

Filing Status 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 SONALI	Last name UMESH	Your social security number 665-67-7859
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 4250 W LAKE SAMMAMISH PKWY NE		Apt. no. J1058	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. REDMOND	State WA	ZIP code 98052	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	117,267.
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b	16.
	3a Qualified dividends	3a 50.	3b	50.
	4a IRA distributions	4a	4b	
	5a Pensions and annuities	5a	5b	Taxable amount
	6a Social security benefits	6a	6b	Taxable amount
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	110.
	8 Other income from Schedule 1, line 9		8	-4,370.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	113,073.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income		10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income		11	113,073.
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14 Add lines 12 and 13		14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	100,673.

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	18,237.																				
17	Amount from Schedule 2, line 3		17																					
18	Add lines 16 and 17		18	18,237.																				
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	18,237.																				
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	18,237.																				
25	Federal income tax withheld from:																							
	a Form(s) W-2	25a		20,607.																				
	b Form(s) 1099	25b																						
	c Other forms (see instructions)	25c																						
	d Add lines 25a through 25c		25d	20,607.																				
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	20,607.																				
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	2,370.																				
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		35a	2,370.																				
Direct deposit? See instructions.	▶ b Routing number <table border="1" style="font-size: small; text-align: center;"><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></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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
	▶ d Account number <table border="1" style="font-size: small; text-align: center;"><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																						

• 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ <input type="text"/>
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.) ▶ <input type="text"/>
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 04/16/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ GLOBAL TAXES LLC			Phone no. (678) 965-9522	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶ 30-1017196	