#### Department of the Treasury Internal Revenue Service

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

ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Тахрау	er's name	Social security number
MAH	ENDER PALLAPU	773-03-6033
Spouse	's name	Spouse's social security number
Par	Tax Return Information – Tax Year Ending December 31, (Enter	r 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	<b>1</b> 53,191.
2	Total tax	<b>2</b> 4,761.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 8,335.
4	Amount you want refunded to you	<b>. 4</b> 5,374.
5	Amount you owe	5

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

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

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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
				ERO firm name		1

	3	6	0	3	3	as					
Enter five digits, but don't enter all zeros											

my

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

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

Your signature

Date 🕨

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

I authorize

to	enter	or	generate	my	PIN

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

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

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

Spouse's signature E	ate					 		
Practitioner PIN Method Returns Only—continue	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8			6 all zei	 9	89	)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	REV 01/25/21 PRO	Form 8879 (Rev. 01-2021)	

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       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -8, 345.         9       53,191.       9       53,191.         • Married filing jointly or Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       • • • • • • • • • • • • • • • • • • •	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	-0074	IRS Use	Only	—Do not w	rite or staple	in this space.	
MAHENDER       PALLAPU       773-03-6033         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address fumber and street, If you have a P.O. box, see instructions.       Apt. no.       Ppesidential Election Campaign         8050 OAKDELL WAY       2607       Orgonautic filling jointly, want 35       Tx       78.240         City, tewr, or post office. If you have a foreign address, also complete spaces below.       State       2P code       to go to to the filling jointly, want 35         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         You       Spouse temizes on a separate return or you were a dual-status allen       Dependents       Someone can claim:       You as a dependent       You soure soure adual-status allen         Deduction       Spouse temizes on a separate return or you were a dual-status allen       Immore the out accessite for other dependent       Immore to you       Immore to you <td>Check only</td> <td>lf yc</td> <td>ou checked the MFS box, enter the n</td> <td>ame of</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td>, 0</td> <td>. , . ,</td>	Check only	lf yc	ou checked the MFS box, enter the n	ame of	-						,		, 0	. , . ,	
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.       2607         City, town, or post office. If you have a foreign address, also complete spaces below.       State       278 240         SAN ANTONIO       TX       78240       code will not change box will not change box will not change box below.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Pedigin province/state/county       Foreign postal code       your tax or refund.       your tax or refund.         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You       Spouse itemizes or (see instructions);       (2) Social security         (if) First name       Last name       (2) Social security       (3) Relationship       (4) 4' if qualifies for (see instructions);       (a last name       (b last name)       (b last name)       (c redit for other dependents)         in charles       Saa       Dualified dividends       Saa       (b code) security       (b code) security       (c redit for other dependents)         in charles       Saa       Dualified dividends       Saa       Saa       (c redit for other dependents)       (c redit for other dependents)<	Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number	
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       2610       Check here if you, or your spouse if filing jointly, want S3         SNA ANTONIO       TX       78240       box below will not change         Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         You       Spouse it filing jointly, want S3       Spouse it filing jointly, want S3       Spouse it mission or refund.         Standard       Someone can claim:       You as a dependent       You refund.       You       Spouse         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (f) First name       Last name       number       Cheid tax credit       Cedit to rink dependents         If more than four dependents, see instructions, see instructions, and check here b       I       61, 536.       20       1       61, 536.         Standard       Bensions and nentities 1.       2a       b       D cradinary dividends       3b       0         If more than four dependents       a       I       61, 536.       2b       1       61, 536.	MAHENDE	R		PALI	LAPU							773-	03-603	3	
8050 OAKDELL NAY       2607       Check here if you, or your         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         SAN ANTONIO       TX       78.240       box below will not change your tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       our tax or refund.         Standard       Someone can claim:       You as a dependent       You repouse as a dependent       You goue sea a dependent.         Deduction       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) 4/ if qualifies for (see instructions):       (1) First name       Is blind         than four       1       Attach       2a       Tax-exempt interest       2b       2b         Sch. Bit       3a       0       Ordinary dividends       3b       -       3b         timore       1       6a       Social security more       b       Taxable amount       5b         Sch. Bit       3a	lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse'	s social see	curity number	
Chy, Way, D Dak Unite, in your have a holegy radiuless, and obligher spuces below.       Sale       24 occer       to go to this fund. Checking a box below with oc change your tax or refund.         SAN_ANTONIO       TX       7.82.40       box below with oc change your tax or refund.         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Yeu       Spouse         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       See instructions):       (1) First name       (2) Social security       (2) Relationship       (4) If willifies for (see instructions):         If more       (1) First name       Last name       Image and check       Image andount       Image and check				instructi	ons.							Check h	nere if you,	or your	
