Department of the Treasury—Internal Revenue Service (99)
U.S. Nonresident Alien Income Tax Return

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

|--|

IRS Use Only-Do not write

☐ Yes ☒ No

| 11010               | •••• U.S. Nonresident  | Alleli ilicollie Tax        | Ketuiii                                 |            | OIVID NO. 134 | 45-0074  | or staple in this space.                   |  |  |  |
|---------------------|--|-----------------------------|---|------------|---------------|----------|--|--|--|--|
| Filing<br>Status    |  | rately (MFS) (formerly Mar  | ried)                                   | fying wido | w(er) (QW)    |          |  |  |  |  |
| Check only one box. | If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶ |                             |   |            |               |          |  |  |  |  |
| Your first name a   | and middle initial   | Last name                   | Last name                               |            |               |          | Your identifying number (see instructions) |  |  |  |
| MOUNICA             |  | CHANDA                      | CHANDA                                  |            |               |          |  |  |  |  |
| Home address (r     | number and street or rural route). If you  | u have a P.O. box, see inst | ve a P.O. box, see instructions.        |            |               | Check if | : X Individual                             |  |  |  |
| 2904 SW 33          | 1CT  |                             | 205                                     |            |               |          | Estate or Trus                             |  |  |  |
| City, town, or pos  | st office. If you have a foreign address, al   | so complete spaces below.   | State                                   | ZIP code   | 9             |          |  |  |  |  |
| TOPEKA KS 66614     |  |                             |   |            |               |          |  |  |  |  |
| Foreign country     | name   | Foreign province/state/co   | preign province/state/county Foreign po |            |               | ode      |  |  |  |  |
|                     |  |                             |   | 1          |               |          |  |  |  |  |

| Dependents                        |     |                         |                                   |                                    |                                     | (4) <b>✓</b> if | f qualifie: | s for (see instr.):         |
|-----------------------------------|-----|-------------------------|-----------------------------------|------------------------------------|-------------------------------------|-----------------|-------------|-----------------------------|
| (see instructions):               |     | (1) First name          | Last name                         | (2) Dependent's identifying number | (3) Dependent's relationship to you | Child tax       | credit      | Credit for other dependents |
|                                   |     |                         |                                   |                                    |                                     |                 |             |                             |
| If more than four dependents, see |     |                         |                                   |                                    |                                     |                 | ]           |                             |
| instructions and                  |     |                         |                                   |                                    |                                     |                 |             |                             |
| check here ►                      |     |                         |                                   |                                    |                                     |                 |             |                             |
| Income                            | 1a  | Wages, salaries, tips,  | etc. Attach Form(s) W             | 1-2                                |                                     |                 | 1a          | 63,536.                     |
| Effectively                       | b   | Scholarship and fello   | wship grants. Attach F            | Form(s) 1042-S or require          | d statement. See instruc            | tions .         | 1b          |                             |
| Connected With U.S.               | С   | •                       | by a treaty from Sch              | edule OI (Form 1040-NR             | ), Item <b>1c</b>                   |                 |             |                             |
| Trade or                          | 2a  | Tax-exempt interest     | 2a                                | <b>b</b> Tax                       | kable interest                      |                 | 2b          |                             |
| Business                          | 3a  | Qualified dividends     | 3a                                | <b>b</b> Ord                       | dinary dividends                    |                 | 3b          |                             |
|                                   | 4a  | IRA distributions .     | 4a                                | <b>b</b> Tax                       | kable amount                        |                 | 4b          |                             |
|                                   | 5a  | Pensions and annuitie   | es <b>5a</b>                      | <b>b</b> Tax                       | kable amount                        |                 | 5b          |                             |
|                                   | 6   | Reserved for future u   | se                                |                                    |                                     |                 | 6           |                             |
|                                   | 7   | Capital gain or (loss). | Attach Schedule D (Fo             | orm 1040) if required. If n        | ot required, check here             | . ▶ 🗌           | 7           |                             |
|                                   | 8   | Other income from So    | chedule 1 (Form 1040)             | , line 9                           |                                     |                 | 8           |                             |
|                                   | 9   | Add lines 1a, 1b, 2b,   | 3b, 4b, 5b, 7, and 8. T           | his is your <b>total effective</b> | ely connected income                | ▶               | 9           | 63,536.                     |
|                                   | 10  | Adjustments to incom    | ne:                               |                                    |                                     |                 |             |                             |
|                                   | а   | From Schedule 1 (For    | rm 1040), line 22                 |                                    | 10a 2                               | 2,500.          |             |                             |
|                                   | b   | Charitable contribution | ns for certain resident           | ts of India. See instruction       | ns . <b>10b</b>                     | 300.            |             |                             |
|                                   | С   | Scholarship and fello   | wship grants excluded             | 1                                  | 10c                                 |                 |             |                             |
|                                   | d   | Add lines 10a through   | 10c. These are your               | total adjustments to inc           | ome                                 | •               | 10d         | 2,800.                      |
|                                   | 11  | Subtract line 10d from  | n line 9. This is your <b>a</b> c | djusted gross income               |                                     | . •             | 11          | 60,736.                     |
|                                   | 12  |                         | ,                                 | orm 1040-NR)) or, for ce           |                                     |                 |             |                             |
|                                   |     | deduction. See instru   | ctions                            |                                    | d Dedn US/India                     | Treaty          | 12          | 12,400.                     |
|                                   | 13a | Qualified business inc  | come deduction. Attac             | ch Form 8995 or Form 899           | 95-A <b>13a</b>                     |                 |             |                             |
|                                   | b   | Exemptions for estate   | es and trusts only. See           | e instructions                     | 13b                                 |                 |             |                             |
|                                   | С   | Add lines 13a and 13    | b                                 |                                    |                                     |                 | 13c         |                             |
|                                   | 14  | Add lines 12 and 13c    |                                   |                                    |                                     |                 | 14          | 12,400.                     |
|                                   | 15  | Taxable income. Sul     | otract line 14 from line          | 11. If zero or less, enter         | -0 <u>.</u>                         |                 | 15          | 48,336.                     |

