, see instructions       Imme       Last name       Imme												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         see instructions	At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	iire any	financial intere	est in a	ny virtual	curre	ency?	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       Image: Credit for other dependents         see instructions and check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         and check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         Attach       2a       b       Tax-exempt interest       Image: Credit for other dependents         3a       Qualified dividends       3a       b       Dordinary dividends       Image: Credit for other dependents         4a       IRA distributions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         5a       Pensions and annuities       Image: Credit for other dependents       Image: Credit for other dependents         6a       Social security benefits       Image: Credit for other dependents       Image: Credit for other dependents         6b       Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents		_		•			·						
If more than four dependents, see instructions and check       Image: task name       number       to you       Child tax credit       Credit for other dependents         see instructions and check       Image: task name       Ima	Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore Januar	y 2, 1	956	🗌 Is bl	ind
If more than four dependents, see instructions and check       Image: task name       number       to you       Child tax credit       Credit for other dependents         see instructions and check       Image: task name       Ima	Dependent	s (see	instructions):		(2) Social sec	uritv	(3) Relationsh	air	(4) 🖌 if	auali	ifies for	(see instru	ctions):
than four dependents, see instructions and check here in the standard deduction for a from Schedule 1, line 9	-					,	1	.					
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and check       here       image: state in the image: state image: sta										]		[	]
Attach       2a       1       122,851.         Attach       2a       b       Tax-exempt interest       1       122,851.         Sch. B if       3a       Qualified dividends       3a       b       413.         Attach       3a       Ja       b       Tax-exempt interest       2b       413.         B       Qualified dividends       3a       b       Ordinary dividends       3b         Frequired.       4a       IRA distributions       4a       b       Dordinary dividends       3b         Standard       5a       Pensions and annuities       5a       5a       b       Taxable amount       4b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       7         Single or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Standard       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       9         <		5								]		[	]
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       413.         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         5a       Social security benefits       6a       b       Taxable amount       5b       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required filting       9       116, 264.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       Image: Capital gain or (loss). Attach Schedule Capital gain or (loss). Attach Schedule Capital gain or (loss). Taxable amount       Image: Capital gain or (loss). Attach Schedule Capital gain or (loss).	here 🕨 🗌									]		[	
Sch. B if 2a 1axeXeR(in)t interest 2a 1ax   required. 4a b Ordinary dividends 3b   a Qualified dividends . 4a b   b Taxable amount . 4b   b Taxable amount . 4b   b Taxable amount . 4b   b Standard b Standard   Deduction for 6a Social security benefits 6a b   - Single or Married filing separately, \$12,400 Other income from Schedule 1, line 9 .   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7   - Married filing jointly or Qualifying widow(ef), \$24,800 10   Add lines 10a and 10b. These are your total adjustments to income: 10a   - Index 10a and 10b. These are your adjusted gross income 10c   - Standard deduction or itemized deductions (from Schedule A) 11   11 116,264.   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13   14 12,400. 14   15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15		1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2						1	12	22,851.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       7       8       -7,000         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116,264.         10       Adjustments to income:       10a       10b       10c         9       Add lines 10a and 10b. These are your total adjustments to income       10c       11       116,264.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       116,264.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       12       12,400.         14       12,400.       14       12,400.       14       12,400.         14       <		2a	Tax-exempt interest	2a		b T	Faxable interes	t.			2b		413.
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       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 Deduction for       6a       Social security benefits       6a       b       Taxable amount       7         Single or Married filing separately, S12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8       -7,000.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116,264.       9         • Married filing jointly or Qualifying widow(er), see Add lines 10a and 10b. These are your total adjustments to income       10b       10b       10c         • Head of household, S18,660       11       Subtract line 10c from line 9. This is your adjusted gross income       11       116,264.         11       116,264.       11       116,264.       12       12,400.         13       Qualified business income deductions. Attach Form 8995 or Form 8995-A       13       14 <t< td=""><td></td><td>3a</td><td>Qualified dividends</td><td>3a</td><td></td><td>b(</td><td>Ordinary divide</td><td>nds .</td><td></td><td></td><td>3b</td><td></td><td></td></t<>		3a	Qualified dividends	3a		b(	Ordinary divide	nds .			3b		
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         • Married filing jointly or Qualifying widow(er), \$24,800       •       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116, 264.         • Married filing jointly or Qualifying widow(er), \$24,800       •       From Schedule 1, line 22       •       10a         • Head of household, \$18,650       •       •       10b       10c       10c         • Head of household, \$18,650       •       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       116, 264.         • If you checked ary box under Standard       12       12, 400.       12       12, 400.       13       14       12, 400.       13       14       12, 400.       13       14       12, 400.       15       103, 864.		4a	IRA distributions	4a		b	Faxable amoun	t			4b		
Deduction for-       7         Single or Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -7,000         • Married filing jointly or Qualifying widow(er), \$24,800       9       Add lines 10a and 10b. These are your total adjustments to income       10a         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       10c         • If you checked any box under Standard Deduction, see instructions.       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       12       12       12,400.         14       12,400.       14       12,400.       14       12,400.       15       103,864.		5a	Pensions and annuities	5a		b	Faxable amoun	t			5b		
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly 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>	Standard	6a	Social security benefits	6a		b	Faxable amoun	t			6b		
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       9       1-7,000         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116,264.         9       116,264.       9       116,264.         9       10a       10a       10b         9       116,264.       10a       10a         11       116,264.       11       116,264.         11       116,264.       11       116,264.         16       Standard deduction or itemized deductions (from Schedule A)       11       116,264.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14		7	Capital gain or (loss). Attach Schee	dule D if	required. If not r	equired	l, check here		<b>&gt;</b>		7		
\$12,400       9       Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income       9       116, 264.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       10b       10c         • If you checked any box under Standard       11       116,264.       11       116,264.         • If you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.							8	-	-7,000.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>In a line income in</li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total</b> i	income	<b>.</b>				9	11	16,264.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a       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       .       .       .       .       .       .       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       .       .       .       .       .       .       .       11       116,264.         • If you checked any box under Standard Deduction, see instructions.       12       Standard deduction or itemized deductions (from Schedule A)       .		10	Adjustments to income:										
\$24,800       ID       Charitable 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       116,264.         • If you checked any box under Standard deduction, see instructions.       12       12,400.       12       12,400.         • If you checked any box under Standard deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         • If Add lines 12 and 13       13       Intervention 11. If zero or less, enter -0-       15       103,864.		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>Add lines 12 and 13</li></ul>		b	Charitable contributions if you take the standard deduction. See instructions 10b										
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       116,264.         • 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       103,864.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are your total adjustments to income							10c	:		
<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 Deduction, see instructions.</li> <li>Ia Deduction or itemized deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction, see instructions.</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Deduction or itemized deduction. Attach Form</li></ul>		11	Subtract line 10c from line 9. This is your adjusted gross income						11	11	16,264.		
Standard Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       103,864.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	i <b>ons</b> (from Sched	lule A)					12	1	12,400.
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0         15         103,864.		13	Qualified business income deduct	ion. Atta	ich Form 8995 oi	Form	8995-A				13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14									14		
		′ <b>1</b> 5	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ent	er-0				15	10	

