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<br>Check only<br>one box.   | If yo    | Single Married filing jointly under the none the MFS box, enter the none is a child but not your dependent | ame of y        |                                  |                     |           |                     |            |   |           |             |  |
|---|----------|--|-----------------|----------------------------------|---------------------|-----------|---------------------|------------|---|-----------|-------------|--|
| Your first name   | and mi   | ddle initial   | Last name       |                                  |                     |           |                     | Your       | Your social security number                                       |           |             |  |
| ANDRAJULA   |          |  |                 | GOWTHAM                          |                     |           |                     |            | 123-45-2824   |           |             |  |
| 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.   |          |  |                 |                                  |                     |           |                     |            | Presidential Election Campaign                                    |           |             |  |
| 2507, PORTOLA AVE   |          |  |                 |                                  |                     |           |                     |            |   | e if you, |             |  |
| City, town, or p  | ost offi | ce. If you have a foreign address, also co   | mplete s        | nplete spaces below. State ZIF   |                     |           | code                | _          | spouse if filing jointly, want \$3 to go to this fund. Checking a |           |             |  |
| LIVERMORE   |          |  |                 | CA :                             |                     |           | 1551                | _          | box below will not change   |           |             |  |
| Foreign country name  |          |  |                 | Foreign province/state/county Fo |                     |           | Foreign postal code |            | tax or  | refund.   |             |  |
|   |          |  |                 |                                  |                     |           |                     |            |   | 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<br>Deduction   | _        | eone can claim:  | •               |                                  |                     | ent       |                     |            |   |           |             |  |
| Age/Blindness   | You:     | ☐ Were born before January 2, 1  | 956 F           | Are blind Spo                    | use: Was            | s born be | efore January       | / 2. 195   | 6 [   | ls bli    | ind         |  |
| Dependents  |          |  |                 | (2) Social security              |                     |           |                     |            |   |           |             |  |
| -   |          | e instructions):  (2) Social security  number  (3) Relationship  (4)   (b) if qualifi                      |                 |                                  |                     |           |                     |            | lifies for (see instructions):  Credit for other dependents       |           |             |  |
| If more<br>than four  |          |  |                 |                                  |                     |           |                     |            |   |           | 7           |  |
| dependents,   | -        |  |                 |                                  |                     |           |                     |            |   |           | <del></del> |  |
| see instructions and check  | s        |  |                 | _                                |                     |           |                     |            |   | Ī         | <del></del> |  |
| here ▶ □  |          |  |                 |                                  |                     |           |                     |            |   |           | <del></del> |  |
|   | . 1      | Wages, salaries, tips, etc. Attach F   | orm(s) \        | W-2                              |                     |           |                     |            | 1   |           | 94,813.     |  |
| Attach  | 2a       | Tax-exempt interest 2a b Taxable interest  |                 |                                  |                     |           |                     |            | 2b  |           |             |  |
| Sch. B if   | За       | Qualified dividends  |                 |                                  |                     |           |                     |            | 3b  |           |             |  |
| required.   | 4a       | IRA distributions 4a b Taxable amount  |                 |                                  |                     |           |                     |            | 4b  |           |             |  |
|   | 5a       | Pensions and annuities   | 5a              |                                  | <b>b</b> Taxable am | ount .    |                     |            | 5b  |           |             |  |
| Standard Deduction for— • Single or Married filing separately, \$12,400   | 6a       | Social security benefits   | 6a              |                                  | <b>b</b> Taxable an | ount .    |                     |            | 6b  |           |             |  |
|   | 7        | Capital gain or (loss). Attach Schedule D if required. If not required, check here                         |                 |                                  |                     |           |                     |            |   |           |             |  |
|   | 8        | Other income from Schedule 1, lin  | e9.             |                                  |                     |           |                     |            | 8   | _         | -3,630.     |  |
|   | 9        | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,  | and 8. T        | his is your total inco           | me                  |           |                     | •          | 9   | 9         | 91,183.     |  |
| <ul> <li>Married filing jointly or Qualifying</li> </ul>  | 10       | Adjustments to income:   |                 |                                  |                     |           |                     |            |   |           |             |  |
|   | а        | From Schedule 1, line 22   |                 |                                  |                     | 10a       |                     |            |   |           |             |  |
| widow(er),<br>\$24,800  | b        | Charitable contributions if you take   | the stan        | ndard deduction. See             | instructions        | 10b       |                     |            |   |           |             |  |
| Head of   | С        | Add lines 10a and 10b. These are   | your <b>tot</b> | al adjustments to ir             | ncome               |           |                     | <b>▶</b> 1 | 10c   |           |             |  |
| household,<br>\$18,650  | 11       | Subtract line 10c from line 9. This  | is your a       | adjusted gross inco              | me                  |           |                     | <b></b>    | 11  | 9         | 91,183.     |  |
| <ul> <li>If you checked<br/>any box under<br/>Standard<br/>Deduction,<br/>see instructions.</li> </ul>  | 12       | Standard deduction or itemized   | deducti         | ions (from Schedule              | A)                  |           |                     |            | 12  | 1         | 12,400.     |  |
|   | 13       | Qualified business income deduction. Attach Form 8995 or Form 8995-A                                       |                 |                                  |                     |           |                     |            |   |           |             |  |
|   | 14       | Add lines 12 and 13  |                 |                                  |                     |           |                     |            | 14  |           | L2,400.     |  |
|   | 15       | Taxable income. Subtract line 14   | from lin        | e 11. If zero or less,           | enter -0            |           |                     |            | 15  | 7         | 78,783.     |  |