BAA

| Form 1040-NR (2            | 2020)   |   |                            |            |        |         |          |          |       |                        |          |       | Page 2      |
|----------------------------|---|---|----------------------------|------------|--------|---------|----------|----------|-------|------------------------|----------|-------|-------------|
|                            | 16  | Tax (see instructions). Check if any from Form  | m(s): <b>1</b>             | 8814       | 2      | 497     | 72       | 3 🗌      |       |                        | 16       |       | 6,422.      |
|                            | 17  | Amount from Schedule 2 (Form 1040), line  | 3                          |            |        |         |          |          |       |                        | 17       |       | 0.          |
|                            | 18  | Add lines 16 and 17   |                            |            |        |         |          |          |       |                        | 18       |       | 6,422.      |
|                            | 19  | Child tax credit or credit for other dependent  | nts                        |            |        |         |          |          |       |                        | 19       |       |             |
|                            | 20  | Amount from Schedule 3 (Form 1040), line  | 7                          |            |        |         |          |          |       |                        | 20       |       |             |
|                            | 21  | Add lines 19 and 20   |                            |            |        |         |          |          |       |                        | 21       |       |             |
|                            | 22  | Subtract line 21 from line 18. If zero or less  | , enter -0-                |            |        |         |          |          |       |                        | 22       |       | 6,422.      |
|                            | 23a   | Tax on income not effectively connected from Schedule NEC (Form 1040-NR), line 1                  |                            |            |        |         | 23a      |          |       |                        |          |       |             |
|                            | b   | Other taxes, including self-employment tax line 10  |                            |            |        |         | 23b      |          |       |                        |          |       |             |
|                            | С   | Transportation tax (see instructions)   |                            |            |        |         | 23c      |          |       |                        |          |       |             |
|                            | d   | Add lines 23a through 23c   |                            |            |        |         |          |          |       |                        | 23d      |       |             |
|                            | 24  | Add lines 22 and 23d. This is your total tax  |                            |            |        |         |          |          |       | . ▶                    | 24       |       | 6,422.      |
|                            | 25  | Federal income tax withheld from:   |                            |            |        |         |          |          |       |                        |          |       |             |
|                            | а   | Form(s) W-2   |                            |            |        |         | 25a      |          | 8     | <b>,</b> 738.          |          |       |             |
|                            | b   | Form(s) 1099  |                            |            |        |         | 25b      |          |       |                        |          |       |             |
|                            | С   | Other forms (see instructions)  |                            |            |        |         | 25c      |          |       |                        |          |       |             |
|                            | d   | Add lines 25a through 25c   |                            |            |        |         |          |          |       |                        | 25d      |       | 8,738.      |
|                            | е   | Form(s) 8805  |                            |            |        |         |          |          |       |                        | 25e      |       |             |
|                            | f   | Form(s) 8288-A  |                            |            |        |         |          |          |       |                        | 25f      |       |             |
|                            | g   | Form(s) 1042-S  |                            |            |        |         |          |          |       |                        | 25g      |       |             |
|                            | 26  | 2020 estimated tax payments and amount  | applied from               | 2019 re    | turn   |         |          |          |       |                        | 26       |       |             |
|                            | 27  | Reserved for future use   |                            |            |        |         | 27       |          |       |                        |          |       |             |
|                            | 28  | Additional child tax credit. Attach Schedule  | 8812 (Form                 | 1040)      |        |         | 28       |          |       |                        |          |       |             |