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

Form **1040** (2020)

Form 1040 (2020	))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 49	972	3			16	19,007.
	17	Amount from Schedule 2, lin	e3							17	
	18	Add lines 16 and 17								18	19,007.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	e7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	19,007.
	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	19,007.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	19	,318		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	19,318.
• If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20	19 return .					26	
qualifying child,	27	Earned income credit (EIC)			. <sub>.</sub> No		27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin	e13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and ref	funda	ble ci	redits .	🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					🕨	33	19,318.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the a	amour	nt you	overpaid		34	311.
neruna	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached,	, cheo	ck here	ə		35a	311.
Direct deposit?	►b	Routing number 2 1 1	3 9 1 8	2 5	► c Type:	X	Chec	king	Saving	s	
See instructions.	►d	Account number 4 2 3	5 7 8 5	5							
	36	Amount of line 34 you want a	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 Sch		-						or 🗌	
For details on how to pay, see		2020. See Schedule 3, line 1			•						
instructions.	38	Estimated tax penalty (see ir	structions) .				38				
Third Party	Do	you want to allow another					See				
Designee	ins	structions	· · · · · ·					🗌 Yes. C	omplet	e below.	X No
		signee's		Phone						ntification	
		ne 🕨		no. 🕨					ber (PIN	/	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		· · ·		Date	Your occupa	,					nt you an Identity
	, 10	ur signature		Dale	rour occupa						IN, enter it here
Joint return?					SOFTWAF	RE E	ENGI	NEER	(s	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's oc	cupati	on				nt your spouse an
Keep a copy for your records.	<b>,</b>										ection PIN, enter it here
your rocordo.			-							ee inst.) 🕨	
		one no. (757)672-872		Email address	TEJA.CO	OL4					
Paid		eparer's name	Preparer's signat				Date		PTIN	00505	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TAL	LAM	09/	23/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TAX									(678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 300	)41			Fi	rm's EIN 🖡	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		RE\	/ 08/30/21 PR	С		Form <b>1040</b> (2020)

