

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SAI SWATHI
Last name: MEKALA
Your social security number: 115-79-8852
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 13838 THE LAKES BLVD
Apt. no.: 4201
City, town, or post office: PFLUGERVILLE
State: TX
ZIP code: 78660
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [X] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes a 'Dependents' section with instructions.

Main income table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total income is 45,657. Adjusted gross income is 43,157. Taxable income is 30,757.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	3,496.																				
17	Amount from Schedule 2, line 3	17																					
18	Add lines 16 and 17	18	3,496.																				
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	3,496.																				
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	3,496.																				
25	Federal income tax withheld from:																						
a	Form(s) W-2	25a	4,878.																				
b	Form(s) 1099	25b																					
c	Other forms (see instructions)	25c																					
d	Add lines 25a through 25c	25d	4,878.																				
26	2020 estimated tax payments and amount applied from 2019 return	26																					
27	Earned income credit (EIC) NO	27																					
28	Additional child tax credit. Attach Schedule 8812	28																					
29	American opportunity credit from Form 8863, line 8	29																					
30	Recovery rebate credit. See instructions	30																					
31	Amount from Schedule 3, line 13	31																					
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	4,878.																				
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,382.																				
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,382.																				
Direct deposit? See instructions.	b Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X												
X	X	X	X	X	X	X	X	X	X														
	d Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	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 You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37																					
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.																						
	38 Estimated tax penalty (see instructions)	38																					

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/11/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196