1040-X

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. Ja	nuary 2020)	► Go to w	ww.irs.gov/Form104	<i>IOX</i> for instructions an	d the	latest information	l .		
This r	eturn is for cal	endar year 🔀 20	119 🗌 2018 🗌	2017 2016				-	
Other	year. Enter one	e: calendar year	or fiscal ye	ear (month and year	endec	d):			
Your firs	st name and middle	initial		Last name			Your social	security	number
YESU	UKANTHI K			MURAHARI			810-4	2-240	0
If joint re	eturn, spouse's first	name and middle initial		Last name			Spouse's s	ocial sec	curity number
SWET				MURAHARI			968-9		4
Current	home address (num	nber and street). If you ha	ive a P.O. box, see instru	uctions.		Apt. no.	Your phone	number	
	POST OAK LA						(331)	315-3	133
	•		have a foreign address,	also complete spaces belo	w. See	instructions.			
	ICK MA 017	60							
Foreign	country name			Foreign province/stat	e/coun	ty	Forei	gn posta	l code
chang status	ing your filing s from a joint ret	ng status. You mus tatus. Caution: In g urn to separate retu	eneral, you can't cl Irns after the due d	hange your filing ate.	20 ret	Full-year health 18 returns only turn, leave blank.	, exempt) See instruc	. If am tions.	ending a 2019
Sin	gle 🔀 Marrie	ed filing jointly	Married filing separa	ately (MFS) 🗌 Qua	alifying	g widow(er) (QW)	☐ Hea	ıd of ho	ousehold (HOH)
		IFS box, enter the r not your dependent		you checked the HC)H or	QW box, enter t	he child's	name i	f the qualifying
Incon	Use	Part III on the ba	ck to explain any	changes		A. Original amount reported or as previously adjusted (see instructions)	B. Net char amount of in or (decreasexplain in F	crease se)—	C. Correct amount
1			at apparating loss (NOL) carryback is		(See mandenons)	СХРІШІТІІТІ	art III	
•				>	1	49,925.		0.	49,925.
2		ctions or standard			2	24,400.		0.	24,400.
3	Subtract line 2				3	25,525.		0.	25,525.
4a				only). If changing,		23,323.			23,323.
-iu		I on page 2 and en			4a				
b				or later returns only)	4b				
5			•	If the result is zero					
	or less, enter -	_			5	25,525.			25,525.
Tax L	iability.								
6	•	thod(s) used to figu	re tax (see instruction	ons):					
		,,	•	,	6	2,675.		0.	2,675.
7	Credits. If a ge	neral business credit	carryback is include	ed, check here ► 🗌	7	1,500.		500.	2,000.
8	Subtract line 7	7 from line 6. If the r	esult is zero or less	, enter -0	8	1,175.	- 5	500.	675.
9	Health care: in	ndividual responsib	ility (amended 201	8 or earlier returns					
	only). See inst	ructions			9	0.		0.	
10	Other taxes .				10	0.		0.	0.
11	Total tax. Add	lines 8, 9, and 10			11	1,175.	- 5	500.	675.
Paym	nents								
12				rity and tier 1 RRTA					
			•		12	6,263.		0.	6,263.
13				m prior year's return	13	0.		0.	0.
14		e credit (EIC)			14	0.		0.	0.
15				☐ 2439 ☐ 4136	15	1,000.	-1,(00.	0.
16				e to file, tax paid with					
								16	0.
17			ough 15, column C,	and line 16			0 .	17	6,263.
	nd or Amount								
18		-	_	as previously adjuste	-			18	6,088.
19				nstructions.)				19	175.
20				line 19, enter the diff				20	500.
21				ference. This is the a				21	
22						1 1		22	0.
23	Amount of line	21 you want applie	d to your (enter ye	ear): estin	าated	tax 23			

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

Part I Exemption	ns and Dependents
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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

Λ	For amended 2018 Fill in all other applic	or later returns only,	leave lines 24, 28, an	nd 29 blank.		A. Original number of exemptions or	B. Net change	C. Correct number
			R, or Form 1040A, ins so the Form 1040-X in			amount reported or as previously adjusted		or amount
	dependent, you car	use. Caution: If s n't claim an exemption leave line blank .	ending your	24				
		Idren who lived with			25			
	•		th you due to divorce o		26			
	•			-	27			
28	Total number of exe	emptions. Add lines	24 through 27. If ame	ending your	28			
;	amount shown in amending. Enter the amending your 2018	r of exemptions clair the instructions for e result here and on 8 or later return, leav	ar you are this form. If	29				
	·	•	rs) claimed on this am	ended return	. If mo			
Depend	ents (see instructions)):	(b) Social security	(a) Polation	achin	(d) ✓ if q	ualifies for (see in	structions):
(a) F	irst name	Last name	number			Child tax credi		ther dependents or later returns only
Dort I	Dragidantial	Election Compo	an Fund					
Part I		Election Campai ease your tax or red	<u> </u>					
	•	•	uce your returns. \$3 to go to the fund, b	out now do				
	•		ir spouse did not prev		\$3 to	go to the fund h	it now does	
Part II			e space provided belo					
. are n			and new or changed for				0 10 74.	
		•	INCLUDED MY W2				BYMISTAKE	NLY
			ICAN OPPORTUNI					
			TTER TO PAY \$2!					
	IRS RULES I	AM ELIGIBLE	TO GET LIFE TIN	ME LEARNI	NG C	CREDIT. NOW	DOING 1040	X
	BY DISSOLVI	NG AMERICAN O	PPORTUNITY CREI	DIT AND C	LAI	MING LIFE TI	ME LEARING	CREDIT.
	REQUESTING	YOU TO ACCEPT	1040X WITH ALI	L CORRECT	'ING	INFORMATION	Γ.	
Remen	nber to keep a cop	v of this form for v	our 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.

