Form 1040-V 2020 Page 2

| IF you live in | THEN use this address to send in your payment |
|---|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2020**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99)

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment

6,273.

REV 08/30/21 PRO

1555

MADHU GOTHANDARAMAN SRINITHI SOUNDARARAJAN 1001 LAKE CAROLYN PARKWAY 561 IRVING TX 75039

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

E1040 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 au checked the MFS box, enter the son is a child but not your depende | name of y | ed filing separately your spouse. If you | | _ | | • | _ | | | . , . , | |
|---|----------|--|------------|---|------------|--------------|-----------------------------|------------------|--------------------------------|----------------------------------|--|----------------|--|
| Your first name | | | | | | You | Your social security number | | | | | | |
| | | | | IANDARAMAN | | | | | | 168-53-3920 | | | |
| If joint return, s | pouse's | s first name and middle initial | Last na | me | | | | | Spo | Spouse's social security number | | | |
| | | | | SOUNDARARAJAN | | | | | 89 | 893-66-0667 | | | |
| Home address (number and street). If you have a P.O. box, see instructi | | | | | | | | Apt. no. | Presidential Election Campaign | | | | |
| 1001 LA | KE C. | AROLYN PARKWAY | | | | | | 561 | | | nere if you, | | |
| City, town, or p | ost offi | ce. If you have a foreign address, also | complete s | paces below. | Sta | ite | ZIP | code | | | 0, | tly, want \$3 | |
| IRVING | | | | TX | | | 75 | | | | to go to this fund. Checking a box below will not change | | |
| Foreign country name | | | | Foreign province/state/county | | | For | | | 7 · · | | | |
| At any time du | ıring 20 | 020, did you receive, sell, send, ex | change, c | or otherwise acquir | e any | financial in | iterest ir | any virtual | curren | cy? | Yes | ⊠ No | |
| Standard Deduction | | neone can claim: | | | | | ent | | | | | | |
| Age/Blindness | s You: | Were born before January 2, | 1956 | Are blind S | pouse | e: Was | born be | efore Januar | ry 2, 19 | 56 | ☐ Is bli | ind | |
| Dependent | s (see | instructions): | | (2) Social secur | itv | (3) Relati | onship | (4) 🗸 | if qualifie | ualifies for (see instructions): | | | |
| If more | | irst name Last name | | | | to you | | Child tax credit | | - 1 | | her dependents | |
| than four | | | | | | | | | | | | | |
| dependents, see instruction | . — | | | | | | | | | | | | |
| and check | 3 — | | | | | | | | | | | | |
| here ▶ □ | | | | | | | | | | | | | |
| | _1_ | Wages, salaries, tips, etc. Attach | Form(s) \ | W-2 | | | | | . | 1 | 20 | 08,494. | |
| Attach | 2a | Tax-exempt interest | 2a | | bΤ | axable inte | erest | | . | 2b | | 5. | |
| Sch. B if required. | 3a | Qualified dividends | 3a | | b (| Ordinary div | vidends | | . | 3b | | | |
| | 4a | IRA distributions | 4a | | b T | axable am | ount . | | . | 4b | | | |
| | 5a | Pensions and annuities | 5a | | b T | axable am | ount . | | . | 5b | | | |
| Standard | 6a | Social security benefits | 6a | | b٦ | axable am | ount . | | . | 6b | | | |
| Deduction for— Single or | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ | | | | | | | 7 | | | | |
| Married filing | 8 | Other income from Schedule 1, line 9 | | | | | | | . | 8 | | | |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | ▶ | 9 | 20 | 08,499. | |
| Married filing | 10 | Adjustments to income: | | | | | | | | | | | |
| jointly or Qualifying | а | From Schedule 1, line 22 | | | | | | | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take the standard deduction. See instructions 10b 300. | | | | | | | 300. | | | | |
| Head of | С | Add lines 10a and 10b. These are your total adjustments to income | | | | | | | ▶ | 10c | | 300. | |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This is your adjusted gross income | | | | | | | 11 | 20 | 08,199. | | |
| If you checked | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | 12 | 2 | 24,800. | | |
| any box under Standard | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | | | | | 13 | | | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | . | 14 | | 24,800. | | |
| | 15 | Taxable income. Subtract line 1 | 4 from lin | e 11. If zero or les | s, ente | er -0 | | | | 15 | 18 | 33,399. | |

