(Rev. August 2020)		OMB No. 1545-0074
Department of the Treasury	ERO must obtain and retain completed Form 8879.	
Internal Revenue Service	► Go to www.irs.gov/Form8879 for the latest information.	
Submission Identification	ion Number (SID)	
Taxpayer's name	Social security	y number
SAI SANDEEP PED	DDI 295-77-	-5296
Spouse's name	Spouse's soci	al security number
Part I Tax Retu	Irn Information – Tax Year Ending December 31, (Enter year you ar	e authorizing.)
Enter whole dollars only		
	ilers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
	income	<b>1</b> 64,608.
		2 7,280.
	tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 10,335.
,	ant refunded to you	<b>4</b> 4,855.
5 Amount you owe Part II Taxpayer	r Declaration and Signature Authorization (Be sure you get and keep a copy	5
	r Declaration and Signature Authorization (Be sure you get and keep a copy /, I declare that I have examined a copy of the income tax return (original or amended) I am now authorization	
axes to receive confiden personal identification nur Electronic Funds Withdrav Faxpayer's PIN: check	k one box only	ner acknowledge that the zing and, if applicable, m
signature on th	GLOBAL TAXES LLC       to enter or generate my PIN         ERO firm name       Enter don         the income tax return (original or amended) I am now authorizing.       PIN as my signature on the income tax return (original or amended) I am now authorizin         or PIN as my signature on the income tax return (original or amended) I am now authorizing your own PIN and your return is filed using the Practitioner PIN method. The ERO	er five digits, but 't enter all zeros ng. Check this box <b>only</b>
signature on th I will enter my if you are enter below.	ERO firm name the income tax return (original or amended) I am now authorizing. If PIN as my signature on the income tax return (original or amended) I am now authorizing	as my er five digits, but 't enter all zeros
signature on th I will enter my if you are enter below. Your signature ►	ERO firm name the income tax return (original or amended) I am now authorizing. ✓ PIN as my signature on the income tax return (original or amended) I am now authorizin ering your own PIN and your return is filed using the Practitioner PIN method. The ERO Date ►	as my er five digits, but 't enter all zeros
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signature on th I will enter my if you are enter below. Your signature ► Spouse's PIN: check of I authorize	ERO firm name       Fint dom         the income tax return (original or amended) I am now authorizing.       I am now authorizing.         / PIN as my signature on the income tax return (original or amended) I am now authorizin       I am now authorizing.         ering your own PIN and your return is filed using the Practitioner PIN method. The ERO       Date ►	as my er five digits, but i't enter all zeros og. Check this box <b>only</b> must complete Part II
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signature on th I will enter my if you are enter below. Your signature ► Spouse's PIN: check of I authorize signature on th I will enter my if you are enter	ERO firm name       Fint dom         the income tax return (original or amended) I am now authorizing.       PIN as my signature on the income tax return (original or amended) I am now authorizin         ering your own PIN and your return is filed using the Practitioner PIN method. The ERO       Date ►         one box only       to enter or generate my PIN         ERO firm name       Enter dom         one tax return (original or amended) I am now authorizing.       Enter dom         V PIN as my signature on the income tax return (original or amended) I am now authorizing.       Enter dom         V PIN as my signature on the income tax return (original or amended) I am now authorizing.       Enter dom         V PIN as my signature on the income tax return (original or amended) I am now authorizing.       Enter dom         Date ►       Date       Enter dom         Date ►       Date       Enter dom         ERO firm name       Enter dom       Enter dom         Date ►       Enter dom       Enter dom	as my er five digits, but r't enter all zeros ng. Check this box <b>only</b> must complete Part II as my er five digits, but r't enter all zeros ng. Check this box <b>only</b>
signature on th I will enter my if you are enter below. Your signature ► Spouse's PIN: check of I authorize signature on th I will enter my if you are enter below. Spouse's signature ►	ERO firm name       Fint dom         the income tax return (original or amended) I am now authorizing.       I am now authorizing.         Y PIN as my signature on the income tax return (original or amended) I am now authorizing ering your own PIN and your return is filed using the Practitioner PIN method. The ERO         Date ►	as my er five digits, but r't enter all zeros ng. Check this box <b>only</b> must complete Part II as my er five digits, but r't enter all zeros ng. Check this box <b>only</b>
signature on th I will enter my if you are enter below. Your signature ► Spouse's PIN: check of I authorize Signature on th I will enter my if you are enter below. Spouse's signature ► Part III Certificat	ERO firm name       Entrogon         the income tax return (original or amended) I am now authorizing.       PIN as my signature on the income tax return (original or amended) I am now authorizing         original or own PIN and your return is filed using the Practitioner PIN method. The ERO	as my er five digits, but renter all zeros ag. Check this box only must complete Part I as my er five digits, but renter all zeros ag. Check this box only must complete Part I must complete Part I
signature on th □ I will enter my if you are enter below. Your signature ► Spouse's PIN: check of □ I authorize signature on th □ I will enter my if you are enter below. Spouse's signature ► Part III Certificat ERO's EFIN/PIN. Enter I certify that the above nu authorized to file for tax y	ERO firm name       Firm name         the income tax return (original or amended) I am now authorizing.       PIN as my signature on the income tax return (original or amended) I am now authorizin         ering your own PIN and your return is filed using the Practitioner PIN method. The ERO       Date ►         one box only       to enter or generate my PIN         ERO firm name       to enter or generate my PIN         ering your own PIN as my signature on the income tax return (original or amended) I am now authorizing.       Enter dom         one box only       Image: Commonweak and the income tax return (original or amended) I am now authorizing.       Enter dom         or PIN as my signature on the income tax return (original or amended) I am now authorizing.       Enter dom         or PIN as my signature on the income tax return (original or amended) I am now authorizing.       Enter dom         or PIN as my signature on the income tax return (original or amended) I am now authorizing.       Enter dom         or PIN as my signature on the income tax return (original or amended) I am now authorizing.       Enter dom         or PIN and your return is filed using the Practitioner PIN method. The ERO       Date ►         Date ►       Enter dom       Enter dom         to an on the income tax return (original or amended) I am now authorizing.       Enter dom         to an on the income tax return is filed using the Practitioner PIN method. The ERO       Enter dom	as my er five digits, but renter all zeros ag. Check this box only must complete Part II as my er five digits, but renter all zeros ag. Check this box only must complete Part II must complete Part II as my er all zeros ad or amended) I am nov m in accordance with the

