E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	0	OMB No. 1545	-0074	IRS Use	Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of				Head of ed the HOH o						
Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
PRIYANK	A		AITH	A							099-8	85-214	0
lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse'	s social se	curity number
		er and street). If you have a P.O. box, see HILLS LN	instructi	ons.					Apt. no. 1436		Check h	iere if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below	·.	Stat	e	ZIP co	ode				ntly, want \$3
CHARLOT'	ΓE					NC	1	282	226		•	ow will not	Checking a change
Foreign countr	y name			Foreign provi	ince/state/c	ount	у	Forei	gn postal c	ode		or refund	0
												You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, o	or otherwise	e acquire a	any f	inancial intere	est in a	any virtua	ıl cu	rrency?	Yes	X No
Standard Deduction		eone can claim:	•		•		a dependent						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956 [Are blind	d Spo	use:	Was bo	rn bef	ore Janua	ary 2	2, 1956	🗌 ls bl	lind
Dependent	s (see	instructions):		(2) Soc	ial security		(3) Relationsh	nip	(4) 🗸	if qu	ualifies for	r (see instru	uctions):
If more		irst name Last name		nu	umber		to you	.	Child t	ax cr	redit	Credit for ot	ther dependents
than four									[
dependents, see instruction									[
and check	5								[
here 🕨 🗌									[
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2							. 1		86,600.
Attach	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			. 2b		
Sch. B if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			. 3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t			. 4b		
	5a	Pensions and annuities	5a			b Ta	axable amoun	t			. 5b		
Standard	6a	Social security benefits	6a			b Ta	axable amoun	t			. 6b		
Deduction for-	7	Capital gain or (loss). Attach Schee	dule D i	f required. I	f not requ	ired,	check here			► [7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.								. 8		-3,750.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is your	total inco	me				.	▶ 9		82,850.
 Married filing 	10	Adjustments to income:											
Jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard deduc	ction. See	instr	uctions 10	b					
 Head of 	с	Add lines 10a and 10b. These are	your to t	tal adjustm	ents to in	icon	ne			.	► 10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted g	ross inco	me				.	▶ 11		82,850.
 If you checked 	12	Standard deduction or itemized	deduct	ions (from	Schedule	A)					. 12		12,400.
any box under <i>Standard</i>	13	Qualified business income deduct	ion. Atta	ach Form 89	995 or For	m 89	995-A				. 13		
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	from lin	ne 11. If zero	o or less, e	enter	r-0				. 15		70,450.
													1010

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): 1 881	4 2 497	72	3	_		16	11,295.
	17	Amount from Schedule 2, lin	e3							17	
	18	Add lines 16 and 17								18	11,295.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	e7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	11,295.
	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						. 1	24	11,295.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					2 5a	14	,008	<u>.</u>	
	b	Form(s) 1099					25b				
	С	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	14,008.
• If you have a	26	2020 estimated tax payment								26	
qualifying child,	27	Earned income credit (EIC)			. _. Nọ		27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin	e13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refu	Inda	ble ci	redits	.)	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					.)	33	14,008.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the an	noun	nt you	overpaid		34	2,713.
neruna	35a	Amount of line 34 you want			is attached,	chec	k her	e		35a	2,713.
Direct deposit?	►b	Routing number 0 8 1	0 0 0 0	3 2	► c Type:	X	Chec	king	Saving	s	
See instructions.	►d	Account number 3 5 5	0 0 6 8	4 4 9 7	7 3						
	36	Amount of line 34 you want a	applied to your	2021 estimate	edtax		36	\Box			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						or 🗌	
For details on how to pay, see		2020. See Schedule 3, line 1									
instructions.	38	Estimated tax penalty (see ir	structions) .				38				
Third Party	Do	you want to allow another					See				
Designee	ins	structions	· · · · · ·					Yes. Co	omplet	e below.	X No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					ber (PIN	/	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		· · ·		Date	Your occupati		000 01				nt you an Identity
	, 10	ur signature		Dale	four occupati						PIN, enter it here
Joint return?					SOFTWAR	ΕE	NGI	NEER	(s	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occu	upatio	on				nt your spouse an
Keep a copy for your records.	·										ection PIN, enter it here
your rocordo.										ee inst.) 🕨	
		one no. (660)238-457		Email address	priyanka.	aitl	1				
Paid		eparer's name	Preparer's signat				Date		PTIN	00505	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALI	LAM	09/	16/2021		82703	Self-employed
Use Only									(678)965-9522		
	Fir	m's address ► 2530 Pebbl	le Creek L	n Cummin	g GA 3004	41			Fi	rm's EIN 🕨	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA		RE\	/ 07/28/21 PRC)		Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SP, or 1040-NP rmation.

