Filing Status Check only Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only Tyou checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying midow(er) (QW) Pars An TH TYAPEAN RAVIRAMAN For each activity number PARSANTH TYAPEAN RAVIRAMAN Spouse's scala security number Pars As ANTH TYAPEAN APTICIANAN Spouse's scala security number Home address (number and streed). Hyou have a P. Cos, see instructions. Apt. TA APTICIANAN Home address (number and streed). Hyou have a Cos, see instructions. Apt. TA APTICIANAN City, town, or poot office. If you have a torsign address, also complete spaces below. State ZIP code Spouse's scala security number Forsign country name Forsign province/state/county Forsign postal code You Spouse You Spouse Control Spouse itemizes on a separate return or you were a dual-status alien You Spouse You You Spouse Dependents, see instructions: You Or you pouse as a dependent You Chick ceet Cred tor other depen	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use Only	y—Do not v	write or staple	e in this space.
PRASANTH IYYAPPAN RAVIRAMAN 686-31-7441 Hjoin return, spouse if mits name and middle initial Last name Spouse's social security number More address furmber and streed, Hyou have a P.0. box, see instructions. Apt. no. Presidential Election Campaign 10112 DOUGLAS OAKS CIRCLE 304 TAMPA Freign province/state/county Freign postal code by our tax or refund. Foreign county name Foreign province/state/county Freign postal code you tax or refund. Standard Someone can claim: You as dependent You soutes a dependent Image: Soute soute soute soute soutes and the refusion county of the refusion count county of the refusion county of the refusi	Check only	lf yo	u checked the MFS box, enter the na	ame of y	•	• •	· <u> </u>		()		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number MTHILI PERUMAL APPILED FOR Home address furniber and street). If you have a P.O. box, see instructions. Apt. no. 30.4 Chack here if you, or you City, town, or post office. If you have a toreign address, also complete spaces below. State 2/P code social security want Si Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Someone can claim: You as a dependent Your spouse as a dependent You Spouse it mices on a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 is blind Dependents (see instructions): (i) First name Immediate for (see instructions): (i) Are diatastas allen ind check	Your first name	and mi	iddle initial	Last na	me					Your se	ocial securi	ity number
MYTHILI PERUMAL APPLIED FOR Home address fumber and street). If you have a P.O. box, see instructions. Apt. no. 304 IO112 DUGLAS OAKS CIRCLE 304 Check here if you, or your spouse if filing jointly, want S3 TAMPA Foreign post office. If you have a foreign address, also complete spaces below. State ZIP code 53610 Foreign country name Foreign province/state/country Foreign post office. If you have a foreign address, also complete spaces below. Foreign post office. If you have a foreign address, also complete spaces below. Foreign post office. If you have a foreign address, also complete spaces below. Foreign post office. If you have a foreign address, also complete spaces below. State ZIP code To box below will not change Foreign country name Foreign province/state/country Foreign post office. If you have a separate return or you were a dual-status alien No Standard Standard Someone can claim: You as a dependent You as born before January 2, 1956 Is blind Dependents (9) Evaluationable (4) for if qualifies for (see instructions): Intervent Chake have address for (see instructions): If more 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 78, 690. Attach 3a b Taxable interest 2b Standard Gal interest 3a b Taxabl	PRASANTI	H IY	YAPPAN	RAVI	RAMAN					686-	31-744	1
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\$18,650 11 78,690. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 24,800. 13 0 0 13 0 13 0 14 Add lines 12 and 13 13 14 24,800. 15 15 53,890. 15 53,890.	Head of	с	Add lines 10a and 10b. These are	your tot	al adjustments	s to inco	ome			▶ 10	c	
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14										
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or	less, ent	ter -0			. 1	5	

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

Form **1040** (2020)

