

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶ 2393012021048kouki3d

Taxpayer's name <b>JAGAN MOHAN REDDY CHERLAKOLA</b>	Social security number 282-69-9356
Spouse's name <b>ROJASREE MAMIDALA</b>	Spouse's social security number 966-95-3718

**Part I Tax Return Information — Tax Year Ending December 31, 2020** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1	116,885
2 Total tax . . . . .	2	9,837
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	9,044
4 Amount you want refunded to you . . . . .	4	1,507
5 Amount you owe . . . . .	5	0

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, 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**

I authorize MANOJ GUPTA to enter or generate my PIN 96831  
ERO firm name Enter five digits, but don't enter all zeros  
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 MANOJ GUPTA to enter or generate my PIN 96832  
ERO firm name Enter five digits, but don't enter all zeros  
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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication—Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 23930162172  
Don't enter all zeros

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 ▶ MANOJ GUPTA Date ▶ 2/18/2021

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

# Pennsylvania e-file Signature Authorization

2020

PA-8879 (EX) 06-20

Declaration Control Number/Submission ID

2393012021048koumx1d

Primary Taxpayer's Name JAGAN MOHAN REDDY CHERLAKOLA	Social Security Number 282699356
Secondary Taxpayer's Name ROJASREE MAMIDALA	Social Security Number 966953718

## SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	116,885.00
2. PA Tax Liability (Form PA-40, Line 12)	2.	3,588.00
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	3,556.00
4. Refund (Form PA-40, Line 30)	4.	0.00
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	32.00

## SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

### Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

I authorize MANOJ GUPTA to enter my PIN 96831 as my signature on my tax year 2020 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Secondary Taxpayer's PIN: (check one box only)

I authorize MANOJ GUPTA to enter my PIN 96832 as my signature on my tax year 2020 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Practitioner PIN Program Participants Only – Continue Below

## SECTION III CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 23930162172

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date 02/26/21

**ERO must retain this form and the supporting documents for three years.**  
**DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)

Check only one box. 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 person is a child but not your dependent ▶

Your first name and middle initial <b>JAGAN MOHAN REDDY</b>		Last name <b>CHERLAKOLA</b>	Your social security number <b>282-69-9356</b>	
If joint return, spouse's first name and middle initial <b>ROJASREE</b>		Last name <b>MAMIDALA</b>	Spouse's social security number <b>966-95-3718</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>855 N PARK RD</b>			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>WYOMISSING</b>		State <b>PA</b>		ZIP code <b>19610</b>
Foreign country name		Foreign province/state/county		Foreign 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 Deduction** Someone can claim:  You as a dependent  Your spouse as a dependent  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 number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	<b>VIDHARTH REDDY</b>	<b>CHERLAKOLA</b>	<b>699-54-9154</b>	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .				<b>1</b>	115,818
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>	1,067
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>	0
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>7</b>	
<b>8</b> Other income from Schedule 1, line 9 . . . . .			<b>8</b>		
<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .			<b>9</b>	116,885	
<b>10</b> Adjustments to income:					
<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>				
<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>				
<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .			<b>10c</b>	0	
<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .			<b>11</b>	116,885	
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>12</b>	24,800	
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			<b>13</b>		
<b>14</b> Add lines 12 and 13 . . . . .			<b>14</b>	24,800	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	92,085	

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	11,837
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,837
19	Child tax credit or credit for other dependents	19	2,000
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	2,000
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,837
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your <b>total tax</b>	24	9,837
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,044
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,044
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	2,300
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	2,300
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	11,344
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,507
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,507
b	Routing number 075000019		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 108905867		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	
37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	0
38	Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.  
If you have nontaxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS?  Yes. Complete below.  No

Designee's name MANOJ GUPTA Phone no. (610) 507-5171 Personal identification number (PIN) 62172

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation IT PROFESSIONAL If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature Date Spouse's occupation HOMEMAKER If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Phone no. (646) 338-5947 Email address jaganmohan422@gmail.com

Paid Preparer Use Only

Preparer's name MANOJ GUPTA Preparer's signature MANOJ GUPTA Date 2/26/2021 PTIN P00621724 Check if: Self-employed Firm's name MANOJ GUPTA Phone no. (610) 507-5171 Firm's address 149 KATHLEEN LN, READING, PA 19610 Firm's EIN 46-2891202

**SCHEDULE B  
(Form 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

Name(s) shown on return

Your social security number

JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA

282-69-9356

**Part I**

**Interest**

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

WELLS FARGO BANK, N.A.  
HDFC BANK  
IDFC FIRST BANK  
ICICI BANK  
HDFC BANK

**Amount**

**1**

401  
442  
71  
73  
80

**2** Add the amounts on line 1  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

**2**

**3**

**4**

1,067  
  
1,067

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**

**Ordinary Dividends**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**5** List name of payer

**5**

**6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

**6**

0

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign Accounts and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**7a** At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

**Yes No**

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

X

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located **India**

**8** During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

X

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

Schedule B (Form 1040) 2020

HTA

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**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.**

▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Name(s) shown on return

JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA

Your social security number

282-69-9356

**Part I**

**Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No
- B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)
<b>A</b>	27-1-147 ALMASGUDA, BADANGPET, 500058, India
<b>B</b>	
<b>C</b>	

<b>1b</b>	Type of Property (from list below)	<b>2</b>	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	
			Fair Rental Days	Personal Use Days
<b>A</b>	1		<b>A</b>	<input type="checkbox"/>
<b>B</b>			<b>B</b>	<input type="checkbox"/>
<b>C</b>			<b>C</b>	<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		1,890		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions . . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>		130		
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions) . . . . .	<b>12</b>		3,440		
<b>13</b>	Other interest . . . . .	<b>13</b>				
<b>14</b>	Repairs . . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>		199		
<b>17</b>	Utilities . . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>		2,231		
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,000		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-4,110		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( )	( )	( )	
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		1,890		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		0		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		3,440		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		2,231		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,000		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				0
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( )			
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>				0

For Paperwork Reduction Act Notice, see the separate instructions.

