Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only – Do not write or staple in this space. Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box. a child but not your dependent. Your first name and middle initial Your social security number Last name 053-81-4935 **RAGHAVENDAR** DESHIREDDY If joint return, spouse's first name and middle initial Spouse's social security number Last name SWATHI 967-98-6786 DESHIREDDY Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing 1282 Hidden Ridge 1051 jointly, want \$3 to go to this fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Checking a box below will not change your tax or refund. You Spouse IRVING, TX 75038 Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see inst. and check here Someone can claim: Standard You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1955 Spouse: Was born before January 2, 1955 Are blind Is blind (2) Social security number (3) Relationship to you (4) check if qualifies for (see inst.): Dependents (see instructions): (1) First name Last name Child tax credit Credit for other dependents Wages, salaries, tips, etc. Attach Form(s) W-2 69,732 2a 2a Tax-exempt interest **b** Taxable interest, Attach Sch.B if required 2b Standard Deduction for -За Qualified dividends . . 3a b Ordinary dividends. Attach Sch, B if required 3b Single or married IRA distributions . **b** Taxable amount 4b 4a 4a filing separately, \$12,200 С Pensions and annuities 4c d Taxable amount 4d Married filing 5a Social security benefits 5a **b** Taxable amount 5b jointly or Qualifying

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

Capital gain or (loss). Attach Schedule D if required. If not required, check here

Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income

Adjustments to income from Schedule 1, line 22

Subtract line 8a from line 7b. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A) .

Qualified business income deduction. Attach Form 8995 or Form 8995-A .

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

widow(er),

\$24,400

Head of household,

\$18,350

Standard deduction.

 If you checked any box under

see instructions.

6

7a

b

8a

b

9

10

11a

h

69,732.

67,622.

24,400.

2,110.

6

7a

7b

8b

11a

11b

Form 1040 (20	19) R Z	AGHAVENDAR and	SWATHI D	ESHIREDD	Y		053	-81-4	935	Page 2
	12a	Tax (see inst.) Check if any from	Form(s): 1 8	814 2 4972 3		12a 4	,799.			
If you have a qualifying child, attach Sch. EIC. If you have nontaxable combat pay, see instructions	b	Add Schedule 2, line 3, and line	12a and enter the	total			•	12b	4	<u>,799.</u>
	13a	Child tax credit or credit for other	er dependents .			. 13a				
	b	Add Schedule 3, line 7, and line	13a and enter the	total			•	13b		0.
	14	Subtract line 13b from line 12b.	f zero or less, ente	er -0				14	4	,799.
	15	Other taxes, including self-emplo	syment tax, from So	chedule 2, line 10				15		0.
	16	Add lines 14 and 15. This is you	total tax				•	16	4	,799.
	17	Federal income tax withheld from	n Forms W-2 and	1099				17	6	,251.
	18	Other payments and refundable credits:								
		Earned income credit (EIC) · · · · · · · · · · · · · · · · · · ·								
	, b	Additional child tax credit. Attach Schedule 8812								
	С	American opportunity credit from Form 8863, line 8								
	s d	Schedule 3, line 14				. 18d				
	е	Add lines 18a through 18d. Thes	e are your total ot	ther payments and	d refundable (credits	•	18e		0.
	19	Add lines 17 and 18e. These are	your total payme	nts			•	19	6	,251.
	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is the	amount you	overpaid		20		,452.
Refund	21a	Amount of line 20 you want refu	nded to you. If Fo	orm 8888 is attach	ed, check here		▶ 🗌	21a	1	,452.
Direct deposit? See instructions.	▶ b	Routing number 021200	339	▶ c Ty	ре:	Checking S	Savings			
	▶ d	Account number 381046	602518							
	22	Amount of line 20 you want app	lied to your 2020	estimated tax .	▶ 22					
Amount	23	Amount you owe. Subtract line	19 from line 16. F	or details on how t	o pay, see inst	ructions	•	23		0.
you owe	24	Estimated tax penalty (see instru	ctions)		. ▶ 24					
Third Party	/ Do	you want to allow another person	(other than your pa	aid preparer) to disc	cuss this return	n with the IRS? See	instruction	ıs.	Yes. Comple	ete below.
Designee	Designee's		Phone			Perso	Personal identification		No	
(Other than paid preparer)	name •						nber (PIN) ▶			
Sign Here	correct,	enalties of perjury, I declare that I have and complete. Declaration of preparer our signature				eparer has any knowle				
Joint return? See instructions.		our signature	Date	Tour occupation			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)			
Keep a copy for your records.	Sp	oouse's signature. If a joint return,	Date	Spouse's occupation			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)			
		Phone no. Email address								
Paid	Preparer's name		Preparer's signature			Date	Date PTIN		Check i	if:
Preparer	_								3rd F	Party Designee
Use Only	Fi	Firm's name ▶					none no. Self-employed			
	Firm's address ▶ Fir						n's EIN ▶			
				-	-					1010

Go to $\emph{www.irs.gov/Form1040}$ for instructions and the latest information.

Form **1040** (2019)