104	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	0	OMB No. 1545	-0074	IRS Use Or	nly—Do no	t write or sta	ple in this space.	
Filing Statu Check only one box.	lf yc	Single D Married filing jointly but checked the MFS box, enter the n son is a child but not your dependent	ame of y	-	eparately (N use. If you c	,	_		()		, ,	vidow(er) (QW) if the qualifying	
Your first name	e and m	iddle initial	Last na	me						Your	social sec	urity number	
SANDEEP DE			DEVI	DEVINENI							300-33-6457		
If joint return, spouse's first name and middle initial Last				ast name							Spouse's social security number		
		er and street). If you have a P.O. box, see MAIN DR	instructio	ons.					Apt. no. 1228	Chec	k here if y	ection Campaign	
City, town, or post office. If you have a foreign address, also complete				lete spaces below. State 2				ZIP c	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a		
PLANO					T			750			box below will not change		
Foreign countr	sign country name				Foreign province/state/co			Forei	gn postal cod		your tax or refund.		
At any time du	uring 20	020, did you receive, sell, send, excł	nange, c	or otherwi	se acquire	any	financial intere	est in a	any virtual o	currency			
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•				a dependent						
Age/Blindnes	s You	Were born before January 2, 1	956 🗌	Are bli	nd Spo	use	: 🗌 Was bo	rn bef	ore January	/ 2, 1956	6 🗌 Is	s blind	
(1) First same Last same number to you Child to						(4) ✓ if Child tax	qualifies for (see instructions):						
lf more than four													
dependents,													
see instruction and check	IS												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2 .							1	20,565.	
Attach	2a	Tax-exempt interest	2a			b Taxable interest b Ordinary dividend					2b		
Sch. B if	3a	Qualified dividends	3a								3b		
required.	4a	IRA distributions	4a				axable amoun				4b		
	5a	Pensions and annuities	5a			b Taxable amount .				. 4	5b		
Standard	6a	Social security benefits 6a b Taxable amount								. (6b		
Deduction for –	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7		
 Single or 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	20,565.	
 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											
Head of	с	Add lines 10a and 10b. These are your total adjustments to income									0c		
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income								•	11	20,565.	
 If you checked 	12	Standard deduction or itemized deductions (from Schedule A)									12	12,400.	
any box under <i>Standard</i>	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A									13		
Deduction, see instructions.	14	Add lines 12 and 13								. 🗆	14	12,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ero or less,	ente	r-0				15	8,165.	
												1040 (*****	

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	818.
	17	Amount from Schedule 2, lin	e3							17	
	18	Add lines 16 and 17								18	818.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	e7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	818.
	23	Other taxes, including self-end	mployment tax,	from Schedule	e 2, line 10)				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	818.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	1	,494		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	1,494.
• If you have a	26	2020 estimated tax payment								26	
qualifying child,	27	Earned income credit (EIC)					27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 8863	8, line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See		-			30				
	31	Amount from Schedule 3, lin					31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	ble cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	2								1,494.
Defend	34	If line 33 is more than line 24								34	676.
Refund	35a	Amount of line 34 you want I					•	-		. –	676.
Direct deposit?	►b	Routing number 1 0 1			► c Typ			king 🗌 🤅			
See instructions.	►d	Account number 1 4 5						з <u> </u>			
	36	Amount of line 34 you want a					36	T'			
Amount	37						-		. ►	37	
You Owe	0.	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	Do	you want to allow another									
Designee		structions						Yes. Co	mplete	e below.	× No
	De	signee's		Phone				Perso	onal ider	ntification	
	nar	me 🕨		no. 🕨				numb	er (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com									
Here		· · · · · ·				• •	iseu on	an mornatio			, ,
	YO	ur signature		Date	Your occu	Ipation					nt you an Identity IN, enter it here
Joint return?				SOFTWARE E						e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	both must sign. Date Spouse's occupation			ion			he IRS se	nt your spouse an	
Keep a copy for your records.	/								entity Protection PIN, enter it here		
your records.										e inst.) 🕨	
		one no. (660)528-076		Email address	DEVINEN	ISANDE		7@GMAIL.CO			
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA T	ALLAM	09/	24/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TAX						Ph	one no. (678)965-9522	
	Firi	m's address ► 2530 Pebbl	le Creek L	n Cumming	g GA 3	0041			Fir	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BA	A	REV	/ 08/30/21 PRC			Form 1040 (2020)

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BAA