BAA

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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

	Attachment Sequence No. <b>01</b>
Your soc	ial security number
885-28	-7155

Internal Revenue Service	► Go to www.irs.gov/				
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR				

Part I	Additional Income
гаці	

NAVATEJAREDDY KOTHAKAPU

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
-		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-7,000.
Par	t II Adjustments to Income	Ŭ	7,000.
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 Schedule	1 (Form 1040) 2020

	ent of the Treasury Revenue Service (99)	Go to www.irs.gov/ScheduleE fo					information		Attac	hment ence No. <b>13</b>
	shown on return			uotionio	, and a	ie latest				ty number
( )	TEJAREDDY KOTHA	KADII						885-2		-
Part		From Rental Real Estate and Ro	valties	s Note	• If voi	, are in th	e husiness (			-
Turt		instructions. If you are an individual, rep	-		•			• •		
		nts in 2020 that would require you to								
		pu file required Form(s) 1099?								Yes 🗌 No
1a		each property (street, city, state, ZIF							· 🗆	
A		SHADNAGAR TELANGANA IN 5		,						
B			50721							
 1b	Type of Property	2 For each rental real estate prop	norty li	stad		Fair	Rental	Persona	Use	
	(from list below)	above, report the number of fa	iir renta	al and		-	Days	Days		QJV
Α	3	personal use days. Check the if you meet the requirements to	QJV b	ox only	Α		365	-	0	
B		qualified joint venture. See inst	truction	ns.	B		505			
					c					
	of Property:				-					
	le Family Residence	3 Vacation/Short-Term Rental	5 Iar	nd		7 Self-	Rental			
	i-Family Residence	4 Commercial		valties			r (describe	)		
Incom	-	Properties:			Α	0 0 110		3		С
3	Rents received		3			650.				
4			4							
Expen										
5	Advertising		5							
6		nstructions)	6							
7		ance	7			700.				
8			8							
9	Insurance		9							
10		ssional fees	10							
11			11			700.				
12	-	d to banks, etc. (see instructions)	12							
13	Other interest		13							
14			14		1	,950.				
15	Supplies		15		2	,000.				
16	Taxes		16							
17	Utilities		17		2	,300.				
18	Depreciation expense	or depletion	18							
19	Other (list) 🕨		19							
20	Total expenses. Add I	ines 5 through 19	20		7	,650.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
	· · · ·	nstructions to find out if you must								
			21		-7	,000.				
22		estate loss after limitation, if any,								
		structions)	22	(	-7,	000.)	(	)	(	)
23a		eported on line 3 for all rental prope		• •	· ·	23a		650.		
b		eported on line 4 for all royalty prop	erties	• •	· ·	23b				
c		eported on line 12 for all properties	• •	• •	· ·	23c				
d		eported on line 18 for all properties	• •	• •	· ·	23d				
e		eported on line 20 for all properties				23e		7,650.		
24		e amounts shown on line 21. <b>Do no</b>						. 24		`
25		sses from line 21 and rental real estate							(	7,000.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar								-7,000.
			Jount				Jii puye Z	. 20		.,

**Supplemental Income and Loss** 

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

9

12

88 Form Department of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

41104

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 t	he latest inform
		Social socurity p

Name(s) shown on Form 1040. 1040-SR. or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
NAVATEJAREDDY KOTHAKAPU	have HSAs, see instructions ► 885-28-7155

