E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

| Filing Status<br>Check only<br>one box.                                  | If yo                                       | Single X Married filing jointly [ ou checked the MFS box, enter the reson is a child but not your dependent | ame of y   |                         |         |                             |                   |              |          |   |             |         |
|--|---|---|------------|-------------------------|---------|-----------------------------|-------------------|--------------|----------|---|-------------|---------|
| Your first name and middle initial Las                                   |   |   |            | me                      |         |                             |                   |              | Y        | Your social security number   |             |         |
|  |   |   |            | LAPUR                   |         |                             |                   |              | (        | 012-90-3411   |             |         |
| If joint return, spouse's first name and middle initial Las              |   |   |            | me                      |         |                             |                   |              | 8        | Spouse's social security number   |             |         |
| SANJIVANI KAN  |   |   |            | LAPUR                   |         |                             |                   |              | 9        | 906-82-4162   |             |         |
| Home address   | er and street). If you have a P.O. box, see | instruction   |            |                         |         |                             | Apt. no. Presid   |              | Preside  | sidential Election Campaign   |             |         |
| 3918 AT  | ASCO  | CITA ROAD   |            |                         |         |                             |                   |              |          |   | nere if you |         |
| City, town, or post office. If you have a foreign address, also complete |   |   |            | ete spaces below. State |         |                             | ZIP               | code         |          | spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. |             |         |
| HUMBLE   |   |   |            | TX                      |         |                             | 7                 | 7396         |          |   |             |         |
| Foreign country name   |   |   |            | oreign province/sta     | te/cou  | county F                    |                   |              |          |   |             |         |
|  |   |   |            |                         |         |                             |                   |              |          |   | You         | Spouse  |
| At any time du   | ıring 20                                    | 020, did you receive, sell, send, exc   | hange, o   | r otherwise acqu        | ire any | financial in                | terest ir         | n any virtua | al curre | ency?   | Yes         | X No    |
| Standard<br>Deduction  | _   | eone can claim:  You as a de Spouse itemizes on a separate retur  | •          |                         |         |                             | nt                |              |          |   |             |         |
| Age/Blindness  | s You:                                      | Were born before January 2, 1   | 956        | Are blind               | Spous   | e: Was                      | born be           | efore Janua  | arv 2.   | 1956  | ☐ Is b      | lind    |
| Dependents   |   |   |            | (2) Social secu         |         | (3) Relation                |                   |              |          | qualifies for (see instructions):   |             |         |
| -  |   | irst name Last name   |            | 1 ''                    |         |                             | o you Child tax o |              |          | 1   |             |         |
| If more<br>than four   |   | AY SHRINIVAS KAMALAPUR  | 026-90-534 |                         | 345     |                             |                   | ×            |          |   | 0.00.0.0.0. |         |
| dependents,  |   | REYA S KAMALAPUR  |            | 906-82-4342             |         | Daughter                    |                   |              | <u> </u> |   |             | ×       |
| see instruction and check  | s —   |   |            | 700 02 131              |         | 2 Daugileer                 |                   |              |          |   |             |         |
| here ▶   |   |   |            |                         |         |                             |                   |              | =        |   |             | 一       |
|  | · 1   | Wages, salaries, tips, etc. Attach I  | Form(s) V  | V-2                     |         |                             |                   |              |          | 1   | $\top$      | 89,080. |
| Attach   | 2a  |   | 2a         |                         | h.      | <br>Taxable inte            | raet              |              |          | 2b  |             | 0270001 |
| Sch. B if  | 3a  | Qualified dividends   | 3a         |                         |         | <b>b</b> Ordinary dividends |                   | nds<br>t     |          | 3b  |             |         |
| required.  | 4a  | _   | 4a         | a oranian jannao        |         |                             |                   |              |          | 4b  |             |         |
|  | 5a  | Pensions and annuities  | 5a         |                         |         | <b>b</b> Taxable amount .   |                   |              |          | 5b  |             |         |
| Standard<br>Deduction for—   | 6a  |   | 6a         |                         |         | Taxable am                  |                   |              |          | 6b  |             |         |
|  | 7   | Capital gain or (loss). Attach Schedule D if required. If not required, check here                          |            |                         |         |                             |                   |              | ▶ □      | 7   |             |         |
| <ul> <li>Single or<br/>Married filing</li> </ul>                         | 8   | Other income from Schedule 1, line 9  |            |                         |         |                             |                   |              |          | 8   |             | -6,950. |
