

Filing Status [X] 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: AMUKTHA MALYADA
Last name: PAPANI
Your social security number: 482-55-6945
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. 11247 CASTLEMALN CIR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. JACKSONVILLE
State: FL
ZIP code: 32256
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [X] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a 'Dependents' section header.

Main income table with 15 rows. Row 1: Wages, salaries, tips, etc. Attach Form(s) W-2. Row 9: Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income. Row 11: Subtract line 10c from line 9. This is your adjusted gross income. Row 12: Standard deduction or itemized deductions (from Schedule A). Row 15: Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

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

| | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--|------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
| 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 | 3,358. | | | | | | | | | | | | | | | | | | | | |
| 17 | Amount from Schedule 2, line 3 | 17 | | | | | | | | | | | | | | | | | | | | | |
| 18 | Add lines 16 and 17 | 18 | 3,358. | | | | | | | | | | | | | | | | | | | | |
| 19 | Child tax credit or credit for other dependents | 19 | | | | | | | | | | | | | | | | | | | | | |
| 20 | Amount from Schedule 3, line 7 | 20 | 1,181. | | | | | | | | | | | | | | | | | | | | |
| 21 | Add lines 19 and 20 | 21 | 1,181. | | | | | | | | | | | | | | | | | | | | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 2,177. | | | | | | | | | | | | | | | | | | | | |
| 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 | 2,177. | | | | | | | | | | | | | | | | | | | | |
| 25 | Federal income tax withheld from: | | | | | | | | | | | | | | | | | | | | | | |
| a | Form(s) W-2 | 25a | 6,584. | | | | | | | | | | | | | | | | | | | | |
| b | Form(s) 1099 | 25b | | | | | | | | | | | | | | | | | | | | | |
| c | Other forms (see instructions) | 25c | | | | | | | | | | | | | | | | | | | | | |
| d | Add lines 25a through 25c | 25d | 6,584. | | | | | | | | | | | | | | | | | | | | |
| 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 | 1,800. | | | | | | | | | | | | | | | | | | | | |
| 31 | Amount from Schedule 3, line 13 | 31 | | | | | | | | | | | | | | | | | | | | | |
| 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 | 8,384. | | | | | | | | | | | | | | | | | | | | |
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 6,207. | | | | | | | | | | | | | | | | | | | | |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 6,207. | | | | | | | | | | | | | | | | | | | | |
| b | Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | |
| d | Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | |
| X | X | X | X | X | 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 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. | 37 | | | | | | | | | | | | | | | | | | | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | | | | | | | | | | | | | | | | | | | | | |

• 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 | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| <input type="text"/> | <input type="text"/> | SOFTWARE DEVELOPER | <input type="text"/> |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Phone no. Email address

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 | 03/18/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | | (678) 965-9522 |
| Firm's EIN | | | | |
| 30-1017196 | | | | |