Filing Status       X       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying on the paron is a child but not your dependent b       Your for name and middle initial       Last name       Your social security number         SAIL SANDBEP       PEDDI       295-77-5296       Spoure's social security number         If pint return, spoure's find name and middle initial       Last name       Spoure's social security number         2011       Winn, or post office. If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         6201       WINDHAVEN       PKWY       11.23       Check here if you, or your         7 origin country name       Foreign province/state/county       Foreign province/state/county       Foreign postal code       your as observing into change your as or terlind.         PLANO       Someone can claim:       You as a dependent       Your spouse as a dependent       You       you         Age/Bindness       You:       Were bom before January 2, 1956       Is blind       Dependents, see instructions;       Preside roth or gomodes         If more than four       (1) First name       Las name       You       Sob </th <th>E<b>1040</b></th> <th></th> <th>artment of the Treasury-Internal Revenue Servi S. Individual Income Tax</th> <th></th> <th>(99) <b>urn</b></th> <th>202</th> <th>20</th> <th>OMB No. 1545</th> <th>5-0074</th> <th>IRS Us</th> <th>se Only</th> <th>–Do not w</th> <th>rite or staple</th> <th>in this space.</th>	E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	5-0074	IRS Us	se Only	–Do not w	rite or staple	in this space.	
SAI SANDEEP       PEDDI       295-77-5296         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address furmber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign GOU WINDHAVEN PKWY         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       by cont office. If you, or your         Foreign country name       Foreign province/state/country       Foreign post alcose       You or a spouse if ming jointy, want S3 by cost office. If you have a foreign address, also complete spaces below.       State       ZP code       by cost office. If you your       Spouse's word office. If you your         Foreign country name       Foreign province/state/country       Foreign postal code       You (C)       Spouse's word in contange your tex or return.         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       You You       Spouse's instructions;         If more than four dependents (see instructions):       (I) Spouse itemizes on a separate return or you were a dual-status alien       Age/Bindmess You:       Yes born before January 2, 1956       Is blind         Dependents (see instructions):       (I) First name       Last name       Diffice instructions;       Iffice instructions;       Iffice instructions;       Iffice instructions;	Check only	lf yo	u checked the MFS box, enter the n	ame of	-										
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       1123         6201 WINDHAVEN PKWY       1123       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       TX       75 093         Foreign country name       Foreign province/state/country       Foreign postal code       Yes X       No         Standard       Someone can claim:       You spouse as a dependent       Your spouse as a dependent       Yes X       No         Standard begendents, see instructions;       (1) Social security       (3) Relationship       (4) 4// if qualifies to relate returnor;       Yes X       No         Standard begendents, see instructions;       (2) Social security       (3) Relationship       (4) 4// if qualifies to relate rother dependent         If more       (1) First name       Last name       Dependents       1       73,708.         Standard begendents, see, salaries, tips, etc. Attach Form(s) W-2       .       1       73,708.         Attach       Taxable interest       .       1       73,708.         Standard begendents, sea       Sa       b Taxable amount       .       6b	Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number	
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         6201 WINDHAVEN PKWY       11.2.3       Check here if you, or your spouse if filing jointly, want S3         PLANO       TX       75093       spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign postal code       you is or post of this fund. Checking a box below will not change your is or postal code         You       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:       Were born before January 2, 1956       Are bind       Spouse:       Was born before January 2, 1956       Is bind         Dependents       (9) Were born before January 2, 1956       Are bind       Spouse:       Was born before January 2, 1956       Is bind         Dependents       (9) Were born before January 2, 1956       Are bind       Spouse:       Was born before January 2, 1956       Is bind         Dependents       (9) Eristing to control with a four dependents       (9) Vir (1 qualifies for fees instructions):       (1) First name       Last name       (1) First name       1       73, 708.         Attach       2a       Tax-exempt interest       2a       b       Taxable amount.       4b       5b         Standard       Foreign positions . <td< td=""><td>SAI SAN</td><td>DEEP</td><td></td><td>PEDI</td><td>DI</td><td></td><td></td><td></td><td></td><td></td><td></td><td>295-</td><td>77-529</td><td>б</td></td<>	SAI SAN	DEEP		PEDI	DI							295-	77-529	б	
6201 WINDHAVEN PKWY       1123       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       spouse if filling jointly, want \$3         PackNO       Tx       750.93       box below will not change         Foreign country name       Foreign province/statk/country       Foreign postal code       your tax or refund.         You Tax or refund.       You a spouse as a dependent       You spouse as a dependent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Its blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) 4' if qualifies for (see instructions):         If more       (1) First name       Last name       interest       2b         Sch. Bif       3a       b       Tax-beinerest       2b         Sch. Bif       Gualified dividends       3a       b       Taxable amount       6b         Standard       Social security benefits       6a       b       Taxable amount       6b         Attach       Sch. Bif       Sa       Outlined dividends       3a       b       Taxable amoun	lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse'	s social se	curity number	
