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

Age/Blindness You:	Filing Statu Check only one box.	If yo	Single X Married filing jointly [ou checked the MFS box, enter the son is a child but not your depender	name o									
If joint return, spouse's first name and middle initial Last name MEGHÁNNA MEGHÁNNA P76-97-5029	Your first name and middle initial				name					,	Your social security number		
Home address (number and street). If you have a P.O. box, see instructions. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City town, or post office. If you have a foreign address, also complete spaces below. City town, or post office. If you have a foreign address, also complete spaces below. City town, or post office. If you have a foreign address, also complete spaces below. City town, or post office. If you have a foreign address, also complete spaces below. City town, or post office. If you have a dependent and the foreign province/state/county. City town, or post office. If you have a dependent and the foreign province/state/county. City town, or post office. If y	RAVINDRA KUMAR				ITAMSETTI						843-53-8619		
Foreign country name Foreign province/state/country Foreign	If joint return, s	pouse's	s first name and middle initial	Last r	name					;	Spouse's social security number		
Foreign country name Foreign province/state/country Foreign	MEGHANA				KANTAMSETTI						976-97-5029		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZP ode TX 750.39 TX 75	Home address	(numbe	er and street). If you have a P.O. box, se	e instruc	ctions.				Apt. no.				
TRVING Foreign country name Foreign province/state/county Foreign province/state/sounty Foreign	6217 LO	VE D	RIVE						2316		Check h	nere if you,	or your
Foreign country name	City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete	mplete spaces below. State				code				
Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code your tax or refund. You Spouse Spouse Spouse Standard You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No	IRVING					T	x 7:				0		
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You some Was below as a dependent Someone can claim: You some Was below as a dependent Someone can claim: You some Was below as a dependent Someone can claim: You as a dependent Someone can claim: You some Was below as a dependent Someone can claim: You some Was below as a dependent Someone can claim: You some Was below as a dependent Someone can claim: You some Was below as a dependent Someone can claim: You dependents Someone can claim: You some Was below as a dependent Someone can claim: You self as dependent Someone Someone can claim: You self as dependent Someone Someone can claim: You self as dependent Someone Someone can claim: You self as dependents Someone can claim: You self as dependent Someone Someone can	Foreign country name				Foreign province/state	/county F		For			your tax or refund.		
Standard Deduction Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security number to you were load least are instructions; (3) Relationship to you Child tax credit Credit for other dependents har four dependents, see instructions and check here \[\] Wages, salaries, tips, etc. Attach Form(s) W-2 Tax-exempt interest 2a b Taxable interest 2b b Taxable amount 4b b Taxable amount 4b b Taxable amount 4b b Taxable amount 5a Capital gain or (loss). Attach Social security benefits 6a b Taxable amount 5b b Taxab												You	Spouse
Age/Blindness You:	At any time du	uring 20	020, did you receive, sell, send, exc	change,	or otherwise acquire	any	financial inte	erest ir	n any virtua	al curr	rency?	Yes	⋈ No
Dependents (see instructions): If more than four dependents, see instructions and check here □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Standard Deduction						•	nt					
Dependents (see instructions): If more than four dependents, see instructions and check here □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Age/Blindnes	s You	: Were born before January 2,	1956	Are blind Sp	ouse	: Was I	oorn be	efore Janua	ary 2,	1956	☐ Is bl	ind
If more than four dependents see instructions and check here ▶ 1		-			-							r (see instru	ctions):
than four dependents, see instructions and check here Mages, salaries, tips, etc. Attach Form(s) W-2	•						' '				- 1		
see instructions and check here Tax-exempt interest	than four								П				7
and check here Tax	dependents,												-
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if required. 4a B Taxable amount 4b Sch. B if required. 5a B Taxable amount 5b		s											-
Attach Sch. Bif required. 2a Tax-exempt interest . 2a b Taxable interest . 2b	here ▶ □												
Attach Sch. Bif required. 2a Tax-exempt interest . 2a b Taxable interest . 2b		1	Wages, salaries, tips, etc. Attach	Form(s) W-2						1		90,482.
Sch. B if required. 3a Qualified dividends 3a b Ordinary dividends	Attach	2a	1	1,	´	h T	axable inter	est			2b		<u> </u>
Fequired. Fequired. Fequired. Fequired. Female													
5a Pensions and annuities . 5a b Taxable amount	required.	4a	IRA distributions	4a	D Gramary						4b	,	
Standard Poduction for Single or Married filing Separately, \$12,400 Married filing Outlifying widow(er), \$24,800 Head of household, \$18,650 If you checked If		5a		5a		b T	axable amo	unt .			5b		
Deduction for Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9	Standard Deduction for—	١											
Single or Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deductions or see instructions Deduction, See instructions Standard Deduction, See instructions Deduction, See instructions 14 Add lines 12 and 13			,								. —	1	
separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deductions or see instructions Deduction, \$24,800 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Page 1, 482 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Page 1, 482 Page 1,	 Single or Married filing 	8	. • ,								8		
Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deductions Page instructions Deduction, See instructions Page instructions Add lines 12 and 13	separately,		•								. 9	- (90,482.
jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deductions or Standard Standard De		10			,								,
b Charitable contributions if you take the standard deduction. See instructions C Add lines 10a and 10b. These are your total adjustments to income Subtract line 10c from line 9. 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 Add lines 12 and 13	jointly or		From Schedule 1, line 22										
Head of household, \$18,650	widow(er),												
household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 90,482. If you checked any box under Standard Deductions 12 Standard deduction or itemized deductions (from Schedule A) 12 24,800. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 24,800.													
12 Standard deduction or itemized deductions (from Schedule A)	household,			•	-								90 482
any box under Standard Deduction, see instructions see instructions and 14 Add lines 12 and 13			, , ,										
Deduction, see instructions see instructions	any box under		,										<u> </u>
See Instructions 1												_	24 800
	see instructions.	15		· · · 1 from l	ine 11 If zero or less	enta	· · ·				15		55,682.

