E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single X Married filing jointly u checked the MFS box, enter the non is a child but not your dependent	ame of	0 . , ,	,		` '	_	, ,	, , , ,		
Your first name and middle initial				Last name						Your social security number		
ILLAYAR	AJA		KANDASAMY					729	729-67-5848			
If joint return, s	pouse's	first name and middle initial	Last na	ame				Spous	Spouse's social security number			
SARANYA				VARADHARAJU					955-90-5407			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							Presid	Presidential Election Campaign				
222 SANTA FE TRAIL										ou, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spaces below. State ZI			ZIP	code			ointly, want \$3 d. Checking a		
IRVING				TX			5063	_		not change		
Foreign country name				Foreign province/state/o	ounty Fo		eign postal coc		ax or refur	nd.		
At any time du	ring 20	020, did you receive, sell, send, exch	nange,	or otherwise acquire	any financial i	nterest ir	n any virtual	currency	?	s 🔀 No		
Standard Deduction	_	eone can claim:	•			lent						
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	use: 🗌 Wa	s born b	efore Januar	y 2, 1956	i 🗌 Is	blind		
Dependents	s (see	instructions):		(2) Social security	(3) Rela	tionship	(4) / i	f qualifies	for (see ins	structions):		
If more		rst name Last name		number to you			Child tax		1	other dependents		
than four	SHA	NJITH ILLAYARAJA		962-97-2330	0 Son]		X		
dependents,								1		一		
see instructions and check	s —			_]		一		
here ▶ □]		一		
	. 1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					1	82,195.		
Attach	2a	Tax-exempt interest	2a 🗎		b Taxable in	terest		. 2	2b			
Sch. B if required.	3a	Qualified dividends 3a b Ordinary dividends						. 3	Bb			
	4a	IRA distributions	4a		b Taxable ar			. 4	lb			
	5a	Pensions and annuities	5a		b Taxable ar	nount .		. 5	ib			
Standard Deduction for—	6a	Social security benefits	6a		b Taxable ar	nount .		. 6	ib di			
	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	ired, check h	ere .	•		7			
Single or Married filing	8	Other income from Schedule 1, lin	e9.						8	-7,150.		
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inco	me			•	9	75,045.		
\$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	10	Adjustments to income:										
	а	From Schedule 1, line 22				10a						
	b	Charitable contributions if you take	the star	ndard deduction. See	instructions	10b	3	00.				
	С	Add lines 10a and 10b. These are						▶ 1	0с	300.		
	11	Subtract line 10c from line 9. This		-				▶ 1	11	74,745.		
	12	Standard deduction or itemized	4					. 1	12	24,800.		
	13	Qualified business income deducti	_	•	,			. 1	13	, -		
	14	Add lines 12 and 13						. 1	14	24,800.		
See Instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less,	enter -0			. 1	15	49,945.		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2020)

Form 1040 (2020)			Page 2				
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	5,596.				
	17	Amount from Schedule 2, line 3	17					
	18	Add lines 16 and 17	18	5,596.				
	19	Child tax credit or credit for other dependents	19	500.				
	20	Amount from Schedule 3, line 7	20					
	21	Add lines 19 and 20	21	500.				
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,096.				
	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	5,096.				
	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	3,911.				
If you have a qualifying child, attach Sch. EIC. If you have nontaxable combat pay, see instructions.	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						
	31	Amount from Schedule 3, line 13						
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,200.				
	33	Add lines 25d, 26, and 32. These are your total payments	33	5,111.				
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	15.				
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	15.				
Direct deposit? See instructions.	►b	Routing number X X X X X X X X X X X X X X X X X X X						
See instructions.	▶ d	Account number						
-	36	Amount of line 34 you want applied to your 2021 estimated tax > 36						
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37					
You Owe 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 Designee		you want to allow another person to discuss this return with the IRS? See tructions	oolow	X No				
Designee		signee's Phone Personal identif		Z NO				
		ne ► no. ► number (PIN) ►						
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to						
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,				
11010	Yo	ur signature Date Your occupation If the		nt you an Identity				
Joint return?			Protection PIN, enter it here (see inst.) ▶ □ □ □ □					
See instructions.	Sp		If the IRS sent your spouse an					
Keep a copy for		Ident	tity Prote	ection PIN, enter it here				
your records.		HOME MAKER (see	inst.) ▶					
		one no. Email address						
Paid		parer's name Preparer's signature Date PTIN		Check if:				
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/22/2021 P02082		Self-employed				
Use Only			Phone no. (678)965-9522					
			Firm's EIN ► 30-1017196					
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/13/21 PRO		Form 1040 (2020)				