Chry, Win, Disk Unit, or Date and eight address, also bothplete spaces below.       State       24' Odde       to go to this fund, Checking a         Paramo       Tx       75093       Foreign province/state/county       Foreign postal code       to go to this fund, Checking a         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       You allow the defendent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) // It qualifies for (see instructions):         if more       1       73, 708.       2a       b       Taxable amount       2b         Sch. Bif       3a       Qualified dividends       3a       b       Taxable amount       5b         Standard       Social security benefits       6a       5a       b       Taxable amount       5b         6a       Other income from Schedule 1, line 9       5a       5b <td></td> <td></td> <td></td> <td>instructi</td> <td>ons.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1 0</td>				instructi	ons.									1 0	
PLANO       TX       7509 arrow bold will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were born before January 2, 1956       A teo blind       Spouse:       Was born before January 2, 1956       Is blind         Opendents       (see instructions):       (1) First name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       number       Child tax credit       Credit for other dependents         see instructions	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co	ode					
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) I' if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Immber	PLANO						T2	х	750	93		Ŭ Ŭ		0	
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes   Standard Someone can claim: You as a dependent Your spouse as a dependent   Deduction Spouse iternizes 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 (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (6) Credit for other dependents (and the dependents): (and the dependents): (b) Region (c) Addition of the dependents (c) Addition for (c) Addition for (c) Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (c) Additions 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (c) Additions 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income (c) Add lines 10 and 10b. These are your total adjustments to income (c) Add lines 10 and 10b. These are your adjusted gross income (c) Add lines 10 and 10b. These are your adjusted gross income (c) Add lines 10 and 10b. These are your adjusted gross income (c) Add line	Foreign country	/ name			Foreign p	rovince/state	/coun	ty	Foreig	n postal	code	1		0	
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (a) Prelationship       (b) Prist name       (b) Prist name       (c) Prist name													You	Spouse	
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions	At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	or otherv	vise acquire	any	financial intere	est in a	ıny virtı	ial cu	irrency?	Yes	X No	
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions and check       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         Attach		_		•											
If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents, see instructions         and check	Age/Blindness	S You:	Were born before January 2, 1	956 [	Are b	lind <b>Sp</b>	ouse	: 🗌 Was bo	rn befo	ore Jan	uary 2	2, 1956	🗌 ls b	lind	
In Hole       Image: Second Seco	•				(2)		у		nip						
see instructions       Image: selence of the selence of		(1)												<u> </u>	
and check       here       image: solution of the solutic the solution of the solution of the solution of the	· · · ·										$\overline{\Box}$				
here   Attach   Sch. B if   required.   2a   3a   Qualified dividends   4a   RA distributions   4a   RA distributions   4a   Pensions and annuities   5a   Pensions and annuities   5a   Pensions and annuities   5a   Pensions and annuities   5a   Sch. B if   capital gain or (loss). Attach Schedule D if required. If not required, check here   7   8   Other income from Schedule 1, line 9   9   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10a   10b   9   64, 608.   10   Married filing   101   Charitable contributions if you take the standard deduction. See instructions   11   12   13   Qualified business income deduction. Attach Form 8995 or Form 8995-A   14   Add lines 12 and 13   14   12, 400.		s ——									$\overline{\Box}$			$\square$	
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       100       8       -9,100         • Married filing jointly or Qualifying widow(en), \$24,800       0       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64,608         • Head of household, 11       Subtract line 10c from line 9. This is your adjusted gross income       10a       10b       10c         11       64,608.       11       64,608.       11       64,608.       12       12,400.         • Head of household, 118       Subtract line 10c from line 9											$\overline{\Box}$			$\square$	
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       7       8       -9,100         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64,608         • Married filing jointly or Qualifying widow(en), \$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10a         • Married filing jointly or Qualifying widow(en), \$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c         • Head of household, 11       Subtract line 10c from line 9. This is your adjusted gross income<		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		73,708.	
Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b   required. 4a IRA distributions 4a b Taxable amount 4b   5a Pensions and annuities 5a b Taxable amount 5b   Standard 6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 7   Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 6b   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7   8 -9,100. 8 -9,100.   9 64,608. 9 64,608.   • Married filing jointly or Qualifying widow(en), \$24,800 10 Adjustments to income: a 10a   10 Adjustments to income: a From Schedule 1, line 22 10a 10b   • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 64,608.   • If you checked any box under Standard 12 12,400. 12 12,400.   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400.		2a		11			bТ	axable interes	t.			. 2b		· · ·	
