104		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple	in this space.		
Filing Statu Check only one box.	lf yc	Single D Married filing jointly Du checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separat /our spouse. If				hold (HOH) box, enter th		, ,	. , . ,		
Your first name	e and m	iddle initial	Last nar	me					Your so	cial securi	ty number		
GANESH				GOTUR							675-95-8900		
If joint return, spouse's first name and middle initial				Last name							Spouse's social security number		
		er and street). If you have a P.O. box, see G SQUIRREL DRIVE	instructio	ons.			Å	Apt. no.	Check h	nere if you,			
City, town, or post office. If you have a foreign address, also co				mplete spaces below. State 2				ode		spouse if filing jointly, want \$3 to go to this fund. Checking a			
HERNDON				VA			201	.71		box below will not change			
Foreign country name				oreign province/	state/coui	nty	Foreig	n postal code	your tax or refund.				
At any time du	uring 20	D20, did you receive, sell, send, exch	nange, o	r otherwise acc	quire any	financial intere	l est in a	any virtual cu	rrency?				
Standard Deduction	_	eone can claim: Vou as a de Spouse itemizes on a separate retur	•			s a dependent n							
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spous	e: 🗌 Was bo	rn befo	ore January 2	2, 1956	🗌 ls bl	lind		
Dependents (see instructions):				(2) Social security number to you			nip	(4) ✓ if qualifies for (see instructions): Child tax credit Credit for other dependent					
If more (1) First name Last name than four									reait				
dependents,													
see instructions													
and check here ►													
	1	Wages, salaries, tips, etc. Attach F	Form(s)	N/_2					. 1		<u> </u>		
Attach	2a		2a		 	 Taxable interes	• •		. 1 2b		<i>J</i> JJJJJJJJJJJJJ		
Sch. B if required.	3a	· ·	2a 3a			Ordinary divide			. <u>25</u> 3b				
	- <u>- 4a</u>					Taxable amoun			. 4b	-			
	5a		5a b Taxable amount .						. 5b	-			
Standard) 6a		6a b Taxable amount .						. 6b				
Deduction for –	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
 Single or Married filing separately, 	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								-	95,858.		
\$12,400Married filing	10	Add lines 1, 20, 30, 40, 50, 60, 7, and 6. This is your total income											
jointly or Qualifying widow(er),	a	Adjustments to income. From Schedule 1, line 22											
	b	Charitable contributions if you take the standard deduction. See instructions 10b											
\$24,800	c	Add lines 10a and 10b. These are your total adjustments to income											
 Head of household, 	11	Subtract line 10c from line 9. This is your adjusted gross income								;	95,858.		
\$18,650 . • If you checked	12	Subtract line for non-line 9. This is your adjusted gross income								1	12,400.		
any box under	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A									<u>_</u> _, <u>400</u> .		
Standard Deduction,	14	Add lines 12 and 13 .									12,400.		
see instructions.	15	Add lines 12 and 13									12,400. 83,458.		
	10	Taxable moonle. Subtract life 14							. 15		4040		

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

Form **1040** (2020)

Form 1040 (2020))											Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4	1972	3			16	14,1	55.
	17	Amount from Schedule 2, lin	ie3							17		
	18	Add lines 16 and 17								18	14,1	55.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lin	ie7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	14,1	55.
	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 total tax						. 🕨	24	14,1	55.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	16	,043			
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								25d	16,0	43.
• 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		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	instructions .				30		157			
	31	Amount from Schedule 3, lin	ie 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and re	efunda	ble cre	dits	. 🕨	32	1	57.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	16,2	00.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the	amoun	it you o	verpaid		34	2,0	45.
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here									45.	
Direct deposit?	►b	Routing number 0 2 1			► с Туре		Checki		Savings	5		
See instructions.	►d	Account number 3 8 1	0 3 9 2	1 5 3 4	4 9							
	36	Amount of line 34 you want applied to your 2021 estimated tax > 36										
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe	now				. 🕨	37		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for										
For details on how to pay, see		2020. See Schedule 3, line 1					I I					
instructions.	38	Estimated tax penalty (see in	nstructions) .				38					
Third Party		you want to allow another	•				_					
Designee		structions				• •		Yes. Co	•		🗙 No	
		signee's ne ►		Phone no.					onal ider ber (PIN)	ntification		
Sign	Un	der penalties of perjury, I declare t		ed this return and	d accompany			nd statemer	nts, and	to the bes		
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpay	er) is bas	sed on a	Il informatio	on of wh	ich prepar	er has any know	ledge.
nere	Yo	ur signature		Date	Your occup	oation					nt you an Identit	y
	Ν				SOFTWARE ENGINEER			סיםים		e inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I							,	nt your spouse a		
Keep a copy for	Op.		Date		ocupan					ection PIN, enter		
your records.									(se	e inst.) 🕨		
	Ph	one no.		Email address								
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:	
	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TA	LLAM	02/22	2/2021	P020	82703	Self-empl	oyed
Preparer	Fin	m's name 🕨 🛛 GLOBAL TAX	XES LLC						Ph	one no.	(678)965-9	€ <u>22</u>
Use Only	Fin	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 30	041			Fir	m's EIN 🕨	30-1017	196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV 0	2/15/21 PRC			Form 104	0 (2020)

Go to www.irs.gov/Form1040 for instructions and the latest information.