E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99)	2020	0 ,	MB No. 154	5-0074	IRS Use 0	Dnly—	Do not writ	e or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly under the n son is a child but not your dependent	ame of y	ed filing sep /our spouse	• •					<i>,</i> –	_		ow(er) (QW) ne qualifying	
Your first name	and mi	iddle initial	Last na	me						١	Your soci	ial securit	y number	
			DHAR	DHARNA								757-24-8853		
				Last name							Spouse's social security number			
		er and street). If you have a P.O. box, see BAYLOOP	instructio	ons.					pt. no. .337			t <b>ial Electio</b> ere if yo <u>u</u> ,	on Campaign or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	oaces below.		State		ZIP co	de				tly, want \$3	
ТАМРА				FL				336	22626			to go to this fund. Checking a box below will not change		
Foreign countr	/ name		Foreign province/state/o						D D		your tax or refund.			
5							Joanny		· · · · · · · · · · · · · · · · · · ·			You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exch	nange, o	or otherwise	acquire a	any fina	ancial inter	est in a	ny virtual	curr	ency?	 Yes	X No	
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retur					dependent							
Age/Blindness	S You:	Were born before January 2, 1	956	Are blind	Spo	use:	Was bo	orn befo	ore Janua	ry 2,	1956	🗌 ls bl	ind	
Dependent				(2) Soci	al security		(3) Relations					see instru	ctions):	
If more		irst name Last name			mber		to you		Child ta				her dependents	
than four									Г	7		[	<u></u>	
dependents,									<u>_</u>	1		[	5	
see instruction and check	s ——									-		[	5	
here									C	-		[		
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N_2							1			
Attach	2a		2a			 ь там	oble interes			•••	2b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sch. B if		· -	2a 3a				able intere			• •	20 3b		0.	
required.	3a		3a 4a				inary divide			• •	4b		0.	
	4a		-				able amou			• •	40 5b			
	5a		5a b Taxable amount							• •	50 6b			
Standard Deduction for –	6a -7	Social security benefits       6a       b       Taxable amount       .       .         Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       .       .								· ·			1 0 0 4	
<ul> <li>Single or</li> </ul>	7				not requi	irea, ci	neck nere	• •	•		7	-	1,894.	
Married filing separately,	8	Other income from Schedule 1, lin				• •		• •			8	1	12,622.	
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. I	his is your t	total inco	me .		• •			9		54,452.	
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:					I.	1						
Qualifying	а									357	· _			
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b									_			
Head of household, \$18,650	с	Add lines 10a and 10b. These are	·	•							10c		857.	
	11	Subtract line 10c from line 9. This	is your a	adjusted gr	oss inco	me .					11		53,595.	
<ul> <li>If you checked</li> <li>any box under</li> </ul>	12	Standard deduction or itemized	deducti	ons (from S	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	1	12,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. lf zerc	or less, e	enter -	0				15	4	41,195.	
	Drivac	Act and Paperwork Reduction Act N	otico so	o conarato i	netruction							Form	1040 (2020)	

Form 1040 (2

Form 1040 (2020	J)			Page 2	
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	4,849.	
	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	4,849.	
	19	Child tax credit or credit for other dependents	19		
	20	Amount from Schedule 3, line 7	20	2,000.	
	21	Add lines 19 and 20	21	2,000.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	2,849.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	1,713.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	4,562.	
	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	6,320.	
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			
If you have	28	Additional child tax credit. Attach Schedule 8812			
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8	1		
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	1,800.	
	33	Add lines 25d, 26, and 32. These are your total payments	33	8,120.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,558.	
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,558.	
Direct deposit?	►b	Routing number       X       X       X       X       X       X       X       X         For 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 > 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)			
Third Party		o you want to allow another person to discuss this return with the IRS? See			
Designee	ins	structions	elow.	× No	
		signee's Phone Personal identif me ► no. ► number (PIN) ►			
<u></u>					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here		ur signature Date Your occupation If the		, ,	
		Prote	Protection PIN, enter it here		
Joint return?			inst.) 🕨		
See instructions. Keep a copy for	Sp			nt your spouse an	
your records.	,		inst.) 🕨	ty Protection PIN, enter it here	
	Dh				
Paid		one no. Email address eparer's name Preparer's signature Date PTIN		Check if:	
		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/06/2021 P02082	202	Self-employed	
Preparer					
Use Only				678)965-9522	
			s EIN 🕨		
Go to www.irs.go	ov/Forn	<i>n1040</i> for instructions and the latest information. <b>BAA</b> REV 03/25/21 PRO		Form <b>1040</b> (2020)	

BAA