£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 unchecked the MFS box, enter the son is a child but not your dependent	name of y	ed filing separately your spouse. If you	. ,	_		, ,	_			. , , ,		
Your first name and middle initial			Last na	Last name							Your social security number			
GAYATHRI				KUCHI						123-45-8188				
If joint return, spouse's first name and middle initial Last name.				ast name						Spouse's social security number				
Home address		er and street). If you have a P.O. box, se E DR	e instruction	ons.				Apt. no. 205	Chec	ck he	ere if you,	•		
City, town, or post office. If you have a foreign address, also complete s				•			ZIP code to			spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change				
ROSEVILLE				MN										
Foreign country name				Foreign province/state/county				eign postal cod	le your	your tax or refund. You Spouse				
At any time du	ıring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	any	financial intere	est in	any virtual	currenc	y?	Yes	⊠ No		
Standard Deduction		eone can claim:	•			•								
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore Januar	y 2, 195	6	☐ Is blii	nd		
Dependents	s (see	instructions):		(2) Social securit	(2) Social security (3) Relationship			(4) 🗸 it	f qualifies	alifies for (see instructions):				
If more		irst name Last name		number to you			Child tax credi			- 1		er dependents		
than four														
dependents, see instruction]]		
and check]			<u>]</u>		
here ▶]]		
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	6	8,574.		
Attach Sch. B if required.	2 a	Tax-exempt interest	2a		b T	axable interes	t			2b				
	3a	Qualified dividends	3a		b (Ordinary divide	nds			3b				
	4a	IRA distributions	4a		b T	axable amoun	t.			4b				
	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b				
Standard Deduction for— Single or Married filing separately, \$12,400	6a	Social security benefits	6a		b T	axable amoun	t.			6b				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ∟								7				
	8	Other income from Schedule 1, line 9								8		0.		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	6	8,574.		
Married filing	10	Adjustments to income:												
jointly or Qualifying widow(er), \$24,800	а	From Schedule 1, line 22												
	b	Charitable contributions if you take the standard deduction. See instructions 10b												
Head of	С	Add lines 10a and 10b. These are your total adjustments to income												
household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	11	Subtract line 10c from line 9. This is your adjusted gross income								11	6	8,574.		
	12	Standard deduction or itemized deductions (from Schedule A)									1	2,400.		
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								13				
	14	Add lines 12 and 13								14	12,400.			
550 monuotions.	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	er-O				15	5	66,174.		

Form 1040 (2020))									ı	Page 2
	16	Tax (see instructions). Check if any from	m Forn	n(s): 1 881	4 2 🗌 4972	3 🗌	-		16	8,1	49.
	17	Amount from Schedule 2, line 3							17		
	18	Add lines 16 and 17							18	8,1	49.
	19	Child tax credit or credit for other dep	ender	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 of	r less,	enter -0					22	8,1	49.
	23	Other taxes, including self-employme	nt tax,	from Schedule	e 2, line 10 .				23		0.
	24	Add lines 22 and 23. This is your tota							24	8,1	49.
	25	Federal income tax withheld from:								- ,	
	а	Form(s) W-2				25a	7	,814.			
	b	Form(s) 1099				25b		-			
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c							25d	7.8	14.
	26	_							26	. , , ,	
 If you have a L qualifying child, 	27	2020 estimated tax payments and amount applied from 2019 return									
attach Sch. EIC.	28	Additional child tax credit. Attach Sch			28						
If you have nontaxable	29	American opportunity credit from For			29						
combat pay, see instructions.	30				30			-			
see manuchons.	31	Recovery rebate credit. See instructions									
	32	Add lines 27 through 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments								7,8	1 4
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							33	7,0	<u> </u>
Refund	35a								35a		
Direct deposit?	> b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ ☐ Routing number X X X X X X X X X X X X X X X X X X X							SSA		
See instructions.	►d	Account number X X X X X X X X X									
	36	Account number A A A A A A A A A									
Amount		,							37	3	35.
You Owe	37	Subtract line 33 from line 24. This is the amount you owe now								J	55.
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.									
how to pay, see	38	Estimated tax penalty (see instructions)									
instructions.											
Third Party Designee		you want to allow another person structions					Ves Co	mplete	helow	× No	
Designee		signee's		Phone				onal ident			
		me ▶		no.				er (PIN)			
Sign	Un	der penalties of perjury, I declare that I have	examin	ed this return and	d accompanying sch	nedules and	statemer	nts, and to	the bes	at of my knowled	lge and
	bel	lief, they are true, correct, and complete. Decl	aration	of preparer (other	r than taxpayer) is ba	ased on all ir	nformatio	n of whic	h prepar	er has any knowl	ledge.
Here	Yo	ur signature		Date	Your occupation					nt you an Identity	y
Joint return? See instructions.	N		THE CHI AND LYCH				- 1	ection P inst.) ▶	IN, enter it here	$\neg \neg$	
	Sp.	ouse's signature. If a joint return, both must	TEST THVIELDI				`		t your spouse a		
Keep a copy for	Sp	ouse's signature. If a joint return, both must	Date Spouse's occupation				Ider	tity Prote	ection PIN, enter	r it here	
your records.								inst.)		\Box	
	Ph	one no.	Email address								
	Pre	eparer's name Preparer	s signa	ature Self-Prepared Date PTIN						Check if:	
Paid										Self-emplo	oyed
Preparer	Fir	Firm's name ▶ Phon							ne no.		
Use Only								ı's EIN ▶			
Go to www.irs an			ion		RΔΔ	REV 03/0	6/21 PRC				0 (2020)
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest informat	ion.		ВАА	REV 03/0	6/21 PRC			Form 104 () (2