**Foreign Tax Credit**  
(Individual, Estate, or Trust)

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.**

▶ **Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.**

Attachment  
Sequence No. **19**

Name **JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA** Identifying number as shown on page 1 of your tax return **282-69-9356**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a**  Section 951A category income    **c**  Passive category income    **e**  Section 901(j) income    **g**  Lump-sum distributions  
**b**  Foreign branch category income    **d**  General category income    **f**  Certain income re-sourced by treaty

**h** Resident of (name of country) ▶ **United States**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

i Enter the name of the foreign country or U.S. possession . . . . . ▶	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
<b>India</b>				
<b>1a</b> Gross income from sources within country shown above and of the type checked above (see instructions): HDFC BANK				
	2,556			<b>1a</b> 2,556
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	6,000			
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions) . . . . .	24,800			
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Add lines 3a and 3b . . . . .	24,800			
<b>d</b> Gross foreign source income (see instructions) . . . . .	2,556			
<b>e</b> Gross income from all sources (see instructions) . . . . .	118,775			
<b>f</b> Divide line 3d by line 3e (see instructions) . . . . .	0.021520			
<b>g</b> Multiply line 3c by line 3f . . . . .	534			
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
<b>b</b> Other interest expense . . . . .				
<b>5</b> Losses from foreign sources . . . . .				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 . . . . .	6,534			<b>6</b> 6,534
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 . . . . . ▶				<b>7</b> -3,978

**Part II Foreign Taxes Paid or Accrued** (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		(l) Date paid or accrued	Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
			(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
<b>A</b>	12/31/2020							161		161	
<b>B</b>											
<b>C</b>											
<b>8</b>	<b>Add lines A through C, column (u). Enter the total here and on line 9, page 2 . . . . . ▶</b>									<b>8</b> 161	

For Paperwork Reduction Act Notice, see instructions.

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .	9	161	
10	Carryback or carryover (attach detailed computation) . . . . . (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10 . . . . .	11	161	
12	Reduction in foreign taxes (see instructions) . . . . .	12		
13	Taxes reclassified under high tax kickout (see instructions) . . . . .	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit . . . . .	14		161
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) . . . . .	15	-3,978	
16	Adjustments to line 15 (see instructions) . . . . .	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) . . . . .	17	-3,978	
18	<b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption . . . . . <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1" . . . . .	19		
20	<b>Individuals:</b> Enter the total of Form 1040 or 1040-SR, line 16, and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 16 and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16 . . . . . <b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.	20		
21	Multiply line 20 by line 19 (maximum amount of credit) . . . . .	21		0
22	Increase in limitation (section 960(c)) . . . . .	22		
23	Add lines 21 and 22 . . . . .	23		0
24	Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV (see instructions) . . . . . ▶	24		0

**Part IV Summary of Credits From Separate Parts III (see instructions)**

25	Credit for taxes on section 951A category income . . . . .	25		
26	Credit for taxes on foreign branch category income . . . . .	26		
27	Credit for taxes on passive category income . . . . .	27		
28	Credit for taxes on general category income . . . . .	28		
29	Credit for taxes on section 901(j) income . . . . .	29		
30	Credit for taxes on certain income re-sourced by treaty . . . . .	30		
31	Credit for taxes on lump-sum distributions . . . . .	31		
32	Add lines 25 through 31 . . . . .	32		0
33	Enter the <b>smaller</b> of line 20 or line 32 . . . . .	33		0
34	Reduction of credit for international boycott operations. See instructions for line 12 . . . . .	34		
35	Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a . . . . . ▶	35		0



Form 1116

Foreign Tax Credit

(Individual, Estate, or Trust)

2020

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. Go to www.irs.gov/Form1116 for instructions and the latest information.

Attachment Sequence No. 19

Name: JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA Identifying number as shown on page 1 of your tax return: 282-69-9356

Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income b Foreign branch category income c [X] Passive category income d General category income e Section 901(j) income f Certain income re-sourced by treaty g Lump-sum distributions

h Resident of (name of country) United States

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

Table with columns: Foreign Country or U.S. Possession (A, B, C), Total (Add cols. A, B, and C.). Rows include: 1a Gross income from sources within country (India, HDFC BANK, 2,556); Deductions and losses (6,000); 2 Expenses definitely related (6,000); 3 Pro rata share of other deductions not definitely related (2,556); 4 Pro rata share of interest expense; 5 Losses from foreign sources; 6 Add lines 2, 3g, 4a, 4b, and 5 (6,000); 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 (-3,444).

Part II Foreign Taxes Paid or Accrued (see instructions)

Table with columns: Country, Credit is claimed for taxes (you must check one) (j) Paid, (k) Accrued, Foreign taxes paid or accrued (In foreign currency, In U.S. dollars), (l) Date paid or accrued, (m) Dividends, (n) Rents and royalties, (o) Interest, (p) Other foreign taxes paid or accrued, (q) Dividends, (r) Rents and royalties, (s) Interest, (t) Other foreign taxes paid or accrued, (u) Total foreign taxes paid or accrued (add cols. (q) through (t)). Rows A, B, C.

