

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 DEEPTHI	Last name CHELAM CHERLA	Your social security number 288-15-7099
If joint return, spouse's first name and middle initial PRASANT	Last name POLAMREDDY	Spouse's social security number 287-08-1530
Home address (number and street). If you have a P.O. box, see instructions. 9402 ASTON VILLA		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. ELLICOTT CITY		State MD
Foreign country name		ZIP code 21042
Foreign province/state/county		Foreign postal code

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.
 You Spouse

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):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
		SLOKA	POLAMREDDY	655-68-7614	Daughter	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. 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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	DCB	1	210,695.
	2a	Tax-exempt interest		2b	157.
	3a	Qualified dividends		3b	
	4a	IRA distributions		4b	
	5a	Pensions and annuities		5b	
	6a	Social security benefits		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	210,852.
	10	Adjustments to income:			
	a	From Schedule 1, line 22	10a		
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300.	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	300.	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	210,552.	
	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	185,752.		

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	32,739.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	32,739.
19	Child tax credit or credit for other dependents	19	2,000.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	30,739.
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	30,739.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	19,283.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	19,283.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	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	
31	Amount from Schedule 3, line 13	31	103.
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	103.
33	Add lines 25d, 26, and 32. These are your total payments	33	19,386.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
▶ b	Routing number: [X][X][X][X][X][X][X][X][X] ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number: [X][X][X][X][X][X][X][X][X][X][X][X][X][X][X]		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe now	37	11,497.
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	144.

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

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

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 _____ Spouse's signature. If a joint return, both must sign. _____ Phone no. _____	Date _____ Date _____ Email address _____	Your occupation SENIOR TEST ENGINEER Spouse's occupation QUALITY ASSURANCE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ _____ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ _____
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Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/21/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name ▶	Firm's address ▶			Phone no. (678) 965-9522
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶ 30-1017196