In Holes Implementation Implementat	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		(99) Jrn 20)2(. 1545-00	74 IRS Use	only-	–Do not w	rite or staple	in this space.
LOKESH PADUCHURI 161-41-0989 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street), If you have a P.O. box, see instructions. Apt. no. 34C 2100 HYLAN DRIVE 34C Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State IP code NY 14623 Souse's function champaign State Voi Spouse Foreign country name Foreign province/state/county Foreign postal roade Voi Spouse Standard Someone can claim: You as a dependent Your spouse as a dependent You spouse as a dependent Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent dependents, see instructions): (2) Social security (3) Relationship (4) W' It qualifies for (see instructions): If more than four dependents, see instructions. 1 132, 284. 2b Attach 2a b Taxable interest 2b Son. B if as eucrity benefits. 5a b 5b 5b Sea 1 <	Check only	lf yo	u checked the MFS box, enter the n	ame of y									
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2100 HYLAN DRIVE 34C Oheck here if you, or your spouse if filing jointly, wart \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code ROCHESTER NY 14 62.3 Foreign country name Foreign province/state/county Foreign postal code Vou 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 was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationsrin (4) If qualifies for (see instructions): frequired. 1 132, 284. 1 132, 284. Attach 2a 3a 4. b b 3b 4. Standard Genite dividends 5a a	If joint return, s	oouse's	first name and middle initial	Last nar	me						Spouse'	s social see	curity number
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ROCHESTER NY 14623 to go to this fund: Checking a both below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code 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 Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ✓ If qualifies for (see instructions): If more than four dependents, see instructions Instrume Last name Instrume Instrume <td< td=""><td></td><td></td><td></td><td>mplete si</td><td colspan="4">nplete spaces below. State Z</td><td>P code</td><td></td><td></td><td></td><td></td></td<>				mplete si	nplete spaces below. State Z				P code				
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any box under Out find husing income deduction Attack Form 2005 or Form 2005 A	any box under				(,						12,400.
Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A				on. Atta	CH FUITT 8995	or For						-	10 100
see instructions. 14 Add lifes 12 and 13				••••	• • • • •	· ·							
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Far Dia-l										15		

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Form 1040 (2020))			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	20,806.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	20,806.
	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	20,806.
	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	20,806.
	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	21,066.
If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
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	7	
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	21,066.
Dofund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	260.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	260.
Direct deposit?	►b	Routing number 0 2 1 0 0 0 3 2 2 F c Type: ★ Checking Savings		
See instructions.	►d	Account number 4 8 3 0 5 7 5 3 4 2 0 1		
	36	Amount of line 34 you want applied to your 2021 estimated tax		
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 how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.		
instructions.	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		structions		
		signee's Phone Personal identi ne ▶ no. ▶ number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		st of my knowledge and
-		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 se	nt you an Identity
	N	Prote		IN, enter it here
Joint return? See instructions.		DOF TWARE ENGINEER	inst.) ►	
Keep a copy for your records.	Sp			nt your spouse an ection PIN, enter it here
			inst.) 🕨	
	Ph	one no. Email address		
	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2021 P0208.	2703	Self-employed
Preparer			ne no. ((678)965-9522
Use Only	Fir	m's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN 🕨	
Go to www.irs.go	ov/Forr	n1040 for instructions and the latest information. BAA REV 02/15/21 PRO		Form 1040 (2020
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