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2. 8 161

For Paperwork Reduction Act Notice, see instructions.

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .	9	161	
10	Carryback or carryover (attach detailed computation) . . . . . (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10 . . . . .	11	161	
12	Reduction in foreign taxes (see instructions) . . . . .	12		
13	Taxes reclassified under high tax kickout (see instructions) . . . . .	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit . . . . .	14		161
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) . . . . .	15	-3,444	
16	Adjustments to line 15 (see instructions) . . . . .	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) . . . . .	17	-3,444	
18	<b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable taxable income without the deduction for your exemption . . . . . <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1" . . . . .	19		
20	<b>Individuals:</b> Enter the total of Form 1040 or 1040-SR, line 16, and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 16 and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16 . . . . . <b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.	20		
21	Multiply line 20 by line 19 (maximum amount of credit) . . . . .	21		0
22	Increase in limitation (section 960(c)) . . . . .	22		
23	Add lines 21 and 22 . . . . .	23		0
24	Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV (see instructions) . . . . . ▶	24		0

**Part IV Summary of Credits From Separate Parts III (see instructions)**

25	Credit for taxes on section 951A category income . . . . .	25		
26	Credit for taxes on foreign branch category income . . . . .	26		
27	Credit for taxes on passive category income . . . . .	27		
28	Credit for taxes on general category income . . . . .	28		
29	Credit for taxes on section 901(j) income . . . . .	29		
30	Credit for taxes on certain income re-sourced by treaty . . . . .	30		
31	Credit for taxes on lump-sum distributions . . . . .	31		
32	Add lines 25 through 31 . . . . .	32		0
33	Enter the <b>smaller</b> of line 20 or line 32 . . . . .	33		0
34	Reduction of credit for international boycott operations. See instructions for line 12 . . . . .	34		
35	Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a . . . . . ▶	35		0

**Alternative Minimum Tax—Individuals**

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.

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

Attachment  
Sequence No. **32**

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

Your social security number

JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA

282-69-9356

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) . . . . .	<b>1</b>	92,085
<b>2a</b>	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12 . . . . .	<b>2a</b>	24,800
<b>2b</b>	Tax refund from Schedule 1 (Form 1040), line 1 or line 8 . . . . .	<b>2b</b>	( )
<b>2c</b>	Investment interest expense (difference between regular tax and AMT) . . . . .	<b>2c</b>	
<b>2d</b>	Depletion (difference between regular tax and AMT) . . . . .	<b>2d</b>	
<b>2e</b>	Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount . . . . .	<b>2e</b>	
<b>2f</b>	Alternative tax net operating loss deduction . . . . .	<b>2f</b>	( )
<b>2g</b>	Interest from specified private activity bonds exempt from the regular tax . . . . .	<b>2g</b>	
<b>2h</b>	Qualified small business stock, see instructions . . . . .	<b>2h</b>	
<b>2i</b>	Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .	<b>2i</b>	
<b>2j</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . . . .	<b>2j</b>	
<b>2k</b>	Disposition of property (difference between AMT and regular tax gain or loss) . . . . .	<b>2k</b>	
<b>2l</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .	<b>2l</b>	
<b>2m</b>	Passive activities (difference between AMT and regular tax income or loss) . . . . .	<b>2m</b>	
<b>2n</b>	Loss limitations (difference between AMT and regular tax income or loss) . . . . .	<b>2n</b>	
<b>2o</b>	Circulation costs (difference between regular tax and AMT) . . . . .	<b>2o</b>	
<b>2p</b>	Long-term contracts (difference between AMT and regular tax income) . . . . .	<b>2p</b>	
<b>2q</b>	Mining costs (difference between regular tax and AMT) . . . . .	<b>2q</b>	
<b>2r</b>	Research and experimental costs (difference between regular tax and AMT) . . . . .	<b>2r</b>	
<b>2s</b>	Income from certain installment sales before January 1, 1987 . . . . .	<b>2s</b>	( )
<b>2t</b>	Intangible drilling costs preference . . . . .	<b>2t</b>	
<b>3</b>	Other adjustments, including income-based related adjustments . . . . .	<b>3</b>	
<b>4</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$745,200, see instructions.) . . . . .	<b>4</b>	116,885

**Part II Alternative Minimum Tax (AMT)**

<b>5</b>	Exemption. <b>IF your filing status is . . . . . AND line 4 is not over . . . . . THEN enter on line 5 . . . . .</b> Single or head of household . . . . . \$ 518,400 . . . . . \$ 72,900 Married filing jointly or qualifying widow(er) . . . . . 1,036,800 . . . . . 113,400 Married filing separately . . . . . 518,400 . . . . . 56,700 If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>5</b>	113,400
<b>6</b>	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10 . . . . .	<b>6</b>	3,485
<b>7</b>	<ul style="list-style-type: none"> <li>If you are filing Form 2555, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.</li> <li><b>All others:</b> If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result.</li> </ul>	<b>7</b>	906
<b>8</b>	Alternative minimum tax foreign tax credit (see instructions) . . . . .	<b>8</b>	
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7 . . . . .	<b>9</b>	906
<b>10</b>	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions) . . . . .	<b>10</b>	11,837
<b>11</b>	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1 . . . . .	<b>11</b>	0

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Attachment  
Sequence No. **858**

Name(s) shown on return

Identifying number

JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA

282-69-9356

**Part I 2020 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	<b>1a</b>			
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	<b>1b</b>	( )		
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	<b>1c</b>	( )		
<b>d</b> Combine lines 1a, 1b, and 1c. . . . .	<b>1d</b>	0		

