E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the reson is a child but not your dependen	ame of y											
Your first name and middle initial				me					Y	Your social security number				
MURALI KRISHNA				A					-	723-61-2571				
If joint return, spouse's first name and middle initial				me					s	Spouse's social security number				
AKHILA				MUMMIDI						APPLIED FOR				
Home address (number and street). If you have a P.O. box, see				instructions.					Apt. no. Preside			dential Election Campaign		
8 BURNE	TT C	IR									nere if you,			
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State ZIF				code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
BENTONVILLE				AR			72	2712		box below will not change				
Foreign country name				oreign province/stat	e/coun	county Fo		Foreign postal code						
											You	Spouse		
At any time du	ring 20	020, did you receive, sell, send, exc	hange, o	r otherwise acqui	e any	financial in	terest ir	any virtua	l curre	ency?	Yes	⋈ No		
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•			•	nt							
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind S	pouse	e: 🗌 Was	born be	efore Janua	arv 2.	1956	☐ Is b	lind		
Dependents	-			(2) Social secui		(3) Relation					r (see instru			
If more	,	irst name Last name	number		ity	to you		Child tax cr				ther dependents		
than four												$\overline{\Box}$		
dependents,									_			-		
see instruction and check	s								_			-		
here ▶ □														
	· 1	Wages, salaries, tips, etc. Attach I	Form(s) V	N-2						1		25,796.		
Attach	2a	1	2a 🗎		b 7	axable inte	rest			2b				
Sch. B if	3a	Qualified dividends	3a			b Ordinary dividendsb Taxable amount .				3b				
required.	4a	IRA distributions	4a	а						4b				
	5a	Pensions and annuities	5a		b 7	axable amount .				5b				
Standard Deduction for—	6a	Social security benefits	6a		b٦	Taxable amo	ount .			6b				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							▶ □	7				
 Single or Married filing 	8	Other income from Schedule 1, line 9								8				
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. ▶	9		25,796.		
Married filing	10	Adjustments to income:												
jointly or Qualifying	а	From Schedule 1, line 22												
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions Add lines 10a and 10b. These are your total adjustments to income												
 Head of 	С								. ▶	100	;			
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income							. ▶	11		25,796.		
If you checked	12	Standard deduction or itemized deductions (from Schedule A)								12		24,800.		
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								13				
Deduction, see instructions.	14	Add lines 12 and 13								14		24,800.		
	15	Taxable income. Subtract line 14	from line	e 11. If zero or les	s, ente	er -0				15		996.		

Form 1040 (2020	0)									Page 2	
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	99.	
	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	99.	
	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	. If zero or less,	enter -0					22	99.	
	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	99.	
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	3	,160.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	3,160.	
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20)19 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC. F If you have	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		600.			
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27 through 31. These are your total other payments and refundable credits						. ▶	32	600.	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. ▶	33	3,760.	
Refund	34	If line 33 is more than line 24							34	3,661.	
neiulia	35a	Amount of line 34 you want				•	-	▶ □	35a	3,661.	
Direct deposit?	▶b	Routing number X X X			▶ c Type:						
See instructions.	►d										
	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 amo	ount vou owe	now			. ▶	37		
You Owe		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.									
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38					
Third Party	Do	you want to allow another				See					
Designee		instructions						elow.	⋉ No		
		signee's							identification		
		ne 🕨		no.				er (PIN)			
Sign		der penalties of perjury, I declare tief, they are true, correct, and com									
Here				1			ioiiiiatioi	If the IRS sent you an Identity			
	, 10	Your signature		Date Your occupation				Protection PIN, enter it here			
Joint return? See instructions.					IT SOFTWARE DEVELOPER			R (see	inst.) 🕨		
	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation					e IRS sent your spouse an		
Keep a copy for your records.									dentity Protection PIN, enter it here see inst.) ▶		
your roodius.			HOMEMAKER					irist.)			
		Phone no. Preparer's name Preparer's signa			Email address Date PTI					Observatorités	
Paid Preparer Use Only		•					PTIN	Check if:			
		PRIYA RAM SAGAR GUPTA TALLAM	RAM SAGAR GUPTA TALLAM 02/17/2021 P0					082703 Self-employed			
						ne no. (678)965-9522					
						Firm	n's EIN ► 30-1017196				
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/0	7/21 PRO			Form 1040 (2020)	



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ MURALI KRISHNA KALLA 723-61-2571 f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Last name Middle name Name AKHILA MUMMIDI (see instructions) Middle name 1b First name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 8 BURNETT CIR Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 72712 BENTONVILLE USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 05/15/1992 Information ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: N3333741 Exp. date: 04/10/2025 Issued by: HYDERABAD (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code