|                            | 29  | Credit for amount paid with Form 1040-C   |                            |            |        |         | 29       |          |       |                        |          |       |             |
|                            | 30  | Reserved for future use   |                            |            |        |         | 30       |          |       |                        |          |       |             |
|                            | 31  | Amount from Schedule 3 (Form 1040), line  | 13                         |            |        |         | 31       |          |       |                        |          |       |             |
|                            | 32  | Add lines 28 through 31. These are your to  | tal other pay              | yments     | and r  | efunda  | able cr  | edits    |       | . ▶                    | 32       |       |             |
|                            | 33  | Add lines 25d, 25e, 25f, 25g, 26, and 32. The   | nese are you               | r total p  | ayme   | ents .  |          |          |       | . ▶                    | 33       |       | 8,738.      |
| Refund                     | 34  | If line 33 is more than line 24, subtract line  | 24 from line               | 33. This   | is the | amou    | nt you   | overp    | aid   |                        | 34       |       | 2,316.      |
|                            | 35a   | Amount of line 34 you want refunded to yo   | u. If Form 8               | 888 is at  | tache  | ed, che | ck here  | e .      |       | ightharpoons           | 35a      |       | 2,316.      |
| Direct deposit?            | ▶b  | Routing number 1 0 1 2 0 0  | 4 5 3                      | <b>▶</b> c | Тур    | e: 🗵    | Chec     | king     |       | Savings                |          |       |             |
| See instructions.          | ►d  | Account number 1 5 2 3 1 8 1 9 9 4 5 1  |                            |            |        |         |          |          |       |                        |          |       |             |
|                            | ►e  | If you want your refund check mailed to an address outside the United States not shown on page 1, |                            |            |        |         |          |          |       |                        |          |       |             |
|                            |   | enter it here.  |                            |            |        |         |          |          |       | , ,                    |          |       |             |
|                            | 36  | Amount of line 34 you want applied to you   |                            |            |        | . ▶     | 36       | T        |       |                        |          |       |             |
| Amount                     | 37  | Amount you owe. Subtract line 33 from lin   | e 24. For de               | tails on h | ow t   | o pay,  | see ins  | truction | ons . | . ▶                    | 37       |       |             |
| You Owe                    | 38  | Estimated tax penalty (see instructions) .  |                            |            |        | . ▶     | 38       |          |       |                        |          |       |             |
| Third Party<br>Designee    |   | ou want to allow another person (other than with the IRS? See instructions                        |                            |            | ) to . | discuss | s this   | Y        | es. C | omplete                | below.   | X     | No          |
| (Other than paid preparer) | Desig<br>name   | nee's<br>▶  | Phon<br>no.                | ie<br>▶    |        |         |          |          |       | al identif<br>er (PIN) | ication  |       |             |
| Sign                       | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which |   |                            |            |        |         |          |          |       |                        |          |       |             |
| Here                       | Your  | signature   | Date                       | You        | r occ  | upatior | ı        |          |       |                        |          |       | an Identity |
|                            |   |   |                            |            |        |         |          |          |       | <b>I</b>               |          |       | er it here  |
|                            | <u> </u>  |   |                            |            | TW     | ARE E   | ENGI     | NEER     |       | (see                   | inst.) ▶ |       |             |
|                            | Phone   | · · · · · · · · · · · · · · · · · · ·   | Email add                  | ress       |        |         | 1        |          |       | DT''                   |          | I -   |             |
| Paid                       |   | rer's name Preparer's s   |                            |            |        |         | Date     |          |       | PTIN                   |          | Check |             |
| Preparer                   | SYAM I  | RIYA RAM SAGAR GUPTA TALLAM SYAM PRIY   | A RAM SAG                  | AR GUP     | TA T   | ALLAM   | 04/0     | 08/20    | )21   | P0208                  | 2703     | ∐ Se  | lf-employed |
| Use Only                   |   | name▶ GLOBAL TAXES LLC  |                            |            |        |         |          |          |       |                        |          |       | 5-9522      |
| OGC OTHY                   | Firm's  | address ► 2530 Pebble Creek   | In Cumming GA 30041 Firm's |            |        |         | Firm's E | IN► 3    | 0-101 | L7196                  |          |       |             |