SAN_ANTONIO       TX       78240       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       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 clain:       You as a dependent       You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Age/Blindness       Someone can clain:       You as a dependent       You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Age/Blindness       You:       Wase born before January 2, 1956       A re blind       Spouse:       Wase born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):       Check to other dependents         see instructions       1       611, 536.       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2 <t< td=""><td>City, town, or p</td><td>oost offi</td><td>ce. If you have a foreign address, also co</td><td>mplete s</td><td>paces be</td><td>low.</td><td>Sta</td><td>ite</td><td>ZIP co</td><td>ode</td><td></td><td></td><td></td><td></td></t<>	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ite	ZIP co	ode					
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       You Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       You Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       You Was born before January 2, 1956       Is blind         Age/Blindness       You:       (I) First name       Last name       Immber       Child tax credit       Credit for other dependents         see instructions:       III       Wages, salaries, tips, etc. Attach Form(s) W-2       I       1       61, 536.         4tatach       Sa       Qualified dividendos       Sa       b       Draxable amount       5b         5a       Pensions and annuities       Sa       b       Draxable	SAN ANT	ONIO					T	Х	782	240		0		•	
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (1) First name       Credit for other dependents         if more than four dependents;       (1) First name       Last name       (1) First name       Credit for other dependents         ade intervel       Immediate       Immediate       Immediate       Immediate       Immediate         Attach       3a       Immediate       Immediate       Immediate       Immediate       Immediate         Standard Deduction for       a social security benefits       5a       Immediate       Immediate       Immediate       Immediate         Standard Deduction for       Ga Social security benefits       6a       Immediate       Immediate       Immediate       Immediate       Immedi	Foreign countr	y name			Foreign p	rovince/stat	e/coun	ty	Foreig	n postal c	ode	your tax		_	
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):       (a) Relationship       (b) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         if more       (i) First name       Last name       number       (b) You       Child tax credit       Credit for other dependents         see instructions	At any time du	uring 20	020, did you receive, sell, send, excl	nange, d	or otherv	vise acquii	re any	financial intere	est in a	any virtua	ıl cu	rrency?			
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions): Child tax credit       Credit for other dependents.         see instructions and check       Image: Social security than four dependents, see instructions       Image: Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions): Child tax credit       Credit for other dependents         see instructions and check       Image: Social security and check       Image: Social security number       Image: Social security number       Image: Social security to you       Image: Social security to redit for other dependents         4a       Wages, salaries, tips, etc. Attach Form(S) W-2       Image: Social security to qualified dividends       Image: Social security benefits				•		•		•							
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<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>I1</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>I2</li> <li>I2,400</li> <li>I2</li> <li>I2,400</li> <li>I3</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>I4</li> <li>Add lines 12 and 13</li> <li>Add lines 14 from line 11. If zero or less, enter -0-</li> <li>I5</li> <li>I40</li> </ul>	Standard	6a	Social security benefits	6a			bΤ	axable amoun	t			. 6b			
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -8,345         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       53,191         Married filing jointy or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       53,191         b       Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       53,191.         If you checked any box under Standard Deduction, see instructions.       12       12,400.       12       12,400.         14       Add lines 12 and 13       •       •       14       12,400.       14         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       40,791.		7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not re	quired	, check here				7			
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<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income</li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our <b>total in</b>	come				.	▶ 9		53,191.	
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22		10	Adjustments to income:												
\$24,800       Image: Containable contributions in you take the standard deduction. See instructions in you take the standard deduction.       10c         11       53,191.         12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       11         14       12,400.         15       40,791.		а	From Schedule 1, line 22					10	a						
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>Add lines 12 and 13</li></ul>		b	Charitable contributions if you take	the star	ndard de	duction. S	ee inst	ructions 10	b						
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       53,191.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       Add lines 12 and 13       13.       11.       12,400.       14         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       40,791.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>to</b>	tal adjus	stments to	o inco	me			.	► 10c	>		
<ul> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Add lines 12 and 13</li> <li>Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia 12 12,400.</li> <li>Ib 12 12,400.</li> </ul>		11	Subtract line 10c from line 9. This	is your	adjusted	d gross in	come				.	▶ 11		53,191.	
Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         Deduction, see instructions.       14       Add lines 12 and 13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       40,791.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	i <b>ons</b> (fro	m Schedu	ıle A)					. 12		12,400.	
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduct	ion. Atta	ach Form	n 8995 or l	Form 8	3995-A				. 13	13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14		d 13											
		15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or les	s, ente	er-0				. 15	·	40,791.	

