## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single  Married filing jointly [ ou checked the MFS box, enter the loon is a child but not your depender	name of y											
Your first name and middle initial				Last name							Your social security number			
VIVEK				RY						165-47-3903				
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number				
Home address	•	er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	- 1		ntial Electinere if you,	ion Campaign		
		ce. If you have a foreign address, also c	omnlete s	naces helow	Sta	ite	7IF	code				ntly, want \$3		
FREMONT				CA				4539		to go to this fund. Checking a box below will not change your tax or refund.				
Foreign country name				Foreign province/state										
								The state of the s			You Spouse			
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquire	any	financial ir	terest i	n any virtu	al cur	rency?	Yes	<b>⊠</b> No		
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate retu	•			•	ent							
Age/Blindness	s You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was	born b	efore Janu	ıary 2,	1956	☐ Is b	lind		
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relati	onship	(4)	if qua	alifies fo	r (see instru	uctions):		
If more		irst name Last name	number		•	to you		Child tax cred		1				
than four														
dependents, see instruction														
and check														
here ►														
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1	1	40,628.		
Attach Sch. B if required.	2a	Tax-exempt interest	2a		<b>b</b> T	axable inte	erest			2b				
	3a	Qualified dividends	3a		<b>b</b> (	Ordinary div	/idends			3b				
	4a	IRA distributions	4a		<b>b</b> T	axable am			4b					
	5a	Pensions and annuities	5a		b T	axable am	ount .			5b				
Standard Deduction for— • Single or	6a	Social security benefits	6a		b T	axable am	ount .			6b				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □												
Married filing	8	Other income from Schedule 1, line 9								8		-5,460.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	1	35,168.		
<ul> <li>Married filing</li> </ul>	10	Adjustments to income:												
jointly or Qualifying	а	From Schedule 1, line 22												
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b												
Head of	С	Add lines 10a and 10b. These are your total adjustments to income												
household, \$18,650	11	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>								11	1	35,168.		
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedul	e A)					12		12,400.		
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								13				
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.		
SSC IIISH UCHORS.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	, ente	er -0				15		22,768.		

Form 1040 (2020	0)										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	23,	544.
	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	23,	544.
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	ne 7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	23,	544.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. •	24	23,	544.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	26	,503			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c	,						25d	26,	503.
	26	2020 estimated tax payment							26		-
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27					
attach Sch. EIC.   If you have	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See		•		30					
	31	Amount from Schedule 3. lin				31					
	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								26	503.
	34	If line 33 is more than line 24							34	<b>+</b>	959.
Refund	35a					-	-		. —	<b>+</b>	
Direct deposit?	⊳ b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>\rightarrow 35a</b> 2,959. Routing number 0 1 1 0 0 0 1 3 8 <b>\rightarrow c</b> Type: <b>X</b> Checking Savings									<i></i>
See instructions.	►d	Account number 0 0 4				U I	ig	aviily	•		
	36					36					
Amarint		Amount of line 34 you want a							27		
Amount You Owe	37	Subtract line 33 from line 24		•					37		
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.  Estimated tax penalty (see instructions)									
instructions.	38					38					
Third Party		you want to allow another	•				<b>□ V</b> • •	man late	a balaw	⊠ No	
Designee		nstructions									
		signee's me ▶		no.				er (PIN)			
Sign	Un	der penalties of perjury, I declare t	hat I have examine		d accompanying scl	hedules a	nd statemen	its. and	to the bes	st of my knowle	edge and
•		lief, they are true, correct, and com									
Here	Yo	ur signature	Date Your occupation				If t	If the IRS sent you an Identity			
	k.							Protection PIN, enter it here			
Joint return?			SOFTWARE ENGINEER				`	(see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date Spouse's occupation					If the IRS sent your spouse an dentity Protection PIN, enter it here			
your records.								(see inst.)			
	———Ph	one no.		Email address							
Paid		eparer's name	Preparer's signat	l .		Date		PTIN		Check if:	-
		I PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAN		4/2021	P020	82703	Self-emp	ployed
Preparer								one no. (678)965-9522			
Use Only		0500 - 117 1							m's EIN		
Go to want ire a		m1040 for instructions and the late				DE) (	04/05/04 DD0	1."	0 = 114 P		<b>40</b> (2020)
GO TO WWW.IIS.go	JV/FOR	in 040 for instructions and the late	or illiorriddion.		BAA	REV	01/25/21 PRO			Form IU	<b>TU</b> (2020)