<b>104</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	0	OMB No. 1545	-0074	IRS Use	e Only	—Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing se your spous		,				,		, 0	low(er) (QW) he qualifying
Your first name	e and m	iddle initial	Last na	ime							Your so	cial securi	ity number
									191-93-8659				
									Spouse's social security number				
										026-45-8573			
		er and street). If you have a P.O. box, see						A	Apt. no.				on Campaign
		SBRIDGE RD							7214			here if you	1 0
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below	/.	Stat	e	ZIP co	ode		•		ntly, want \$3
FARMERS						ТУ	ζ	752	34		0	o this fund. low will not	Checking a
Foreign countr				Foreign prov	ince/state/c				in postal c	ode		x or refund	•
5	,			5 1			,		,		2	You	Spouse
At any time du	uring 20	020, did you receive, sell, send, exch	nange, d	or otherwis	e acquire a	any f	financial intere	est in a	iny virtua	al cu	rrency?	Yes	X No
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate return					a dependent						
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	956	Are blind	d Spo	use	Was bo	m befo	ore Janu	ary 2	2, 1956	🗌 ls b	lind
Dependent	s (see			(2) Soc	ial security		(3) Relationsh	in	(4)	if a	ualifies fo	r (see instru	uctions):
If more		irst name Last name			umber		to you		Child				ther dependents
than four										$\square$			<u>.                                    </u>
dependents,										$\overline{\square}$			$\overline{\square}$
see instruction and check	s —									$\square$			
here													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2							. 1	1	05,562.
Attach	2a	<b>u</b>	2a   ິ			bТ	axable interes	t.			2b		
Sch. B if	3a	Qualified dividends	3a			<b>b</b> Ordinary dividend					3b	)	
required.	4a	IRA distributions	4a				Taxable amount .				. 4b	,	
	5a	Pensions and annuities	5a			b Ta	axable amoun	t			. 5b	,	
Standard	6a	Social security benefits	6a			b Ta	axable amoun	t			. 6b	,	
Deduction for-	7	Capital gain or (loss). Attach Scheo	dule D i	f required.	lf not requ	ired.	check here				7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line 9							. 8				
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. 1	This is your	total inco	me				. 1	▶ 9	1	05,562.
Married filing	10	Adjustments to income:		,									
jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er),	b	Charitable contributions if you take	the star	ndard dedu	ction. See	instr							
<ul> <li>See instructions</li> <li>Head of</li> <li>C Add lines 10a and 10b. These are your total adjustments to income</li> </ul>							▶ 10	с					
Image: Figure 1       Image: Figure 1										. 1	▶ 11		05,562.
													24,800.
						'							,
Deduction,	14	Add lines 12 and 13									-	24,800.	
see instructions.	15	Taxable income. Subtract line 14											80,762.
													1010

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

Form **1040** (2020)

Form 1040 (2020	D)								Page 2	
	16	Tax (see instructions). Check	if any from Form	i(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		. 16	9,351.	
	17	Amount from Schedule 2, lin	ie3					. 17		
	18	Add lines 16 and 17						. 18	9,351.	
	19	Child tax credit or credit for	other dependen	ts				. 19		
	20	Amount from Schedule 3, lin	ie7					. 20	1,207.	
	21	Add lines 19 and 20						. 21	1,207.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	8,144.	
	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	8,144.	
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				<b>25a</b> 1	0,51	6.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						. <b>25</b> d	10,516.	
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				
<ul> <li>attach Sch. EIC.</li> <li>If you have</li> </ul>	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		-			3,00	0.		
)	31	Amount from Schedule 3, lin				31				
	32	Add lines 27 through 31. The						▶ 32	3,000.	
	33	Ŭ							13,516.	
	33       Add lines 25d, 26, and 32. These are your total payments							. 34	5,372.	
Refund	35a								5,372.	
Direct deposit?	►b								575721	
See instructions.	►d									
	36	Amount of line 34 you want a			tav ►	36				
Amount	37							▶ 37		
You Owe	31									
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					38				
		Estimated tax penalty (see in								
Third Party Designee		you want to allow another structions					Comple	te below	× No	
Designee		signee's		Phone			•	dentification		
		me 🕨		no. 🕨			nber (Pl			
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	nedules and statem	ients, ar	nd to the bes	st of my knowledge and	
Here	bel	ief, they are true, correct, and com		of preparer (othe	,				er has any knowledge.	
nere	Yo	ur signature		Date	Your occupation			If the IRS ser	nt you an Identity	
	N.								rotection PIN, enter it here ee inst.) ►	
Joint return? See instructions.	Software engineering beth must sign. Data Software engineering								nt your spouse an	
Keep a copy for	Sp	Spouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation							ection PIN, enter it here	
your records.		SOFTWARE ENGINEER						(see inst.) ►		
	Ph	one no.		Email address						
		eparer's name	Preparer's signat			Date	PTIN	1	Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/22/2021	P02	082703	Self-employed	
Preparer								ne no. (678)965-9522		
Use Only								Firm's EIN		
Go to www.irs.or		n1040 for instructions and the late			BAA	REV 02/15/21 PI			Form <b>1040</b> (2020	
		and the late	sciniornation.		DAA	REV 02/15/21 PI	<b>\</b> U			

