E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single X Married filing jointly u checked the MFS box, enter the notion is a child but not your dependent	ame of	ried filing separately (N							
Your first name	and m	iddle initial	Last n	ame				Your social security number			
RAVITEJ	A		MAD	ISA				877-92-2936			
If joint return, s	pouse's	s first name and middle initial	Last n	ame				Spouse	's social se	curity number	
TEJASWI			LAK	KAVARAPUKOTA				APPLIED			
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	Preside	ntial Elect	ion Campaign	
222 MAR	INER	S CIR						Check	here if you	, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	State	ZIP	code			ntly, want \$3	
SHEFFIE	LD L	AKE			ОН	44	1054		low will no	Checking a	
Foreign country	y name			Foreign province/state/c	county	For	eign postal code		x or refund		
At any time du	ıring 20	020, did you receive, sell, send, excl	nange,	or otherwise acquire	any financial ir	nterest in	any virtual c	urrency?	Yes	⊠ No	
Standard Deduction	_	eone can claim:				ent					
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind Spo	use: Was	born be	efore January	2, 1956	☐ Is b	lind	
Dependents	-			(2) Social security				-	or (see instri	ictions).	
If more	•	irst name Last name		number	to y		Child tax		1	ther dependents	
than four	• • •						П			$\overline{\Box}$	
dependents,										$\overline{\Box}$	
see instruction and check	s			_						$\overline{\Box}$	
here ▶ □										$\overline{\sqcap}$	
	. 1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2				. 1		60,420.	
Attach	2a		2a 🗀		b Taxable into	erest		2t		<u> </u>	
Sch. B if	3a		3a		b Ordinary di			3b)		
required.	4a		4a		b Taxable am			. 4k	,		
	5a	Pensions and annuities	5a		b Taxable am	ount .		. 5b	,		
Standard	6a	Social security benefits	6a		b Taxable am	ount .		. 6b	,		
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	ired. check he	ere .	•				
 Single or Married filing 	8	Other income from Schedule 1, lin						. 8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		This is your total inco	ome			▶ 9		60,420.	
• Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10a					
widow(er),	b	Charitable contributions if you take	the sta	andard deduction. See	instructions	10b					
\$24,800 • Head of	С	Add lines 10a and 10b. These are						▶ 10	С		
household,	11	Subtract line 10c from line 9. This		-				▶ 11		60,420.	
\$18,650 If you checked	12	Standard deduction or itemized	-					. 12		24,800.	
any box under Standard	13	Qualified business income deduct	_	•	,			. 13			
Deduction,	14	Add lines 12 and 13						. 14	ı	24,800.	
see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less,	enter -0			. 15		35,620.	

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

Form 1040 (2020)

Form 1040 (2020)					Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 \square 8814 2 \square 4972 3 \square			16	3,880.
	17	Amount from Schedule 2, line 3			17	
	18	Add lines 16 and 17			18	3,880.
	19	Child tax credit or credit for other dependents			19	
	20	Amount from Schedule 3, line 7			20	
	21	Add lines 19 and 20			21	
	22	Subtract line 21 from line 18. If zero or less, enter -0			22	3,880.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10			23	0.
	24	Add lines 22 and 23. This is your total tax		. ▶	24	3,880.
	25	Federal income tax withheld from:	1 -			
	а	Form(s) W-2	8	,429.	.	
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c			25d	8,429.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return		•	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				
If you have nontaxable	28	Additional child tax credit. Attach Schedule 8812				
combat pay,	29	American opportunity credit from Form 8863, line 8	1	000	-	
see instructions.	30	Recovery rebate credit. See instructions	1	800.	-	
	31	Amount from Schedule 3, line 13	100		-	1 000
	32	Add lines 27 through 31. These are your total other payments and refundable cr			32	1,800.
-	33	Add lines 25d, 26, and 32. These are your total payments		. ▶	33	10,229.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you	-		34	6,349. 6,349.
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here Routing number $ \begin{vmatrix} 0 & 2 & 1 & 2 & 0 & 0 & 3 & 3 & 9 \end{vmatrix} $ c Type: X Chec		▶ ∐	35a	6,349.
See instructions.	►b	Routing number 0 2 1 2 0 0 3 3 9 ► c Type: ★ Chec Account number 3 8 1 0 4 2 1 6 3 2 7 1	King ∐ S	Savings		
	► d 36	Amount of line 34 you want applied to your 2021 estimated tax > 36	┬			
Amount					37	
You Owe	37	Subtract line 33 from line 24. This is the amount you owe now			37	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the 2020. See Schedule 3, line 12e, and its instructions for details.	taxes you c	we for		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See				
Designee			Yes. Co	mplete b	elow.	X No
Ü	De	signee's Phone	ication I			
		me ▶ no, ▶		er (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on				
Here			ali li li lorri atioi			nt you an Identity
	, 10	ur signature Date Your occupation				N, enter it here
Joint return?		SOFTWARE ENGI	NEER	(see i	nst.) ►	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation				nt your spouse an
your records.	,	HOME MAKED		I .	ity Prote nst.) ▶	ection PIN, enter it here
		HOME MAKER one no. Email address		(000)	1101.7	
		eparer's name Preparer's signature Date		PTIN		Check if:
Paid				P02082	703	Self-employed
Preparer		m's name ► GLOBAL TAXES LLC	12/2021			678)965-9522
Use Only		m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			s EIN ▶	
Go to way ire or			/ 02/07/21 PRO	1 111111	3 LIIV P	Form 1040 (2020)
ŭ						. ,



