| Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 7304 W, 139TH PL 4103 Check here if you, or your spouse if filing, only, want 33 Gity, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code 6622.3 box below, will not change Foreign country name Foreign province/state/county Foreign postalogos Vou | E1040 | · · | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | (99) Jrn | 202 | 20 | OMB No. 1 | 1545-00 | 74 IRS Us | se Only | r−Do not w | vrite or staple | e in this space. | |
|---|--|----------|--|--------------------------|------------------------|----------------|--------|--------------|---------------------|--------------|-------------------|---------------------------------|-----------------|-------------------|--|
| MARWIN MACALANDA 062-35-1649 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Apt. no. 73.04 W, 139'TH PL Atta 2 Presidential Election Campaign City, tewn, or post office. If you have a foreign address, also complete spaces below. State ZIP code Foreign country name Foreign province/state/county Foreign postal code you take a foreign address, also complete spaces below. Standard Someone can claim: You have a dependent You Spouse You Spouse Periodip rovince/state/county Foreign postal code You Spouse No Standard Someone can claim: You spouse as a dependent You Spouse No Periodip rovince/state/county (I) First name Is blind Is blind Dependents (see instructions): (I) Social security (I) Acationship (I) I first name I 92,186. Attach Social security (I) First name Last name I 92,186. I 9 I I 92,186. I 92,186. <td< td=""><td>Check only</td><td>lf yc</td><td>ou checked the MFS box, enter the n</td><td>ame of y</td><td>-</td><td></td><td>. ,</td><td></td><td></td><td></td><td>,</td><td></td><td>, 0</td><td>. , . ,</td></td<> | Check only | lf yc | ou checked the MFS box, enter the n | ame of y | - | | . , | | | | , | | , 0 | . , . , | |
| If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 410.3 7304 W, 139TH PL City, town, or post office. If you have a foreign address, also complete spaces below. State 2iP code OVERLAND PARK Social security name Foreign country name Foreign province/state/county Foreign posta/decode you tax or refund. You Someone can claim: You as a dependent Your spouse as a dependent You Spouse it will not change. Age/Blindness You: Were born before January 2, 1956 Are blind Spouse it will not change. Yes No Standard Dependents (see instructions): (2) Social security (3) Relationshin (4) If qualifies tor (see instructions): is point as credit cr | Your first name | e and m | iddle initial | Last nar | me | | | | | | | Your so | cial securi | ity number | |
| Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 7304 W, 139TH PL 4103 Check here if you, or your spouse if filing, and/ress, also complete spaces below. State 2/P code Code <td< td=""><td>MARWIN</td><td></td><td></td><td>MACA</td><td>LANDA</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td colspan="3">-</td></td<> | MARWIN | | | MACA | LANDA | 1 | | | | | | - | | | |
| 7304 W, 139TH PL 4103 Check here if you, or you City, tow, or post office, if you have a foreign address, also complete spaces below. State 2/P code OVERLAND PARK KS 66223 box below will not chanage Foreign country name Foreign province/state/county Foreign postal odde Vour tax or refund. Standard Someone can claim: You as a dependent You resource a dependent You Spouse Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien No Standard Deductions: (1) First name Last name (2) Social security (3) Petatorshin (4) 4/ if qualifies for see instructions): (1) First name Last name (2) Social security (3) Petatorshin (4) 4/ if qualified or down or dow | | | | | | | | | | | | Spouse's social security number | | | |
| Chry, Mark, D Dak Dinke, in your neve a hotegin address, and oblighed spaces below. State 24 'odde to got or this fund? Checking a box point (in the change your fax or refund. OVERELAND PARK Foreign province/state/county Foreign postal tode You Spouse your fax or refund. You Spouse itemizes on a separate return or you were a dual-status alien Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Age/Blindness Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Yet is fund? Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (i) First name Last name (ii) First name Is a spouse | | | | instructio | ons. | | | | | | | Check I | here if you, | , or your | |
| OVERLAND PARK KS 66223 box below will not change Foreign country name Foreign province/state/county Foreign postar does your tax or refund. You You Spouse You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Yes No Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (i) First name Last name (i) Social security (i) Relationship (i) 4' 4' I qualifies for (see instructions): if more (i) First name Last name (i) Social security (i) First name Iii 92, 186. and check Iiii and check Iiiii and check Iiiiii and check Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | | | mplete sp | te spaces below. State | | | | ZI | | | | | | |
