# **£1040**

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

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single  Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name of	ried filing separate f your spouse. If yo	•	<i>,</i> —		` '			, ,	, , , ,
Your first name		iddle initial Last name Y						Your social security number			ty number	
RANADEEP REDDY DAS				ARI					13	134-11-2747		
If joint return, s	pouse's	s first name and middle initial	Last n	ame					Spo	Spouse's social security number		
RAVALI			KET	HIRI					97	972-94-3444		
Home address	(numbe	er and street). If you have a P.O. box, s	ee instruc	tions.				Apt. no.	Pre	Presidential Election Campaign		
5318 CA	RNAB	Y ST						262	Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also	complete	spaces below.	St	ate	ZIP	code			0,	ntly, want \$3 Checking a
IRVING					Ι	Χ'	75	5038		_	ow will not	•
Foreign countr	y name			Foreign province/sta	ate/cou	nty	For	eign postal cod	e you	ır tax	or refund.	. Spouse
At any time du	ıring 20	020, did you receive, sell, send, ex	change,	or otherwise acqu	uire any	financial inte	erest ir	any virtual	curren	cy?	Yes	X No
Standard Deduction	_	neone can claim:	•	-		s a dependen n	t					
Age/Blindness	s You	: Were born before January 2,	1956	Are blind	Spous	e: Was b	orn b	efore Januar	v 2. 19	956	☐ Is bl	lind
Dependent				(2) Social sec		(3) Relation					(see instru	
If more		irst name Last name		number to you			.op	Child tax credit				her dependents
than four									$\neg$			
dependents,	_											
see instruction and check	s											
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	n Form(s)	W-2						1		70,962.
Attach	2a	Tax-exempt interest	2a		b	Taxable intere	est			2b		
Sch. B if required.	3a	Qualified dividends	3a		b	Ordinary divid	dends			3b		
required.	4a	IRA distributions	4a		b ·	Taxable amoi	unt .			4b		
	5a	Pensions and annuities	5a		b ·	Taxable amou	unt .			5b		
Standard	6a	Social security benefits	6a		b ·	Taxable amou	unt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sch	nedule D	if required. If not r	equire	d, check here		•		7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1,	line 9 .							8	-	-5,440.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total i	incom	e			•	9	(	65,522.
• Married filing 10 Adjustments to income:												
jointly or Qualifying	а	From Schedule 1, line 22				1	l0a					
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 ar	e your <b>to</b>	otal adjustments	to inco	me			•	10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This	is is your	adjusted gross i	ncome				•	11	(	65,522.
If you checked	12	Standard deduction or itemize	d deduc	tions (from Sched	dule A)					12		24,800.
any box under Standard	13	Qualified business income dedu	ction. At	tach Form 8995 or	r Form	8995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		24,800.
	15	Taxable income Subtract line 1	4 from li	ine 11 If zero or le	ee ant	or -0-				15		40.722.

