104		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use (Only-	–Do not w	rite or staple	in this space.
Filing Statu Check only one box.	lf yo	Single Married filing jointly Control Married filing jointly Control Married filing jointly Control Married Ma	ame of	ed filing separat				`	<i>,</i>		, ,	low(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	me						Your so	cial securi	ty number
SRI CHA	KRA	SANJAY	DEVA	BATHINI						360-	15-481	1
If joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse'	s social see	curity number
1006 SA	N JA	er and street). If you have a P.O. box, see CINTO DRIVE						vpt. no.		Check h	nere if you,	on Campaign , or your htly, want \$3
	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.		ate	ZIP co					Checking a
IRVING					-	X	750				ow will not	0
Foreign countr	y name			Foreign province/s	state/cour	nty	Foreig	n postal co	de	your tax	or refund.	
At any time du	ırina 2(D20, did you receive, sell, send, exch	nange, c	or otherwise acc	uire anv	financial intere	 est in a	nv virtual	CUI	rencv?		
Standard	-	eone can claim: You as a de				a dependent			oui	reney.		
Deduction	_	Spouse itemizes on a separate return	•			·						
Age/Blindnes	s You	: Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore Janua	ry 2	, 1956	Is bl	ind
Dependent	•			(2) Social se		(3) Relationsh	nip	• •		1	r (see instru	,
If more	(1) F	irst name Last name		number to you				Child tax credit		edit	Credit for ot	her dependents
than four dependents,												<u> </u>
see instruction	s —								_			<u> </u>
and check												
here 🕨 🔄												
Attach	1	Wages, salaries, tips, etc. Attach F	111	N-2			• •			1		04,062.
Sch. B if	2a		2a		b ⁻	Taxable interes	t.			2b		
required.	<u>3a</u>		3a			Ordinary divide				3b		
) 4a		4a		-	Taxable amoun				4b	-	
	5a		5a		-	Taxable amoun			• •	5b	-	
Standard Deduction for –	6a	···· / / / / / / / / /	6a			Taxable amoun	t		· _ ·	6b		
Single or	7	Capital gain or (loss). Attach Schee	dule D i	required. If not	required	d, check here		Þ		7		
Married filing separately,	8	Other income from Schedule 1, lin								8		-5,770.
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your tota	l income	ə				▶ 9		98,292.
Married filing	10	Adjustments to income:				1						
Jointly or Qualifying	а	From Schedule 1, line 22				10	а			_		
widow(er), \$24,800	b	Charitable contributions if you take	the star	dard deduction	. See ins	tructions 10	b					
 Head of 	с	Add lines 10a and 10b. These are	your to l	al adjustments	s to inco	me				► <u>10</u>		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross	income					▶ 11		98,292.
 If you checked any box under 	12	Standard deduction or itemized	deduct	i ons (from Sche	edule A)					12		12,400.
any box under Standard	13	Qualified business income deduction	ion. Atta	ch Form 8995 o	or Form	8995-A				13	_	
Deduction, see instructions.	14											12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or I	ess, ente	er-0				15		85,892.
												1040 (

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

Form **1040** (2020)