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       6b         8       Other income from Schedule 1, line 9       7       8       -9,100.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64,608.         10       Adjustments to income:       10a       10b       10b         9       64 a forms       10b       10c       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       10c       11       64,608.         14       Add lines 12 and 13       11       12       12,400.       12       12,400.		3a	Qualified dividends	3a								. 3b	,		
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -9,100.         • Married filing jointly or Qualifying widow(er), \$24,800       Add lines 10a and 10b. These are your total adjustments to income:       10a         a       From Schedule 1, line 22       10b       10b         • Head of household, \$18,650       C Add lines 10a and 10b. These are your total adjustments to income       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       11       64,608.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       12,400.       14       12,400.	required.	4a	IRA distributions	4a			<b>b</b> Taxable amount .					. 4b	,		
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,400       9       Other income from Schedule 1, line 9       8       -9,100         9       64,608.         • Married filing jointly or Qualifying widow(er), \$24,800       9       64,608.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a         • Married filing jointly or Qualifying widow(er), \$24,800       •       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       •       10a       10b         • Head of household, \$18,650       •       Add lines 10a and 10b. These are your total adjustments to income       •       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       64,608.         •       11       64,608.       •       11       64,608.       12       12,400.         •       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       •       13       14       12,400.		5a	Pensions and annuities	5a			bТ	axable amoun	ıt			. 5b			
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Interface of the standard deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Married filing 12 and 13</li> <li>Add lines 12 and 13</li> </ul>	Standard	6a	Social security benefits	6a			bТ	axable amoun	ıt			. 6b			
Married filing separately, \$12,400       8       -9,100.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64,608.         9       64,608.       9       64,608.         9       64,608.       9       64,608.         9       64,608.       9       64,608.         9       64,608.       9       64,608.         9       64,608.       9       64,608.         10       Adjustments to income:       10a       10b         9       64,608.       10       10b       10b         8       -9,100.       9       64,608.         10       Adjustments to income:       10a       10b         9       64,608.       10       10b       10b         8       -9,100.       9       64,608.       10b         9       64,608.       10b       10b       10b       10b         9       64,608.       10b       10b       10c       10c         11       64,608.       11       64,608.       12       12       12,400.         13       14       12,400.       13       14 <th12,400.< th="">       14       12,400.</th12,400.<>		7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not req	uired	, check here				7			
\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64,608.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10b       10b       10c         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.								. 8		-9,100.	
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. (from Schedule A)</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>It you checked any box under Standard Deductions.</li> <li>It you checked any box under Standard deduction or itemized deduction.</li> <li>It you checked any box under Standard deduction or itemized deduction.</li> <li>It you checked any box under Standard deduction.</li> <li>It you checked any box under Standard</li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our <b>total inc</b>	ome					▶ 9		64,608.	
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income		10	Adjustments to income:												
\$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •         If you checked any box under Standard deduction, see instructions, \$13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       12       12,400.         14       Add lines 12 and 13       14       12,400.		а	From Schedule 1, line 22					10	а						
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>	widow(er),	b	Charitable contributions if you take	the star	ndard de	duction. Se	e inst	ructions 10	b						
\$18,650       11       Subtract line for from line 9. This is your adjusted gross income       11       64,608.         • If you checked any box under Standard       13       Standard deduction or itemized deductions (from Schedule A)       1       12       12,400.         • If you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         • Add lines 12 and 13       14       12,400.       14       12,400.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>to</b>	tal adjus	stments to	inco	me				► 10c	2		
<ul> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>12 12,400.</li> <li>13 Qualified business income deduction. Attach Form 8995 or Form 8995-A</li></ul>		11	Subtract line 10c from line 9. This	is your	adjuste	d gross inc	ome					▶ 11		64,608.	
Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         Deduction, see instructions, see instructions.       14       12,400.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (fro	m Schedul	e A)					. 12		12,400.	
	Standard	13	Qualified business income deduct	ion. Atta	ach Forn	n 8995 or Fe	orm 8	8995-A				. 13			
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14													
		15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or less	ente	er-0				. 15	<u> </u>	52,208.	

