E 1040 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 X Married filing jointly Cubecked the MFS box, enter the nonis a child but not your dependent	ame of y									
Your first name and middle initial				Last name					Your social security number			
ADITHYA				NARALASETTY					121-35-3992			
If joint return, spouse's first name and middle initial				Last name					Spouse's social security number			
RATHNA REKHA				MYLAVARAPU					APPLIED FOR			
								Preside	Presidential Election Campaign			
4203 PAF	RABLI	E WAY							here if you			
City, fown, or bost office. If you have a foreign address, also complete spaces below.									spouse if filing jointly, want \$3 to go to this fund. Checking a			
CARY				NC 2			box below will			•		
Foreign country name				Foreign province/state/county					x or refund	•		
								You	Spouse			
At any time du	ring 20	20, did you receive, sell, send, excl	nange, c	or otherwise acquire	any financial in	iterest in	any virtual c	urrency?	Yes	⊠ No		
Standard Deduction		eone can claim:	•			ent						
Age/Blindness	You:	Were born before January 2, 1	956 F	Are blind Spo	use: Was	born be	efore January	2. 1956	☐ Is b	lind		
Dependents				(2) Social security	(3) Relati				or (see instru	uctions):		
If more		rst name Last name		number	to yo		Child tax of		1	ther dependents		
than four										$\overline{\Box}$		
dependents,										一		
see instructions and check	s ——			_						$\overline{\Box}$		
here ▶ □												
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	W-2				. 1	1	21,965.		
Attach Sch. B if	2a	Tax-exempt interest 2a b Taxable interest)	3.		
	За	Qualified dividends						. 3k	,			
required.	4a	IRA distributions 4a b Taxable amount						. 4k	,			
	5a	Pensions and annuities	5a		b Taxable am	ount .		. 5k	,			
Standard Deduction for— • Single or Married filing separately, \$12,400	6a	Social security benefits	6a		b Taxable am	ount .		. 6k	,			
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								-21.		
	8	Other income from Schedule 1, line 9										
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inco	me			▶ 9	1	21,947.		
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10a						
widow(er), \$24,800	b	Charitable contributions if you take	the stan	ndard deduction. See	instructions	10b						
Head of	С	Add lines 10a and 10b. These are your total adjustments to income										
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income								21,947.		
 If you checked 	12	Standard deduction or itemized	deducti	ions (from Schedule	A)			. 12	2	24,800.		
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A							3			
Deduction, see instructions.	14	Add lines 12 and 13							1	24,800.		
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less,	enter -0			. 15	5	97,147.		

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

Form **1040** (2020)

qualifying child, attach Sch. EIC. If you have nontaxable combat pay, see instructions. Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here Direct deposit? See instructions. Particular deposit? See instructions. Particular deposit? See instructions. Earned income credit (EIC)	16 17 18	12,948.								
18										
19 Child tax credit or credit for other dependents 20 Amount from Schedule 3, line 7 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 10 24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from: 26 a Form(s) W-2 27 b Form(s) 1099 28 c Other forms (see instructions) 29 d Add lines 25a through 25c 29 d Add lines 25a through 25c 2020 estimated tax payments and amount applied from 2019 return 29 d Additional child tax credit. Attach Schedule 8812 29 American opportunity credit from Form 8863, line 8 29 American opportunity credit from Form 8863, line 8 29 American opportunity credit from Form 8863, line 8 30 Recovery rebate credit. See instructions 31 Add lines 27 through 31. These are your total other payments and refundable credits 34 Add lines 27 through 31. These are your total payments 35 Add lines 27 through 32. These are your total payments 36 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 36 Account number X X X X X X X X X X X X X X X X X X X	18									
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For details on 2020. See Schedule 3, line 12e, and its instructions for details										
how to pay, see instructions. 38 Estimated tax penalty (see instructions)										
Third Party Do you want to allow another person to discuss this return with the IRS? See										
Designee's Phone Personal identific	ication									
name ▶ no. ▶ number (PIN) ▶										
Sign Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which										
Here		, ,								
	If the IRS sent you an Identity Protection PIN, enter it here									
Joint return? SOFTWARE ENGINEER (see in	inst.) ▶									
	If the IRS sent your spouse an Identity Protection PIN, enter it here									
1 17	ity Prote nst.) ▶	ection PIN, enter it here								
Phone no. Email address	,,									
Preparer's name Preparer's signature Date PTIN		Check if:								
Paid SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2021 P02082	703	Self-employed								
Preparer Firm's name CLOBAL TAYES LLC	one no. (678)965-9522									
Use Only	m's EIN ► 30-1017196									
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/01/21 PRO	O LII V	Form 1040 (2020)								
DAN REVOSORIZATION		. 5 10 10 (2020)								



Application for IRS Individual Taxpaver 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 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 **d** Dependent of U.S. citizen/resident alien If d, enter relationship to U.S. citizen/resident alien (see instructions) 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) ▶ ADITHYA NARALASETTY 121-35-3992 f 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 RATHNA REKHA MYLAVARAPU (see instructions) 1b First name Middle name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 4203 PARABLE WAY Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** CARY UNITED STATES 27519 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) **Birth** Male Information 08/13/1992 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 TNDTA P6248526 10/27/2022 Information 6d Identification document(s) submitted (see instructions) Driver's license/State I.D. X Passport USCIS documentation Other Date of entry into the United States No.: L6544528 Issued by: INDIA Exp. date: 12/12/2023 (MM/DD/YYYY): 01/26/2021 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 ▶ **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 PTIN **Use ONLY** Office code