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

Form **1040** (2020)

Form 1040 (2020	))										Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	2 3			. 16		4,761.
	17	Amount from Schedule 2, lir	ne3						. 17		
	18	Add lines 16 and 17							. 18		4,761.
	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	3. If zero or less,	enter -0					. 22		4,761.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				. 23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						▶ 24		4,761.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				2	5a	8,33	35.		
	b	Form(s) 1099				2	5b				
	с	Other forms (see instruction	s)			2	5c				
	d	Add lines 25a through 25c							. <b>25</b> d		8,335.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .				. 26		
qualifying child,	27	Earned income credit (EIC)			. No .	2	27				
attach Sch. EIC.	28	Additional child tax credit. A					.8				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		2	9				
see instructions.	30	Recovery rebate credit. See	instructions .			3	0	1,80	00.		
	31	Amount from Schedule 3, lir	ne 13			3	81				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refun	ndable	credits .		▶ 32		1,800.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					▶ 33	1	0,135.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amo	ount y	ou <b>overpaid</b>		. 34		5,374.
neruna	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached, cl	heck h	ere	. 🕨	<b>35a</b>	1	5,374.
Direct deposit?	►b	Routing number 0 7 2	0 0 8	0 5	► c Type:	🗙 Ch	ecking	Savi	ngs		
See instructions.	►d	Account number 3 7 5	0 1 5 4	2 4 8 4	4 3						
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax 🕨	• 3	6				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now				▶ 37		
You Owe		Note: Schedule H and Sch									
For details on		2020. See Schedule 3, line 1									
how to pay, see instructions.	38	Estimated tax penalty (see in				• 3	8				
Third Party	Do	you want to allow another	r person to disc	cuss this retu	rn with the IR	S? Se	e				
Designee	ins	structions				. )	Yes. (	Comp	lete below	. 🗙 No	
		signee's		Phone					identification		
		me 🕨		no. 🕨					PIN) ►		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occupation					ent you an le	0
	. 10	u signature		Date						PIN, enter it	
Joint return?					SOFTWARE	ENG	GINEER		(see inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occup	oation				ent your spo	
Keep a copy for your records.	,								(see inst.) ▶		, enter it here
									(000 1101.)		
		one no. eparer's name	Preparer's signat	Email address			ate	PT	N	Check if:	
Paid					17						-employed
Preparer		SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAI	NA	0.	2/01/2021	150	2090332		. ,
Use Only		m's name ► GLOBAL TA			~ 07 2004	1				(646)72	
		m's address ► 2530 Pebb		in Cumming	-				Firm's EIN		017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	F	REV 01/25/21 PF	20		Form	1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Part I

1

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074 20

20

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

	Attachment Sequence No. <b>01</b>						
Your social security number							
773-03	-6033						

1

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR MAHENDER PALLAPU

**Additional Income** 

Department of the Treasury

Taxable refunds, credits, or offsets of state and local income taxes.				
---	--	--	--	--