00

OMB No. 1545-0074

	Allach to Forr	n 1040, 1040	0-3R, or 10	40-NR.	
► Go to www	.irs.gov/Form104	0 for instruc	tions and	the latest ir	nfo

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
PRIYANKA AITHA	099-85-2140
Part I Additional Income	

1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a b Date of original divorce or separation agreement (see instructions) ► 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -3,750. 6 6 7 7 8 Other income. List type and amount ► _____ 8 Combine lines 1 through 8. Enter here and on Form 1040. 1040-SR, or 1040-NR. 9 line 8. 9 -3,750. Part II Adjustments to Income 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 13 Moving expenses for members of the Armed Forces, Attach Form 3903 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) ► 19 IRA deduction . . . 19 20 20 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and 22 For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO Schedule 1 (Form 1040) 2020

Dopartm	ent of the Treasury	Attach to Form 1040	0, 1040)-SR, 104	10-NR, (or 1041.						
	Revenue Service (99)	► Go to www.irs.gov/ScheduleE f	or inst	ructions	and th	e latest	information.			Attacl Seque	hment ence No. 13	
-) shown on return	•						Υοι	ur social		ty number	-
. ,	ANKA AITHA								99-85		-	
Part		ss From Rental Real Estate and Ro	valtie	s Note	e: If you	are in th	e business of					
, are		e instructions. If you are an individual, rep	-		-				• •			
		ents in 2020 that would require you to									Yes X No	-
		you file required Form(s) 1099?		· · ·							Yes 🗌 No	
1a		f each property (street, city, state, ZII										
A		karimnagar TELANGANA IN		,								-
B	KOCHITANPOOL	Karimiagai ielangana in	5050	01								-
												-
1b	Type of Property	2 For each rental real estate pro	north ()	iatad		Fair	Rental	Per	sonal	مواا		-
10	(from list below)		air rent	al and			Days	1 01	Days	000	QJV	
Α	3	 above, report the number of fa personal use days. Check the 	QJV b	ox only	Α		365		•	0		_
B		if you meet the requirements to qualified joint venture. See ins	tructio	ns.	 B		303			0		_
					C							
	of Property:				U							
	gle Family Residence	3 Vacation/Short-Term Rental	5 1 2	nd		7 Self-	Rontal					
-	ti-Family Residence	4 Commercial		yalties								
Incom	/	Properties:			Α	o Othe	er (describe) B				С	
3			3		A	650.	Б					
4			4			050.						_
Expen												
5			5									
6	•	instructions)	6									
7	•		7			800.						
8	•		8			800.						_
			9									_
9			10									
10 11	•	fessional fees	11									_
	-		12									
12		aid to banks, etc. (see instructions)										
13			13			000						
14	•		14			800.						
15			15			800.						
16			17			000						
17			17		۷,	000.						
18	Depreciation expens Other (list) ►		10									_
19		l lines 5 through 19	20		1	400.						_
20		-			4,	400.						
21		n line 3 (rents) and/or 4 (royalties). If										
	file Form 6198 .	e instructions to find out if you must	21		_3	750.						
00			21		5,	/30.						-
22	on Form 8582 (see i	al estate loss after limitation, if any, instructions)	22	(_2 -	750.)	(١
23a		reported on line 3 for all rental prope		N	-5,1	23a	(6	50.			-
		reported on line 4 for all royalty prop				23b		0.	50.			
b c		reported on line 12 for all properties		· ·		23D						
d		reported on line 18 for all properties				23d						
e e		reported on line 20 for all properties		· ·		23u		1,4	0.0			
24		ve amounts shown on line 21. Do no				200		I, I	24			
24 25		losses from line 21 and rental real estate				nter tot		·	24 25 (3,750.	1
								t	23 (5,750.)
26		state and royalty income or (loss).										
		IV, and line 40 on page 2 do not 040), line 5. Otherwise, include this a							26		-3,750.	