Form 1040 (2020))							Page 2		
	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	7,486.		
	17						17			
	18	Add lines 16 and 17					18	7,486.		
	19	Child tax credit or credit for other dependen	nts				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,					22	7,486.		
	23	Other taxes, including self-employment tax,					23	0.		
	24	Add lines 22 and 23. This is your total tax		•			24	7,486.		
	25	Federal income tax withheld from:						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	а	Form(s) W-2			25a 1	1,458				
	b	Form(s) 1099			25b	_,				
	c	Other forms (see instructions)			25c		\dashv			
	d	Add lines 25a through 25c					25d	11,458.		
	26	2020 estimated tax payments and amount a					26	11,150.		
 If you have a L qualifying child, 	27	Earned income credit (EIC)			27		20			
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule			28		-			
If you have nontaxable		American opportunity credit from Form 886	29		-					
combat pay,	29	, ,		-						
see instructions.	30	Recovery rebate credit. See instructions .			30		\dashv			
	31	Amount from Schedule 3, line 13	-							
	32	Add lines 27 through 31. These are your tot	32	11 450						
	33	Add lines 25d, 26, and 32. These are your to						11,458.		
Refund	34	If line 33 is more than line 24, subtract line 2	34	3,972.						
5	35a	Amount of line 34 you want refunded to you	35a	3,972.						
Direct deposit? See instructions.	►b	Routing number 1 1 1 0 0 0 6	S							
	► d	Account number 5 5 0 2 3 3 9			1					
<u> </u>	36	Amount of line 34 you want applied to your								
Amount You Owe	37	Subtract line 33 from line 24. This is the am	37							
For details on		Note: Schedule H and Schedule SE filers,	r							
how to pay, see		2020. See Schedule 3, line 12e, and its instr								
instructions.	38	Estimated tax penalty (see instructions) .			38					
Third Party		you want to allow another person to dis- structions				Camplet	a balaur	⊠ No		
Designee			Phone			•		▲ NO		
		signee's me ▶	no.			rsonal ide mber (PIN)				
Sign	Un	der penalties of perjury, I declare that I have examine	ed this return and	d accompanying sch	nedules and staten	nents, and	to the bes	st of my knowledge and		
		ief, they are true, correct, and complete. Declaration								
Here	Yo	ur signature	Date Your occupation					nt you an Identity		
	k							IN, enter it here		
Joint return? See instructions.			D .	SOFTWARE ENGINEER			ee inst.)	<u> </u>		
Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	tion		If the IRS sent your spouse an dentity Protection PIN, enter it here			
your records.							ee inst.) ▶			
	Ph	one no. (636)245-6789	Email address	RAVI.KANTAMS		COM				
		eparer's name Preparer's signa			Date	PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		GUPTA TALLAM		P020	82703	Self-employed		
Preparer Use Only								ine no. (678)965-9522		
		0500 - 117 - 1 - 5 - 00045								
Go to warn in a					DEV 07/00/01 D		m's EIN ▶	Form 1040 (2020)		
GO TO WWW.IIS.go	virom	11040 for instructions and the latest information.		BAA	REV 07/28/21 P	KU		rom 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.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

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) ▶ RAVINDRA KUMAR KANTAMSETTI 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 **MEGHANA** KANTAMSETTI (see instructions) 1b First name Middle 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 6217 LOVE DRIVE Apt 2316 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75039 TRVING 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** Information 03/06/1998 TNDTA ▼ 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.: Z4668716 Exp. date: 07/16/2028 Issued by: INDIA (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