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

Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions		f-only	Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from 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		<u> </u>
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		3,550.
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		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,550.
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		3,550.
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		3,550.
9	Employer contributions made to your HSAs for 2020			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		2,050.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	arate I	-ISAs,	complete
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			
5	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			
10	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	<b>Additional 20% tax</b> (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				,
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 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21		

Form <b>8582</b>		Passive Activity Loss Limitations	0	MB No. 1545-1008	
		► See separate instructions.		20 <b>20</b>	
Departm	ent of the Treasury	► Attach to Form 1040, 1040-SR, or 1041.	۵	Attachment	
	Internal Revenue Service (99) Go to www.irs.gov/Form8582 for instructions and the latest information.		Ś	equence No. 858	
Name(s	) shown on return		Identifying n		
	TEJAREDDY		885-28-	-7155	
Part		ssive Activity Loss			
		Complete Worksheets 1, 2, and 3 before completing Part I.			
		Activities With Active Participation (For the definition of active participation, s or Rental Real Estate Activities in the instructions.)	ee		
1a			h		
b		net loss (enter the amount from Worksheet 1, column (b)) <b>1b</b> ( 7,00	$\frac{0}{2}$		
c		allowed losses (enter the amount from Worksheet 1, column (c)) <b>1</b> c (			
d	-	1a, 1b, and 1c	, 1d	-7,000.	
		zation Deductions From Rental Real Estate Activities	. 14	7,000.	
2a		evitalization deductions from Worksheet 2, column (a)   <b>2a</b>  (			
b		Illowed commercial revitalization deductions from Worksheet 2,			
	column (b)	2b (	)		
с	Add lines 2a a	nd 2b	. 2c	( )	
All Ot	her Passive Ac	tivities			
3a	Activities with	net income (enter the amount from Worksheet 3, column (a)) . 3a			
b		net loss (enter the amount from Worksheet 3, column (b)) 3b (	)		
С	Prior years' ur	allowed losses (enter the amount from Worksheet 3, column (c))	)		
d	Combine lines	3a, 3b, and 3c	. 3d		
4		a 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with ye			
		es are allowed, including any prior year unallowed losses entered on line 1c, 2b, or	3c.		
	-	ses on the forms and schedules normally used	. 4	-7,000.	
	If line 4 is a lo				
		• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part I			
Couti	ere lf vour filing	Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and	•		
		status is married filing separately and you lived with your spouse at any time during ad, go to line 15.	j trie year,	do not complete	
Part		Allowance for Rental Real Estate Activities With Active Participation			
		ter all numbers in Part II as positive amounts. See instructions for an example.			
5	Enter the sma	ller of the loss on line 1d or the loss on line 4	. 5	7,000.	
6	Enter \$150,00	0. If married filing separately, see instructions	o. 🗌		
7	Enter modified	adjusted gross income, but not less than zero. See instructions 7 123,26	4.		
	Note: If line 7	is greater than or equal to line 6, skip lines 8 and 9, enter -0- on			
	line 10. Other	vise, go to line 8.			
8	Subtract line				
9	1.5	by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instruction	ons 9	13,368.	
10		<b>Iler</b> of line 5 or line 9	. 10	7,000.	
		oss, go to Part III. Otherwise, go to line 15.			
Part		Allowance for Commercial Revitalization Deductions From Rental Real		stivities	
4.4		ter all numbers in Part III as positive amounts. See the example for Part II in the instru			
11		reduced by the amount, if any, on line 10. If married filing separately, see instructions			
12					
13 14		2 by the amount on line 10			
Part		<b>diest</b> of line 2c (treated as a positive amount), line 11, or line 13	.   14		
15		ne, if any, on lines 1a and 3a and enter the total	. 15		
15		allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instruction		0.	
10		v to report the losses on your tax return		7,000.	
For Pa				Form <b>8582</b> (2020)	
		BAA REV 08/30/21 PRO			

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

	Current year		Prior years Overal		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	
RAITHU COLONY	0.	7,000.			7,000.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	7,000.				

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

Name of activity	<b>(a)</b> 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)

	Current year		Prior years	Overall gain 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)		<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
RAITHU COLONY	E Ln 22	7,000.	1.00000000	7,000.	0.
-					
Total		7,000.	1.00	7,000.	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	