E 1040 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	u checked the MFS box, enter the	mame of y	ed filing separately your spouse. If you				•	_				
Vour first name	person is a child but not your dependent						Vou		nial coourity				
				)APURAM						Your social security number 811-93-4673			
			Last na							Spouse's social security number			
If joint return, spouse's first name and middle initial Last na				me.					opouse a social security number				
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Pres	iden	tial Electio	n Campaign	
2001 WA	RREN	WAY									ere if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also c	complete s	paces below.	Sta	ite	ZIP	code			0,	tly, want \$3	
MECHANICSBURG				PA			1				to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/county			For	Foreign postal code		tax	or refund.	_	
											You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, o	or otherwise acquir	e any	financial inte	rest ir	any virtual	currenc	y?	Yes	<b>⋈</b> No	
Standard Deduction		eone can claim: You as a d	•			'	t						
		Were born before January 2,			oouse		orn b	efore Januar	y 2, 195	 56	☐ Is blii	nd	
Dependent				(2) Social secur	tv	(3) Relation	ship	(4) <b>√</b> i	f qualifies	ualifies for (see instructions):			
If more		irst name Last name		number to you			op	Child tax credi				er dependents	
than four										丁		<u></u>	
dependents,									]				
see instruction and check	S ——									T			
here ►									]			<u> </u>	
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	3	5,828.	
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est			2b			
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divid	ends			3b			
	4a	IRA distributions	4a		<b>b</b> Taxable amount .					4b			
	5a	Pensions and annuities	5a		b T	axable amou	ınt .			5b			
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .			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 <b>total income</b>							<b>•</b>	9	3	5,828.	
Married filing jointly or	10	Adjustments to income:				1	1						
Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b 300.									4		
Head of household,	С	Add lines 10a and 10b. These are your total adjustments to income							<b>•</b>	10c		300.	
\$18,650	11	Subtract line 10c from line 9. This	•	-					<b>•</b>	11		5,528.	
If you checked any box under	12	Standard deduction or itemized		•	,				.	12	1	2,400.	
Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								13			
Deduction, see instructions.	14	Add lines 12 and 13							.	14		2,400.	
	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	s, ente	er-0				15	2	3,128.	

Form 1040 (2020	0)								Page <b>2</b>	
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	2,578.	
	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	2,578.	
	19	Child tax credit or credit for	other dependent	ts				19		
	20	Amount from Schedule 3, lir	ne 7					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	2,578.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax				. •	24	2,578.	
	25	Federal income tax withheld	d from:							
	а	Form(s) W-2				<b>25a</b> 3	3,044.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	3,044.	
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	)19 return			26		
qualifying child,	27	Earned income credit (EIC)			<sup>N</sup> o .	27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			<b>30</b> 1	,800.			
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>							1,800.	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>							4,844.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	2,266.	
neiuliu	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>.</b>							2,266.	
Direct deposit?	▶b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ ☐ 35a 2,266.  Routing number 1 1 1 0 0 0 0 2 5 ▶ <b>c</b> Type: ★ Checking Savings								
See instructions.	►d	Account number 4 8 8 0 8 9 8 0 0 1 3 1								
	36	Amount of line 34 you want applied to your 2021 estimated tax > 36								
Amount	37	Subtract line 33 from line 24	I. This is the <b>amo</b>	ount you owe	now		. ▶	37		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see instructions)								
<b>Third Party</b>	Do	you want to allow another	r person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	nstructions							<b>⋉</b> No	
		signee's		Phone			onal identi			
		ne ►		no. ►			ber (PIN)			
Sign		der penalties of perjury, I declare in items in								
Here		ur signature	Date Your occupation					nt you an Identity		
	,	ar signature	Date	Tour occupation				IN, enter it here		
Joint return?				SOFTWARE ENGINEER				inst.) 🕨		
See instructions.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.			Date Spouse's occupation				nt your spouse an	
Keep a copy for your records.	,								Identity Protection PIN, enter it here (see inst.) ▶	
•				Farail address			(300	11130.)		
		one no. eparer's name	Preparer's signat	Email address		Date	PTIN		Check if:	
Paid		•			רווחת החרוזיים			2702	Self-employed	
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2021 P0208:									
Use Only								one no. (678) 965-9522		
				ii Cullillin			'	's EIN ▶	<del></del>	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/13/21 PR	0		Form <b>1040</b> (2020)	