

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | |
|--|-------------------------------|---|
| Your first name and middle initial RAJU GOUD | Last name MALLAM | Your social security number 713-69-0732 |
| If joint return, spouse's first name and middle initial DEEPIKA | Last name GAJAGOUNI | Spouse's social security number APPLIED FOR |
| Home address (number and street). If you have a P.O. box, see instructions. 1347 RIVERSIDE STATION BLVD | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. SECAUCUS | | |
| State NJ | ZIP code 07094 | |
| Foreign country name | Foreign province/state/county | Foreign postal code |

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
 Spouse itemizes on a separate return or you were a dual-status alien

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 number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): |
|--|----------------|-----------|----------------------------|-------------------------|--|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | Child tax credit |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

| | | | | | |
|--|----------------------------------|---|------------|------------|---------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 85,343. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | |
| | 4a | IRA distributions | 4a | 4b | |
| | 5a | Pensions and annuities | 5a | 5b | |
| | 6a | Social security benefits | 6a | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | |
| | 8 | Other income from Schedule 1, line 9 | | 8 | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 85,343. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income: | | | | |
| | a | From Schedule 1, line 22 | 10a | | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | | |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | | 10c | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 | 85,343. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | | 12 | 24,800. |
| | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | |
| | 14 | Add lines 12 and 13 | | 14 | 24,800. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 60,543. |

| | | | |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 6,868. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 6,868. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | 1,875. |
| 21 | Add lines 19 and 20 | 21 | 1,875. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 4,993. |
| 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 | 4,993. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 11,828. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 11,828. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 806. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 806. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 12,634. |

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 7,641. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 7,641. |
| b | Routing number 1 1 1 0 0 0 0 2 5 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 5 8 6 0 3 5 3 4 6 9 3 6 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|--|--|----|--|
| 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) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---------------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation HOME MAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/10/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 |
| Firm's EIN | | | | 30-1017196 |

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
RAJU GOUD MALLAM & DEEPIKA GAJAGOUNI

Your social security number
713-69-0732

Part I 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 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input checked="" type="checkbox"/> 8936 | 6 | 1,875. |
| 7 | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | 1,875. |

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|------------|--|
| 8 | Net premium tax credit. Attach Form 8962 | 8 | |
| 9 | Amount paid with request for extension to file (see instructions) | 9 | |
| 10 | Excess social security and tier 1 RRTA tax withheld | 10 | |
| 11 | Credit for federal tax on fuels. Attach Form 4136 | 11 | |
| 12 | Other payments or refundable credits: | | |
| a | Form 2439 | 12a | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | |
| c | Health coverage tax credit from Form 8885 | 12c | |
| d | Other: | 12d | |
| e | Deferral for certain Schedule H or SE filers (see instructions) | 12e | |
| f | Add lines 12a through 12e | 12f | |
| 13 | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | 13 | |

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

BAA

REV 02/07/21 PRO

Schedule 3 (Form 1040) 2020

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
RAJU GOUD MALLAM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **713-69-0732**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|-----------|--|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶ | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter | 3 | 7,100. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 7,100. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter | 6 | 7,100. |
| 7 | If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions | 7 | |
| 8 | Add lines 6 and 7 | 8 | 7,100. |
| 9 | Employer contributions made to your HSAs for 2020 | 9 | 250. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 250. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 6,850. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|------------|---|------------|--|
| 14a | Total distributions you received in 2020 from all HSAs (see instructions) | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|-----------|---|-----------|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box | 21 | |

Qualified Plug-in Electric Drive Motor Vehicle Credit
(Including Qualified Two-Wheeled Plug-in Electric Vehicles)

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form8936 for instructions and the latest information.**

Name(s) shown on return

RAJU GOUD MALLAM & DEEPIKA GAJAGOUNI

Identifying number

713-69-0732

Note:

- Use this form to claim the credit for certain plug-in electric vehicles.
- Claim the credit for certain alternative motor vehicles on Form 8910.