**Commercial Revitalization Deductions From Rental Real Estate Activities**

<b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a) . . . . .	<b>2a</b>	( )		
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .	<b>2b</b>	( )		
<b>c</b> Add lines 2a and 2b. . . . .	<b>2c</b>	( )		

**All Other Passive Activities**

<b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	<b>3a</b>			
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	<b>3b</b>	( 4,110 )		
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3c</b>	( )		
<b>d</b> Combine lines 3a, 3b, and 3c. . . . .	<b>3d</b>	( 4,110 )		

<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . .	<b>4</b>	( 4,110 )
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	<b>5</b>	0
<b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>6</b>	
<b>7</b> Enter modified adjusted gross income, but not less than zero. See instructions . . . . .	<b>7</b>	0
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>	0
<b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	<b>9</b>	0
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .	<b>10</b>	0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

<b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . . . . .	<b>11</b>	0
<b>12</b> Enter the loss from line 4 . . . . .	<b>12</b>	0
<b>13</b> Reduce line 12 by the amount on line 10 . . . . .	<b>13</b>	0
<b>14</b> Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .	<b>14</b>	0

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .	<b>15</b>	0
<b>16</b> <b>Total losses allowed from all passive activities for 2020.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . .	<b>16</b>	0

For Paperwork Reduction Act Notice, see instructions.

**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)

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

**Worksheet 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
<b>Total.</b> Enter on Form 8582, lines 2a and 2b . . . . . ▶	0	0	

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Sch E: RESIDENTIAL RENTAL PROPERT		4,110			4,110
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c . . . . . ▶	0	4,110	0		

**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)
<b>Total</b> . . . . . ▶		0	1.00	0	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
Sch E: RESIDENTIAL RENTAL PROPERT	Sch E, Line 22	4,110	1.000000	4,110
<b>Total</b> . . . . . ▶		4,110	1.00	4,110

**Worksheet 6—Allowed Losses** (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Sch E: RESIDENTIAL RENTAL PROPERTY	Sch E, Line 22	4,110	4,110	
<b>Total</b>		4,110	4,110	0

**Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules** (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or schedule and line number to be reported on (see instructions):</b>					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule . . . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Form or schedule and line number to be reported on (see instructions):</b>					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule . . . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Form or schedule and line number to be reported on (see instructions):</b>					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule . . . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Total</b>		0	1.00	0	0

**Statement of Specified Foreign Financial Assets**

**2020**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.  
Attach to your tax return.

Attachment  
Sequence No. 938

For calendar year 20 20 or tax year beginning     , 20 and ending     , 20

If you have attached continuation statements, check here  Number of continuation statements      4

**1** Name(s) shown on return  
JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA

**2** Taxpayer identification number (TIN)  
282-69-9356

**3** Type of filer  
**a**  Specified individual      **b**  Partnership      **c**  Corporation      **d**  Trust

**4** If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)  
**a** Name      **b** TIN

**Part I Foreign Deposit and Custodial Accounts Summary**

<b>1</b> Number of deposit accounts (reported in Part V)	5
<b>2</b> Maximum value of all deposit accounts	\$ 35,205
<b>3</b> Number of custodial accounts (reported in Part V)	0
<b>4</b> Maximum value of all custodial accounts	\$ 0
<b>5</b> Were any foreign deposit or custodial accounts closed during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part II Other Foreign Assets Summary**

<b>1</b> Number of foreign assets (reported in Part VI)	1
<b>2</b> Maximum value of all assets (reported in Part VI)	\$ 93,107
<b>3</b> Were any foreign assets acquired or sold during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)**

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign deposit and custodial accounts	<b>a</b> Interest	\$ 666	1040	SCH B
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		
2 Other foreign assets	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$ 1,890	1040	SCH E
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets (see instructions)**

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520           2. Number of Forms 3520-A           3. Number of Forms 5471       
 4. Number of Forms 8621           5. Number of Forms 8865     

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)**

If you have more than one account to report in Part V, attach a continuation statement for each additional account. See instructions.

<b>1</b> Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	<b>2</b> Account number or other designation 50100224686240
<b>3</b> Check all that apply <b>a</b> <input type="checkbox"/> Account opened during tax year <b>b</b> <input type="checkbox"/> Account closed during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of account during tax year	\$ 24,498
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> If you answered "Yes" to line 5, complete all that apply.	
<b>(a)</b> Foreign currency in which account is maintained INR	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars 73.034
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions)

<b>7a</b> Name of financial institution in which account is maintained HDFC BANK	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 17-1-210/4,SANTOSH NAGAR COLONY	
<b>9</b> City or town, state or province, and country (including postal code) HYDERABAD, India 500079	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset. See instructions.