Form 1040 (2020))										Pag	je 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌	4972	3			16	14,690	_
	17	Amount from Schedule 2, lir	ie3							17		
	18	Add lines 16 and 17								18	14,690	
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ie7							20		_
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	14,690	, <u> </u>
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10)				23	0).
	24	Add lines 22 and 23. This is								24	14,690	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	16	,713			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	16,713	5.
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20)19 return					26		
qualifying child,	27	Earned income credit (EIC)					27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	8, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See					30					
	31	Amount from Schedule 3, lir					31					
	32	Add lines 27 through 31. The					ble cr	edits	.)	▶ 32		
	33	Add lines 25d, 26, and 32. T									16,713	
	34	If line 33 is more than line 24								34	2,023	
Refund	35a	Amount of line 34 you want						-			2,023	
Direct deposit?	►b	Routing number 0 7 2			► c Typ		Chec		Saving			<u> </u>
See instructions.	►d	Account number 9 0 3							ouving			
	36	Amount of line 34 you want			ed tax	• •	36	T				
Amount	37	Subtract line 33 from line 24								37		
You Owe	57			•								
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line 1			•	sent all c	or the	taxes you	owe to	pr		
how to pay, see instructions.	38	Estimated tax penalty (see in					38	1				
Third Party		you want to allow another										_
Designee		structions						Yes. C	omplet	e below.	× No	
200.9.100	De	signee's		Phone					•	ntification		
		ne 🕨		no. 🕨					ber (PIN			
Sign		der penalties of perjury, I declare t										
Here		ief, they are true, correct, and com	plete. Declaration of				ised on	all information			,	je.
	Yo	ur signature		Date	Your occu	upation					nt you an Identity IN, enter it here	
Joint return?					SOFTW	IARE D	EVE	LOPER		ee inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sian.	Date	Spouse's					,	nt your spouse an	
Keep a copy for	- Cp		e in moot olgin	Dato		oooupun	0.11				ection PIN, enter it h	nere
your records.									(s	ee inst.) 🕨		
		one no.		Email address								
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA I	ALLAM	01/	30/2021	P020	82703	Self-employe	d
Preparer	Firr	m's name ► GLOBAL TA	XES LLC						PI	none no.	(678)965-952	22
Use Only	Firr	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	0041			Fi	rm's EIN 🕨	30-101719	16
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BA	A	REV	01/25/21 PRO)		Form 1040 (2	2020)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. to to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074

Department of the Treasury	► Attach
Internal Revenue Service	► Go to <i>www.irs.gov/F</i>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

IR

Your social security number
360-15-4811

. .

Part I Additional Income

SRI CHAKRA SANJAY DEVABATHINI

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	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	-5,770.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5 , 770.
Par	Adjustments to Income		-3,770.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
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 adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/25/21 PRO		1 (Form 1040) 2020

	ent of the Treasury			ach to Form 1040							Attack		
	Revenue Service (99)		► Go to www.irs.g	gov/ScheduleE f	or instr	ructions	and the	latest i	nformation	_		ence No. 13	
()	shown on return									Your soci		•	
	CHAKRA SANJA			Estate and Da			16			360-1			
Part			From Rental Real		-		•			• •			
			structions. If you are										
	you make any pay					. ,							
	Yes," did you or w										. 🗆 '	res 🗌 No)
<u>1a</u>			ach property (stree										
	4-113/10 BH	AVAN	I NAGAR KODA	D TELANGANA	A IN	50820)6						
<u> </u>													
<u>C</u>			0 -					Fair	Dentel	Deve eve			
1b	Type of Proper		2 For each renta	I real estate prop the number of fa	perty li	sted			Rental ays	Persona Day:		QJV	
-	(from list below	v)	personal use c	lays. Check the requirements to	QJV b	ox only	_		-	Day			
	2		if you meet the	e requirements to venture. See inst	o file as	sa	A		365		0		
<u> </u>			quaimed joint		liuctioi	15.	B						
							С						
	of Property:		0.)/		5 1	1	_		D t t				
	gle Family Residen		3 Vacation/Sho	rt-Term Rental				Self-I					
Incom	ti-Family Residenc	;e	4 Commercial	Properties:	6 RO	yalties	8 A	3 Othe	r (describe) E			С	
	-			•	3			650.	C	•		U	
<u>3</u> 4					4		C	550.					
Expen		u			4								
5					5								
6			structions)		6		-	350.					
7					7			300.					
8					8			500.					
9					9								
10			sional fees		10								
11	-				11								
12			to banks, etc. (see		12								
13		-	· · · · · · · · ·		13		5 5	500.					
14					14			200.					
15					15								
16					16								
17					17			70.					
18	Depreciation expe				18								
19	Other (list)				19								
20		Add lin	nes 5 through 19 .		20		6,4	120.					
21	•		ne 3 (rents) and/or				,						
21			structions to find of										
				-	21		-5,7	770.					
22	Deductible rental	real e	estate loss after lin	nitation, if any,									
	on Form 8582 (se				22	(-5,7°	70.)	()	()
23a	Total of all amour	nts rep	ported on line 3 for	all rental prope	rties			23a		650.			
b			ported on line 4 for					23b					
с	Total of all amour	nts rep	ported on line 12 fo	or all properties				23c					
d	Total of all amour	nts rep	ported on line 18 fo	or all properties				23d					
е	Total of all amour	nts rep	ported on line 20 fo	or all properties				23e		6,420.			
24	Income. Add pos	sitive	amounts shown or	n line 21. Do no	t inclu	de any	losses			. 24			
25	Losses. Add royal	lty loss	ses from line 21 and	rental real estate	losses	s from lir	ne 22. En	nter tota	l losses her	e. 25	(5 , 770	.)
26	Total rental real	estat	e and royalty inc	ome or (loss).	Combi	ine line	s 24 and	d 25. E	nter the re	sult			