Sign Here						
)		TECHNICAL PROJECT MANAGER				
Your signature	Date	Your occupation				
>		DOCTOR				
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation				
Paid Preparer Use Only						
SYAM PRIYA RAM SAGAR GUPTA TALLAM	08/19/2021	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 Firm's address and ZIP code Print/type preparer's name

P02082703 (678)965-952230-1017196 Check if self-employed

PTIN

EIN

Phone number

٦	1040	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	(99)	
ē		UHU	U.S. Individual Income Tax Retu	rn

20	1	9
	20	201

OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the name ild but not your dependent. ▶		rried filing separately (MFS) spouse. If you checked the		,	<i>,</i> —	, ,	dow(er) (QW) fying person is
Your first name			La	ast name				Your se	ocial security number
YESUKAN'	тнт	K	l M	IURAHARI					-42-2400
		s first name and middle initial	+	ast name				Spouse	e's social security number
SWETHA			l M	IURAHARI				968-	-98-0094
	(numbe	er and street). If you have a P.O. box, see				T	Apt. no.		ential Election Campaign
11 POST	OAK	LANE 9							re if you, or your spouse if filing
City, town or p	ost offic	ce, state, and ZIP code. If you have a for	eign	address, also complete sp	paces below (see instru	ctions)).		ant \$3 to go to this fund. a box below will not change you
NATICK I	MA 0	1760	_					tax or refu	
Foreign country				Foreign province/stat	e/county	Forei	gn postal code		than four dependents,
Standard Deduction		eone can claim: You as a depende Spouse itemizes on a separate return or		Your spouse as a were a dual-status alien	dependent				
Age/Blindness	You:	Were born before January 2, 1955	5 [Are blind Spouse:	Was born before	e Janu	ary 2, 1955	ls bl	lind
Dependents (see ins	structions):		(2) Social security number	(3) Relationship to you	u	(4) ✓ if	qualifies f	or (see instructions):
(1) First name		Last name				1	Child tax cr	edit	Credit for other dependents
	1	Wages, salaries, tips, etc. Attach Form	n(s) V	V-2				. 1	49,925.
	2a	Tax-exempt interest	2a		b Taxable interest. A	Attach	Sch. B if requir	ed 2l	b
Ot and and	3a	Qualified dividends	За		b Ordinary dividends.	. Attach	Sch. B if requir	ed 3	b
Standard Deduction for—	4a	IRA distributions	4a		b Taxable amount			. 41	b
 Single or Married filing separately, 	С	Pensions and annuities	4c		d Taxable amount			. 40	d
\$12,200	5a	Social security benefits	5a		b Taxable amount			. 51	b
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedule	D if	required. If not required, c	heck here		▶[☐ 6	;
widow(er),	7a	Other income from Schedule 1, line 9						. 78	а
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	7a. ⁻	This is your total income				▶ 71	b 49,925.
household, \$18,350	8a	Adjustments to income from Schedule	1, li	ne 22				. 88	а
If you checked	b	Subtract line 8a from line 7b. This is yo	our a	djusted gross income				▶ 81	49,925.
any box under Standard	9	Standard deduction or itemized ded	ucti	ons (from Schedule A) .	9)	24,40	0.	
Deduction,	10	Qualified business income deduction.	Atta	ch Form 8995 or Form 899	95-A 10	0			
see instructions.	11a	Add lines 9 and 10						. 11	a 24,400.
	h	Tavable income Subtract line 11a fro	m lir	ne 8h If zero or less enter	-0-			44	b 25 525

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

Form **1040** (2019)

