£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 u checked the MFS box, enter the son is a child but not your depende | name of | | | | | | | | | | |
|--|---------|---|-------------|-----------------------------------|------------|-----------------|--------|----------------------------|----------------|---|----------------|-------------|--|
| Your first name and middle initial | | | | ıme | | | | | Your | Your social security number | | | |
| TARUN PREET | | | | SH | | | | | 848 | 848-78-3830 | | | |
| If joint return, spouse's first name and middle initial | | | | ime | | | | | Spou | Spouse's social security number | | | |
| | • | er and street). If you have a P.O. box, se | e instructi | ons. | | | | Apt. no. | - 1 | | | n Campaign | |
| 830 NE 62ND AVE | | | | | | | | U | | Check here if you, or your spouse if filing jointly, want \$3 | | | |
| City, town, or post office. If you have a foreign address, also con | | | | ' ' | | | | to | | to go to this fund. Checking a | | | |
| HILLSBORO | | | | | | | | | | box below will not change your tax or refund. | | | |
| Foreign country name | | | | Foreign province/state/county For | | | | reign postal code your f | | | r refund. You | Spouse | |
| At any time du | ring 20 | 020, did you receive, sell, send, ex | change, c | or otherwise acquir | e any | financial inter | est ir | any virtual | currency | /? [| Yes | ⊠ No | |
| Standard Deduction | | eone can claim: | • | • | | • | | | | | | | |
| Age/Blindness | You: | Were born before January 2, | 1956 | Are blind S | ouse | : Was bo | rn be | efore Januar | / 2, 1956 | 6 | ☐ Is blir | nd | |
| Dependents | s (see | instructions): | | (2) Social securi | ty | (3) Relations | nip | (4) ✓ if | qualifies | for (s | see instruc | tions): | |
| If more | | irst name Last name | | number to you | | | | Child tax credi | | | | | |
| than four | | | | | | | | | | | | | |
| dependents, see instruction | | | | | | | | | | | | | |
| and check | | | | | | | | | | | | | |
| here ▶ □ | | | | | | | | | | | | | |
| | _1_ | Wages, salaries, tips, etc. Attach | Form(s) | W-2 | | | | | | 1 | 10 | 0,106. | |
| 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 amour | nt . | | | 4b | | | |
| | 5a | Pensions and annuities | 5a | | b T | axable amour | nt . | | | 5b | | | |
| Standard Deduction for— Single or Married filing separately, \$12,400 | 6a | Social security benefits | 6a | | b T | axable amour | nt. | | · | 6b | | | |
| | 7 | Capital gain or (loss). Attach Sch | edule D it | f required. If not red | quired | , check here | | • | $\sqcup \perp$ | 7 | | | |
| | 8 | Other income from Schedule 1, li | ne 9 . | | | | | | | 8 | | 5,350. | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7 | , and 8. T | This is your total in | come | | | | | 9 | 9 | 4,756. | |
| Married filing | 10 | Adjustments to income: | | | | 1 | | | | | | | |
| jointly or Qualifying | а | From Schedule 1, line 22 | | | | | | | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take the standard deduction. See instructions | | | | | | | | | | | |
| Head of | С | Add lines 10a and 10b. These are your total adjustments to income | | | | | | | ▶ 1 | 0с | | | |
| household, \$18,650 If you checked any box under Standard Deduction, see instructions. | 11 | Subtract line 10c from line 9. This | s is your a | adjusted gross ind | ome | | | | • | 11 | | 4,756. | |
| | 12 | Standard deduction or itemized | d deduct | ions (from Schedu | e A) | | | | | 12 | 1 | 2,400. | |
| | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | | | | | | 13 | | | |
| | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 2,400. | |
| | 15 | Taxable income. Subtract line 1 | 4 from lin | e 11. If zero or less | , ente | er -0 | | | | 15 | 8 | 2,356. | |

| Form 1040 (2020 |)) | | | | | | | | | Pa | ge 2 | |