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<b>SCHEDULE 3</b>
(Form 1040)

## **Additional Credits and Payments**

OMB No. 1545-0074

2020

	► Atta	ich to	Form	1040,	1040-SR,	or 1040	-NR.	
	-				-			

	hent of the Treasury Revenue Service <ul> <li>Attach to Form 1040, 1040-SR, or 1040-NR.</li> <li>Go to www.irs.gov/Form1040 for instructions and the latest information.</li> </ul>		Attachment Sequence No. <b>03</b>						
Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	our socia	social security number						
GOU	91-93-	-8659							
Par	rt I Nonrefundable Credits								
1	Foreign tax credit. Attach Form 1116 if required	. 1	1						
2	Credit for child and dependent care expenses. Attach Form 2441	. 2	2						
3	Education credits from Form 8863, line 19	. 3	<b>3</b> 1,207.						
4	Retirement savings contributions credit. Attach Form 8880	. 4	1						
5	Residential energy credits. Attach Form 5695	. 5	5						
6	Other credits from Form: <b>a</b> 3800 <b>b</b> 8801 <b>c</b>	6	6						
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line	20 7	1,207.						
Par	t II Other Payments and Refundable Credits								
8	Net premium tax credit. Attach Form 8962	. 8	3						
9	Amount paid with request for extension to file (see instructions)	. 🤤	9						
10	Excess social security and tier 1 RRTA tax withheld	. 1	0						
11	Credit for federal tax on fuels. Attach Form 4136	. 1	1						
12	Other payments or refundable credits:								
а	Form 2439								
b	Qualified sick and family leave credits from Schedule(s) H and         Form(s) 7202       12b								
С	Health coverage tax credit from Form 8885    1    12c								
d	Other: 12d								
е	Deferral for certain Schedule H or SE filers (see instructions) . <b>12e</b>								
f	Add lines 12a through 12e	. 12	2f						
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 <b>13</b>								
For Pa	aperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/15/21 PRO	Sch	edule 3 (Form 1040) 2020						

Form	8863
	ment of the Treasury I Revenue Service (99)

Name(s) shown on return

## Education Credits (American Opportunity and Lifetime Learning Credits) Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Sequence No. 50 Your social security number

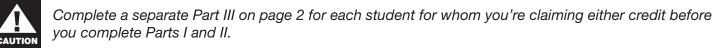
191-93-8659

GOUTHAM KUMAR CHIDHARA & PRIYANKA PALADUGULA

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Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education				
	credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	_			
•	qualifying widow(er)	5			
6	If line 4 is:		)		
	• Equal to or more than line 5, enter 1.000 on line 6			6	
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot at least three places)			6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th				
	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ . \ . \ .$			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
Part	on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(000	instructions)	9	
9 10	After completing Part III for each student, enter the total of all amounts from a	•	,	9	
10	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	6,036.
11	Enter the smaller of line 10 or \$10,000			11	6,036.
12	Multiply line 11 by 20% (0.20)			12	1,207.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or				
	qualifying widow(er)	13	138,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	14	105,562.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on				
	line 18, and go to line 19	15	32,438.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
. –	qualifying widow(er)	16	20,000.	-	
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou			47	1 000
10	places)			17	1.000
18 19	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit	•	,	18	1,207.
19			WOIKSHEEL (SEE	19	1 207
For Do					1,207. Form <b>8863</b> (2020)
FOR Pa	perwork Reduction Act Notice, see your tax return instructions.	AA	REV 02/15/2	21 PRO	(2020)



GOUTHAM KUMAR CHIDHARA & PRIYANKA PALADUGULA

CAUT	Complete Part III for each student for whom opportunity credit or lifetime learning credi each student.		
Par	Student and Educational Institution Information	n. Se	e instructions.
	Student name (as shown on page 1 of your tax return) PRIYANKA	21	Student social security number (as shown on page 1 of your tax return)
	PALADUGULA		026-45-8573
	Educational institution information (see instructions)	h	Name of second educational institution (if any)
a	SOUTHERN ARKANSAS UNIVERSITY		
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> <li>100 East University</li> </ol>	(*	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>
	MAGNOLIA AR 71753		
(2	2) Did the student receive Form 1098-T  Yes  No from this institution for 2020?		2) Did the student receive Form 1098-T Yes No from this institution for 2020?
(;	3) Did the student receive Form 1098-T from this institution for 2019 with box Yes X No 7 checked?	(;	B) Did the student receive Form 1098-T from this institution for 2019 with box Yes No 7 checked?
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	1	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
	71-6007749		
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?		Yes — <b>Stop!</b> Go to line 31 for this student. 🔀 No — Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		Yes — Go to line 25. No — <b>Stop!</b> Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	X	Yes — <b>Stop!</b> Go to line 31 for this No — Go to line 26. student.
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	🗌 (	Yes - <b>Stop!</b> Go to line 31 for this No - Complete lines 27 through 30 for this student.
CAUT	you complete lines 27 through 30 for this student, don't		e learning credit for the <b>same student</b> in the same year. If lete line 31.
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Dor		
28	Subtract \$2,000 from line 27. If zero or less, enter -0		
29			· · · · · · · · · · · · <b>29</b>
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts f		
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		
			Form <b>8863</b> (2020)