<b>1</b> Description of asset RESIDENTIAL RENTAL REAL ESTATE	<b>2</b> Identifying number or other designation 27-1-14										
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>a</b> Date asset acquired during tax year, if applicable . . . . .</td> <td style="width:50%; border: none;">_____</td> </tr> <tr> <td style="width:50%; border: none;"><b>b</b> Date asset disposed of during tax year, if applicable. . . . .</td> <td style="width:50%; border: none;">_____</td> </tr> <tr> <td style="width:50%; border: none;"><b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse</td> <td style="width:50%; border: none;"><b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset</td> </tr> </table>		<b>a</b> Date asset acquired during tax year, if applicable . . . . .	_____	<b>b</b> Date asset disposed of during tax year, if applicable. . . . .	_____	<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse	<b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset				
<b>a</b> Date asset acquired during tax year, if applicable . . . . .	_____										
<b>b</b> Date asset disposed of during tax year, if applicable. . . . .	_____										
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse	<b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset										
<b>4</b> Maximum value of asset during tax year (check box that applies) <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;"><b>a</b> <input type="checkbox"/> \$0-\$50,000</td> <td style="width:25%; border: none;"><b>b</b> <input checked="" type="checkbox"/> \$50,001-\$100,000</td> <td style="width:25%; border: none;"><b>c</b> <input type="checkbox"/> \$100,001-\$150,000</td> <td style="width:25%; border: none;"><b>d</b> <input type="checkbox"/> \$150,001-\$200,000</td> </tr> <tr> <td colspan="4" style="border: none;"><b>e</b> If more than \$200,000, list value . . . . . \$ _____</td> </tr> </table>		<b>a</b> <input type="checkbox"/> \$0-\$50,000	<b>b</b> <input checked="" type="checkbox"/> \$50,001-\$100,000	<b>c</b> <input type="checkbox"/> \$100,001-\$150,000	<b>d</b> <input type="checkbox"/> \$150,001-\$200,000	<b>e</b> If more than \$200,000, list value . . . . . \$ _____					
<b>a</b> <input type="checkbox"/> \$0-\$50,000	<b>b</b> <input checked="" type="checkbox"/> \$50,001-\$100,000	<b>c</b> <input type="checkbox"/> \$100,001-\$150,000	<b>d</b> <input type="checkbox"/> \$150,001-\$200,000								
<b>e</b> If more than \$200,000, list value . . . . . \$ _____											
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>6</b> If you answered "Yes" to line 5, complete all that apply. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <b>(a)</b> Foreign currency in which asset is denominated                       INR                 </td> <td style="width:33%; vertical-align: top;"> <b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars                       73.034                 </td> <td style="width:33%; vertical-align: top;"> <b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service                 </td> </tr> </table>		<b>(a)</b> Foreign currency in which asset is denominated  INR	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars  73.034	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service							
<b>(a)</b> Foreign currency in which asset is denominated  INR	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars  73.034	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service									
<b>7</b> If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>a</b> Name of foreign entity _____</td> <td style="width:50%; border: none;"><b>b</b> GIIN (Optional) _____</td> </tr> <tr> <td colspan="2" style="border: none;"><b>c</b> Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate</td> </tr> <tr> <td colspan="2" style="border: none;"><b>d</b> Mailing address of foreign entity. Number, street, and room or suite no. ALMASGUDA</td> </tr> <tr> <td colspan="2" style="border: none;"><b>e</b> City or town, state or province, and country (including postal code) BADANGPET, India 500058</td> </tr> </table>		<b>a</b> Name of foreign entity _____	<b>b</b> GIIN (Optional) _____	<b>c</b> Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate		<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no. ALMASGUDA		<b>e</b> City or town, state or province, and country (including postal code) BADANGPET, India 500058			
<b>a</b> Name of foreign entity _____	<b>b</b> GIIN (Optional) _____										
<b>c</b> Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate											
<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no. ALMASGUDA											
<b>e</b> City or town, state or province, and country (including postal code) BADANGPET, India 500058											
<b>8</b> If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <p><b>Note:</b> If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty. See instructions.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty</td> <td style="width:50%; border: none;">_____</td> </tr> <tr> <td colspan="2" style="border: none;"><b>b</b> Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate</td> </tr> <tr> <td colspan="2" style="border: none;"><b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person</td> </tr> <tr> <td colspan="2" style="border: none;"><b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no. _____</td> </tr> <tr> <td colspan="2" style="border: none;"><b>e</b> City or town, state or province, and country (including postal code) _____</td> </tr> </table>		<b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	_____	<b>b</b> Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate		<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no. _____		<b>e</b> City or town, state or province, and country (including postal code) _____	
<b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	_____										
<b>b</b> Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate											
<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person											
<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no. _____											
<b>e</b> City or town, state or province, and country (including postal code) _____											



**(Continuation Statement)**

Name(s) shown on return <b>JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA</b>	TIN <b>282-69-9356</b>
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**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions)

<b>1</b> Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	<b>2</b> Account number or other designation 10060420930
<b>3</b> Check all that apply <b>a</b> <input type="checkbox"/> Account opened during tax year <b>b</b> <input type="checkbox"/> Account closed during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of account during tax year . . . . . \$ <b>4,235</b>	
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> If you answered "Yes" to line 5, complete all that apply.	
<b>(a)</b> Foreign currency in which account is maintained INR	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars 73.034
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>7a</b> Name of financial institution in which account is maintained IDFC FIRST BANK	<b>b</b> GIIN (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 7-1-621/93, SANEEVA REDDY NAGAR	
<b>9</b> City or town, state or province, and country (including postal code) HYDERABAD, India 500038	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. <b>a</b> Date asset acquired during tax year, if applicable . . . . . <b>b</b> Date asset disposed of during tax year, if applicable . . . . . <b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of asset during tax year (check box that applies) <b>a</b> <input type="checkbox"/> \$0-\$50,000 <b>b</b> <input type="checkbox"/> \$50,001-\$100,000 <b>c</b> <input type="checkbox"/> \$100,001-\$150,000 <b>d</b> <input type="checkbox"/> \$150,001-\$200,000 <b>e</b> If more than \$200,000, list value . . . . . \$	
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>6</b> If you answered "Yes" to line 5, complete all that apply.	
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>7</b> If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <b>a</b> Name of foreign entity <b>b</b> GIIN (Optional) <b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate <b>d</b> Mailing address of foreign entity. Number, street, and room or suite no. <b>e</b> City or town, state or province, and country (including postal code)	
<b>8</b> If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty <b>b</b> Type of issuer or counterparty <b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate <b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person <b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no. <b>e</b> City or town, state or province, and country (including postal code)	

