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 Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you	•	_		` '	_	•	•	. , . ,
Your first name	and m	iddle initial	Last na	ıme					Your	socia	l security	y number
PROXTEN	DSI	LVA	ANTO	ONY IRUDAYA	RAJ				719	719-19-7036		
If joint return, s	pouse's	s first name and middle initial	Last na	ıme					Spou	Spouse's social security number		
	•	er and street). If you have a P.O. box, se	ee instructi	ons.				Apt. no.	- 1			n Campaign
		ROSS PKWY						2B		Check here if you, or your spouse if filing jointly, want \$3		
		ce. If you have a foreign address, also o	complete s	spaces below.	Sta			P code				Checking a
BLUE ASI					0			5236		box below will not change		
Foreign country	y name			Foreign province/stat	e/cour	nty	Fo	reign postal coc	e your	your tax or refund. You Spouse		Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, o	or otherwise acqui	e any	financial i	nterest i	n any virtual	currency	/? [Yes	⊠ No
Standard Deduction		eone can claim:					dent					
Age/Blindness	S You:	Were born before January 2,	1956	Are blind S	pouse	e: 🗌 Wa	ıs born b	efore Januar	v 2, 1956	а Г	ls bli	nd
Dependent				(2) Social secur		(3) Rela		T .			ee instruc	tions):
If more		irst name Last name		number		to you		Child tax credit		- 1		er dependents
than four	<u></u>									\top		
dependents,	_											<u> </u>
see instruction and check	s ——]			
here ►]			
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	6	55,000.
Attach	2a	Tax-exempt interest	2a		b 1	Taxable in	terest		. :	2b		
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary d	ividends			3b		
required.	4a	IRA distributions	4a		b 1	Taxable ar	nount .			4b		
	5a	Pensions and annuities	5a		b 7	Taxable ar	nount .			5b		
Standard	6a	Social security benefits	6a		b 7	Taxable ar	nount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D i	f required. If not re	quirec	d, check h	ere .	•		7		
Single or Married filing	8	Other income from Schedule 1, li	ne 9 .							8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. 1	Γhis is your total in	come					9	6	55,000.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a	4,0	00.			
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b 300.						00.				
Head of	С	Add lines 10a and 10b. These are	e your to	tal adjustments to	inco	me .			▶ 1	10c		4,300.
household, \$18,650	11	Subtract line 10c from line 9. This	s is your	adjusted gross in	come				•	11	6	50,700.
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	ile A)					12	1	2,400.
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or I	orm 8	3995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		2,400.
	15	Taxable income. Subtract line 1	4 from lir	ne 11. If zero or les	s, ente	er -0			.	15	4	8,300.

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	6,422.
	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	6,422.
	19	Child tax credit or credit for	other dependent	ts				19	
	20	Amount from Schedule 3, lir	ne7					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	6,422.
	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	6,422.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	7,362.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c		7	
	d	Add lines 25a through 25c						25d	7,362.
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)				27			
attach Sch. EIC.	28	Additional child tax credit. A				28		1 1	
nontaxable	29	American opportunity credit	from Form 8863	8. line 8 . .		29		1	
combat pay, see instructions.	30	Recovery rebate credit. See		-		30		1	
	31	Amount from Schedule 3. lir				31		1	
	32	Add lines 27 through 31. The					•	32	
	33	Add lines 25d, 26, and 32. T	-					33	7,362.
D. ()	34	If line 33 is more than line 24	•					34	940.
Refund	35a							35a	940.
Direct deposit?	▶b								
See instructions.	▶d								
	36	Amount of line 34 you want			ed tax	36			
Amount	37					-	▶	37	
You Owe		Subtract line 33 from line 24. This is the amount you owe now							
For details on		2020. See Schedule 3, line 12e, and its instructions for details.							
how to pay, see instructions.	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				. ▶ ∐ Yes.	Complete	below.	X No
		signee's		Phone			rsonal identi		
<u> </u>		me ►		no. ►			mber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here		ur signature	•	Date	Your occupation		1		nt you an Identity
		ar olgitata.o			Tour occupation				IN, enter it here
Joint return?					SOFTWARE :	ENGINEER	(see	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, l	both must sign.	Date	Spouse's occupat	tion			nt your spouse an
your records.	,						I	inst.)	ection PIN, enter it here
				- " !!			(300	11131.)	
-		one no. eparer's name	Droporor's signet	Email address		Data	PTIN		Chook if:
Paid		•	Preparer's signat					2702	Check if:
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2021 P0208						Self-employed	
Use Only								(678) 965-9522	
						ı's EIN ▶			
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/13/21 P	RO		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PROXTEN DSILVA ANTONY IRUDAYARAJ

Your social security number
719-19-7036

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	
Par	t II Adjustments to Income	J	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	4,000.
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	4,000.