2020 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



20000198

Sequence No. 1

Check here if this is an <u>amended</u> return. Include the Ohio IT RE.

Do $\underline{\text{NOT}}$ include a copy of the previously filed return.

Primary taxpayer's SSN (required) 877 92 2936

▶ If decease

check box

Spouse's SSN (if filing jointly)

APP IE

▶ If deceased

School district # (see instructions).

check box

Check here if claiming an NOL carryback. Include Schedule IT NOL.

SD# ▶▶ 4709

RAVITEJA

First name

M.I. Last name MADISA

Spouse's first name (only if married filing jointly)

TEJASWI

M.I. Last name

LAKKAVARAPUKOTA

Address line 1 (number and street) or P.O. Box

222 MARINERS CIR

Address line 2 (apartment number, suite number, etc.)

City

SHEFFIELD LAKE

State

ZIP code

Ohio county (first four letters)

OH 44054

Foreign postal code

LORA

Foreign country (if the mailing address is outside the U.S.)

Residency	Status -	Check only	one for	primary
-----------	----------	------------	---------	---------

X Resident

Part-year resident

Nonresident Indicate state

Check only one for spouse (if married filing jointly)

X Resident

Do not staple or paper clip.

Part-year resident

Filing Status – Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)

X Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

Check here if you filed the federal extension form 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

1. Federal adjusted gross income (federal 1040 and 1040-SR, line 11). Include page 1 of your federal return if the amount is zero or negative. Place a "-" in the box at the right			
if the amount is less than zero	1.	60420	00
2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a.		00
2b. Deductions – Ohio Schedule A, line 39 (INCLUDE SCHEDULE)	2b.		00
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero	3.	60420	00
Exemption amount (INCLUDE SCHEDULE J if claiming dependents) Number of exemptions including you and your spouse/dependents, if applicable: 2	4.	4300	00





56120 00

56120 00

0.0

0033

2020 Ohio IT 1040

Individual Income Tax Return



SSN 877 92 2936

20000200 Seguence No.

7a. Amount from line 7 on page 1	56120	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	1341	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	1341	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)9.	0	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)10.	1341	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.		00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	1341	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)14.	1900	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)16.		00
17. Amended return only – amount previously paid with original and/or amended return17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	1900	00
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero20.	1900	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 1321.		00
22. Interest due on late payment of tax (see instructions)22.		00
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23.		
(If amended return) and make check payable to "Onlo Treasurer of State" AMOUNT DUE 7 23.		00
24. Overpayment (line 20 minus line 13)24.	559	00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability		00
00 00 00		
d. Wishes for Sick Children e. Wildlife species f. Military injury relief		00
00 00 00 27. REFUND (line 24 minus lines 25 and 26g)	EFO	0.0
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge If your refund is s	559 \$1.00 or less, no refund will be	00 e issued.

<u>Sign Here (required)</u>: I have read this return. Under penalties of perjury, I declare that, to the best of my knowled and belief, the return and all enclosures are true, correct and complete.

Primary signature Phone number (571)394-8053

Spouse's signature Date (MM/DD/YY)

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P02082703

f your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

877 92 2936

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401.