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

20

20

D-40 < Stap Retu	le All	• •	of Yo	our	2020			<u>li</u> na D		nt c	ax Return of Revenue	DOR Use Only			
For ca	alenda	ar year 2		or fiscal yea	-	3			and ending			Are you a ve		Yes No X	ļ
PRIN 6880		A PPY I	чтт.т.	AIT S LN	ΉA			1436	Your	SSN	:099852140		ise a veteran [*] ranted an aut	? Yes No not not not not not not not not not no	
CHAF	<u>rlot</u>	NC 2	8226	5 MECKL					Spouse's	SSN	:	, ,	ederal incom	e tax return (Form 1040)	?
Filing	Statu	s X	1. Sing 4. Hea	gle ad of Househ	old		ied Filing ifying Wie	-	└ 3. Ma	rried	Filing Separately	Year spou	Yes X	No 🛄	
	•			C. for the en	•		Yes X				urn for deceased t	axpayer.	Date of c		
				ent for the e ent Fund: Y			Yes to the N	<u>No</u> I.C. Edu	ucation End		urn for deceased sent Fund by makir		Date of c ution or des	signating some or all o	f
											r payment of \$ <i>ns for information</i>	0. about the F		nate your overpaymen	t
Se Se	elect b	oox if yo	u, or i	f married fili	ing jointly,	your spo	ouse we	re out o	of the countr	y on	April 15, 2021, ar	nd a U.S. cit		dent.	
	elect l	box if re	turn is	filed and si	gned by E	xecutor,	Adminis	strator, o	or Court-Ap	point	ed Personal Repr	esentative.			
	1	PP	Y		DT	Ν	OC	Ν	TPRES		Y SPRES		VT		Ν
AITH		688()	28226	DS	Ν	ΕA	Ν	TD			SD		FDEXT	Y
PRIY	ANK	A			AITH	A				09	99852140		MECK	L	
												NC	2822	6	
6880	PC	PPY	HII	LLS LN					143	6	CHARLOTT	E			
06			828	350		16			0		26C			0	7
07				0		18	Y		0		26E			0	0201
09				0		20A			4058		EU				5002
10A				0		20B			0		27			0	N
10B				0		21A			0		29			0	
11	S	Y	I	Ν		21B			0		30			0	
11			107	750		21C			0		31			0	
13			000	000		21D			0		32			0	
14			721	100		26A			0		34		27	3	
15			37	785		26B			0						
TN	6	6023	3845	571		PN	6	7896	559522		PP	P02	08270	3	
		tify that I h		Mined this retu	efund D		hedules ar	273 nd stateme		aym	ent Due	uthorize the l	0 North Carolin	a Department of Revenu	
the best of	of my kr	iowledge a	and belie	ef, they are true	, correct, and	complete.			,		to discuss this retur	n and attachr	nents with th	e paid preparer below.	U
Your Sigr	nature					Date	Spo	use's Sign	nature <i>(If filing j</i>	oint re	turn, both must sign.)	Date		2384571 Phone No. <i>(Include area code</i>	e)
PAID PRI	EPARE	R USE ON	ILY If	prepared by a	person other t	han taxpay	ver, this ce	rtification i	is based on all i	nforma	ation of which the prepa	rer has any kno	wledge.		
		<u>IYA R</u> Signature	AM S	SAGAR G	UPT 0	9 16 2 Date		89659 arer's Cor		mber (Include area code)		P020 Preparer	082703 ''S FEIN, SSN, or PTIN	-

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 2020 Page 2 (50)

		~ ~ ~	
Last Name	(⊢irst 10	Characters	AITHA

099852140

6.	Federal Adjusted Gross Income	6.	82850
7.	Additions to Federal Adjusted Gross Income	7.	(
8.	Add Lines 6 and 7	8.	8285
9.	Deductions From Federal Adjusted Gross Income	9.	0205
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	
	b. Enter the amount of the child deduction	10b.	
11.	N.C. Standard Deduction	11.	
11.	N.C. Itemized Deduction	11.	
11.	Deduction amount	11.	1075
12.	a. Add Lines 9, 10b, and 11	12a.	1075
	b. Subtract amount on Line 12a from Line 8	12b.	7210
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.000
14.	N.C. Taxable Income	14.	7210
15.	N.C. Income Tax	15.	378
16.	Tax Credits	16.	
17.	Subtract Line 16 from Line 15	17.	378
18.	Consumer Use Tax	18.	0,0
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	378
North	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	405
20b.	Spouse's tax withheld	20b.	
21a.	2020 estimated tax	21a.	
21b.	Paid with extension	21b.	
21c.	Partnership	21c.	
21d.	S Corporation	21d.	
22.	Amended Returns Only - Previous payments	22.	
23.	Total Payments	23.	405
24.	Amended Returns Only - Previous refunds	24.	105
25.	Subtract Line 24 from Line 23		
26a.		25.	
	Тах Due	25. 26a	405
	Tax Due Penalties	26a.	405
26b.	Penalties	26a. 26b.	405
26b. 26c.	Penalties Interest	26a. 26b. 26c.	405
26b. 26c. 26d.	Penalties Interest Add Lines 26b and 26c and enter the total on 26d	26a. 26b. 26c. 26d.	405
26b. 26c. 26d. EU	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	26a. 26b. 26c. 26d. EU	
26b. 26c. 26d. EU 26e.	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	26a. 26b. 26c. 26d. EU 26e.	405
26b. 26c. 26d. EU 26e. 27.	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	26a. 26b. 26c. 26d. EU 26e. 27.	405
26b. 26c. 26d. EU 26e.	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	26a. 26b. 26c. 26d. EU 26e.	
26b. 26c. 26d. EU 26e. 27. 28.	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	26a. 26b. 26c. 26d. EU 26e. 27.	
26b. 26c. 26d. EU 26e. 27. 28. Amot	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	26a. 26b. 26c. 26d. EU 26e. 27. 28.	27
26b. 26c. 26d. EU 26e. 27. 28. Amol 29.	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax	26a. 26b. 26c. 26d. EU 26e. 27. 28. 29.	27
26b. 26c. 26d. EU 26e. 27. 28. Amot 29. 30.	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment mt of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30.	405
26b. 26c. 26d. EU 26e. 27. 28. Amot 29. 30. 31.	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment mt of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30. 31.	405
26b. 26c. 26d. EU 26e. 27. 28. Amot 29. 30.	Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment mt of Refund to Apply to: Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	26a. 26b. 26c. 26d. EU 26e. 27. 28. 29. 30.	405

D-400 Line-by-Line Information

Amount to be Refunded

34.

273

34.