**(Continuation Statement)**

Name(s) shown on return <b>JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA</b>	TIN <b>282-69-9356</b>
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**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions)

<b>1</b> Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	<b>2</b> Account number or other designation 004801603038
<b>3</b> Check all that apply <b>a</b> <input type="checkbox"/> Account opened during tax year <b>b</b> <input type="checkbox"/> Account closed during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of account during tax year . . . . . \$ <b>2,346</b>	
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> If you answered "Yes" to line 5, complete all that apply.	
<b>(a)</b> Foreign currency in which account is maintained INR	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars 73.034
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>7a</b> Name of financial institution in which account is maintained ICICI BANK	<b>b</b> GIIN (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. SD Road, G-1, Navketan 62	
<b>9</b> City or town, state or province, and country (including postal code) HYDERABAD, India 500003	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. <b>a</b> Date asset acquired during tax year, if applicable . . . . . <b>b</b> Date asset disposed of during tax year, if applicable . . . . . <b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of asset during tax year (check box that applies) <b>a</b> <input type="checkbox"/> \$0–\$50,000 <b>b</b> <input type="checkbox"/> \$50,001–\$100,000 <b>c</b> <input type="checkbox"/> \$100,001–\$150,000 <b>d</b> <input type="checkbox"/> \$150,001–\$200,000 <b>e</b> If more than \$200,000, list value . . . . . \$	
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>6</b> If you answered "Yes" to line 5, complete all that apply.	
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>7</b> If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <b>a</b> Name of foreign entity <b>b</b> GIIN (Optional) <b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate <b>d</b> Mailing address of foreign entity. Number, street, and room or suite no. <b>e</b> City or town, state or province, and country (including postal code)	
<b>8</b> If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty <b>b</b> Type of issuer or counterparty <b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate <b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person <b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no. <b>e</b> City or town, state or province, and country (including postal code)	

**(Continuation Statement)**

Name(s) shown on return <b>JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA</b>	TIN <b>282-69-9356</b>
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**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions)

<b>1</b> Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	<b>2</b> Account number or other designation <b>MUTUAL FUND</b>	
<b>3</b> Check all that apply <b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of account during tax year . . . . . \$ <b>438</b>		
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6</b> If you answered "Yes" to line 5, complete all that apply.		
<b>(a)</b> Foreign currency in which account is maintained <b>INR</b>	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars <b>73.034</b>	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>7a</b> Name of financial institution in which account is maintained <b>AXIS BLUE CHIP</b>	<b>b</b> GIIN (Optional)	
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>AXIS HOUSE</b>		
<b>9</b> City or town, state or province, and country (including postal code) <b>MUMBAI, India 400025</b>		

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation	
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. <b>a</b> Date asset acquired during tax year, if applicable . . . . . <b>b</b> Date asset disposed of during tax year, if applicable . . . . . <b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
<b>4</b> Maximum value of asset during tax year (check box that applies) <b>a</b> <input type="checkbox"/> \$0–\$50,000 <b>b</b> <input type="checkbox"/> \$50,001–\$100,000 <b>c</b> <input type="checkbox"/> \$100,001–\$150,000 <b>d</b> <input type="checkbox"/> \$150,001–\$200,000 <b>e</b> If more than \$200,000, list value . . . . . \$		
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>6</b> If you answered "Yes" to line 5, complete all that apply.		
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>7</b> If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
<b>a</b> Name of foreign entity <b>b</b> GIIN (Optional)		
<b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate		
<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no.		
<b>e</b> City or town, state or province, and country (including postal code)		
<b>8</b> If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
<b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
<b>b</b> Type of issuer or counterparty <b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate		
<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no.		
<b>e</b> City or town, state or province, and country (including postal code)		

**(Continuation Statement)**

Name(s) shown on return <b>JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA</b>	TIN <b>282-69-9356</b>
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**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions)

<b>1</b> Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	<b>2</b> Account number or other designation 50100190650266
<b>3</b> Check all that apply <b>a</b> <input type="checkbox"/> Account opened during tax year <b>b</b> <input type="checkbox"/> Account closed during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of account during tax year . . . . . \$ <u>3,688</u>	
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> If you answered "Yes" to line 5, complete all that apply.	
<b>(a)</b> Foreign currency in which account is maintained INR	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars 73.034
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>7a</b> Name of financial institution in which account is maintained HDFC BANK	<b>b</b> GIIN (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. SGR COLONY CHAMPAPET	
<b>9</b> City or town, state or province, and country (including postal code) HYDERABAD, India 500079	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. <b>a</b> Date asset acquired during tax year, if applicable . . . . . <b>b</b> Date asset disposed of during tax year, if applicable . . . . . <b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of asset during tax year (check box that applies) <b>a</b> <input type="checkbox"/> \$0–\$50,000 <b>b</b> <input type="checkbox"/> \$50,001–\$100,000 <b>c</b> <input type="checkbox"/> \$100,001–\$150,000 <b>d</b> <input type="checkbox"/> \$150,001–\$200,000 <b>e</b> If more than \$200,000, list value . . . . . \$	
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>6</b> If you answered "Yes" to line 5, complete all that apply.	
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>7</b> If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
<b>a</b> Name of foreign entity _____ <b>b</b> GIIN (Optional) _____	
<b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate	
<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no.	
<b>e</b> City or town, state or province, and country (including postal code)	
<b>8</b> If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
<b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
<b>b</b> Type of issuer or counterparty <b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate	
<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no.	
<b>e</b> City or town, state or province, and country (including postal code)	

# Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**2020**

Department of the Treasury  
Internal Revenue Service

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
▶ Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return <b>JAGAN MOHAN REDDY CHERLAKOLA and ROJASREE MAMIDALA</b>	Taxpayer identification number <b>282-69-9356</b>
Enter preparer's name and PTIN <b>MANOJ GUPTA</b> <span style="float:right;"><b>P00621724</b></span>	

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: <u>PASSPORT</u> _____ _____			
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. **179**

Name(s) shown on return <b>JAGAN MOHAN REDDY CHERLAKOLA</b>	Business or activity to which this form relates <b>Sch E: 01 - RESIDENTIAL RENTAL PROPERTY</b>	Identifying number <b>282-69-9356</b>
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### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) . . . . .	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	0
<b>6</b>	<b>(a)</b>	<b>(b)</b>
(a) Description of property		(b) Cost (business use only)
		(c) Elected cost
		<b>7</b>
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562. . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	0
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 . . . . .	<b>13</b>	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

### Part III MACRS Depreciation (Don't include listed property. See instructions.)

#### Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020 . . . . .	<b>17</b>	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .	<input type="checkbox"/>	

#### Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19 a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

#### Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

<b>20 a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year	1/1/2020	93,107	40 yrs.	MM	S/L	2,231

### Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	<b>22</b>	2,231
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

PA-40 - 2020
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

282699356 966953718
CHERLAKOLA
JAGAN MOHAN REDD Occupation IT PROFESS
ROJASREE Occupation HOMEMAKER
MAMIDALA
855 N PARK RD APT AA203
WYOMISSING PA 19610
646-338-5947 06910

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name WILSON

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows include 1a (115818), 1b (0), 1c (115818), 2 (1067), 3 (0), 4 (0), 5 (0), 6 (-4110), 7 (0), 8 (0), 9 (116885), 10 (0), 11 (116885).



EC OFFICIAL USE ONLY FC
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]



PA-40 - 2020

Social Security Number

282699356

Name(s) CHERLAKOLA JAGAN MOHAN REDDY A

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

12 3588

13 Total PA Tax Withheld. See the instructions.

13 3556

14 Credit from your 2019 PA Income Tax return.

14 0

15 2020 Estimated Installment Payments. REV-459B included. N

15 0

16 2020 Extension Payment.

16 0

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

17 0

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

18 0

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19a 00

19b Dependents, Section II, Line 2, PA Schedule SP

19b 00

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

20 0

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

21 0

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

22 0

23 Total Other Credits. Submit your PA Schedule OC.

23 0

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

24 3556

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

25 0

26 TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here.

26 32

27 Penalties and Interest. See the instructions. Enter Code:

27 0

If including form REV-1630/REV-1630A, mark the box. N

28 TOTAL PAYMENT DUE. See the instructions.

28 32

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

29 0

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND

30 0

31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

31 0

32 Refund donation line. Enter the organization code and donation amount. See instructions.

32 0

33 Refund donation line. Enter the organization code and donation amount. See instructions.

33 0

34 Refund donation line. Enter the organization code and donation amount. See instructions.

34 0

35 Refund donation line. Enter the organization code and donation amount. See instructions.

35 0

36 Refund donation line. Enter the organization code and donation amount. See instructions.

36 0

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number Date 02262021

MANOJ GUPTA (610) 507-5171

E-File Opt Out

Firm FEIN 462891202 Preparer's PTIN P00621724



**PA SCHEDULE E**  
Rents and Royalty Income (Loss)

2001410022

PA-40 E (EX) 06-20 (I)  
PA Department of Revenue

**2020**

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule <b>JAGAN MOHAN REDDY CHERLAKOLA</b>	Social Security Number (shown first) or EIN <b>282-69-9356</b>
--	---

Sales Tax License Number (if applicable). See the instructions. \_\_\_\_\_ Are rental payments made by lessees through a third party broker?  Yes  No

**See the instructions.** Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

**SECTION I PROPERTY DESCRIPTION**

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A 1	RESIDENTIAL RENTAL PROPERTY	YES <input type="checkbox"/> NO <input type="checkbox"/>	27-1-147 ALMASGUDA BADANGPET, India 500058
B		YES <input type="checkbox"/> NO <input type="checkbox"/>	
C		YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Property type:** 1. Single family residence 2. Multi-family residence 3. Vacation/short-term rental 4. Commercial 5. Land 6. Royalties 7. Self-rental 8. Other, describe: \_\_\_\_\_

**SECTION II INCOME & EXPENSES**

		Property A	Property B	Property C
<b>Line a:</b> Identify the property from Section I and indicate ownership (T/S/J)		<input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J
<b>Line b:</b> Is the property rental location in PA?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Line c:</b> Is the property rented for any period less than 30 days?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Income:</b>	1. Rent received	1,890		
	2. Royalties received	0		
<b>Expenses:</b>	3. Advertising	0		
	4. Automobile and travel	0		
	5. Cleaning and maintenance	0		
	6. Commissions	0		
	7. Insurance	130		
	8. Legal and professional fees	0		
	9. Management fees	0		
	10. Mortgage interest	3,440		
	11. Other interest	0		
	12. Repairs	0		
	13. Supplies	0		
	14. Taxes - not based on net income	199		
	15. Utilities	0		
	16. Depreciation expense - See the instructions	2,231		
	17. Other expenses (itemize): _____			
	18. <b>Total Expenses</b> - Add Lines 3 through 17	6,000		
<b>Income or Loss:</b>	19. <b>Income</b> - Subtract Line 18 from Line 1 or 2	0		
	20. <b>Loss</b> - Subtract Line 1 or 2 from Line 18. (fill in the box, if a net loss)	<input checked="" type="checkbox"/> 4,110		
	21. <b>Net Income or Loss</b> - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the box, if a net loss)	<input type="checkbox"/>	21.	0
	22. <b>Net Income or Loss</b> - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the box, if a net loss)	<input checked="" type="checkbox"/>	22.	4,110
	23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the box, if a net loss)	<input type="checkbox"/>	23.	0
	24. <b>Net Rent and Royalty Income (Loss).</b> Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the box, if a net loss)	<input checked="" type="checkbox"/>	24.	4,110