Form 1040 (2019	9)										Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 881	4 2 4972	3 🗌	12a 2,	675.				
	b	Add Schedule 2, line 3, and line	12a and enter the	total			. •	12b		2,	675.
	13a	Child tax credit or credit for other	r dependents .			13a					
	b	Add Schedule 3, line 7, and line	13a and enter the	total			. •	13b		2,	000.
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0				14			675.
	15	Other taxes, including self-emplo	oyment tax, from S	Schedule 2, line 1	10			15			0.
	16	Add lines 14 and 15. This is you	total tax				. •	16			675.
	17	Federal income tax withheld from	n Forms W-2 and	1099				17		6,	263.
If you have a	18	Other payments and refundable	credits:								
qualifying child,	а	Earned income credit (EIC) .				18a					
attach Sch. EIC. If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b					
nontaxable	С	American opportunity credit from	n Form 8863, line	8		18c					
combat pay, see instructions.	d	Schedule 3, line 14				18d					
	е	Add lines 18a through 18d. Thes	e are your total o	ther payments a	and refundable cred	its	. •	18e			
	19	Add lines 17 and 18e. These are	your total payme	ents			. •	19		6,	263.
Refund	20	If line 19 is more than line 16, su	paid		20		5,	588.			
neiuna	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here						21a		5,	588.
Direct deposit?	▶b	Routing number									
See instructions.	►d	Account number X X X	X X X X	X X X X	X X X X	XX	-				
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22					
Amount	23	Amount you owe. Subtract line	19 from line 16. Fe	or details on how	v to pay, see instructi	ons	. •	23			
You Owe	24	Estimated tax penalty (see instru	ictions)			24					
Third Party Designee	Do	you want to allow another person	(other than your p	paid preparer) to	discuss this return w	ith the IRS? See inst	ructions.		Yes. Co No	omplete	e below.
(Other than	De	signee's		Phone		Personal	identifica		NO		
paid preparer)		me ▶		no. ▶		number (•			
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of prepare						nowledg	e and be	elief, the	y are true,
Here		our signature	` .	Date	Your occupation			IRS ser	nt vou a	ın Ident	titv
		on digitation		Build	Tour occupation			ction P			
Joint return?					TECHNICAL PR	OJECT MANAGE	R (see ii	nst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, l	ooth must sign.	Date	Spouse's occupation	on		IRS ser			
your records.	,				DOCTOR		(see in		ection P	IN, ent	er it here
•			Email address	DOCTOR		(000	.01.,				
-		one no. eparer's name	Preparer's signat	Email address		Date	PTIN		Check	if.	
Paid					CIIDMA MAITAM			1702	_		Designee
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA TALLAM		P02082		=	elf-emp	•
Use Only		m's name ► GLOBAL TA			- C3 20041	Phone no. (678)965-9				
		m's address ▶ 2530 Pebb		ur Cummin	<u> </u>		Firm's	s EIN ▶			7196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 08/20/20 PRO			Fo	rm 104	40 (2019)

SCHEDULE 3

(Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR

► Attach to Form 1040 or 1040-SR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **03**

Your social security number

YES	810-4	12-2400	
Par	Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	2,000.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a \square 3800 b \square 8801 c \square	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	2,000.
Part	II Other Payments and Refundable Credits		
8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136		
13	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 08/20/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019

Form **8863**

Department of the Treasury Internal Revenue Service (99)

YESUKANTHI K & SWETHA MURAHARI

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. 50

Name(s) shown on return

Your social security number 810-42-2400

	Î	1
CA	UTI	ON

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro at least three places)			6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable Americaskip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
	on Form 1040 or 1040-SR, line 18c. Then go to line 9 below			8	
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•	,	9	
10	After completing Part III for each student, enter the total of all amounts from				
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	14,580.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er)	13	136,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		40.005		
	the amount to enter	14	49,925.	-	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	86,075.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.	-	
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•	,	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3			19	2,000.

Name(s) shown on return	Your social security number
YESUKANTHI K & SWETHA MURAHARI	810-42-2400



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Daw	III Otodout and Educational Institution Information	On a instruction
Par		
20	Student name (as shown on page 1 of your tax return) YESUKANTHI K	21 Student social security number (as shown on page 1 of your tax return)
	MURAHARI	810-42-2400
22 Educational institution information (see instructions)		
а	. Name of first educational institution	b. Name of second educational institution (if any)
	OTTAWA UNIVERSITY	
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1001 S.CERDAR #20 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
	OTTAWA KS 66067	
(2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2019?
(Did the student receive Form 1098-T from this institution for 2018 with box Yes No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2018 with box Yes No 7 checked?
(4	Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(EIN) if you're claiming the American opportunity credit of
	48-0543772	
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?	\square Yes — Stop! Go to line 31 for this student. \bowtie No — Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	▼ Yes — Go to line 25. No — Stop! Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	Yes − Stop! X Go to line 31 for this student. No − Go to line 26.
26	Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?	Yes — Stop! Go to line 31 for this student. No — Complete lines 27 through 30 for this student.
You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.		
	American Opportunity Credit	
27	Adjusted qualified education expenses (see instructions). Don	't enter more than \$4,000
28	Subtract \$2,000 from line 27. If zero or less, enter -0	
29		29
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts to	add \$2,000 to the amount on line 29 and
	Lifetime Learning Credit	
31	Adjusted qualified education expenses (see instructions). Incl. III, line 31, on Part II, line 10	