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

Form **1040** (2020)

| Form 1040 (2020                    | ))      |   |                       | Page <b>2</b>             |  |  |  |  |  |  |  |
|------------------------------------|---------|---|-----------------------|---------------------------|--|--|--|--|--|--|--|
|                                    | 16      | Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3  | 16                    | 13,121.                   |  |  |  |  |  |  |  |
|                                    | 17      | Amount from Schedule 2, line 3  | 17                    |                           |  |  |  |  |  |  |  |
|                                    | 18      | Add lines 16 and 17   | 18                    | 13,121.                   |  |  |  |  |  |  |  |
|                                    | 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                    | 13,121.                   |  |  |  |  |  |  |  |
|                                    | 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                    | 13,121.                   |  |  |  |  |  |  |  |
|                                    | 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                   | 14,279.                   |  |  |  |  |  |  |  |
| 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.  If you have      | 28      | Additional child tax credit. Attach Schedule 8812   |                       |                           |  |  |  |  |  |  |  |
| nontaxable                         | 29      | American opportunity credit from Form 8863, line 8  |                       |                           |  |  |  |  |  |  |  |
| combat pay, 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 <b>total payments</b>   | 33                    | 14,279.                   |  |  |  |  |  |  |  |
| Refund                             | 34      | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | 34                    | 1,158.                    |  |  |  |  |  |  |  |
| neiuliu                            | 35a     | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ □                                   | 35a                   | 1,158.                    |  |  |  |  |  |  |  |
| Direct deposit?                    | ►b      | Routing number X X X X X X X X X X X X X X X X X X X  |                       |                           |  |  |  |  |  |  |  |
| See instructions.                  | ►d      | Account number   X   X   X   X   X   X   X   X   X  |                       |                           |  |  |  |  |  |  |  |
|                                    | 36      | Amount of line 34 you want applied to your 2021 estimated tax > 36  |                       |                           |  |  |  |  |  |  |  |
| Amount                             | 37      | Subtract line 33 from line 24. This is the <b>amount you owe now</b>  | 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>                 |         | you want to allow another person to discuss this return with the IRS? See   |                       | ₩.                        |  |  |  |  |  |  |  |
| Designee                           |         | tructions   |                       | X No                      |  |  |  |  |  |  |  |
|                                    |         | Designee's Phone Personal ide no. ► number (PIN   |                       |                           |  |  |  |  |  |  |  |
| Sign                               | Un      | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to        | the bes               | t of my knowledge and     |  |  |  |  |  |  |  |
|                                    | bel     | ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | n prepare             | er has any knowledge.     |  |  |  |  |  |  |  |
| Here                               | Yo      |   |                       | t you an Identity         |  |  |  |  |  |  |  |
| Joint return?<br>See instructions. |         |   | ection Pl<br>inst.) ▶ | N, enter it here          |  |  |  |  |  |  |  |
|                                    | Sn      | COM OTHER SIGNAL ANTHONY  |                       | it your spouse an         |  |  |  |  |  |  |  |
| Keep a copy for                    | J Op    |   |                       | ection PIN, enter it here |  |  |  |  |  |  |  |
| your records.                      |         | (see  | inst.) ▶              |                           |  |  |  |  |  |  |  |
|                                    | Ph      | one no. Email address   |                       |                           |  |  |  |  |  |  |  |
| Paid                               | Pre     | pparer's name Preparer's signature Date PTIN  |                       | Check if:                 |  |  |  |  |  |  |  |
| Preparer                           | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/18/2021 P0208   | 2703                  | Self-employed             |  |  |  |  |  |  |  |
| Use Only                           |         |   | ne no. (              | 678)965-9522              |  |  |  |  |  |  |  |
|                                    |         |   | i's EIN ▶             |                           |  |  |  |  |  |  |  |
| Go to www.irs.go                   | ov/Forn | n1040 for instructions and the latest information.  BAA  REV 03/13/21 PRO   |                       | Form <b>1040</b> (2020)   |  |  |  |  |  |  |  |
|                                    |         |   |                       |                           |  |  |  |  |  |  |  |
|                                    |         |   |                       |                           |  |  |  |  |  |  |  |
|                                    |         |   |                       |                           |  |  |  |  |  |  |  |