#### **SCHEDULE NEC** (Form 1040-NR)

# Tax on Income Not Effectively Connected With a U.S. Trade or Business

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

Sequence No. **7B** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR

MOUNICA CHANDA

Your identifying number 001-23-6035

| Enter   | amount of income und                                   | er the                 | appropriate rate of tax. See instructions.   |                             |         |                             |                     |                         |  |   |
|---|--|------------------------|--|-----------------------------|---------|-----------------------------|---------------------|-------------------------|--|---|
|   | Nature of Income                                       |                        |  |                             | (a) 10% | <b>(b)</b> 15%              | (c) 30%             | (d) Other               | r (specify)  |   |
|   |  |                        | Nature of income   |                             |         | (a) 1070                    | (6) 1070            | (6) 50%                 | %  | %   |
| 1   | Dividends and divide                                   |                        |  |                             |         |                             |                     |                         |  |   |
| а   | Dividends paid by U                                    | .S. cor                | porations  |                             | 1a      |                             |                     |                         |  |   |
| b   | Dividends paid by fo                                   | reign (                | corporations   |                             | 1b      |                             |                     |                         |  |   |
| С   | Dividend equivalent p                                  | aymer                  | its received with respect to section 871(m) tra  | ansactions                  | 1c      |                             |                     |                         |  |   |
| 2   | Interest:  |                        |  |                             |         |                             |                     |                         |  |   |
| а   | Mortgage   |                        |  |                             | 2a      |                             |                     |                         |  |   |
| b   | Paid by foreign corp                                   | oratior                | ns   |                             | 2b      |                             |                     |                         |  |   |
| С   | Other  |                        |  |                             | 2c      |                             |                     |                         |  |   |
| 3   | Industrial royalties (p                                | atents                 | , trademarks, etc.)  |                             | 3       |                             |                     |                         |  |   |
| 4   | Motion picture or TV                                   | copyr                  | ight royalties   |                             | 4       |                             |                     |                         |  |   |
| 5   | Other royalties (copy                                  | rights                 | recording, publishing, etc.)   |                             | 5       |                             |                     |                         |  |   |
| 6   |  |                        | natural resources royalties  |                             | 6       |                             |                     |                         |  |   |
| 7   | Pensions and annuit                                    | ies .                  |  |                             | 7       |                             |                     |                         |  |   |
| 8   | Social security bene-                                  | fits .                 |  |                             | 8       |                             |                     |                         |  |   |
| 9   |  |                        | elow   |                             | 9       |                             |                     |                         |  |   |
| 10  | Gambling—Resident<br>If zero or less, ente             | ts of C<br><b>r -0</b> | anada only. Enter net income in column (c).  |                             |         |                             |                     |                         |  |   |
| а   | Winnings   |                        |  |                             |         |                             |                     |                         |  |   |
| b   | Losses   |                        |  |                             | 10c     |                             |                     |                         |  |   |
| 11  |  |                        | lents of countries other than Canada.  |                             | 11      |                             |                     |                         |  |   |
| 12  | Other (specify) ►                                      |                        |  |                             |         |                             |                     |                         |  |   |
|   |  |                        |  |                             | 12      |                             |                     |                         |  |   |
| 13  | _  |                        | columns (a) through (d)  |                             | 13      |                             |                     |                         |  |   |
| 14  |  |                        | tax at top of each column  |                             | 14      |                             |                     |                         |  |   |
| 15  | Tax on income not e                                    | ffective               | ely connected with a U.S. trade or business.   |                             |         |                             |                     |                         | IR, line 23a ► <b>15</b>                                 |   |
|   |  |                        | Capital Gains and  | l Losses I                  | From    | Sales or Excha              | anges of Proper     | ty                      |  |   |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain |  | 16                     | (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | (b) Date acqui<br>mm/dd/yyy |         | (c) Date sold<br>mm/dd/yyyy | (d) Sales price     | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN  If (d) is more than (e), subtract (e) from (d). |
|   |  |                        |  |                             |         |                             |                     |                         |  |   |
| proper  | on disposing of a U.S. real ty interest; report these  |                        |  |                             |         |                             |                     |                         | +  |   |
| gains a   | and losses on Schedule D<br>1040).                     |                        |  |                             |         |                             |                     |                         | +  |   |
| Report  | property sales or                                      |                        |  |                             |         |                             |                     |                         | +  |   |
|   | nges that are effectively<br>eted with a U.S. business | 17                     | Add columns (f) and (g) of line 16   |                             |         |                             |                     | 17                      | 1  |   |
| on Sch  | edule D (Form 1040),<br>1797. or both.                 | 1                      | Capital gain. Combine columns (f) and (  |                             |         |                             | re and on line 9 ah |                         |  |   |