Form 1040 (2020	J)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		. 16	6,070.
	17	Amount from Schedule 2, lin	ie3					. 17	
	18	Add lines 16 and 17						. 18	6,070.
	19	Child tax credit or credit for	other dependent	ts				. 19	
	20	Amount from Schedule 3, lin	ie7					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	6,070.
	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					▶ 24	6,070.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	9,5	92.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 250	9,592.
If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return			. 26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	3812		28			
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		29			
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	1,8	00.	
	31	Amount from Schedule 3, lin	ie 13			31			
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able credits		▶ 32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				▶ 33	11,392.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	unt you over	baid .	. 34	5,322.
neiulia	35a							35a	5,322.
Direct deposit?	►b							rings	
See instructions.	►d	Account number 8 9 8			7 5 1	Īļļ		Ũ	
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe	now			▶ 37	
You Owe									
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you o 2020. See Schedule 3, line 12e, and its instructions for details.					you ow		
how to pay, see instructions.	38	Estimated tax penalty (see in				38			
Third Party	Do	vou want to allow another				? See			
Designee	ins	structions					es. Comp	olete below	7. 🗙 No
•		signee's		Phone				identificatio	n
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Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
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Joint return?					SOFTWARE	INGINEER		(see inst.)	<u> </u>
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation				If the IRS s	ent your spouse an
Keep a copy for your records.								lentity Protection PIN, enter it here	
your records.				HOME MAKER			(see inst.)		
		one no.		Email address					
Paid		eparer's name	Preparer's signat			Date		ΓIN	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 04/08/2	021 PC	2082703	
Use Only		m's name 🕨 GLOBAL TAX						Phone no.	(678)965-9522
	Fir	m's address ► 2530 Pebbl	le Creek L	n Cummin	g GA 30041			Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/25/	21 PRO		Form 1040 (2020)

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA

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Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service		are not U.S. citiz separate instruc	•	t reside	nts.					
	taxpayer identification number (ITIN) is	for U.S. feder	al tax purposes	only.		on type (check one box):				
Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).						Apply for a new ITIN				
Reason you're su must file a U.S. fe	ubmitting Form W-7. Read the instruction ederal tax return with Form W-7 unless y	s for the box y /ou meet one	ou check. Cauti	on: If yo	ou check bo	οx b, c, d, e, f, or g, yo ι				
_	alien required to get an ITIN to claim tax treaty	benefit								
_	alien filing a U.S. federal tax return t alien (based on days present in the United S	tatas) filing a LL	S fodoral tax ratur	n						
	of U.S. citizen/resident alien) If d, enter relation	-			tructions) 🕨					
	.S. citizen/resident alien	·	TIN of U.S. citizen/i	·	, <u>-</u>	tructions) ► 686-31-7441				
	alien student, professor, or researcher filing a L		eturn or claiming ar	n excepti	on					
	spouse of a nonresident alien holding a U.S. visa									
h Other (see in	nstructions) ► on for a and f : Enter treaty country ►		and treaty art	icle num	hor b					
Name		Middle name	and treaty and		name					
(see instructions)	MYTHILI			PEI	RUMAL					
Name at birth if different ►	1b First name	Middle name		name						
Applicant's	2 Street address, apartment number, or rural		you have a P.O.	box, see	separate in	structions.				
Mailing	10112 DOUGLAS OAKS CIRCLE Apt 304									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	TAMPA FL USA 33610									
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth	4 Date of birth (month / day / year) Country of b	birth	City and state or	province	e (optional)	5 Male				
Information	09/16/1990 INDIA			E Female						
Other Information	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 INDIA INDIA INDIA INDIA INDIA INDIA									
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
	Issued by: INDIA No.: K6148203 Exp. date: 10/31/2022 (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).									
	6fEnter ITIN and/or IRSN ►ITINIRSNand									
	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 ►									
Clara	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying									
Sign Here	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.									
Keep a copy for your records.	Signature of applicant (if delegate, see ins	structions)	Date (month / day /	′ year) 	Phone number					
	Name of delegate, if applicable (type or pa	rint)	Delegate's relation to applicant	ship		Parent Court-appointed guardian Power of attorney				
Acceptance	Signature		Date (month / day /	′ year)	Phone Fax					
Agent's	Name and title (type or print)	Name of c	Name of company EIN Office of			PTIN				
Use ONLY										

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