E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nation is a child but not your dependent	ame of y	d filing separately (Nour spouse. If you c	, —		` ,	_	, ,	` , ` ,		
Your first name	at name and middle initial			ne				Your so	Your social security number			
SRIRAM			SALIKA				083-	083-11-0839				
If joint return, spouse's first name and middle initial Last				ast name				Spouse	Spouse's social security number			
		or and street). If you have a P.O. box, see RA TRACE LN	instructio	ons.			Apt. no. 514	Check	here if you,			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	State		code		9,	ntly, want \$3 Checking a		
Austin				TX					box below will not change			
Foreign country name				Foreign province/state/county For				oreign postal code your tax or refund				
At any time du	ıring 20	020, did you receive, sell, send, exch	nange, o	r otherwise acquire	any financial	interest in	n any virtual	currency?	Yes	⊠ No		
Standard Deduction		eone can claim:				dent						
Age/Blindness	s You	☐ Were born before January 2, 19	956	Are blind Spo	use: Wa	as born b	efore Januar	2, 1956	☐ Is bl	lind		
Dependent	s (see	instructions):		(2) Social security		tionship			or (see instru	ictions):		
If more		rst name Last name		number	Alter Control	you	Child tax		market source source on	her dependents		
than four												
dependents, see instruction									J			
and check	3 -											
here ▶ □												
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2				. 1	1:	35 , 278.		
Attach	2a	Tax-exempt interest	2a		b Taxable in	terest		. 21	o			
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary of	lividends		. 31	o			
required.	4a	IRA distributions	1a		b Taxable a	mount .		. 41	3			
	5a	Pensions and annuities	5a		b Taxable a	mount .		. 5l	o			
Standard Deduction for—	6a	Social security benefits	6a		b Taxable a	mount .		. 61	o			
	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requ	ired, check h	ere .	•	□ 7		6.		
 Single or Married filing 	8	Other income from Schedule 1, line	e9					. 8	i	0.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your total inco	ome			▶ 9	1	35 , 284.		
Married filing	10	Adjustments to income:										
jointly or Qualifying widow(er), \$24,800	а	From Schedule 1, line 22				10a						
	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b						
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to in	ncome .			▶ 10	С			
household, \$18,650	11	Subtract line 10c from line 9. This i	s your a	djusted gross inco	me			▶ 1	1 1	35,284.		
If you checked	12	Standard deduction or itemized	deducti	ons (from Schedule	A)			. 12	2	12,400.		
any box under Standard	13	Qualified business income deducti	on. Atta	ch Form 8995 or Fo	rm 8995-A			. 13	3			
Deduction, see instructions.	14	Add lines 12 and 13						. 14	4	12,400.		
	15	Taxable income. Subtract line 14	from line	e 11 If zero or less	enter -0-			1/	5 1 1	22.884.		

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

Form 1040 (2020)

Form 1040 (2020	0)				,	Page 2			
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16		23,5				
	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18		23,5	72.			
	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		23,5	72.			
	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	8	23,5				
	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		24,0	54.			
	26	2020 estimated tax payments and amount applied from 2019 return	26	7					
 If you have a qualifying child, 	27	Earned income credit (EIC)							
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812							
nontaxable	29	American opportunity credit from Form 8863, line 8							
combat pay, see instructions.	30	Recovery rebate credit. See instructions	1						
	31	Amount from Schedule 3, line 13	1						
	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		24,0	54.			
Dafamal	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			82.			
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □	35a			82.			
Direct deposit?	▶b	Routing number X X X X X X X X X X X X X X X X X X X							
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 amount you owe now	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		2020. See Schedule 3, line 12e, and its instructions for details.							
how to pay, see instructions.	38	Estimated tax penalty (see instructions)							
Third Party	Do	you want to allow another person to discuss this return with the IRS? See							
Designee ²	ins	tructions	elow.	X No)				
		Designee's Phone Personal ident no, ▶ number (PIN)							
<u> </u>	100000	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		t of my	<u></u>				
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an	Identity	y			
				N, enter	it here				
Joint return? See instructions. Keep a copy for		SOLIMING PROPERTY.	inst.) >						
	Sp	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the				ın r it here			
your records.			inst.)		I I				
	Ph	one no. Email address							
Paid Preparer		pparer's name Preparer's signature Date PTIN		Check	if:				
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2021 P02082	2703	Se	lf-emplo	oyed			
				678) 9	 165-9	522			
Use Only			's EIN ▶		-1017				
Go to www irs a		11040 for instructions and the latest information. BAA REV 03/01/21 PRO				0 (2020)			
		THE STATE OF THE S		1 011					