1900 00

Part B			
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	650161093	60420 00	8429 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	523744589	60420 00	1900 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



2020 Schedule of Ohio Withholding

Withholding Primary taxpayer's SSN 877 92 2936



20350298

Sequence No. 12

Part C -	1099-Rs	011 92 2930	Sequence No. 1
1. P/S	Payer's TIN	Box 1 - Gross distribution 0 0	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Box 14 - Ohio tax withheld 0 0
2. P/S	Payer's TIN	Box 1 - Gross distribution 0 0	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Box 14 - Ohio tax withheld 0 0
3. P/S	Payer's TIN	Box 1 - Gross distribution 0 0	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Box 14 - Ohio tax withheld 0 0
4. P/S	Payer's TIN	Box 1 - Gross distribution 0 0	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 0 0	Box 14 - Ohio tax withheld 0 0
Part D -	W-2Gs		
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings 0 0	Box 15 - Ohio income tax withheld 0 0
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld 0 0
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings 0 0	Box 4 - Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings 0 0	Box 15 - Ohio income tax withheld 00
Part E -	1099-NECs		
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation 0 0	Box 4 - Federal income tax withheld 0 0
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
		00	00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
		00	00
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
		00	00

£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 dependent	name of								-	
Your first name	and m	iddle initial	Last na	me					Your social security number			
RAVITEJA				ISA					877	7-9:	2-2936	5
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	se's	social sec	urity number
TEJASWI			LAKK	KAVARAPUKOTA					APE	PLI	ED	
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	Presi	ident	ial Electio	n Campaign
222 MAR	INER	S CIR									re if you,	,
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ite	ZIP	code			0,	ly, want \$3 Checking a
SHEFFIE	LD L	AKE			0:	H	44	1054	_		v will not	•
Foreign country	/ name		1	Foreign province/state	e/coun	ty	Fore	eign postal cod	e your	tax c	or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial intere	est in	any virtual	currency	y?	Yes	X No
Standard Deduction		eone can claim:										
Age/Blindness	You:	Were born before January 2,	1956	Are blind S	oouse	: Was bo	rn be	efore Januar	/ 2, 195	6	☐ Is blii	nd
Dependents	s (see	instructions):		(2) Social securi	tv	(3) Relationsh	qin	(4) 🗸 if	qualifies	for (see instruc	ctions):
If more		irst name Last name		number		to you		Child tax cred		- 1		er dependents
than four												
dependents,												
see instructions and check	s —											
here ▶ □												
	1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	6	0,420.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
Sch. B if required.	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	6a	Social security benefits	6a		b T	axable amoun	ıt.			6b		
Deduction for—	7	Capital gain or (loss). Attach Scho	edule D it	f required. If not red	quirec	, check here		•		7		
Single or Married filing	8	Other income from Schedule 1, li	ne 9 .							8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come					9	6	0,420.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	your to l	tal adjustments to	inco	me			•	10c		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11	6	0,420.
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)					12	2	4,800.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13							. [14		4,800.
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ente	er -0				15	3	5,620.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	3,880.
	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	3,880.
	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	3,880.
	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	3,880.
	25	Federal income tax withheld	from:							·
	а	Form(s) W-2				25a	8,	429.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	,						25d	8,429.
	26	2020 estimated tax paymen							26	,
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC. If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	800.	1	
	31	Amount from Schedule 3, lir				31			1	
	32	Add lines 27 through 31. The					dits	. ▶	32	1,800.
	33	Add lines 25d, 26, and 32. T	•						33	10,229.
	34	If line 33 is more than line 24						. ,	34	6,349.
Refund	35a	Amount of line 34 you want				-	-	· ·	35a	6,349.
Direct deposit?	> b	Routing number 0 2 1				Checki		avings	33a	0,547.
See instructions.	►d	Account number 3 8 1				J CHECKI	iig ∐ S	aviilys		
	36	· · · · · · · · · · · · · · · · · · ·				36	j			
Amarint		Amount of line 34 you want							27	
Amount You Owe	37	Subtract line 33 from line 24		•					37	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions)								
instructions.	38					38				
Third Party		you want to allow another structions	•				Vec Co	malata	halaur	⊠ No
Designee				Phone		. ▶ ∟	Yes. Co	•		△ NO
		signee's me ▶		no.				nai ideni er (PIN)	ification	
Sign	Un	der penalties of perjury, I declare t	hat I have examine			nedules ar	nd statemen	ts. and to	o the bes	st of my knowledge and
•		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
	k							- 1		IN, enter it here
Joint return?				5.	SOFTWARE :		EER	<u> </u>	inst.) ►	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.			HOME MAKER					inst.) 🕨	1 1 1 1 1	
	———Ph	one no.		Email address						
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM		2/2021	P0208	2703	Self-employed
Preparer		m's name ► GLOBAL TA				1 / - /	, =			678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041				n's EIN ▶	
Go to want ire a		m1040 for instructions and the late				DEV.	0/07/04 DD 0	1 1 1111	. 5	Form 1040 (2020)
ao to www.iis.go	7110-1110	most of monuclions and the late	or illioillidiloll.		BAA	KEV 0	2/07/21 PRO			FOIII 1040 (2020)