2001410022

2001410022

# TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

*You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.*

Tax Year 2020

*\*If you have relocated during the tax year, please supply additional information.*

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
TO				
TO				

*\*\*If you need additional space - please see back of form.*

LAST NAME, FIRST NAME, MIDDLE INITIAL <b>CHERLAKOLA, JAGAN MOHAN REDDY</b>	SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL <b>MAMIDALA, ROJASREE</b>
STREET ADDRESS (No PO Box, RD or RR) <b>855 N PARK RD, Apt AA203</b>	
SECOND LINE OF ADDRESS	

CITY <b>WYOMISSING</b>	STATE <b>PA</b>	ZIP CODE <b>19610</b>
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DAYTIME PHONE NUMBER <b>(646) 338-5947</b>	RESIDENT PSD CODE <span style="border: 1px solid black; padding: 2px;"><b>061604</b></span>	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
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<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. <b>Combining income is NOT permitted.</b></p> <p style="text-align: center;"><b>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</b></p> <p><input type="checkbox"/> Single <input checked="" type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p>	<p style="text-align: center;">Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;"><b>282-69-9356</b></span></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> disabled</td> <td><input type="checkbox"/> student</td> </tr> <tr> <td><input type="checkbox"/> deceased</td> <td><input type="checkbox"/> military</td> </tr> <tr> <td><input type="checkbox"/> homemaker</td> <td><input type="checkbox"/> retired</td> </tr> <tr> <td><input type="checkbox"/> unemployed</td> <td></td> </tr> </table>	<input type="checkbox"/> disabled	<input type="checkbox"/> student	<input type="checkbox"/> deceased	<input type="checkbox"/> military	<input type="checkbox"/> homemaker	<input type="checkbox"/> retired	<input type="checkbox"/> unemployed		<p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;"><b>966-95-3718</b></span></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> disabled</td> <td><input type="checkbox"/> student</td> </tr> <tr> <td><input type="checkbox"/> deceased</td> <td><input type="checkbox"/> military</td> </tr> <tr> <td><input checked="" type="checkbox"/> homemaker</td> <td><input type="checkbox"/> retired</td> </tr> <tr> <td><input type="checkbox"/> unemployed</td> <td></td> </tr> </table>	<input type="checkbox"/> disabled	<input type="checkbox"/> student	<input type="checkbox"/> deceased	<input type="checkbox"/> military	<input checked="" type="checkbox"/> homemaker	<input type="checkbox"/> retired	<input type="checkbox"/> unemployed	
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<input checked="" type="checkbox"/> homemaker	<input type="checkbox"/> retired																	
<input type="checkbox"/> unemployed																		

1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) . . . . .	115,818 .00	0 .00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) . . . . .	0 .00	0 .00
3. Other Taxable Earned Income * . . . . .	0 .00	0 .00
4. <b>Total Taxable Earned Income</b> (Subtract Line 2 from Line 1 and add Line 3) . . . . .	115,818 .00	0 .00
5. Net Profit (Enclose PA Schedules*) . . . . .	0 .00	0 .00
NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>		
6. Net Loss (Enclose PA Schedules*) . . . . .	0 .00	0 .00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)	0 .00	0 .00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) . . . . .	115,818 .00	0 .00
9. <b>Total Tax Liability</b> (Line 8 multiplied by 1.0000% ) . . . . .	1,158 .00	0 .00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	1,158 .00	0 .00
11. Quarterly Estimated Payments/Credit From Previous Tax Year . . . . .	0 .00	0 .00
12. Out-of-State or Philadelphia Credits (include supporting documentation) . . . . .	0 .00	0 .00
13. <b>TOTAL PAYMENTS and CREDITS</b> (Add Lines 10 through 12) . . . . .	1,158 .00	0 .00
14. <b>Refund</b> IF MORE THAN \$1.00, enter amount (or select option in 15) . . . . .	0 .00	0 .00
15. <b>Credit Taxpayer/Spouse</b> (Amount of Line 13 you want as a credit to your account) . . . . .	.00	.00
<input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse		
16. <b>EARNED INCOME TAX BALANCE DUE</b> (Line 9 minus Line 13) . . . . .	0 .00	0 .00
17. <b>Penalty after April 15*</b> (multiply Line 16 by ) . . . . .	0 .00	0 .00
18. <b>Interest after April 15*</b> (multiply Line 16 by ) . . . . .	0 .00	0 .00
19. <b>TOTAL PAYMENT DUE</b> (Add Lines 16, 17, and 18) . . . . .	0 .00	0 .00

**\*See Instructions**

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

YOUR SIGNATURE	SPOUSE'S SIGNATURE (If Filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE <b>MANOJ GUPTA</b>	<b>MANOJ GUPTA</b>	PHONE NUMBER <b>(610) 507-5171</b>