Form 1040 (2020	))									Page <b>2</b>	
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	4,492.	
	17	Amount from Schedule 2, lir	ne 3				<del></del> .		17		
	18	Add lines 16 and 17							18	4,492.	
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lir	ne 7						20	2,000.	
	21	Add lines 19 and 20							21	2,000.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	2,492.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.	
	24	Add lines 22 and 23. This is						Г	24	2,492.	
	25	Federal income tax withheld	from:							,	
	а	Form(s) W-2				25a	9,9	67.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c	,						25d	9,967.	
	26	2020 estimated tax paymen							26		
<ul> <li>If you have a l qualifying child,</li> </ul>	27	Earned income credit (EIC)				27					
attach Sch. EIC. F  If you have	28	Additional child tax credit. A				28		$\neg \neg$			
nontaxable	29	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See		-		30	1.2	00.			
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27 through 31. The						<b>•</b>	32	1,200.	
	33	Add lines 25d, 26, and 32. T							33	11,167.	
	34	If line 33 is more than line 24							34	8,675.	
Refund	35a	Amount of line 34 you want	-					· 🗀 🏻	35a	8,675.	
Direct deposit?	<b>▶</b> b	Routing number 1 1 1				Checking		rings	Jou	0,0,3:	
See instructions.	▶d	Account number 2 0 5					oav	migs			
	36	Amount of line 34 you want			ed tax	36					
Amount	37	•							37		
You Owe	31	Cubitate interest in the animal year of the interest in the animal year of the interest in the animal interest in the animal year.									
For details on		<b>Note:</b> 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.									
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38					
Third Party Designee	Do	you want to allow another	person to disc	cuss this retu		See _	se Comi	olete be	alow.	X No	
Designee		signee's		Phone		. ,	Personal			Z NO	
		me ►		no.			number		ation		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com									
Here		ur signature		Date	Your occupation			If the I	RS ser	nt you an Identity	
Joint return?				SOFTWARE DEVELOPER				1	Protection PIN, enter it here (see inst.) ▶ □ □ □ □		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupat	ion				nt your spouse an	
your records.	,			HOUGENTEE				(see in	, ,	ection PIN, enter it here	
		one ne		Email address	HOUSEWIFE			(	, -		
		one no. eparer's name	Preparer's signat	Email address		Date	P	ΓIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			רווריה תיחוד זיי			)2082'	702	Self-employed	
Preparer				NAU DAGAK	GUPIA TALLAM	102/20/2	021   PC	1			
Use Only		m's name ► GLOBAL TA		n Cummi-	~ C7 20041					678)965-9522	
		m's address ▶ 2530 Pebb		ii Cullillin				Firm's	EIN P		
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 02/21/	21 PRO			Form <b>1040</b> (2020)	

# SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RANADEEP REDDY DASARI & RAVALI KETHIRI 134-11-2747 **Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -5,440. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -5,440. Adjustments to Income Part II 10 Educator expenses . . . . . . . . 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 . . . . . . 13 13 14 Deductible part of self-employment tax. Attach Schedule SE . . . . . . . . . . . 14 15 Self-employed SEP, SIMPLE, and qualified plans . . . . . . . . . . . . . . . . . 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . . . . 20 20 21 21

22

Add lines 10 through 21. These are your adjustments to income. Enter here and

on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . . . . . . . . .

# SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

## **Additional Credits and Payments**

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

1(2 114			1011		- /		
Par	t I Nonrefundable Credits						
1	Foreign tax credit. Attach Form 1116 if required			1			
2	Credit for child and dependent care expenses. Attach Form 2441		2				
3	Education credits from Form 8863, line 19		3	2,000.			
4	4 Retirement savings contributions credit. Attach Form 8880						
5		5					
6	Other credits from Form: <b>a</b> $\square$ 3800 <b>b</b> $\square$ 8801 <b>c</b> $\square$		6				
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or		7	2,000.			
Par	t II Other Payments and Refundable Credits						
8	Net premium tax credit. Attach Form 8962		8				
9	Amount paid with request for extension to file (see instructions) .		9				
10	Excess social security and tier 1 RRTA tax withheld		10				
11	Credit for federal tax on fuels. Attach Form 4136		11				
12	Other payments or refundable credits:						
а	5 0400						
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b					
С	Health coverage tax credit from Form 8885						
d	Other:						
е	Deferral for certain Schedule H or SE filers (see instructions) .	12e					
f	Add lines 12a through 12e			12f			
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31						

### **SCHEDULE E** (Form 1040)

## **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment Sequence No. **13** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