Supplemental Income and Loss

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

26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result		
	here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on		
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26	-5,770.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

20

20

\$	3582	Passive Activity Loss Limitations	С	MB No. 1545-1008		
Departm	ent of the Treasury Revenue Service (99)	 See separate instructions. Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information. 	A	2020 Attachment Sequence No. 858		
) shown on return	-	Identifying r			
SRI	CHAKRA SAN	JAY DEVABATHINI	360-15-	-4811		
Part	2020 Pa	ssive Activity Loss	1			
	Caution:	Complete Worksheets 1, 2, and 3 before completing Part I.				
Renta	I Real Estate	Activities With Active Participation (For the definition of active participation,	see			
Speci	al Allowance fo	or Rental Real Estate Activities in the instructions.)				
1a	Activities with	net income (enter the amount from Worksheet 1, column (a)) . 1a	0.			
b		net loss (enter the amount from Worksheet 1, column (b)) \cdot . 1b (5,77	70.)			
С	Prior years' un	allowed losses (enter the amount from Worksheet 1, column (c)))			
d	Combine lines	1a, 1b, and 1c	. 1d	-5,770.		
Comn		zation Deductions From Rental Real Estate Activities				
2a	Commercial re	vitalization deductions from Worksheet 2, column (a) 2a ()			
b	Prior year una column (b)	Ilowed commercial revitalization deductions from Worksheet 2, 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	Activities with	net loss (enter the amount from Worksheet 3, column (b)) 3b ()			
С	Prior years' un	allowed losses (enter the amount from Worksheet 3, column (c)))			
d	Combine lines	3a, 3b, and 3c	. 3d			
4	return; all loss	• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part	3c. . 4	-5,770.		
		 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 durin ad, go to line 15. 	-			
Part	Special	Allowance for Rental Real Estate Activities With Active Participation				
	Note: En	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	5,770.		
6		D. If married filing separately, see instructions 6 150,00	0.			
7		adjusted gross income, but not less than zero. See instructions 7 104,06	52.			
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on vise, go to line 8.				
8	Subtract line 7	,				
9		by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instruct		22,969.		
10		ller of line 5 or line 9	. 10	5,770.		
		ss, go to Part III. Otherwise, go to line 15.				
Part		Allowance for Commercial Revitalization Deductions From Rental Real		ctivities		
		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 instruction				
12		from line 4				
13		by the amount on line 10				
14 Dort		lest of line 2c (treated as a positive amount), line 11, or line 13	. 14			
Part		site and one of a condition the total				
15		e, if any, on lines 1a and 3a and enter the total		0.		
16	to find out how	Illowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructive to report the losses on your tax return		5,770.		
For Pa	perwork Reduct	ion Act Notice, see instructions. BAA REV 01/25/21 PRO		Form 8582 (2020)		

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 ga	ain or loss				
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss				
4-113/10 BHAVANI NAGAR	0.	5,770.			5,770.				
Total. Enter on Form 8582, lines 1a, 1b,									
and 1c	0.	5,770.							
Worksheet 2—For Form 8582, Lines 2	Vorksheet 2–For Form 8582, Lines 2a and 2b (see instructions)								

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. 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 loss		
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
Total. 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) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
4-113/10 BHAVANI NAGAR	E Ln 22	5,770.	1.00000000	5,770.	0.
Total		5,770.	1.00	5,770.	0.

Worksheet 5—Allocation of Unallowed Losses (see instructions)

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