### **SCHEDULE OI** (Form 1040-NR)

Department of the Treasury Internal Revenue Service (99)

# **Other Information**

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR. ► Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. **7C** 

| Name sl    | hown on Form 1040-NR  |                               |                     |                              | Your identifying | number       |            |  |  |  |
|------------|---|-------------------------------|---------------------|------------------------------|------------------|--------------|------------|--|--|--|
| MOUN       | IICA CHANDA   |                               |                     |                              | 001-23-6         |              |            |  |  |  |
| Α          |   |                               |                     |                              |                  |              |            |  |  |  |
| В          | In what country did you claim   | residence for tax purposes    | during the tax y    | /ear? United States          |                  |              |            |  |  |  |
| С          | Have you ever applied to be a   | green card holder (lawful p   | ermanent reside     | nt) of the United States? .  |                  | ☐ Yes        | ⊠ No       |  |  |  |
| D          | Were you ever:  |                               |                     |                              |                  |              |            |  |  |  |
| 1.         | <b>1.</b> A U.S. citizen?   |                               |                     |                              |                  |              |            |  |  |  |
| 2.         | A green card holder (lawful per   | rmanent resident) of the Un   | ited States? .      |                              |                  | ☐ Yes        | ⊠ No       |  |  |  |
|            | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.   |                               |                     |                              |                  |              |            |  |  |  |
| E          | If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax yearF1 |                               |                     |                              |                  |              |            |  |  |  |
| F          | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?  |                               |                     |                              |                  |              |            |  |  |  |
| G          | List all dates you entered and  | left the United States during | g 2020. See instr   | uctions.                     |                  |              |            |  |  |  |
|            | Note: If you are a resident of 0  |                               |                     |                              |                  |              |            |  |  |  |
|            | check the box for Canada or   | Mexico and skip to item H     | <u>I.</u>           | 🗌 Canada                     | ☐ Mexico         |              |            |  |  |  |
|            | Date entered United States  | Date departed United State    | es                  | Date entered United State    |                  | arted Unite  | d States   |  |  |  |
|            | mm/dd/yy  | mm/dd/yy                      |                     | mm/dd/yy                     |                  | mm/dd/yy     |            |  |  |  |
|            |   |                               |                     |                              |                  |              |            |  |  |  |
|            |   |                               | _                   |                              |                  |              |            |  |  |  |
|            |   |                               |                     |                              |                  |              |            |  |  |  |
|            |   |                               |                     |                              | 0                |              |            |  |  |  |
| Н          | Give number of days (including 2018   |                               |                     | •                            | •                |              |            |  |  |  |
|            | Did you file a LLC income toy   | , 2019                        | , ar                | 10 2020 365                  | ···              | X Yes        | □Na        |  |  |  |
| ı          | Did you file a U.S. income tax  |                               |                     |                              |                  | △ res        | ☐ No       |  |  |  |
|            | If "Yes," give the latest year ar<br>Are you filing a return for a trus   |                               |                     |                              |                  | Yes          | ⊠ No       |  |  |  |
| J          |   |                               |                     |                              |                  | □ res        | △ NO       |  |  |  |
|            | If "Yes," did the trust have a U.S. person, or receive a contr  |                               |                     |                              |                  | Yes          | ⊠ No       |  |  |  |
| K          | Did you receive total compens   | ·                             |                     |                              |                  | ☐ Yes        | ⊠ No       |  |  |  |
|            | If "Yes," did you use an alterna  |                               |                     |                              |                  | ☐Yes         | □ No       |  |  |  |
| L          | Income Exempt From Tax—If   |                               |                     | •                            |                  | _            |            |  |  |  |
| -          | complete (1) through (3) below  |                               |                     |                              | tax tieaty with  | i a ioreigi  | r country, |  |  |  |
| 1.         | Enter the name of the country, amount of exempt income in the   | the applicable tax treaty art | icle, the number of | of months in prior years you | claimed the tro  | eaty benef   | t, and the |  |  |  |
|            | (a) Cou   |                               | (b) Tax treaty ar   |                              | hs (d) Am        | ount of ex   | empt       |  |  |  |
|            | (-,   | ,                             | (1)                 | claimed in prior tax ye      |                  | in current t |            |  |  |  |
|            |   |                               |                     |                              |                  |              |            |  |  |  |
|            |   |                               |                     |                              |                  |              |            |  |  |  |
|            | -   |                               | -                   |                              |                  |              |            |  |  |  |
|            |   |                               |                     |                              |                  |              |            |  |  |  |
|            |   |                               |                     |                              |                  |              |            |  |  |  |
|            |   |                               |                     |                              |                  |              |            |  |  |  |
|            | (e) Total. Enter this amount or   |                               |                     |                              |                  |              |            |  |  |  |
|            | Were you subject to tax in a fo   |                               |                     | ` '                          |                  | ∐ Yes        | □ No       |  |  |  |
| 3.         | Are you claiming treaty benefit   |                               | •                   |                              |                  | Yes          | ☐ No       |  |  |  |
|            | If "Yes," attach a copy of the C  | Competent Authority detern    | nination letter to  | your return.                 |                  |              |            |  |  |  |
| M          | Check the applicable box if:  |                               |                     |                              | 10               |              |            |  |  |  |
| 1.         | This is the first year you are may with a U.S. trade or business u  |                               |                     |                              |                  |              | onnected   |  |  |  |
| 2          | You have made an election in  | * *                           |                     |                              |                  |              | ne United  |  |  |  |
| <u> 2.</u> | States as effectively connected   |                               |                     |                              |                  |              |            |  |  |  |

### SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MOUNICA CHANDA

Your social security number
001-23-6035

| Par | t I Additional Income  |     |        |
|-----|--|-----|--------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes   | 1   |        |
| 2a  | Alimony received   | 2a  |        |
| b   | Date of original divorce or separation agreement (see instructions) ▶  |     |        |
| 3   | Business income or (loss). Attach Schedule C   | 3   |        |
| 4   | Other gains or (losses). Attach Form 4797  | 4   |        |
| 5   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                      | 5   |        |
| 6   | Farm income or (loss). Attach Schedule F   | 6   |        |
| 7   | Unemployment compensation  | 7   |        |
| 8   | Other income. List type and amount ▶   |     |        |
|     |  | 8   |        |
| 9   | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.   | 9   |        |
| Par | t II Adjustments to Income   | 3   |        |
| 10  | Educator expenses  | 10  |        |
| 11  | Certain business expenses of reservists, performing artists, and fee-basis government  | 10  |        |
|     | officials. Attach Form 2106  | 11  |        |
| 12  | Health savings account deduction. Attach Form 8889   | 12  |        |
| 13  | Moving expenses for members of the Armed Forces. Attach Form 3903  | 13  |        |
| 14  | Deductible part of self-employment tax. Attach Schedule SE   | 14  |        |
| 15  | Self-employed SEP, SIMPLE, and qualified plans   | 15  |        |
| 16  | Self-employed health insurance deduction   | 16  |        |
| 17  | Penalty on early withdrawal of savings   | 17  |        |
| 18a | Alimony paid   | 18a |        |
| b   | Recipient's SSN  |     |        |
| С   | Date of original divorce or separation agreement (see instructions) ▶  |     |        |
| 19  | IRA deduction  | 19  |        |
| 20  | Student loan interest deduction  | 20  | 2,500. |
| 21  | Tuition and fees deduction. Attach Form 8917   | 21  |        |
| 22  | Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22  | 2,500. |