104	· ·	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax	. ,	202	0	OMB No. 15	45-0074	IRS Use On	ly—Do not w	rite or staple	in this space.		
Filing Statu Check only one box.	lf yc	Single Married filing jointly Cu checked the MFS box, enter the n son is a child but not your dependent	- ame of your s	ng separately (l spouse. If you d				. ,		, ,	ow(er) (QW) ne qualifying		
Your first name	e and m	iddle initial	Last name						Your so	cial securi	ty number		
			JALA								333-97-9476		
				ist name						Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instru 709 MARSH TRAIL CIRCLE				tructions.				Apt. no. 709	Check ł	Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete			mplete spaces	te spaces below. State			ZIP co	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a			
ATLANTA				GA			303	328		box below will not change			
Foreign country name			Foreig	Foreign province/state/cour			Foreig	Foreign postal code		or refund.	0		
At any time du	uring 20	D20, did you receive, sell, send, exch	nange, or oth	erwise acquire	any	financial inte	erest in a	any virtual c	urrency?				
Standard Deduction	_	eone can claim:				a depender	ıt						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956 🗌 Are	e blind Sp	ouse	: 🗌 Was t	oorn bef	ore January	2, 1956	🗌 ls bl	ind		
Dependent	s (see	instructions):	(2) Social security	/	(3) Relation	nship	(4) 🗸 if	qualifies fo	r (see instru	ctions):		
If more		irst name Last name		number		to you		Child tax			her dependents		
than four										[
dependents,										[
see instruction and check	IS ——			<u>^</u>							3		
here													
	1	Wages, salaries, tips, etc. Attach F	orm(s) W-2			I	·		. 1				
Attach	2a		2a			axable inter			. <u>1</u> 2b		<i>, , , , , , , , , , , , , , , , , , , </i>		
Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400	3a	· ·	3a			ordinary divi			. <u>25</u> 3b		0.		
	√4a		4a			axable amo			. 4b		0.		
	5a		5a			axable amo			. 1 0				
) 6a								. 6b				
	7	Social security benefits 6a b Taxable amount . . Capital gain or (loss). Attach Schedule D if required. If not required, check here 									5.		
					urea	, check here	;						
	8	Other income from Schedule 1, lin			· ·				. <u>8</u> ▶ 9		<u>-4,500.</u> 53,317.		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	anu o. This is	your total inc	ome				9	-	<u>, , , , , , , , , , , , , , , , , , , </u>		
 Married filing jointly or 	10	Adjustments to income:				Ι.							
Qualifying widow(er),	a .	From Schedule 1, line 22					10a	0.0					
\$24,800	b	Charitable contributions if you take					l0b		0.		000		
 Head of household, \$18,650 	С	Add lines 10a and 10b. These are		-					► <u>100</u>	_	200.		
	11	Subtract line 10c from line 9. This	► <u>11</u>		53,117.								
 If you checked any box under 	12	Standard deduction or itemized	. 12		12,400.								
Standard	13	Qualified business income deducti	on. Attach Fo	orm 8995 or Fo	orm 8					-			
Deduction, see instructions.	14	Add lines 12 and 13									12,400.		
	15	Taxable income. Subtract line 14				er-0			. 15		40,717.		
For Disclosure	Drivoo	v Act, and Panerwork Reduction Act N	otion con con	arata instructio	20					Form	1040 (2020)		

Form 1040 (2

Form 1040 (2020	D)			Page 2				
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	4,750.				
	17	Amount from Schedule 2, line 3	17					
	18	Add lines 16 and 17	18	4,750.				
	19	Child tax credit or credit for other dependents	19					
	20	Amount from Schedule 3, line 7	20					
	21	Add lines 19 and 20	21					
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	4,750.				
	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	4,750.				
 If you have a qualifying child, attach Sch. EIC. If you have 	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	8,946.				
	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						
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8						
see instructions.	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	600.				
	33	Add lines 25d, 26, and 32. These are your total payments	33	9,546.				
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,796.				
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	4,796.				
	►b							
See instructions.	►d	Account number 2 3 7 0 3 9 4 5 4 1 1 5						
	36	Amount of line 34 you want applied to your 2021 estimated tax						
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37					
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for						
For details on		2020. See Schedule 3, line 12e, and its instructions for details.						
how to pay, see instructions.	38	Estimated tax penalty (see instructions)						
Third Party	Do	you want to allow another person to discuss this return with the IRS? See						
Designee	ins	structions	elow.	🗙 No				
		signee's Phone Personal identi						
		ne no, number (PIN)						
Sign	Un bel	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	the bes	t of my knowledge and er has any knowledge.				
Here				nt you an Identity				
	. 10			N, enter it here				
Joint return?		DEVOPS ENGINEER (see	inst.) 🕨					
See instructions.	Sp			nt your spouse an				
Keep a copy for your records.	,		tity Prote inst.) ▶	ection PIN, enter it here				
,			1131.)					
		one no. Email address eparer's name Preparer's signature Date PTIN		Check if:				
Paid			2702	Self-employed				
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2021 P0208.		.,				
Use Only				678)965-9522				
			's EIN ▶					
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/15/21 PRO		Form 1040 (2020)				