E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🗌 🤅	Single X Married filing jointly	Marrie	ed filing separately (MFS	☐ Head	of hou	sehold (HOF	H) [Qua	lifying wid	dow(er) (QW)	
Check only one box.		u checked the MFS box, enter the son is a child but not your depende		our spouse. If you	chec	ked the HOI	H or Q\	V box, ente	r the	child's	name if t	the qualifying	
Your first name and middle initial Last n				me					Y	Your social security number			
KRISHNA CHAITHANYA KON				UPALLI					6	649-97-0350			
If joint return, s	pouse's	s first name and middle initial	Last na	me					S	Spouse's social security number			
MAMATHA			KUPP	AM					I	APPLIED FOR			
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	Р	reside	ntial Elect	tion Campaign	
12100 M	ETRI	C BLVD						1637	- 1		here if you		
City, town, or p	ost offi	ce. If you have a foreign address, also	complete s	paces below.	Sta	te	ZIP	code			0,	intly, want \$3	
AUSTIN				TX			78				to go to this fund. Checking a box below will not change		
Foreign countr	y name		F	oreign province/state	/coun	ty	For	Foreign postal code		our tax	k or refund	d.	
											You	Spouse	
At any time du	ıring 20	020, did you receive, sell, send, ex	change, o	or otherwise acquire	any	financial int	erest ir	any virtua	l curre	ency?	☐ Yes	⊼ No	
Standard Deduction	_	eone can claim:	•				nt						
Age/Blindness	s You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was	born b	efore Janua	ary 2,	1956	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social securit	v	(3) Relatio	nship	(4) 🗸	if qua	ualifies for (see instructions):			
If more	,	irst name Last name		number to you				Child tax cre					
than four													
dependents,													
see instruction and check	5 —												
here ►													
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1		79,213.	
Attach	2a	Tax-exempt interest	2a		b T	axable inte	rest			2b	,		
Sch. B if required.	3a	Qualified dividends	За		b (Ordinary divi	dends			3b	,		
required.	4a	IRA distributions	4a		b T	axable amo	ount .			4b)		
	5a	Pensions and annuities	5a		b T	axable amo	ount .			5b)		
Standard	6a	Social security benefits	6a		b T	axable amo	ount .			6b)		
Deduction for—	7	Capital gain or (loss). Attach Sch	ach Schedule D if required. If not required, check here						▶ □	7			
 Single or Married filing 	8	Other income from Schedule 1, li	ine 9							8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		79,213.		
 Married filing 	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
 Head of 	С	Add lines 10a and 10b. These are your total adjustments to income								100	2		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				. ▶	11		79,213.	
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedule	e A)					12		24,800.	
any box under Standard	13	Qualified business income deduc	ction. Atta	ch Form 8995 or Fo	orm 8	3995-A .				13	;		
Deduction, see instructions.	14	Add lines 12 and 13								14		24,800.	
SSC IIISTIUCTIONS.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er -0				15	,	54,413.	

Form 1040 (2020)									Page 2		
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	6,136.		
	17	Amount from Schedule 2, lin	-					-	17			
	18	Add lines 16 and 17							18	6,136.		
	19	Child tax credit or credit for	other dependen	ts					19			
	20	Amount from Schedule 3, lin	ne 7						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					22	6,136.		
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .				23	0.		
	24	Add lines 22 and 23. This is			•				24	6,136.		
	25	Federal income tax withheld	d from:							,		
	а	Form(s) W-2				25a	11	,013				
	b	Form(s) 1099				25b		•				
	С	Other forms (see instruction				25c						
	d	Add lines 25a through 25c	,						25d	11,013.		
	26	2020 estimated tax paymen							26	,		
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit. A				28						
 If you have nontaxable 	29	American opportunity credit				29						
combat pay, see instructions.	30	Recovery rebate credit. See		-		30	1	,800	-			
	31	Amount from Schedule 3, lin				31		.,000	-			
	32	Add lines 27 through 31. Th	32	1,800.								
	33	Add lines 25d, 26, and 32. T	_	12,813.								
	34	· · · · · · · · · · · · · · · · · · ·							34	6,677.		
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							35a	6,677.		
Direct deposit?	⊳ b									0,011.		
See instructions.	►d											
	36	Amount of line 34 you want				36	Γ΄					
Amount	37	Subtract line 33 from line 24							37			
You Owe	31			-								
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line										
how to pay, see instructions.	38	Estimated tax penalty (see i	•			38						
Third Party		you want to allow another										
Designee		structions					Yes. C	omplete	below.	X No		
_ 00.g00		signee's		Phone				onal iden				
	naı	me ►		no. ►			num	ber (PIN)				
Sign		der penalties of perjury, I declare										
Here		ief, they are true, correct, and con	nplete. Declaration			ased on	all informati			, ,		
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here		
Joint return?				 SOFTWARE	- 1	e inst.)	IN, enter it liere					
See instructions.	Sp	ouse's signature. If a joint return,	Date	Date Spouse's occupation					nt your spouse an			
Keep a copy for		, , , , , , , , , , , , , , , , , , ,	Sais Spaas Sasapans.					Identity Protection PIN, enter it here				
your records.					HOMEMAKER			(se	e inst.) ►			
		one no.		Email address								
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:		
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	P0208	2082703 Self-employed					
Use Only	Fin	Firm's name ► GLOBAL TAXES LLC Phor						one no.	ne no. (678) 965-9522			
————	Fin	m's address ▶ 2530 Pebb	le Creek I	n Cummin	g GA 30041			Fin	m's EIN ▶	30-1017196		
Go to www.irs.go	v/Forn	n1040 for instructions and the late	est information.		BAA	REV	04/02/21 PR	0		Form 1040 (2020		

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 52

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ► 649-97-0350

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I

HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

	and both you and your spouse each have separate HSAs, complete a separate Part	I for	each	spous	e.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 20 See instructions		X Sel	f-only	Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made for January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contribution contributions through a cafeteria plan, or rollovers. See instructions	ns,	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 family coverage). All others, see the instructions for the amount to enter	for	3		3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 88 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, a include any amount contributed to your spouse's Archer MSAs	also	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5		3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had far coverage under an HDHP at any time during 2020, see the instructions for the amount to enter		6		3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family covers under an HDHP at any time during 2020, enter your additional contribution amount. See instruction		7		0.
8	Add lines 6 and 7		8		3,550.
9		34.			
10	Qualified HSA funding distributions		44		724
11	Add lines 9 and 10		11 12		734.
12 13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line		13		2,816.
13	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	. 12	13		0.
Part	a separate Part II for each spouse.			HSAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)		14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any exc contributions (and the earnings on those excess contributions) included on line 14a that w withdrawn by the due date of your return. See instructions	ere	14b		
С	Subtract line 14b from line 14a		14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)		15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on dotted line		16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here				
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 to are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (For 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	orm	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the inst completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.				,
18	Last-month rule		18		
19	Qualified HSA funding distribution		19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, a enter "HSA" and the amount on the dotted line	-	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (For 1040). Part II, line 8: check box c and enter "HDHP" and the amount on the line next to the box	rm	21		



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ KRISHNA CHAITHANYA KONDUPALLI f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name MAMATHA KUPPAM (see instructions) 1b First name Middle name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 12100 METRIC BLVD Apt 1637 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** AUSTIN 78758 USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male Birth 12/19/1989 Information TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other ATOMT Information **6d** Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: M0933006 Exp. date: 08/12/2024 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code