Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 7 • Married filing jointy or Qualifying widow(er), \$24,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 37, 040. • Married filing jointy or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a • Charitable contributions if you take the standard deduction. See instructions 10b 250. • Head of household, \$18,650 C Add lines 10a and 10b. These are your total adjustments to income 10c 250. 11 36,790.	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	2020		. 1545-0	074 IRS U	lse Only	—Do not w	rite or staple	in this space.	
VAMSHI KRISHNA GINNA 629-11-2260 If joint return, spouse's first name and middle initial Last name Spouse's social security number LAKSHITARSIMHARAMYA BANTU APPLICED FOR Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 4700 WHITEHALL COURT Check here if you, and your gours Spouse's filing jointly, unst S to go to fi	Check only	lf yo	ou checked the MFS box, enter the n	ame of						,		, ,	. , . ,	
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Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your stop of office. If you have a foreign address, also complete spaces below. State ZIP code TX 75070 City, town, or pool office. If you have a foreign address, also complete spaces below. State ZIP code TX 75070 Foreign country name Foreign province/state/county Foreign postal code you tax or refund. You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents, see instructions; [1] First name Last name Immet instructions; I	If joint return, s	pouse's	s first name and middle initial	Last na	ime						Spouse's social security number			
4700 WHITEHALL COURT Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code to go to this fund. Checking a box below will not change Foreign country name Foreign province/statk/country Foreign postal code your tax or refund. You tax or refund. You a spouse as a dependent You spouse as a dependent You a spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Its blind Dependents (see instructions): (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more there be (1) First name Last name (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If required. 1 37, 040. 3a 1 37, 040. Standard pointerior Social security benefits . 5a b Taxable amount . 5b Attach Sc Sa b Taxable amount . 5b 3b Age/Blindness Your Your Standard Definant were andial dividends . 3a 3b<	LAKSHMII	NARS	IMHARAMYA	BANT	ΓU						APPLIED FOR			
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code rspouse if filing jointly, wart \$3 to go to this fund. Checking a box below will not change a box below will not change a box below. Foreign country name Foreign postal code Foreign postal code Foreign country name Foreign postal code Foreign postal code Foreign postal code You Spouse if filing jointly, wart \$3 to go to this fund. Checking a box below will not change a box below. At any time during 2020, did you receive, sell, send, exchange, or othenwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien	Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.		Preside	ntial Electi	on Campaign	
Cuty, with, or post officer, if you have a holegin address, also bothplete spaces below. State 2/P dode to go to this fund, checking a box below with ch change your tax or refund. Foreign country name Foreign province/state/county Foreign post allocot You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction 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 Dependents (1) First name Last name (2) Social security (3) Relationship (4) // If qualifies for (see instructions): (2) addited dividends 3a and check Imore Imore Imore Imore Imore Imore Imore Imore Imore 3a Imore	4700 WH:	ITEH	ALL COURT											
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Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse No Deduction 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 Dependents (see instructions): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four Immediate Immediate Immediate Immediate Immediate and check Immediate Immediate Immediate Immediate Immediate Attach 2a Tax-exempt interest 2a Immediate Immediate Immediate Standard Decluction for- Sa Oualified dividends Sa Immediate Sb Immediate Immediate Immediate Immediate Immediate Immediate Immediate <	MCKINNE	Y						ТХ 7				5		
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and check here here 1 Wages, salaries, tips, etc. Attach Form(s) W-2 attach Sch. B if required. 4a Ba Qualified dividends 4a IRA distributions 5a Pensions and annuities 5a Ba Scill agin or (loss). Attach Schedule D if required. If not required, check here 7 8 Other income from Schedule 1, line 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 10a 10a 10b 250. 11 36, 790. 11 36, 790. 12 24, 800. 14 Add lines 12 and 13 24	•	s												
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	Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A											
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lir	ne 11. lf zero	or less, e	nter -0				. 15		11,990.	