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

Form **1040** (2020)

Form 1040 (2020	))										Pag	ge <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 497	72	3			. 16	7,280	J .
	17	Amount from Schedule 2, lir	ne3							. 17		
	18	Add lines 16 and 17								. 18	7,280	) <u>.</u>
	19	Child tax credit or credit for	other dependen	ts						. 19		
	20	Amount from Schedule 3, lir	ne7							. 20		
	21	Add lines 19 and 20								. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	7,280	J.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					. 23	C	).
	24	Add lines 22 and 23. This is	your total tax							▶ 24	7,280	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	10	,33	5.		
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								. 25d	10,335	ί.
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	19 return .					. 26		
qualifying child,	27	Earned income credit (EIC)		••			27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See					30	1	,80	0.		
	31	Amount from Schedule 3, lir					31					
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refu	undal	ble cr	edits		▶ 32	1,800	).
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments						▶ 33	12,135	; <b>.</b>
Defined	34	If line 33 is more than line 24	•							. 34	4,855	
Refund	35a	Amount of line 34 you want					-	-		35a	4,855	
Direct deposit?	►b	Routing number 0 5 1			► c Type:		Check		Savin	as		
See instructions.	►d	Account number 4 3 5						Ŭ L				
	36	Amount of line 34 you want					36	T				
Amount	37	Subtract line 33 from line 24								▶ 37		
You Owe	•									for		
For details on		<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.										
how to pay, see instructions.	38	Estimated tax penalty (see in					38					
Third Party	Do	you want to allow another				RS?	See					_
Designee		structions						🗌 Yes. C	omple	te below.	× No	
Ū	De	signee's		Phone				Pers	onal id	entification		_
	nar	me 🕨		no. 🕨				num	ber (Pl	N) 🕨		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		· · ·	ipiete. Declaration (				seu on	an mormau			-	Je.
	YO	ur signature		Date	Your occupati	ion					nt you an Identity PIN, enter it here	
Joint return?					SOFTWAR	ΕЕ	NGIN	NEER		see inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occ				1	f the IRS se	nt your spouse an	
Keep a copy for your records.	<b>/</b>									,	ection PIN, enter it I	here
your records.									(	see inst.) 🕨		
		one no.		Email address			-					
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:	
Preparer	RV	SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAN	JA		01/2	24/2021	<u> </u>	090332	Self-employe	
Use Only						Phone no.	(646)727-715					
	Firi	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 3004	41			F	Firm's EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV	01/15/21 PR	С		Form <b>1040</b> (2	2020)

