E1040		artment of the Treasury—Internal Revenue Servi 5. Individual Income Ta		(99) urn	202	0	OMB No.	1545-00	174 IRS	Use Only	–Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly under the network of the MFS box, enter the network is a child but not your dependent	ame of	-	separately (N use. If you c	,				,		, ,	low(er) (QW) he qualifying	
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number	
			TRIF	RIPURANENI							024-20-5724			
				ist name							Spouse's social security number			
Home address		er and street). If you have a P.O. box, see TE DR	instructi	ons.					Apt. no 1317			ntial Election nere if you,	on Campaign	
City, town, or post office. If you have a foreign address, also complete			mplete s	te spaces below. State Z				ZI	IP code spouse if filing jointly, w					
ORLANDO				F			J	2839			to go to this fund. Checking a box below will not change			
Foreign countr	/ name		Foreign province/state/o									your tax or refund.		
							Joanny		5 1			You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exch	nange, c	or otherw	rise acquire	any f	financial ir	nterest	in any vir	tual cu	irrency?	 Yes	X No	
Standard Deduction		eone can claim:			Your spous dual-status			ent						
Age/Blindness	S You:	Were born before January 2, 1	956	Are bl	ind Spo	ouse	: 🗌 Was	s born b	pefore Ja	nuary 2	2, 1956	🗌 ls bl	lind	
Dependents	-			(2) 5	ocial security		(3) Relati					r (see instru	uctions):	
If more		(1) First name Last name			number to you				(4) if qualifies for (see instructions): Child tax credit Credit for other depende					
than four													<u> </u>	
dependents,														
see instruction and check	s ——													
here														
	1	Wages, salaries, tips, etc. Attach F	orm(c)	W/ 2							. 1		<u> </u>	
Attach	 2a		2a	vv-z .		 . .			• •		. 1 2b		15,155.	
Sch. B if required.			2a 3a				axable inte		• •		. 20 3b			
	3a						ordinary div		3					
	4a		4a				axable am		• •		. 4b			
	5a		5a				axable am		• •		. 5b			
Standard Deduction for—	6a -	Social security benefits 6a b Taxable amount Capital gain or (loss). Attach Schedule D if required. If not required, check here b								 . [. 6b			
 Single or Married filing separately, \$12,400 	7			r required	d. If not requ	lired,	, check he	re .		. 🕨 L			4.	
	8	Other income from Schedule 1, lin		• • •	• • •				• •		. 8		-4,570.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur total inco	ome			• •		▶ 9	_	70,567.	
 Married filing jointly or 	10	Adjustments to income:												
Qualifying	а	From Schedule 1, line 22							_					
widow(er), \$24,800	b	Charitable contributions if you take						10b		25	0.			
Head of household, \$18,650	С	Add lines 10a and 10b. These are	your to l	tal adjus	tments to i	ncor	me				► 100		250.	
	11	Subtract line 10c from line 9. This	is your a	adjusted	l gross inco	ome					► <u>11</u>		70,317.	
If you checked	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					. 12		12,400.	
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A												
Deduction, see instructions.	14	Add lines 12 and 13									. 14		12,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less,	ente	<u>r-0</u>				. 15		57,917.	
For Disclosuro	Drivac	Act and Paperwork Reduction Act N	otico se	o conara	te instruction	16						Forn	n 1040 (2020)	

Form 1040 (2

Form 1040 (2020))			Page 2						
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	8,534.						
	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	8,534.						
	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	8,534.						
	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	8,534.						
	25	Federal income tax withheld from:								
• If you have a qualifying child,	а	Form(s) W-2								
	b	Form(s) 1099								
	с	Other forms (see instructions)								
	d	Add lines 25a through 25c	25d	12,612.						
	26	2020 estimated tax payments and amount applied from 2019 return	26							
	27	Earned income credit (EIC)								
attach Sch. EIC.	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	1							
	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	12,612.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,078.						
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	4,078.						
Direct deposit?	►b	Routing number $X X X X X X X X X X$ F 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		2020. See Schedule 3, line 12e, and its instructions for details.								
how to pay, see instructions.	38	Estimated tax penalty (see instructions)								
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See	_							
		structions	below.	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 whic								
Here				nt you an Identity						
	. 10	Prot		IN, enter it here						
Joint return?		SOFTWARE DEVELOPER (see	inst.) 🕨							
See instructions.	Sp			nt your spouse an						
Keep a copy for your records.	,		entity Protection PIN, enter it here e inst.)							
, 50. 1000100.			iiist.)							
		one no. Email address eparer's name Preparer's signature Date PTIN		Check if:						
Paid			2202							
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/08/2021 P0208		Self-employed						
Use Only				(678)965-9522						
			i'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)						