<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20	20	OMB No.	1545-007	4 IRS Use Only	v—Do not w	rite or staple	in this space.	
Filing Status	s 🗙 :		Marrie	d filing separately		) 🗌 Hea	d of hous	ehold (HOH)	Qual	ifying wid	low(er) (QW)	
one box.		son is a child but not your dependent	,	our spouse. It you				v box, enter ti	le crilia s	namenu	le qualitying	
Your first name	and m	iddle initial	Last nar	ne					Your so	cial securi	ty number	
CHETHAN KANTH				I					748-67-0023			
If joint return, spouse's first name and middle initial			Last name						Spouse's social security number			
		er and street). If you have a P.O. box, see RE AVE UNIT F	instructio	ons.				Apt. no.		ntial Electi nere if you,	on Campaign	
		ce. If you have a foreign address, also co	molete sr		St/	ate	710	code			ntly, want \$3	
GRAFTON	031 011		WI						to go to this fund. Checking a box below will not change			
Foreign country name				oreign province/sta						your tax or refund.		
rorogn oountry name								ign pooral oo ao		You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	r otherwise acqui	re any	financial ir	nterest in	any virtual cu	urrency?	Yes	🗙 No	
Standard Deduction		eone can claim:	•			a depende n	ent					
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	956	Are blind	pouse	e: 🗌 Was	s born be	fore January	2, 1956	🗌 ls b	lind	
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relati	onship	(4) ✔ if c	qualifies for	r (see instru	ictions):	
If more		irst name Last name		number	-	to yo	bu	Child tax o	redit	Credit for ot	her dependents	
than four												
dependents, see instruction	s ——											
and check												
here 🕨 🔝												
	1	Wages, salaries, tips, etc. Attach F	Form(s) V	V-2					. 1	1	05,595.	
Attach	<b>2</b> a	Tax-exempt interest	2a		b 1	Faxable inte	erest		. 2b		11.	
Sch. B if required.	3a	Qualified dividends	3a		b(	Ordinary div	vidends		. 3b			
	4a	IRA distributions	4a		b	Faxable am	iount .		. 4b			
	5a	Pensions and annuities	5a		b 1	Faxable am	iount .		. 5b			
Standard	6a	Social security benefits       .       6a       b       Taxable amount       .       .										
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
Married filing separately, \$12,400	8	Other income from Schedule 1, lin	e9						. 8		10,383.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total i</b> r	ncome	<b>)</b>			▶ 9		95,223.	
<ul> <li>Married filing</li> </ul>	10	Adjustments to income:										
Jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b										
Head of	с	Add lines 10a and 10b. These are	your <b>tot</b> a	al adjustments t	o inco	me			► 10c	;		
household, \$18,650	11	Subtract line 10c from line 9. This	▶ 11		95,223.							
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized							. 12		12,400.	
any box under Standard	13	Qualified business income deduction	ion. Atta	ch Form 8995 or	Form 8	8995-A .			. 13			
Deduction,	14	Add lines 12 and 13							. 14		12,400.	
see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or les	s, ente	er-0			. 15		82,823.	
For Disclosure	Privac	v Act, and Paperwork Beduction Act N								Forn	1040 (2020)	

ons.

tu (202)

16 17 18 19 20 21 22 23 24 25	Tax (see instructions). Check if any from Form(s):       1       8814       2       4972       3	16 17 18 19 20 21 22	14,0	
18 19 20 21 22 23 24 25	Add lines 16 and 17       .	18 19 20 21		12.
19 20 21 22 23 24 25	Child tax credit or credit for other dependents       .       <	19 20 21		12.
20 21 22 23 24 25	Amount from Schedule 3, line 7       .       <	20 21	14.0	
21 22 23 24 25	Add lines 19 and 20       .	21	14.0	
22 23 24 25	Subtract line 21 from line 18. If zero or less, enter -0	-	14.0	
23 24 25		22	14.0	
24 25	Other taxes, including self-employment tax, from Schedule 2, line 10		±1/0	)12.
25		23		0.
	Add lines 22 and 23. This is your total tax	24	14,0	12.
	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	18,3	59.
26	2020 estimated tax payments and amount applied from 2019 return	26		
27	Earned income credit (EIC)			
28	Additional child tax credit. Attach Schedule 8812			
29	American opportunity credit from Form 8863, line 8			
30	Recovery rebate credit. See instructions	7		
31	Amount from Schedule 3, line 13			
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	18,3	59.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,3	847.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	4,3	847.
►b	Routing number X X X X X X X X X X X ► c Type: Checking Savings			
►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			
37	Subtract line 33 from line 24. This is the amount you owe now	37		
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for			
	2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)			
			<b>N</b>	
	- <b>J</b>			
			st of my knowled	dae and
Yo				
κ.			IN, enter it here	
		-		
Sp				
Ph	one no. Email address			
Pre	eparer's name Preparer's signature Date PTIN		Check if:	
RV	SSMANIKUMARAPPANA RVSSMANIKUMARAPPANA 04/15/2021 P0209	0332	Self-emple	oyed
Fir	m's name ► GLOBAL TAXES LLC Pho	ne no. (646)727-7157		
Fir	m's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm	n's EIN 🖡	▶ 30-1017	7196
ov/Forn	n1040 for instructions and the latest information. BAA REV 04/02/21 PRO		Form <b>104</b>	0 (2020
	26 27 28 29 30 31 32 33 34 35a ► b ► d 36 37 38 Dc ins De nau Vo Sp Ph Pre RV Firn Firn	26       2020 estimated tax payments and amount applied from 2019 return	26       2020 estimated tax payments and amount applied from 2019 return       27         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       31       30         31       Amount from Schedule 3, line 13       31         32       Add lines 251, 26, and 32. These are your total other payments and refundable credits       33         33       Add lines 25d, 26, and 32. These are your total payments       33         34       If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid       34         35a       Amount of line 34 you want refunded to you. If Form 8888 is attached, check here       >       36         > b       Routing number       X   X   X   X   X   X   X   X   X   X	26       2020 estimated tax payments and amount applied from 2019 return