|---|---------|---|--|---------------------------------------|-------------------|-----|-------------|---------------|---|----------------------|---------------|--|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | | . 16 | 13,91 | 3. | |
| | 17 | Amount from Schedule 2, lir | ne 3 | | | | | | . 17 | | | |
| | 18 | Add lines 16 and 17 | | | | | | | . 18 | 13,91 | 3. | |
| | 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 | B. If zero or less, | enter -0 | | | | | . 22 | 13,91 | <u> </u> | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | 2, line 10 . | | | | . 23 | | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | ▶ 24 | 13,91 | | |
| | 25 | Federal income tax withheld | l from: | | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 18 | 8,86 | 9. | | | |
| | b | Form(s) 1099 | | | | 25b | | • | | | | |
| | С | Other forms (see instruction | | | | 25c | | | | | | |
| | d | Add lines 25a through 25c | • | | | | | | . 25d | 18,86 | 9. | |
| | 26 | 2020 estimated tax paymen | | | | | | | | | | |
| If you have a L qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit. A | | | | 28 | | | | | | |
| If you have nontaxable | 29 | American opportunity credit | | | | 29 | | | | | | |
| combat pay, see instructions. | 30 | Recovery rebate credit. See | | • | | 30 | | 21 | 2 | | | |
| see manuchons. | 31 | • | | | | 31 | | | 2. | | | |
| | 32 | Amount from Schedule 3, line 13 | | | | | adite | | ▶ 32 | 21: | 2 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | | | | | · | 19,08 | | | |
| | 34 | | | | | | | • | . 34 | 5,16 | | |
| Refund | 35a | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow | | | | | | _ = | 5,16 | | | |
| Direct deposit? | > b | Routing number X X X X X X X X X | | | | | | | | 3,10 | . | |
| See instructions. | ►d | Account number X X X X X X X X X X X X X X X X X X X | | | | | | | igs | | | |
| | 36 | Account number A A A A A A A A A A | | | | | | | | | | |
| Amount | 37 | • | | | | | | | ▶ 37 | | | |
| You Owe | 0, | Subtract line 33 from line 24. This is the amount you owe now | | | | | | | | | | |
| For details on | | 2020. See Schedule 3, line 12e, and its instructions for details. | | | | | | | 101 | | | |
| how to pay, see instructions. | 38 | Estimated tax penalty (see in | • | | | 38 | | | | | | |
| Third Party | | you want to allow another | | | | | | | | | | |
| Designee | | tructions | | | | | Yes. C | omple | ete below. | ⋉ No | | |
| | De | signee's | | Phone | | | Pers | onal id | dentification | | _ | |
| | naı | me 🕨 | | no. ▶ | | | num | ber (P | IN) ► | | | |
| Sign Here | | der penalties of perjury, I declare t | | | | | | | | | | |
| | | | of preparer (other than taxpayer) is based on all information of | | | | | | • | ige. | | |
| | YO | ur signature | Date Your occupation | | | | | | nt you an Identity IN, enter it here | | | |
| Joint return? See instructions. | | | | | SOFTWARE ENGINEER | | | | (see inst.) ▶ | | \Box | |
| | Sp | ouse's signature. If a joint return, I | Date | Spouse's occupation | | | | If the IRS se | nt your spouse an | — | | |
| Keep a copy for your records. | , | | | | | | | | | ection PIN, enter it | here | |
| your records. | | | | | | | | | (see inst.) ▶ | | Ш | |
| | | one no. | ı | Email address | | | | | | | | |
| Paid Preparer Use Only | | Preparer's name Prepare | | , | | | | | PTIN Check if: | | | |
| | SYAM | AM PRIYA RAM SAGAR GUPTA TALLAM SYAM I | | A RAM SAGAR GUPTA TALLAM 01/30/2021 E | | | | P02 | 2082703 Self-employed | | | |
| | | m's name ► GLOBAL TA | | | | | | Phone no. | (678)965-95 | 22_ | | |
| | Fir | m's address ▶ 2530 Pebb | le Creek L | n Cummin | g GA 30041 | | | | Firm's EIN | > 30-10171 | 96 | |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | est information. | | BAA | REV | 01/25/21 PR | 0 | | Form 1040 | (2020) | |