| Form 1040 (2020 |)) | | | | | | | Page 2 | | |
|---|---------|---|--------------------|-----------------|-----------------|--------------------------|---------------------------|---------------------------|--|--|
| | 16 | Tax (see instructions). Check if any from Form | m(s): 1 881 | 4 2 4972 | 3 🗌 | | 16 | 32,175. | | |
| | 17 | Amount from Schedule 2, line 3 | | | | - | 17 | | | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 32,175. | | |
| | 19 | Child tax credit or credit for other depende | 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 or less | , enter -0 | | | | 22 | 32,175. | | |
| | 23 | Other taxes, including self-employment tax | , from Schedul | e 2, line 10 . | | | 23 | 0. | | |
| | 24 | Add lines 22 and 23. This is your total tax | | | | ▶ | 24 | 32,175. | | |
| | 25 | Federal income tax withheld from: | | | | | | , | | |
| | а | Form(s) W-2 | | | 25a 25 | 5,952. | | | | |
| | b | Form(s) 1099 | | | 25b | 2. | | | | |
| | С | Other forms (see instructions) | | | 25c | | 7 | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 25,954. | | |
| | 26 | 2020 estimated tax payments and amount | | | | | 26 | 20,301. | | |
| If you have a L qualifying child, | 27 | Earned income credit (EIC) | | | 27 | | 20 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit. Attach Schedule | | | 28 | | - | | | |
| If you have nontaxable | 29 | | | | 29 | | - | | | |
| combat pay, | | American opportunity credit from Form 886 | • | | | | - | | | |
| see instructions. | 30 | Recovery rebate credit. See instructions . | | | 30 | | - | | | |
| | 31 | Amount from Schedule 3, line 13 | - | | | | | | | |
| | 32 | Add lines 27 through 31. These are your to | 32 | 05 05 4 | | | | | | |
| | 33 | Add lines 25d, 26, and 32. These are your t | 33 | 25,954. | | | | | | |
| Refund | 34 | If line 33 is more than line 24, subtract line | 34 | | | | | | | |
| | 35a | Amount of line 34 you want refunded to you | 35a | | | | | | | |
| Direct deposit? See instructions. | ▶b | Routing number X X X X X X X X | | | | | | | | |
| coc mondonorio. | ►d | Account number X X X X X X X X | | | | | | | | |
| | 36 | Amount of line 34 you want applied to you | r 2021 estimate | ed tax ► | 36 | | | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the an | nount you owe | now | | ▶ | 37 | 6,273. | | |
| You Owe | | Note: Schedule H and Schedule SE filers | | | | | | | | |
| For details on how to pay, see | | 2020. See Schedule 3, line 12e, and its inst | | | | | | | | |
| instructions. | 38 | Estimated tax penalty (see instructions) . | | <u> •</u> | 38 | 52. | | | | |
| Third Party | | you want to allow another person to dis | | | | | | . | | |
| Designee | | structions | | | _ | | | ⊠ No | | |
| | | signee's ne ▶ | Phone no. ▶ | | | sonal ident ber (PIN) | | | | |
| Ciara | | der penalties of perjury, I declare that I have examin | | | | . , | | et of my knowledge and | | |
| Sign | | ief, they are true, correct, and complete. Declaration | | | | | | | | |
| Here | Yo | ur signature | Date | Your occupation | | lf th | e IRS ser | nt you an Identity | | |
| | | | | | | I . | | IN, enter it here | | |
| Joint return? | | | | IT CONSULTANT | | | e inst.) | | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, both must sign. | Date | | | | | nt your spouse an | | |
| your records. | , | | | | | | ntity Prote e inst.) 🕨 | ection PIN, enter it here | | |
| | | 272 72 (212) 010 7220 | Email addraga | 1 | | (00) | | | | |
| | | one no. (212) 810-7339 eparer's name Preparer's signa | Email address | MADHU.GM@ | Date Date | PTIN | | Check if: | | |
| Paid | | 1 | | רווסחה האדדאני | | P0208 | 2702 | Self-employed | | |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | KAM SAGAK | GUPIA TALLAM | 09/24/2021 | | | | | |
| Use Only | | 0500 - 111 - 1 - 1 - 2 - 00044 | | | | | | e no. (678) 965-9522 | | |
| | | | Ln Cummin | _ | | Firn | n's EIN ▶ | | | |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the latest information. | | BAA | REV 08/30/21 PR | 0 | | Form 1040 (2020) | | |