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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

	Attachment Sequence No. <b>01</b>
r soc	ial security number
	FOOC

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

Department of the Treasury

Internal Revenue Service

Your social security	n
295-77-5296	

## Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-9,100.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Par	line 8	9	-9,100.
		10	
10 11	Educator expenses	10	
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE E	
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

## **Supplemental Income and Loss**

OMB No. 1545-0074

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

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

etc.) 2020 Attachment Sequence No. 13

Name(s)	shown on return						Your soc	al security	/ number
SAI	SANDEEP PEDDI							7-529	
Part	I Income or Loss From Rental Real Estate and Re	oyaltie	s Not	e: If you	ı are in th	e business c	of renting pe	rsonal pr	operty, use
	Schedule C. See instructions. If you are an individual, re	port far	m rental	income	or loss fi	rom Form 48	<b>335</b> on page	e 2, line 40	).
A Dio	d you make any payments in 2020 that would require you t	o file F	orm(s)	1099? \$	See instr	uctions .		. 🗆 Y	′es 🔀 No
	Yes," did you or will you file required Form(s) 1099? .		. ,						
1a	Physical address of each property (street, city, state, Z								
A	MIYAPUR HYDERABAD TELANGANA IN 500049								
B									
C									
1b	Type of Property 2 For each rental real estate pro				Eair	Rental	Persona		
10	(from list balave) above report the number of f	air ront	bne le			Days	Day		QJV
•	personal use days. Check the	QJV k	box only			-	Buy		
<u>A</u>	1 if you meet the requirements qualified joint venture. See ins	to file a	as a			365		0	
B		siructio	/13.	B					<u> </u>
<u> </u>				C					
	of Property:								
	gle Family Residence 3 Vacation/Short-Term Rental				7 Self-	Rental			
	ti-Family Residence 4 Commercial		yalties		8 Othe	r (describe)			
Incom				Α		E	3		С
3	Rents received	3			460.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1	,980.				
8	Commissions.	8			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
9		9							
10	Legal and other professional fees	10							
		11							
11	Management fees								
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			,850.				
15	Supplies	15		2	,530.				
16	Taxes	16							
17	Utilities	17		1	,200.				
18	Depreciation expense or depletion	18							
19	Other (list) 🕨	19							
20	Total expenses. Add lines 5 through 19	20		9	,560.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file <b>Form 6198</b>	21		-9	,100.				
22	Deductible rental real estate loss after limitation, if any,		1						
	on <b>Form 8582</b> (see instructions)	22	(	_ 9	100.)	(	١	(	١
23a	Total of all amounts reported on line 3 for all rental prop		N	21	23a	1	460.	N	/
zsa b	Total of all amounts reported on line 4 for all royalty pro		• •	• •	23a		100.		
	Total of all amounts reported on line 12 for all properties		• •	• •	23D				
C d			• •	• •				-	
d	Total of all amounts reported on line 18 for all properties		• •	• •	23d		0 5 6 0	-	
e	Total of all amounts reported on line 20 for all properties		• •		23e		9,560.		
24	Income. Add positive amounts shown on line 21. Do n						. 24	1	`
25	Losses. Add royalty losses from line 21 and rental real estat	e losse	es from li	ne 22. I	Enter tota	al losses her	e. 25	(	9,100.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	amoun	t in the t	total or	n line 41	on page 2	. 26		-9,100.