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

Form **1040** (2020)

Form 1040 (2020	D)									Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	1,198.	
	17	Amount from Schedule 2, lin	ie3						17		
	18	Add lines 16 and 17							18	1,198.	
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	ie7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	1,198.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.	
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	1,198.	
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	2	,120	•		
	b	Form(s) 1099				25b					
	с	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	2,120.	
If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29					
see instructions.	30	Recovery rebate credit. See	instructions .			30		600			
	31	Amount from Schedule 3, lin	ie 13			31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refun	dable c	redits	. 🕨	· 32	600.	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	2,720.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amo	ount you	overpaid		34	1,522.	
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, ch	neck her	е		35a	1,522.	
Direct deposit?	►b	Routing number 0 7 2	0 0 8	0 5	► c Type:	X Chec	king 🔲	Savings	3		
See instructions.	►d	Account number 3 7 5	0 1 6 3	0 2 1 2	2 6			-			
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36	T				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now			. 🕨	37		
You Owe		Note: Schedule H and Sch	r								
For details on		2020. See Schedule 3, line 1						00			
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .			38					
Third Party	Do	you want to allow another									
Designee	ins	tructions	·			. 🕨	🗌 Yes. Co	omplete	below.	🗙 No	
		signee's		Phone					ntification		
		ne 🕨		no. 🕨				oer (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here				· · 、	1 1 1					nt you an Identity	
	. 10	ur signature		Date	Your occupation	1				IN, enter it here	
Joint return?			BUSINESS I		INTELLIGENCE-DAT			e inst.) 🕨			
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occup	ation			the IRS sent your spouse an		
Keep a copy for your records.	,							dentity Protection PIN, enter it here			
, 541 1000140.					HOME MAKI	ER		(Se	e inst.) 🕨		
		one no.	Dura and 1	Email address		D :	1	יאדס		Oh a shaife	
Paid		parer's name	Preparer's signat			Date		PTIN	00000	Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLA	M 01/	26/2021		82703	Self-employed	
Use Only		m's name ► GLOBAL TAX		~ '	~~~~~	1				678)965-9522	
	Firi	n's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041	L		Fir	m's EIN ▶		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	RE	V 01/15/21 PRC)		Form 1040 (2020)	

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

BAA

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service		 For use by individuals who are not U.S. citizens or permanent residents. See separate instructions. 									
An IRS individual	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax p	ourposes	only.	Т	· · ·		pe (check one box):	
 Before you begin Don't submit th 		ble to get, a U.S	U.S. social security number (SSN).							or a new ITIN an existing ITIN	
	ubmitting Form W-7. Read th									, c, d, e, f, or g, yo	u
	ederal tax return with Form V			of the e	exception	ıs (see	ins	tructions	s).		
_	alien required to get an ITIN to cla alien filing a U.S. federal tax retur		efit								
_	t alien (based on days present ir		s) filing a U s	S feder:	al tax retur	n					
	of U.S. citizen/resident alien		, 0				stru	ctions) 🕨			
e 🛛 Spouse of L		d or e, enter name VAMSHI KRIS			S. citizen/					ions) ► 29-11-2260	
f 🗌 Nonresident	alien student, professor, or resea	rcher filing a U.S.	federal tax re								
g 🗌 Dependent/s	spouse of a nonresident alien hold	ling a U.S. visa									
	on for a and f : Enter treaty country 1a First name			and	d treaty ar	icle num					
Name			Middle name				nai NT				
(see instructions) Name at birth if	1b First name		Middle name				nar				_
different ►											
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 4700 WHITEHALL COURT										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	MCKINNEY TX USA 75070										
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.										-
· · · ·											
Birth	4 Date of birth (month / day / year)		_	City ar	nd state or	province	e (o	ptional)		Male	
Information	02/21/1995	02/21/199						(if any) n	Female r, and expiration date		
Other Information	6a Country(ies) of citizenship INDIA				F2	_]	261992	253	02/12/202	
	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
	Issued by: INDIA	No.: S3380092	092 Exp. date: 07/22/20				the United Sta 028 (MM/DD/YYY				
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										ī
	No/Don't know. Skip lin					. ,					
	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 ► I	IRSN					and				
	name under which it was iss	t name	name Middle name				Last name				
	6a Name of college/university or company (see instructions)										
	City and state ► Length of stay ►										
Sign	Under penalties of perjury, I (appli	cant/delegate/accep	tance agent)	declare	0	,	ed 1	his applic	ation.	including accompanyi	
Sign Here	documentation and statements, and information with my acceptance agen	d to the best of my	knowledge a	nd belief	, it is true,	correct,	and	l complete	e. I au	thorize the IRS to sha	
Keep a copy for your records.	Signature of applicant (if de	tions)	Date (month / day / year)			Pł	Phone number				
	Name of delegate, if applica	able (type or print)	to applicant					Parent Power o	ourt-appointed guardia	ın	
Acceptance	Signature	Date (month / day / year)			Pł	Phone					
Agent's		News				Fa	IX			_	
Use ONLY	Name and title (type or print	[)	Name of company							PTIN	
	/					Office code					

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