E1040 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 under the none that the MFS box, enter the none is a child but not your dependen	ame of y								
Your first name and middle initial				me				Your so	Your social security number		
SHIVACHARAN RAO				CHITNENI				172-94-8624			
If joint return, spouse's first name and middle initial				me				Spouse	Spouse's social security number		
		r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.			on Campaign	
		CREEK DRIVE	10				D		here if you, if filing join	itly, want \$3	
City, town, or post office. If you have a foreign address, also co							code 3021	to go to this fund. Checking a			
Foreign country name				Foreign province/state/county					box below will not change your tax or refund.		
				Totalgh province/state/county				, Jour la	You	. Spouse	
At any time du	ring 20	20, did you receive, sell, send, exc	hange, c	or otherwise acquire	any financial ir	nterest in	any virtual c	urrency?	Yes	⊠ No	
Standard Deduction		eone can claim:				ent					
Age/Blindness	You:	☐ Were born before January 2, 1	956	Are blind Spo	use: Was	s born be	efore January	2, 1956	☐ Is bl	lind	
Dependent				(2) Social security	(3) Relat				or (see instru	ctions):	
If more		First name Last name number to you Child tax credit					credit	Credit for oth	her dependents		
than four									ſ		
dependents, see instruction											
and check											
here ►									[
	1	Wages, salaries, tips, etc. Attach I	Form(s) \	W-2				. 1		9,000.	
Attach	2a	Tax-exempt interest	2a		b Taxable int	erest		. 2k)		
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary di	vidends		. 3b)		
	4a	IRA distributions	4a		b Taxable an	nount .		. 4k)		
	5a	Pensions and annuities	5a		b Taxable an	nount .		. 5k)		
Standard Deduction for— Single or	6a	Social security benefits	6a		b Taxable an	nount .		. 6k)		
	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired, check he	ere .	🕨				
Married filing	8	Other income from Schedule 1, lin	e9.					. 8		_	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inco	ome			▶ 9		9,000.	
Married filing	10	Adjustments to income:									
jointly or Qualifying	a	From Schedule 1, line 22				10a	4,00	00.			
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b					
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to in	ncome			▶ 10	С	4,000.	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross inco	me			▶ 11		5 , 000.	
If you checked	12	Standard deduction or itemized	deducti	ions (from Schedule	A)			. 12	2 .	12,400.	
any box under Standard	13	Qualified business income deduct	ion. Atta	ich Form 8995 or Fo	m 8995-A .			. 13	3		
Deduction, see instructions.	14	Add lines 12 and 13						. 14		12,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less,	enter -0			. 15	5	0.	

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

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	16	Tax (see instructions). Check if any from Form((s): 1 8814	4 2 🗌 4972	3 🗌		16	0.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	0.
	19	Child tax credit or credit for other dependent	s				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, e	enter -0				22	0.
	23	Other taxes, including self-employment tax, f	from Schedule	2, line 10			23	0.
	24							0.
	25	Federal income tax withheld from:						
	а	Form(s) W-2						
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	448.
	26	2020 estimated tax payments and amount ap	oplied from 20	19 return			26	
 If you have a qualifying child, 	27	Earned income credit (EIC)						
attach Sch. EIC.	28	Earned income credit (EIC)						
nontaxable	29	American opportunity credit from Form 8863						
combat pay, see instructions.	30	Recovery rebate credit. See instructions .						
	31	Amount from Schedule 3, line 13						
	32	Add lines 27 through 31. These are your total	32					
	33	Add lines 25d, 26, and 32. These are your to	tal payments			. ▶	33	448.
Defined	34	If line 33 is more than line 24, subtract line 24					34	448.
Refund	35a	Amount of line 34 you want refunded to you					35a	448.
Direct deposit?	▶b	Routing number X X X X X X X	The second secon	▶ c Type:		Savings		
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	unt you owe	now		. ▶	37	
You Owe		Note: Schedule H and Schedule SE filers,						
For details on		2020. See Schedule 3, line 12e, and its instru						
how to pay, see instructions.	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to disc	uss this retur	n with the IRS?	See			
Designee	ins	instructions				elow.	X No	
		signee's	Phone	1		onal identif		
		ne ►	no.			oer (PIN)		
Sign		der penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration of						
Here		ur signature	Date	Your occupation		Ÿ.		nt you an Identity
	,	an originature	Date	roar occupation				N, enter it here
Joint return? See instructions. Keep a copy for your records.			DATA SCI		NTIST (s		inst.) 🕨	
	Sp	ouse's signature. If a joint return, both must sign.	Date Spouse's occupation		Ident			nt your spouse an
	,						inst.) ▶	ection PIN, enter it here
		one no.	Email address	-		(000		
Paid	_	parer's name Preparer's signati	Email address		Date	PTIN		Check if:
					2702	Self-employed		
Preparer								
Use Only								678) 965-9522
			ıı Cununtın				s EIN ▶	
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/01/21 PRO Form 1040 (2020)								