| Foreign country name Foreign province/state/county Foreign postal code your fax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Spouse itemizes on a separate refum or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationshin (4) If qualifies for (see instructions): If more than four dependents, see instructions Immediate refut or other dependents Immediate refut or other dependents see instructions Immediate Immediate refut or other dependents Immediate refut or other dependents here b Immediate Immediate Immediate Immediate 4 HA distributions 4 Immediate Immediate Immediate 5 Standard Deduction for Gala gain or (tos). Attach Schedule D if required. If not required, check here Immediate Immediate 4 IA distributions 4 Immediate Immediate Immediate <t< td=""><td colspan="3">OVERLAND PARK</td><td></td><td colspan="3"></td><td>6</td><td colspan="3"></td><td colspan="3"></td></t<> | OVERLAND PARK | | | | | | | 6 | | | | | | | |
| At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (1) First name Last name (2) Social security (3) Relationshin (4) If qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (1) First name (2) Social security (3) Relationshin (4) If 'If qualifies for (see instructions): If more than four dependents, see instructions 1 92, 186. (2) Social security (3) Relationshin (4) If 'If qualifies for (see instructions): If more than four dependents, see instructions 1 92, 186. (2) Social security benefits (2) Social security benefits (3) B Attach 2a b b axable amount 4b (4) First name (5) First name (5) First name (5) First name (5) First n | Foreign countr | | F | Foreign province/state/o | | /coun | county | | Foreign postal code | | Ű | | | | |
| Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) V it qualifies for (see instructions): If more than four dependents, see instructions Imme Last name Imme Imme Imme If more than four Imme Last name Imme Imme Imme Imme If more than four Imme Last name Imme Imme Imme Imme If more than four Imme Last name Imme Imme Imme Imme If more than four Imme Last name Imme Imme Imme Imme If more than four Imme Last name Imme Imme Imme Imme Imme Imme If more than four Imme Last name Imme Imm | Ū | | | | | | | | | | | You | Spouse | | |
| Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more dependents, see instructions Last name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): and Check Immediate | At any time du | uring 20 | 020, did you receive, sell, send, excl | nange, o | or otherw | vise acquire | e any | financial in | iterest | in any virtu | ial cu | irrency? | Yes | X No | |
| Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship (4) I if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Image: construction of the provide interest instructions in the provide interest instructions instructions in the provide interest instructions instructing instructions instructions instructions instru | | | | | | • | | · | ent | | | | | | |
| If more than four dependents, see instructions and check Last name number to you Child tax credit Credit for other dependents see instructions and check | Age/Blindnes | s You | : 🗌 Were born before January 2, 1 | 956 | Are bl | ind S p | ouse | : 🗌 Was | born k | pefore Jan | uary 2 | 2, 1956 | 🗌 ls b | olind | |
| If more than four dependents, see instructions and check Last name number to you Child tax credit Credit for other dependents see instructions and check | Dependent | s (see | instructions): | | (2) 5 | Social securi | tv | (3) Relatio | onship | (4) | if a | ualifies fo | r (see instru | uctions): | |
| than four dependents, see instructions and check here Attach 2a Tax-exempt interest | | | | | | | | | | | | | | | |
| see instructions and check here ▶ □ □ Attach Sch. B if required. 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 92,186. Attach Sch. B if required. 2a b Taxable interest 2b 3a Qualified dividends 3a b Ordinary dividends 3b 4a b Taxable amount 4b 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 5b Standard Deduction for 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 * Single or Married fling jointly or Qualifying widowler, \$24,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 85, 686. 10 Adjustments to income: a From Schedule 1, line 22 10b 250. 10c 250. 11 Standard deduction or itemized deductions (from Schedule A) 11 85, 436. 11 85, 436. • Head of household, \$16, 850 12 Standard deduction or itemized deductions (from | | | | | | | | | | | | | | $\overline{\Box}$ | |
| and check here i <t< td=""><td>• • • • • • • • • • • • • • • • • • • •</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | • | | | | | | | | | | | | | | |
| here Image: selection of the | | IS —— | | | | | | | | | $\overline{\Box}$ | | | $\overline{\Box}$ | |
| Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b required. 4a B Ordinary dividends 3b 3b standard Faxable amount 5a b Taxable amount 4b Standard Ga Social security benefits 5a b Taxable amount 5b Standard Ga Social security benefits 6a b Taxable amount 5b Separately, Stardor 6a Social security benefits 6a - 7 - Single or Social security benefits 6a - - - 7 - Separately, Stardor 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income - > 9 85, 686. 10 Adgustments to income: -< | | | | | | | | | | | $\overline{\Box}$ | | | \square | |
| Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b required. 4a B Ordinary dividends 3b 3b standard Faxable amount 5a b Taxable amount 4b Standard Ga Social security benefits 5a b Taxable amount 5b Standard Ga Social security benefits 6a b Taxable amount 5b Separately, Stardor 6a Social security benefits 6a - 7 - Single or Social security benefits 6a - - - 7 - Separately, Stardor 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income - > 9 85, 686. 10 Adgustments to income: -< | | 1 | Wages, salaries, tips, etc. Attach F | Form(s) V | N-2 . | | | | | | | . 1 | | 92,186. | |
| Sch. B if required. 3a 3a 3a 3b required. 4a b Ordinary dividends 3b 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 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 7 8 Other income from Schedule 1, line 9 5 8 -6,500 9 85,686 7, and 8. This is your total income 9 85,686 10 Adjustments to income: 10a 10b 250 9 Add lines 10, and 10b. These are your total adjustments to income 10c 250 11 85,4360 11 8 54,430 11 85,436 14 14 12,400 12 12,400 12 12,400 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 <td< td=""><td>Attach</td><td><u> </u></td><td>U</td><td>L) (</td><td></td><td></td><td>h T</td><td>avahla inte</td><td>aract</td><td></td><td>-</td><td></td><td></td><td></td></td<> | Attach | <u> </u> | U | L) (| | | h T | avahla inte | aract | | - | | | | |
| required. 4a b b to the standard of the standard deduction or itemized deductions (from Schedule A) 10a 10c 250. 11 85, 486. 11 85, 486. 12 12, 400. 12 12, 400. 12 12, 400. 13 14 12, 400. 14 12, 400. 14 12, 400. 13 14 12, 400. 15 73, 036. 15 73, 036. 15 73, 036. | | | · · | | | | | | | | • | · | | | |
| 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule I, line 9 7 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 85, 686. 10 Adjustments to income: 10a 9 widow(er), \$24,800 Charitable contributions if you take the standard deduction. See instructions 10b 250. 1 Subtract line 10c from line 9. This is your adjusted gross income 1 1 85, 436. 11 85, 436. 1 1 8 250. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 1 1 12 12, 400. 13 Add lines 12 and 13 1 14 12, 400. 14 12, 400. 14 Add lines 12 and 13 1 1 15 73, 036. | | | | | | | | | | . | • | | | | |
| Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 5 7 8 -6,500 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 85,686 9 • Married filing jointly or Qualifying widow(er), \$24,800 • From Schedule 1, line 22 • 9 • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income 10b 250. 11 Subtract line 10c from line 9. This is your adjusted gross income • 11 85,436. 12 Standard deduction or itemized deductions (from Schedule A) • 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 13 14 12,400. 15 73,036. | | | | - | | | | | | | • | | | | |
| Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Single or Married filing separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -6, 500. • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 10a and 10b. These are your total adjustments to income 10a 10a • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 85,436. • If you checked any box under Standard Deduction, see instructions. 12 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 12 12,400. 14 12,400. 14 12,400. 14 12,400. | Deduction for – Single or Married filing separately, \$12,400 | \ | | | | | | | | | • | | | | |
| Single or Married filing separately, \$12,400 Married filing iointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions. If you checked any box under Standard Deduction. If you c | | | | | | | | | | | ► [| _ | | | |
| separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 85,686. Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a b Charitable contributions if you take the standard deduction. See instructions 10b 250. • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income 10c 250. 11 85,436. 11 85,436. 11 85,436. 12 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 12,400. 14 12,400. 15 73,036. | | | | | | | lunea | , CHECK HE | | | | _ | - | 6 500 | |
| Maried filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: a 10a b Charitable contributions if you take the standard deduction. See instructions 10b 250. b Charitable contributions if you take the standard deduction. See instructions 10b 250. c Add lines 10a and 10b. These are your total adjustments to income . . . standard Subtract line 10c from line 9. This is your adjusted gross income . . . if you checked any box under Standard Deduction, see instructions. 12 12,400. 12 12,400. 14 Add lines 12 and 13 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | | | | | | | | • • | | • | | | | |
| jointly or Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b 250. • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income • • 10c 250. 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 85,436. 12 Standard deduction or itemized deductions (from Schedule A) • 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A • 13 14 12,400. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 73,036. | | | | anu o. T | his is yo | ur totai inc | Joine | | • • | | · | 9 | | 05,000. | |
| widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 250. • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income . <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td> </td> <td>10-</td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | • | | | | | | 10- | | | | | | |
| \$24,800 Image: Containable contributions in you take the standard deduction. See instructions in you take the standard deduction of itemized deductions (from Schedule A) Image: Note that table income instructions in you take the standard deduction. See instructions in you take the standard deduction of itemized deductions (from Schedule A) Image: Note that table income instructions in you take the standard deduction of itemized deductions (from Schedule A) Image: Note take the standard deduction of itemized deductions (from Schedule A) If you checked any box under standard Image: Note take the standard deduction on itemized deductions (from Schedule A) Image: Note take the standard deduction on itemized deduction is you adjusted gross income in the standard deduction on itemized deduction. Attach Form 8995 or Form 8995-A Image: Note take the standard deduction on itemized deduction. Attach Form 8995 or Form 8995-A Image: Note take take take take take take take ta | | | | | | | | | | | 25 | | | | |
| household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 85,436. 16 12 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 73,036. | \$24,800 | | | | | | | | | | | | | 250 | |
| \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 85,436. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 73,036. | household, \$18,650 | | | - | - | | | | | | - | | | | |
| any box under Standard Deduction, see instructions.131314Add lines 12 and 13Add lines 12 and 131415Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-15 | | · | | | | • | | | | | | | | | |
| Standard Deduction, see instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 13 14 Add lines 12 and 13 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 73,036. | | | | · · · · | ` | | , | | | | | | | 12,400. | |
| see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 73,036. | Standard | | | ion. Atta | ch Form | 8995 or F | orm 8 | | | | - | | | 10 (00 | |
| | | J | | · · · | | • • • | • • | | | | | | | | |
| | | | | | | | | er-0 | | | | . 15 | | | |

Form 1040 (2

| Form 1040 (2020 |)) | | | Page 2 | | | | | | |
|-----------------------------------|---------|---|--|-------------------------|--|--|--|--|--|--|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌 | 16 | 11,856. | | | | | | |
| | 17 | Amount from Schedule 2, line 3 | 17 | | | | | | | |
| | 18 | Add lines 16 and 17 | 18 | 11,856. | | | | | | |
| | 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 | 11,856. | | | | | | |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. | | | | | | |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 11,856. | | | | | | |
| | 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 | 14,610. | | | | | | |
| • 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 | 756. | | | | | | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 15,366. | | | | | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,510. | | | | | | |
| neruna | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | 35a | 3,510. | | | | | | |
| Direct deposit? | ►b | Routing number X X X X X X X X X X X ► c Type: Checking Savings | | | | | | | | |
| 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 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) | | | | | | | | |
| Third Party | Do | you want to allow another person to discuss this return with the IRS? See | | | | | | | | |
| Designee | ins | structions | celow. | X No | | | | | | |
| | | signee's Phone Personal identi | | | | | | | | |
| | | ne no. number (PIN) | | | | | | | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whicl | | | | | | | | |
| Here | | | | nt you an Identity | | | | | | |
| | , 10 | Prot | | IN, enter it here | | | | | | |
| Joint return? | | SOFTWARE ENGINEER (see | inst.) 🕨 | | | | | | | |
| See instructions. | Sp | | If the IRS sent your spouse an | | | | | | | |
| Keep a copy for your records. | · | | entity Protection PIN, enter it here ee inst.) | | | | | | | |
| - | | | iiist.) | | | | | | | |
| | | one no. Email address | | Ob a she ife | | | | | | |
| Paid | | parer's name Preparer's signature Date PTIN | 0 | Check if: | | | | | | |
| Preparer | | I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/03/2021 P0208 | | Self-employed | | | | | | |
| Use Only | | | | (678)965-9522 | | | | | | |
| | | | 's EIN ▮ | | | | | | | |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the latest information. BAA REV 03/01/21 PRO | | Form 1040 (2020) | | | | | | |