D-400 (50) 8-10-20 2020 < Staple All Pages of Your Return and W-2s Here		ual Income T lina Department Amended Return		DOR Use Only			
For calendar year 2020, or fiscal year beginning 2 0 and ending Are you a veteran? Yes No							
SRIRAM SALIKA 5700 TAPADERA TRACE LN		514 Your SSI	N: 083110839	Is your spouse a veteran? Were you granted an automa	Yes No No datic extension to file		
AUSTIN TX 78727 Filing Status 1. Single	N: d Filing Separately	your 2020 federal income tax return (Form 1040)? Yes No X					
4. Head of Household	2. Married Filing 5. Qualifying Wi	dow(er)		Year spouse died:			
Were you a resident of N.C. for the entire year? Was your spouse a resident for the entire year.	and the second s	╡ ''°	turn for deceased ta turn for deceased s		30066.2 560		
N.C. Education Endowment Fund: You may of your overpayment to the Fund. To make a col					ating some or all of your overpayment		
to the Fund, enter the amount of your design	ation on Page 2, I	Line 31. (See instruction	ons for information a	about the Fund.)			
Select box if you, or if married filing jointly Select box if return is filed and signed by	E 22	7			II.		
FS 1 PP Y D	r n oc	N TPRES	Y SPRES	N VT N	SVT N		
SALI 5700 78727 D	S N EA	N TD	5	SD	FDEXT N		
SRIRAM SAL	IKA	0	83110839				
				TX 78727			
5700 TAPADERA TRACE LN		514	AUSTIN				
06 135284	16	0	26C	0			
07 0	18 Y	0	26E	0	7020		
09 0	20A	6686	EU		1500		
10A 0	20B	0	27	0	22		
10B 0	21A	0	29	0			
11 S Y I N	21B	0	30	0			
11 10750	21C	0	31	0			
13 00000	21D	0	32	0			
14 124534	26A	0	34	148			
15 6538	26B	0					
TN 6179849768	PN 6	5789659522	PP	P02082703			
Sign Return Below X Refund I declare and certify that I have examined this return and according to the state of the state			nent Due	() uthorize the North Carolina D	epartment of Revenue		
I declare and certify that I have examined this return and according the best of my knowledge and belief, they are true, correct, and	d complete.			n and attachments with the pa	aid preparer below.		
Your Signature		ouse's Signature (If filing joint r			19768 ne No. (Include area code)		
PAID PREPARER USE ONLY If prepared by a person other	r than taxpayer, this ce	ertification is based on all inforn	nation of which the prepare	er has any knowledge.			
SYAM PRIYA RAM SAGAR GUPT Paid Preparer's Signature		89659522 parer's Contact Phone Number	(Include area code)	P02082 Preparer's FI	2703 EIN, SSN, or PTIN		
. 0	il return to: N.C. [DEPT. OF REVENUE, P.O	. BOX R, RALEIGH, N	C 27634-0001			

Last Name (First 10 Characters) SALIKA 083110839 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 135284 6. Additions to Federal Adjusted Gross Income 7. 7. 0 8. Add Lines 6 and 7 8. 135284 9. Deductions From Federal Adjusted Gross Income 9. 0 Child Deduction 10. a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. 0 b. Enter the amount of the child deduction 10b. 0 11. N.C. Standard Deduction 11 Υ N.C. Itemized Deduction 11. 11. Ν Deduction amount 11. 10750 11. a. Add Lines 9, 10b, and 11 12a. 10750 12. b. Subtract amount on Line 12a from Line 8 12b. 124534 Part-year Residents and Nonresidents Taxable Percentage 13. 0.0000 13. 14. N.C. Taxable Income 14. 124534 15. N.C. Income Tax 15. 6538 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 17. 17. 6538 18. Consumer Use Tax 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 6538 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 6686 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 21a. 2020 estimated tax 21a. 0 Paid with extension 21b. 0 21b. Partnership 21c. 0 21c. S Corporation 21d. 21d. 0 Amended Returns Only - Previous payments 22. 22. 0 23. **Total Payments** 23. 6686 24. Amended Returns Only - Previous refunds 24. 0 Subtract Line 24 from Line 23 6686 25. 25. 26a. Tax Due 26a. 0 26b. 26b. Penalties 0 26c. 26c. Interest 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 **Exception to Underpayment of Estimated Tax** EU EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. Ω 27. **Pay this Amount** 27. 0 Overpayment 28. 148 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2021 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31. 31. N.C. Education Endowment Fund 0 0 32. N.C. Breast and Cervical Cancer Control Program 32. 33. \cap 33. Add Lines 29 through 32 34. 148 34. Amount to be Refunded