

Amended U.S. Individual Income Tax Return

(Rev. January 2020)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2019 2018 2017 2016

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and middle initial ABHYUTH Last name CHILAKALAPUDI VENKAT Your social security number 068-59-4786

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions. 1210 IRVING AVENUE Apt. no. 5 Your phone number (937)929-9840

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

DAYTON OH 45419

Foreign country name Foreign province/state/county Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from a joint return to separate returns after the due date. Full-year health care coverage (or, for amended 2018 returns only, exempt). If amending a 2019 return, leave blank. See instructions.

Single Married filing jointly Married filing separately (MFS) Qualifying widow(er) (QW) Head of household (HOH)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Use Part III on the back to explain any changes

Income and Deductions

Table with 4 columns: Line number, Description, A. Original amount reported or as previously adjusted (see instructions), B. Net change—amount of increase or (decrease)—explain in Part III, C. Correct amount. Rows 1-5.

Tax Liability

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows 6-11.

Payments

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows 12-17.

Refund or Amount You Owe

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows 18-23.

Complete and sign this form on page 2.

**Part I Exemptions and Dependents**

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
	<b>Note:</b> See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.				
24	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank . . . . .	24			
25	Your dependent children who lived with you . . . . .	25			
26	Your dependent children who didn't live with you due to divorce or separation . . . . .	26			
27	Other dependents . . . . .	27			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank . . . . .	28			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank . . . . .	29			
30	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and <input checked="" type="checkbox"/> here				

(a) First name		Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents (amended 2018 or later returns only)	
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.  
 Check here if you didn't previously want \$3 to go to the fund, but now do.  
 Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.  
 I ABHYUTH CHILAKALAPUDI VENKATA KRISHNA HOLDING F1 VISA FOR TAX YEAR 2019 AS PER IRS I AM LIABLE TO FILE 1040NR WITH THE FEDERAL TAX DEPARTMENT OF REVENUE ERRENOUSLY FILED FORM 1040 WITH FEDERAL TAX DEPARTMENT OF REVENUE FOR THE TAX YEAR 2019 NOW THROUGH THIS 1040X I AM AMMENDING TAX RETURNS

**Remember to keep a copy of this form for your records.**

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

**Sign Here**

Your signature \_\_\_\_\_ Date \_\_\_\_\_ STUDENT  
 Your occupation \_\_\_\_\_  
 Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**Paid Preparer Use Only**

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/19/2021 GLOBAL TAXES LLC  
 Preparer's signature Date Firm's name (or yours if self-employed)  
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 Pebble Creek Ln Cumming GA 30041  
 Print/type preparer's name Firm's address and ZIP code  
P02082703  Check if self-employed (678)965-9522 30-1017196  
 PTIN Phone number EIN