£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the son is a child but not your dependent	name of y	ed filing separately your spouse. If you	. ,	_		, ,	_			. , , ,	
Your first name and middle initial La			Last na	Last name							Your social security number		
ANIL KUMAR			KOTA	KOTA						123-45-0413			
If joint return, spouse's first name and middle initial Last name.				st name						Spouse's social security number			
	•	er and street). If you have a P.O. box, se LANDING DR	e instruction	ons.				Apt. no. 306	Ched	ck he	ere if you,	•	
City, town, or post office. If you have a foreign address, also complete s				·				code		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
LAKELAND Foreign country name						33810							
				Foreign province/state/county				Foreign postal code		your tax or refund. You Spouse			
At any time du	ring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	any	financial intere	est in	any virtual	currenc	y?	Yes	⊠ No	
Standard Deduction	_	neone can claim:	•										
Age/Blindness	You:	: Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore Januar	y 2, 195	6	☐ Is blir	nd	
Dependents	s (see	instructions):		(2) Social securit	ty	(3) Relationsh	nip	(4) 🗸 it	f qualifies	s for	(see instruc	ctions):	
If more		irst name Last name		number to you			Child tax credi			- 1		er dependents	
than four]				
dependents, see instruction]]	
and check]			<u>]</u>	
here ▶]]	
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	7	0,697.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
	3a	Qualified dividends	3a		b (Ordinary divide	nds		.	3b			
	4a	IRA distributions	4a		b T	axable amoun	ıt.			4b			
	5a	Pensions and annuities	5a		b T	axable amoun	ıt.			5b			
Standard Deduction for— Single or Married filing separately, \$12,400	6a	Social security benefits	6a		b T	axable amoun	ıt.			6b			
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □								7			
	8	Other income from Schedule 1, line 9								8	_	7,875.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	6	2,822.	
Married filing	10	Adjustments to income:											
jointly or Qualifying widow(er), \$24,800	а	From Schedule 1, line 22											
	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	С	Add lines 10a and 10b. These are your total adjustments to income							•	10c			
household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	11	Subtract line 10c from line 9. This is your adjusted gross income							•	11	6	2,822.	
	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)				. [12	1	2,400.	
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A							. [13	T		
	14	Add lines 12 and 13							. [14	1	2,400.	
550 monuotions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er-O			. [15	5	0,422.	

Form 1040 (2020))									Paç	ge 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	3 🗌			. 16	6,884	<u>. </u>
	17	Amount from Schedule 2, lir									
	18	Add lines 16 and 17							. 18	6,884	<u></u>
	19	Child tax credit or credit for	other dependen	ts					. 19		
	20	Amount from Schedule 3, lir	ne 7						. 20		
	21	Add lines 19 and 20							. 21		_
	22	Subtract line 21 from line 18							. 22	6,884	
	23	Other taxes, including self-e	,						. 23).
	24	Add lines 22 and 23. This is			•				▶ 24	6,884	
	25	Federal income tax withheld	-							0,001	<u>. </u>
	a	Form(s) W-2				25a		,56	2.		
	b	Form(s) 1099				25b		,			
	c	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	•						. 25d	9,562)
		2020 estimated tax paymen								7,302	<u> </u>
 If you have a L qualifying child, 	26	Earned income credit (EIC)				27		•	. 20		—
attach Sch. EIC.	27	Additional child tax credit. A									
If you have nontaxable	28					28					
combat pay,	29	American opportunity credit		•		29					
see instructions.	30	Recovery rebate credit. See				30			_		
	31	Amount from Schedule 3, line 13							-	1	
	32	Add lines 27 through 31. These are your total other payments and refundable credits								0.566	
	33	Add lines 25d, 26, and 32. These are your total payments								9,562	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						. 34	2,678		
	35a									2,678	<u>. </u>
Direct deposit? See instructions.	►b								gs		
	►d										
	36	•									
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				▶ 37		
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for							or		
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions) ▶ 38									
instructions.	38					38					
Third Party		you want to allow another								N	
Designee		structions					∐ Yes. C	'		_	
		signee's ne ▶		Phone no. ▶				onaı ıd ber (PII	entification		
Cian			that I have examine		Laccompanying sch	nedules a				st of my knowledge	and
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer									
Here	Yo	ur signature	Date Your occupation					If the IRS sent you an Identity			
	k	_		· ·					IN, enter it here		
Joint return? See instructions. Keep a copy for					SOFTWARE ENGINEER			(:	(see inst.) ▶		
	Sp	ouse's signature. If a joint return, I	Date Spouse's occupation					If the IRS sent your spouse an			
your records.	,							Identity Protection PIN, enter it here (see inst.) ▶			
		one no.		Email address				`	,,		ш
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:	
		SSMANIKUMARAPPANA	RVSSMANIKUMARAPPANA								
Preparer			UMARAPPAN	NA.	101/2	7-1/2U21		2090332 Self-employed Phone no. (646)727-7157			
Use Only	0500 5 117 8 1 5 8 1 8 00044							· · · · · · · · · · · · · · · · · · ·			
				III CUIIIIIIIII					irm's EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	01/15/21 PR)		Form 1040 (2	2020)