Part I Tentative Credit

Use a separate column for each vehicle. If you need more columns, use additional Forms 8936 and include the totals on lines 12 and 19.

| | | (a) Vehicle 1 2021 | (b) Vehicle 2 |
|---|-----------|-----------------------|---------------|
| 1 Year, make, and model of vehicle | 1 | TESLA Y | |
| 2 Vehicle identification number (see instructions) | 2 | 5YJYGDEE0MF062662 | |
| 3 Enter date vehicle was placed in service (MM/DD/YYYY) | 3 | 11/03/2020 | |
| 4a If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions | 4a | 7,500. | |
| b Phase-out percentage (see instructions) | 4b | 25.00 % | % |
| c Tentative credit. Multiply line 4a by line 4b | 4c | 1,875. | |

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part II Credit for Business/Investment Use Part of Vehicle

| | | | |
|---|-----------|-------|-------|
| 5 Business/investment use percentage (see instructions) | 5 | % | % |
| 6 Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11 | 6 | | |
| 7 Section 179 expense deduction (see instructions) | 7 | | |
| 8 Subtract line 7 from line 6 | 8 | | |
| 9 Multiply line 8 by 10% (0.10) | 9 | | |
| 10 Maximum credit per vehicle | 10 | 2,500 | 2,500 |
| 11 For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10 | 11 | | |
| 12 Add columns (a) and (b) on line 11 | 12 | | |
| 13 Qualified plug-in electric drive motor vehicle credit from partnerships and S corporations (see instructions) | 13 | | |
| 14 Business/investment use part of credit. Add lines 12 and 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y | 14 | | |

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Part III Credit for Personal Use Part of Vehicle

| | (a) Vehicle 1 | (b) Vehicle 2 |
|---|------------------|---------------|
| 15 If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18 | 15 1,875. | |
| 16 Multiply line 15 by 10% (0.10) | 16 | |
| 17 Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10 | 17 | |
| 18 For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17 | 18 1,875. | |
| 19 Add columns (a) and (b) on line 18 | 19 | 1,875. |
| 20 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | 20 | 6,868. |
| 21 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) | 21 | |
| 22 Subtract line 21 from line 20 | 22 | 6,868. |
| 23 Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6. Check box c on that line and enter "8936" in the space next to that box. If line 22 is smaller than line 19, see instructions | 23 | 1,875. |

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.
► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

| |
|--|
| Application type (check one box): |
| <input checked="" type="checkbox"/> Apply for a new ITIN |
| <input type="checkbox"/> Renew an existing ITIN |

Before you begin:

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ►
- e Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►
RAJU GOUD MALLAM 713-69-0732
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ►

Additional information for **a** and **f**: Enter treaty country ► and treaty article number ►

| | | | |
|---|---------------------------------|-------------|------------------------|
| Name (see instructions) Name at birth if different ► | 1a First name DEEPIKA | Middle name | Last name GAJAGOUNI |
| | 1b First name | Middle name | Last name |

| | |
|-----------------------------|--|
| Applicant's Mailing Address | 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 1347 RIVERSIDE STATION BLVD |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. SECAUCUS NJ USA 07094 |

| | |
|---|---|
| Foreign (non-U.S.) Address (see instructions) | 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. |
| | City or town, state or province, and country. Include postal code where appropriate. |

| | | | | |
|-------------------|---|---------------------------|---------------------------------------|--|
| Birth Information | 4 Date of birth (month / day / year) 08/30/1992 | Country of birth INDIA | City and state or province (optional) | 5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
|-------------------|---|---------------------------|---------------------------------------|--|

| | | | |
|---|---|--|---|
| Other Information | 6a Country(ies) of citizenship INDIA | 6b Foreign tax I.D. number (if any) | 6c Type of U.S. visa (if any), number, and expiration date |
| | 6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other | | Date of entry into the United States (MM/DD/YYYY): |
| | Issued by: INDIA No.: U4915920 Exp. date: 09/16/2030 | | |
| | 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). | | |
| 6f Enter ITIN and/or IRSN ► ITIN _____ IRSN _____ and name under which it was issued ► First name Middle name Last name | | | |
| 6g Name of college/university or company (see instructions) ► City and state ► Length of stay ► | | | |

Sign Here
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

| | | | |
|-------------------------------|--|--------------------------------------|---|
| Keep a copy for your records. | Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number |
| | Name of delegate, if applicable (type or print) | Delegate's relationship to applicant | <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney |
| Acceptance Agent's Use ONLY | Signature | Date (month / day / year) | Phone Fax |
| | Name and title (type or print) | Name of company | EIN Office code |
| | PTIN | | |