E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 202	20	OMB No. 15	45-0074	IRS Use Only	∕—Do not w	rite or staple	in this space.		
Filing Status Check only one box.	נו If yo		] Marrie ame of y	ed filing separately (				hold (HOH)	Qua	lifying wid	ow(er) (QW)		
Your first name	iddle initial	Last nar	me	Your social security number									
VINAY KUMAR			RUDI	RUDIYA							052-91-6992		
If joint return, s	pouse's	s first name and middle initial	Last nar						Spouse'	s social se	curity number		
RUCHA				LACHORIYA						APPLIED FOR			
Home address	(numbe	er and street). If you have a P.O. box, see					A	Apt. no.			on Campaign		
33 CONG	RESS	STREET						4	1	nere if you,			
		ce. If you have a foreign address, also co	mplete s	spaces below. State			ZIP co	ZIP code spouse if filing join					
NASHUA					N	NH				to go to this fund. Checking a box below will not change			
Foreign country name			F	oreign province/state	/coun	county				your tax or refund.			
				5 1						You	Spouse		
At any time du	ring 20	020, did you receive, sell, send, exch	nange, o	r otherwise acquire	any	financial inte	erest in a	any virtual cu	urrency?	 Yes	X No		
Standard Deduction	_	eone can claim:		·		a dependen	t						
Age/Blindness	S You:	Were born before January 2, 19	956	Are blind Sp	ouse	e: 🗌 Was b	orn befo	ore January	2, 1956	🗌 Is bl	ind		
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relation	ship	(4) 🗸 if c	ualifies for	r (see instru	ictions):		
• If more		irst name Last name		number		to you		Child tax o			her dependents		
than four													
dependents, see instruction													
and check	5												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	N-2					. 1	(	63,515.		
Attach	2a	Tax-exempt interest	2a		bТ	axable intere	est .		. 2b				
Sch. B if	3a	Qualified dividends	3a			Ordinary divid			. 3b		0.		
required.	4a	IRA distributions	4a			axable amou			. 4b				
	5a	Pensions and annuities	5a		bТ	axable amou	unt		. 5b				
Standard	6a	Social security benefits	6a b Taxable amount						. 6b				
Deduction for –	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		б.		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line				, 			. 8				
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a		his is your total inc	ome				▶ 9	,	63,521.		
<ul><li>\$12,400</li><li>Married filing</li></ul>	10	Adjustments to income:											
jointly or	а	From Schedule 1, line 22					0a						
Qualifying widow(er),	b	Charitable contributions if you take the standard deduction. See instructions <b>10b</b>											
\$24,800 • Head of	c												
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10c from line 9. This is your adjusted gross income									63,521.		
\$18,650 ! • If you checked	12	Standard deduction or itemized							► 11 . 12	1	24,800.		
any box under	13	Qualified business income deducti			<u> </u>								
Standard Deduction,	14	Add lines 12 and 13	on Aua						. 14	-	24,800.		
see instructions.	15	Taxable income. Subtract line 14	from line	e 11 lf zero or less	 ente	•r-0-					38,721.		
For Disclosuro		Act and Panerwork Reduction Act N							. 10		<b>1040</b> (2020)		

Form 1040 (2

Form 1040 (2020	)			Page Z					
	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3	16	4,252.					
	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	4,252.					
	19	Child tax credit or credit for other dependents	19						
	20	Amount from Schedule 3, line 7	20	200.					
	21	Add lines 19 and 20	21	200.					
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	4,052.					
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.					
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	4,052.					
	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	8,372.					
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							
combat pay, see instructions.	30	Recovery rebate credit. See instructions	-						
	31	Amount from Schedule 3, line 13	1						
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.					
	33	Add lines 25d, 26, and 32. These are your total payments	33	10,172.					
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	6,120.					
Refund	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here	35a	6,120.					
Direct deposit? See instructions.	►b	Routing number         2         1         3         9         1         8         2         5         ► c Type:         X Checking         □ Savings		- ,					
	►d	Account number 4 2 9 5 8 0 8 2							
	36	Amount of line 34 you want applied to your 2021 estimated tax							
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	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		2020. See Schedule 3, line 12e, and its instructions for details.							
now to pay, see nstructions.	38	Estimated tax penalty (see instructions)							
Third Party		you want to allow another person to discuss this return with the IRS? See							
Designee	ins	structions	below.	× No					
		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 ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
Here				nt you an Identity					
		Prote		IN, enter it here					
Joint return?		SOFTWARE ENGINEER (see	inst.) 🕨						
See instructions. Keep a copy for	Sp			nt your spouse an					
our records.	,		inst.) 🕨	ection PIN, enter it here					
		one no. Email address eparer's name Preparer's signature Date PTIN		Check if:					
Paid			2202	Self-employed					
Preparer									
Use Only				678)965-9522					
			's EIN ▶	► <u>30-1017196</u> Form <b>1040</b> (2020					
do to www.iis.go	w/FOIII	n1040 for instructions and the latest information. BAA REV 04/16/21 PRO							