| separately,  | 9   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                 |            |                         |         |                             |                   |              | . •      | 9   |             | 82,130. |
| \$12,400  Married filing   | 10  | Adjustments to income:  |            |                         |         |                             |                   |              |          |   |             |         |
| jointly or<br>Qualifying   | а   | From Schedule 1, line 22  |            |                         |         |                             |                   |              |          |   |             |         |
| widow(er),   | b   | Charitable contributions if you take the standard deduction. See instructions 10b                           |            |                         |         |                             |                   |              |          |   |             |         |
| \$24,800<br>• Head of  | c   | Add lines 10a and 10b. These are your total adjustments to income   |            |                         |         |                             |                   |              |          | 100   | ,           |         |
| household,   | 11  | Subtract line 10c from line 9. This is your adjusted gross income   |            |                         |         |                             |                   |              |          | 11  |             | 82,130. |
| \$18,650 • If you checked  | 12  | Standard deduction or itemized deductions (from Schedule A)   |            |                         |         |                             |                   |              |          | 12  | _           | 24,800. |
| any box under<br>Standard  | 13  | Qualified business income deduction. Attach Form 8995 or Form 8995-A  |            |                         |         |                             |                   |              |          | 13  |             |         |
| Deduction,   | 14  | Add lines 12 and 13   |            |                         |         |                             |                   |              |          | 14  |             | 24,800. |
| see instructions.  | 15  | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0                                    |            |                         |         |                             |                   |              |          | 15  |             | 57,330. |

| Form 1040 (2020   | ))       |  |                          |                              |                    |              |                        |   | Page <b>2</b>           |  |  |
|---|----------|--|--------------------------|------------------------------|--------------------|--------------|------------------------|---|-------------------------|--|--|
|   | 16       | Tax (see instructions). Check  | if any from Form         | (s): <b>1</b> 881            | 4 <b>2</b> 🗌 4972  | 3 🗌          |                        | . 16  | 6,484.                  |  |  |
|   | 17       | Amount from Schedule 2, lir  | ne 3                     |                              |                    |              | <del></del> .          | . 17  |                         |  |  |
|   | 18       | Add lines 16 and 17  |                          |                              |                    |              |                        | . 18  | 6,484.                  |  |  |
|   | 19       | Child tax credit or credit for   | other dependen           | ts                           |                    |              |                        | . 19  | 2,500.                  |  |  |
|   | 20       | Amount from Schedule 3, lir  | ne 7                     |                              |                    |              |                        | . 20  |                         |  |  |
|   | 21       | Add lines 19 and 20  |                          |                              |                    |              |                        | . 21  | 2,500.                  |  |  |
|   | 22       | Subtract line 21 from line 18  | . If zero or less,       | enter -0                     |                    |              |                        | . 22  | 3,984.                  |  |  |
|   | 23       | Other taxes, including self-e  | mployment tax,           | from Schedule                | e 2, line 10 .     |              |                        | . 23  | 0.                      |  |  |
|   | 24       | Add lines 22 and 23. This is   |                          |                              |                    |              |                        | ▶ 24  | 3,984.                  |  |  |
|   | 25       | Federal income tax withheld  | •                        |                              |                    |              |                        |   |                         |  |  |
|   | а        | Form(s) W-2  |                          |                              |                    | 25a          | 10,63                  | 37.   |                         |  |  |
|   | b        | Form(s) 1099   |                          |                              |                    | 25b          | · ·                    |   |                         |  |  |
|   | С        | Other forms (see instruction   |                          |                              |                    | 25c          |                        |   |                         |  |  |
|   | d        | Add lines 25a through 25c  | ,                        |                              |                    |              |                        | . 25d   | 10,637.                 |  |  |
|   | 26       | 2020 estimated tax paymen  |                          |                              |                    |              |                        |   | 2070077                 |  |  |
| <ul> <li>If you have a L<br/>qualifying child,</li> </ul> | 27       | • •  |                          |                              |                    | 27           |                        | . 20  |                         |  |  |
| attach Sch. EIC.  | 28       | Earned income credit (EIC)   |                          |                              |                    |              |                        |   |                         |  |  |
| If you have<br>nontaxable                                 | 29       | American opportunity credit  |                          |                              |                    | 29           |                        |   |                         |  |  |
