Carryback Claim 1040NR AMMENDED TAX RETURN

Department of the Treasury-Internal Revenue Service

5 1040-X

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ Go to www.irs.gov/Form1040X for instructions and the latest information. (Rev. January 2020) This return is for calendar year **X** 2019 2018 2017 2016 Other year. Enter one: calendar year or fiscal year (month and year ended): Your first name and middle initial Last name Your social security number 064-51-0693 PAVAN KUMAR REDDY BASIREDDY If joint return, spouse's first name and middle initial Last name Spouse's social security number Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number 2124 FOX HILL DRIVE 1.0 (810)484-1757City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. GRAND BLANC MI 48439 Foreign country name Foreign postal code Foreign province/state/county Amended return filing status. You must check one box even if you are not Full-year health care coverage (or, for amended changing your filing status. Caution: In general, you can't change your filing 2018 returns only, exempt). If amending a 2019 return, leave blank. See instructions. status from a joint return to separate returns after the due date. ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH) Married filing jointly If you checked the MFS box, enter the name of 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. A. Original amount B. Net change -Use Part III on the back to explain any changes C. Correct reported or as amount of increase amount previously adjusted or (decrease)explain in Part III **Income and Deductions** (see instructions) Adjusted gross income. If a net operating loss (NOL) carryback is 1 2,472. 2,472. <u>12,</u>200. 2 Itemized deductions or standard deduction 2 0. 12,200. 3 Subtract line 2 from line 1 3 -9,728. 0. -9,728. Exemptions (amended 2017 or earlier returns only). If changing, 4a complete Part I on page 2 and enter the amount from line 29 4a 4b **b** Qualified business income deduction (amended 2018 or later returns only) Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-5 0. 0. Tax Liability Tax. Enter method(s) used to figure tax (see instructions): 6 0. 0. 0. 7 7 Credits. If a general business credit carryback is included, check here ▶ □ 8 Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . 8 0. 0. 0. 9 Health care: individual responsibility (amended 2018 or earlier returns 9 10 10 11 Total tax. Add lines 8, 9, and 10 11 0. 0. 0. **Payments** 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) 12 313. 0. 313. Estimated tax payments, including amount applied from prior year's return 13 13 14 Refundable credits from: Schedule 8812 Form(s) 2439 4136 15 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify): 15 0. 0. Total amount paid with request for extension of time to file, tax paid with original return, and additional 16 16 0. 17 Total payments. Add lines 12 through 15, column C, and line 16... 313. 17 **Refund or Amount You Owe** 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 18 313. 19 Subtract line 18 from line 17. (If less than zero, see instructions.) 19 0. 20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference . 20 21 21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return 22 Amount of line 21 you want refunded to you 23 Amount of line 21 you want applied to your (enter year): estimated tax

Page **2** Form 1040-X (Rev. 1-2020)

Exemptions and Dependents Part I

Complete this part only if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

CAUTION	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines. Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.				A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount		
24 25 26	dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank								
27	7 Other dependents				27				
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank			28					
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank								
_30		(children and other	rs) claimed on this am	ended return	ı. If mo				
Depen	dents (see instructions):		(b) Social security	(c) Relatio	nehin	(d) ✓ if qualifies for (see instructions):			
(a) First name Last name		Last name	number	to you		Child tax cred	II I	Credit for other dependents (amended 2018 or later returns only)	
Part		lection Campai	<u> </u>						
	king below won't increa	•	•						
 Check here if you didn't previously want \$3 to go to the fund, but now do. Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does. 									
						<u> </u>			
Part	•		e space provided belo	-			1040-X.		
► Attach any supporting documents and new or changed forms and schedules. I PAVAN KUMAR REDDY BASIREDDY HOLDING F1 VISA FOR THE TAX YEAR 2019 AS PER IRS I AM LIABLE TO FILE 1040NR WITH THE FEDERAL TAX DEPARTMENT OF REVENUE ERRENOUSLY FILED FORM 1040 WITH FEDERAL TAX DEPARTMENT OF REVENUE FOR THE TAX YEAR 2019 NOW THROUGH THIS 1040X IAM AMMENDING TAX RETURN									

Remember to keep a copy of this form for your records.

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

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•		STUDENT				
Your signature	Date	Your occupation				
•						
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation				
Paid Preparer Use Only						
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/21/2021	GLOBAL TAXES LLC				
Preparer's signature	Date	Firm's name (or yours if self-employed)				
SYAM PRIYA RAM SAGAR GUPTA TALLAM		2530 Pebble Creek Ln Cumming GA 30041				
Print/type preparer's name		Firm's address and ZIP code				
P02082703	Check if self-	employed (678) 965-9522 30-1017196				
PTIN		Phone number EIN				