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		I & RAVALI KETHIRI			16			1 -	34-11-2		
Part		From Rental Real Estate and Roy structions. If you are an individual, repo									ty, use
A Dia		s in 2020 that would require you to									✓ No
<u>Б II</u>	Physical address of as	I file required Form(s) 1099? ach property (street, city, state, ZIP					· · · ·	•	L	165	∐ No
<u> Та</u>	+	LONY GODVARIKHANI KARIM			7 NTC 7 1	NTA TN	505200				
_ <u></u>	7/1/37/1, GM CO	DLONI GODVARIKHANI KARIM	INAG	AK,ILL.	ANGA	IVA IIV	303209				
1b	Type of Property (from list below)	2 For each rental real estate propabove, report the number of fai	ir rent	al and			Rental Days	Per	sonal Use Days	9	QJV
Α	3	personal use days. Check the of if you meet the requirements to qualified joint venture. See inst	o file a	s a	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Туре	of Property:									'	
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
2 Mul	ti-Family Residence		6 Ro	yalties		8 Othe	r (describe)				
Incom	e:	Properties:			Α		В			С	
3	Rents received		3			520.					
4	Royalties received		4								
Expen											
5	Advertising		5			70.					
6	Auto and travel (see ins	structions)	6			220.					
7	•	nce	7			150.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profess	sional fees	10								
11	Management fees		11								
12	Mortgage interest paid	to banks, etc. (see instructions)	12								
13	Other interest		13		5,	400.					
14	Repairs		14			120.					
15	Supplies		15								
16	Taxes		16								
17	Utilities		17								
18		or depletion	18								
19	Other (list)		19								
20		nes 5 through 19	20		5,	960.					
21	Subtract line 20 from line	ne 3 (rents) and/or 4 (royalties). If									
	• ,	structions to find out if you must									
	file <b>Form 6198</b>		21		-5,	440.					
22		estate loss after limitation, if any,		,	_		,				
	•	tructions)		[(	-5,4	40.)	(		)(		)
23a	-	ported on line 3 for all rental proper				23a		5.	20.		
b		ported on line 4 for all royalty proper	erties			23b					
С	'	ported on line 12 for all properties				23c					
d	· ·	ported on line 18 for all properties				23d		- ^	50		
e	-	ported on line 20 for all properties	 ا-ماط	 المنتجون عامل		23e		5,9			
24	•	amounts shown on line 21. <b>Do not</b>		-				.	24		440
25	• •	ses from line 21 and rental real estate						t	25 (	5	,440.)
26		te and royalty income or (loss).									
		, and line 40 on page 2 do not a l), line 5. Otherwise, include this an						on	26	-	5,440.

**Education Credits** (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR. Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. **50** 

Name(s) shown on return RANADEEP REDDY DASARI & RAVALI KETHIRI Your social security number 134-11-2747



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Par	Refundable American Opportunity Credit				_
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	,		
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:		,		
	• Equal to or more than line 5, enter 1.000 on line 6		1		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot at least three places)			6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	
Part				•	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from a	•	,		
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19		10	11,650.	
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	138,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for	44	65 522		
	the amount to enter	14	65,522.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	72,478.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•	•	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit			40	
	instructions) here and on Schedule 3 (Form 1040), line 3			19	2,000.

Name(s) shown on return	Your social security number
RANADEEP REDDY DASARI & RAVALI KETHIRI	134-11-2747

	A	\
CA	UTI	ON

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

_		0:						
Par								
20	Student name (as shown on page 1 of your tax return) RANADEEP REDDY	21 Student social security number (as shown on page 1 of your tax return)						
	DASARI	134-11-2747						
22	Educational institution information (see instructions)							
a	. Name of first educational institution	b. Name of second educational institution (if any)						
	UNIVERSITY OF THE CUMBERLNADS	` ,,						
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> <li>6178 COLLEGE STATION DR</li> </ol>	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.						
	WILLIAMSBURG KY 40769							
(	2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2020?						
(	Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2019 with box Yes No 7 checked?						
(	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit of if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.						
	61-0470593							
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	$\square$ Yes — <b>Stop!</b> Go to line 31 for this student. $\bowtie$ No — Go to line 24.						
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	$oxed{X}$ Yes — Go to line 25. $oxed{D}$ No — <b>Stop!</b> Go to line 31 for this student.						
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	Yes − <b>Stop!</b> X Go to line 31 for this student.  No − Go to line 26.						
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	Yes — <b>Stop!</b> Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.						
CAUT	you complete lines 27 through 30 for this student, don't d	fetime learning credit for the <b>same student</b> in the same year. If complete line 31.						
	American Opportunity Credit							
27	Adjusted qualified education expenses (see instructions). Dor	't enter more than \$4,000						
28	Subtract \$2,000 from line 27. If zero or less, enter -0							
29		29						
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f							
	Lifetime Learning Credit							
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10							