2a	Alimony received	2a					
b	Date of original divorce or separation agreement (see instructions)						
3	Business income or (loss). Attach Schedule C	3					
4	Other gains or (losses). Attach Form 4797	4					
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,345.				
6	Farm income or (loss). Attach Schedule F	6					
7	Unemployment compensation	7					
8	Other income. List type and amount ►	8					
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-8,345.				
Par	Part II Adjustments to Income						
10	Educator expenses	10					

10		10
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11
12	Health savings account deduction. Attach Form 8889	12
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13
14	Deductible part of self-employment tax. Attach Schedule SE	14
15	Self-employed SEP, SIMPLE, and qualified plans	15
16	Self-employed health insurance deduction	16
17	Penalty on early withdrawal of savings	17
18a	Alimony paid	18a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions)	
19	IRA deduction	19
20	Student loan interest deduction	20
21	Tuition and fees deduction. Attach Form 8917	21
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22
For Pa	Schedule 1 (Form 1040) 2020	

Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.													
Internal Revenue Service (99)						tructions	and th		Attachment Sequence No. <b>13</b>				
Name(s) shown on return								Your so	our social security number				
MAHENDER PALLAPU										773-	03-603	3	
Part	Income or Lo	oss Fro	m Rental Real	Estate and Ro	yaltie	s Note	: If you	are in th	e business of	f renting p	ersonal p	roperty	, use
	Schedule C. Se	ee instru	ctions. If you are	an individual, rep	oort far	m rental i	ncome	or loss f	rom Form 48	<b>35</b> on pag	ge 2, line 4	10.	
A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions													< No
	"Yes," did you or will you file required Form(s) 1099?												
1a	Physical address of each property (street, city, state, ZIP code)												
A	· ·	HYDERABAD TELAGANA IN 500049											
В													
С													
1b	Type of Property	2	2 For each rental real estate property listed Fair Rental Person								nal Use		
	(from list below)		above report t	air rental and			Days		Days		QJV		
Α	1	_	personal use d	QJV k	QJV box only			365	0				
В			personal use days. Check the QJV box onl if you meet the requirements to file as a qualified joint venture. See instructions.										╡───
C	+						B C						5
	of Property:												
	le Family Residence	e 3	Vacation/Shor	t-Term Rental	5 La	ind		7 Self-	Rental				
-	ti-Family Residence		Commercial			ovalties			r (describe)				
Incom			Commercial	Properties:			Α		B			С	
3	Rents received .				3			360.					
4	Royalties received				4								
Expen					<u> </u>								
5	Advertising				5								
6	Auto and travel (see				6								
7	Cleaning and main		-		7		1.	671.					
8	Commissions.				8		,	450.					
9	Insurance				9			150.					
10	Legal and other pro				10								
11	Management fees				11								
12	Mortgage interest p				12								
13	Other interest.		13										
14	Repairs				14		2	980.			_		
15	Supplies				15			124.					
16	Taxes				16		<i>2</i> ,	121.					
17	Utilities				17		1	480.					
18	Depreciation exper				18		±,	100.					
19	Other (list)				19								
20	Total expenses. Ad	ld lines	5 through 19		20		8	705.					
	Subtract line 20 fro		•				0,	,05.					
21	result is a (loss), se												
	file Form 6198 .				21		-8.	345.					
22	Deductible rental re						- 1						
~~	on Form 8582 (see				22	(	-8.3	845.)	(		)		,
23a	Total of all amounts		,			N		23a	1	360.			
b	Total of all amounts	-					• •	23b			-		
c	Total of all amounts	-						23c					
d	Total of all amounts	-				• •		23d					
e	Total of all amounts	-						23e		8,705.			
24	Income. Add posi	-							-	. 24			
25	Losses. Add royalty							nter tot	al losses here			8	345.
													,
26	Total rental real e here. If Parts II, III												
	Schedule 1 (Form 1			•						. 26		-8	,345.

**Supplemental Income and Loss** 

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

20

20