(Rev. January 2020)

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR. ► Go to www.irs.gov/Form8917 for the latest information. OMB No. 1545-0074

Attachment Sequence No. 60

Internal Revenue Service

Department of the Treasury

PROXTEN DSILVA ANTONY IRUDAYARAJ

Your social security number 719-19-7036

Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You can't take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

Before you begin:

- ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
- For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR

	the Instructions for Forms 1040 and 1040-SR.		
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	PROXTEN DSILVA ANTONY IRUDAYARAJ	719-19-7036	11,350.
2	Add the amounts on line 1, column (c), and enter the total	2	11,350.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	65,000.	
4	• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.		
	• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.		
	• For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed	1	
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 stop; you can't take the deduction for tuition and fees		64,700.
	* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income Effect of the Amount of Your Income on the Amount of Your Deduction amount to enter on line 5.		
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,0 filing jointly)?	00 (\$130,000 if married	
	Yes. Enter the smaller of line 2, or \$2,000. No. Enter the smaller of line 2, or \$4,000.	6	4,000.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed.



2020 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.

Spouse's SSN (if filing jointly)



Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE. Do **NOT** include a copy of the previously filed return.

▶ If deceased

School district # (see instructions).

Primary taxpayer's SSN (required) 719 19 7036

PROXTEN DSILVA

check box

Nonresident |

Indicate state

check box

Check here if claiming an NOL carryback. Include Schedule IT NOL.

SD# ▶ 3101

First name

03 21 21

M.I. Last name

ANTONY IRUDAYARAJ

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

9259 DEER CROSS PKWY

Address line 2 (apartment number, suite number, etc.)

APT 2B

City

State

ZIP code

Marriad filing injustry

Ohio county (first four letters)

BLUE ASH

Resident

45236 OH

HAMI

Filing Status – Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er)

Foreign country (if the mailing address is outside the U.S.)

Part-year

resident

Residency Status - Check only one for primary

Foreign postal code

	Check only one for s	pouse (if married fili	ing jointly)		Married filing jointly		
	Resident	Part-year resident	Nonresident Indicate state		Married filing separately	Spouse's SSN	
			See instructions for require		Check here if you filed the feder	al extension form 4868.	
	Spouse meets t	ne five criteria for irre	ebuttable presumption as nor	nresident.	Check here if someone else is a joint return) as a dependent.	able to claim you (or your spou	use if
paper clip.	of your federal ret	urn if the amount is	deral 1040 and 1040-SR, lir zero or negative. Place a "	-" in the box at the	right	60700	00
ō	2a.Additions – Ohio	Schedule A, line 10	(INCLUDE SCHEDULE)		2a.		00
staple	2b. Deductions - Ohi	o Schedule A, line 3	39 (INCLUDE SCHEDULE).		2b.		00
Do not			lus line 2a minus line 2b). P ro			60700	00
			DULE J if claiming dependents,		4. 1	2150	00
	5. Ohio income tax I	oase (line 3 minus li	ine 4; if less than zero, ente	r zero)	5.	58550	00
	6. Taxable business	income – Ohio Sch	nedule IT BUS, line 13 (INCI	LUDE SCHEDULE	:)6.		00
	7. Line 5 minus line	6 (if less than zero,	enter zero)		7.	58550	00





0098

2020 Ohio IT 1040



SSN 719 19 7036

Individual Income Tax Return

7a. Amount from line 7 on page 1	58550	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	a. 1422	00
8b.Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)8	b.	00
8c. Income tax liability before credits (line 8a plus line 8b)	ic. 1422	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)	9. 0	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)1	0. 1422	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)1	1.	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	2.	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	3. 1422	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)1	4. 1833	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	5.	00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	6.	00
17. Amended return only – amount previously paid with original and/or amended return1	7.	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	8. 1833	00
19. Amended return only – overpayment previously requested on original and/or amended return1	9.	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	0. 1833	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	1	0.0
21. Tax liability (life 13 fillings life 20). If life 20 is flegative, ignore the - and add life 20 to life 13	.1.	00
22. Interest due on late payment of tax (see instructions)	2.	00
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 2	3.	00
24. Overpayment (line 20 minus line 13)	4. 411	00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability	5.	00
00 00 00		
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	g.	00
00 00 00		
27. REFUND (line 24 minus lines 25 and 26g)		00
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge	If your refund is \$1.00 or less, no refund will be	e issued.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Phone number (832) 710-8584 Primary signature. Spouse's signature __ Date (MM/DD/YY).

Check here to authorize your preparer to discuss this return with the Department.

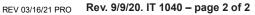
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 0 2 0 8 2 7 0 3

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

> NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057





2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



20350198

Sequence No. 11

Primary taxpayer's SSN

719 19 7036

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401.

1833 00

Part B -	<u>W-2s</u> Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
1. P/S	541816287	65000 00	7362 00
r	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	526045935	65000 00	1833 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
2. 170	BOX D ENV	00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



2020 Schedule of Ohio

Withholding Primary taxpayer's SSN 719 19 7036



20350298

		719 19 7036	20350298
	1099-Rs	Day 4 Chara distribution	Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
Part D -	W-2Gs		
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
Part E -	1099-NECs		
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
		00	00
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
		00	00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
		00	00
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
		00	00