<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 202	0	OMB No. 15	545-0074	IBS Use Only	v—Do not w	rite or staple	in this space.	
Filing Status Check only one box.	s 🗙 s If yo		] Marrie ame of y	ed filing separately (I	,	) 🗌 Head	of house	ehold (HOH)	Qua	lifying wid	low(er) (QW)	
Your first name	and mi	iddle initial	Last na	me					Your so	cial securi	ty number	
NUTHAN MC			MOSE	IS					687-44-1826			
			Last nai	Last name					Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructed 1445 W RIVER CROSS CT			instructio	structions.				Apt. no. 10	Check h	Presidential Election Campaign Check here if you, or your		
City, town, or post office. If you have a foreign address, also comple			mplete s	lete spaces below. State			ZIP c	ode			ntly, want \$3	
SALT LAKE CITY					U	UT 8				to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/county			Forei	Foreign postal code your tax or refund.			•	
At any time du	iring 20	020, did you receive, sell, send, exch	nange, o	or otherwise acquire	any	financial inte	erest in a	any virtual cu	urrency?		X No	
Standard Deduction	_	eone can claim:	•	· ·		a depender	nt					
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind Sp	ouse	e: 🗌 Was I	oorn bef	ore January	2, 1956	🗌 ls bl	lind	
Dependent	s (see	instructions):		(2) Social security	y	(3) Relation	nship	(4) 🗸 if c	qualifies fo	r (see instru	uctions):	
If more		irst name Last name		number		to you		Child tax of			ther dependents	
than four												
dependents, see instruction	c											
and check												
here 🕨 🗌												
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2					. 1		27,100.	
Attach	<b>2</b> a	Tax-exempt interest	2a		bТ	axable inter	est .		. 2b			
Sch. B if required.	3a	Qualified dividends	3a	b Ordinary divider			dends .		. 3b			
	4a	IRA distributions	4a		bΤ	axable amo	unt		. 4b			
	5a	Pensions and annuities	5a		bΤ	axable amo	unt		. 5b			
Standard Deduction for – • Single or Married filing separately, \$12,400	6a	Social security benefits 6a b Taxable amount						. 6b				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7				
	8	Other income from Schedule 1, lin	e9.						. 8	- :	28,405.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your <b>total inc</b>	ome				▶ 9		-1,305.	
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22       10a         Charitable contributions if you take the standard deduction. See instructions       10b										
widow(er),	b											
\$24,800 • Head of	с	Add lines 10a and 10b. These are	your tot	al adjustments to	incor	me			► 100	2		
household, \$18,650	11	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>						▶ 11		-1,305.		
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized							. 12		12,400.	
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A							. 13			
Deduction,	14	Add lines 12 and 13							. 14		12,400.	
see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less.	ente	er-0					0.	
Ear Disclosura		Act and Baperwork Beduction Act N									n <b>1040</b> (2020)	

Home address (number and street). If you have a P.O. box, see instr	Apt. no.	Presidential Election Campaign				
1445 W RIVER CROSS CT	Check here if you, or your					
City, town, or post office. If you have a foreign address, also comple	State	ZIP	code	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
SALT LAKE CITY	UT	84	123			
Foreign country name	Foreign province/state/	county	Fore	eign postal code	your tax or refund.	
					You Spouse	

Form 1040 (2

Form 1040 (2020	))			Page <b>2</b>	
	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3         .          .	16	0.	
	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	0.	
	19	Child tax credit or credit for other dependents	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	0.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	0.	
	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	с	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	4,637.	
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26		
qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812			
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8			
see instructions.	30	Recovery rebate credit. See instructions	-		
	31	Amount from Schedule 3, line 13			
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	4,637.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,637.	
noruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	4,637.	
Direct deposit?	►b	Routing number       X	3		
See instructions.	►d	Account number X X X X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want applied to your 2021 estimated tax			
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe fo	r		
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)			
Third Party		you want to allow another person to discuss this return with the IRS? See		_	
Designee	ins	tructions	e below.	× No	
		signee's Phone Personal ider ne ▶ no. ▶ number (PIN)			
0:000		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and		t of my knowledge and	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi			
Here	Yo	ur signature Date Your occupation If t	he IRS ser	nt you an Identity	
				N, enter it here	
Joint return?			ee inst.)►		
See instructions. Keep a copy for	Sp			nt your spouse an action PIN, enter it here	
your records.			(see inst.) ►		
	Ph	one no. Email address			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/04/2021 P020	82703	Self-employed	
Preparer				678)965-9522	
Use Only			rm's EIN ▶		
Go to www.irs.ad		n1040 for instructions and the latest information. BAA REV 03/01/21 PRO		Form <b>1040</b> (2020)	
				()	

latest information.

BAA