| combat pay, see instructions.                             | 30       | Recovery rebate credit. See  |                          | -                            |                    | 30           | 2,90                   | 10  |                         |  |  |
| see instructions.   | 31       | Amount from Schedule 3, lir  |                          |                              |                    | 31           | ۷,۶۵                   | ,,,,  |                         |  |  |
|   | 32       | •  |                          |                              |                    |              |                        | ▶ 32  | 2,900.                  |  |  |
|   | 33       |  |                          |                              |                    |              |                        |   | 13,537.                 |  |  |
|   |          | Add lines 25d, 26, and 32. These are your <b>total payments</b>  |                          |                              |                    |              |                        |   |                         |  |  |
| Refund  | 34       | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> |                          |                              |                    |              |                        | . 34  | 9,553.                  |  |  |
| Divert deposit?   | 35a      | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here                |                          |                              |                    |              |                        |   | 9,553.                  |  |  |
| Direct deposit?<br>See instructions.                      | ►b       |  |                          |                              |                    |              |                        |   |                         |  |  |
|   | ►d       |  |                          |                              |                    | 1 1          |                        |   |                         |  |  |
| <u> </u>  | 36       | Amount of line 34 you want   |                          |                              |                    |              |                        | ▶ 37  |                         |  |  |
| Amount<br>You Owe   | 37       | Subtract line 33 from line 24. This is the <b>amount you owe now</b>                                   |                          |                              |                    |              |                        |   |                         |  |  |
| For details on  |          | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for        |                          |                              |                    |              |                        |   |                         |  |  |
| 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  |                          |                              |                    |              | 0                      |   | V N                     |  |  |
| Designee  |          |  |                          |                              |                    |              | •                      |   |                         |  |  |
|   |          | signee's<br>me ▶   |                          | Phone no. ▶                  |                    |              | ersonal i<br>number (P | dentificatior<br>'IN' ►   |                         |  |  |
| Sign  |          | der penalties of perjury, I declare t  | hat I have examine       |                              | d accompanying sch |              |                        |   | est of my knowledge and |  |  |
| Sign  |          | lief, they are true, correct, and com  |                          |                              |                    |              |                        |   |                         |  |  |
| Here  | Yo       | ur signature   | Date                     |                              |                    | If the IRS s | ent you an Identity    |   |                         |  |  |
|   | k        | 5  |                          | ·                            |                    |              |                        | Protection PIN, enter it here                                       |                         |  |  |
| Joint return?   | <b>L</b> |  |                          |                              | IT CONSULTANT      |              |                        | (see inst.) ▶   |                         |  |  |
| See instructions.<br>Keep a copy for                      | Sp       | ouse's signature. If a joint return, I   | Date Spouse's occupation |                              |                    |              |                        | f the IRS sent your spouse an dentity Protection PIN, enter it here |                         |  |  |
| your records.   |          |  | TEACHER                  |                              |                    |              | (see inst.)            |   |                         |  |  |
|   | ———Ph    | one no.  | Email address            |                              |                    |              |                        |   |                         |  |  |
|   |          | eparer's name  | Preparer's signat        | l                            |                    | Date         | PTII                   | N   | Check if:               |  |  |
| Paid  |          | I PRIYA RAM SAGAR GUPTA TALLAM   |                          | PRIYA RAM SAGAR GUPTA TALLAM |                    |              |                        | 2082703   | l <u> </u>              |  |  |
| Preparer<br>Use Only                                      |          |  |                          |                              |                    |              |                        |   | e no. (678)965-9522     |  |  |
|   |          | 0500 - 111 - 1 - 1 - 1 - 00044   |                          |                              |                    |              |                        |   |                         |  |  |
| Coto  |          |  |                          | LI CUIIIIIIIII               |                    | DEL          |                        | Firm's EIN  |                         |  |  |
| GO TO WWW.Irs.go  | v/r-orr  | n1040 for instructions and the late  | ist information.         |                              | BAA                | REV 03/25/21 | PRO                    |   | Form <b>1040</b> (2020) |  |  |