

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 SANDEEP	Last name TATIKONDA	Your social security number 718-26-6379
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. 110 OAKLAWN AVE		Apt. no.	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. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. STAMFORD	State CT	ZIP code 06905	
Foreign country name	Foreign province/state/county	Foreign postal code	

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
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2						1 81,461.
2a Tax-exempt interest	2a	b Taxable interest	2b			
3a Qualified dividends	3a	b Ordinary dividends	3b			
4a IRA distributions	4a	b Taxable amount	4b			
5a Pensions and annuities	5a	b Taxable amount	5b			
6a Social security benefits	6a	b Taxable amount	6b			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	<input type="checkbox"/>		1.
8 Other income from Schedule 1, line 9			8			-5,750.
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9			75,712.
10 Adjustments to income:						
a From Schedule 1, line 22		10a				
b Charitable contributions if you take the standard deduction. See instructions		10b	250.			
c Add lines 10a and 10b. These are your total adjustments to income		10c			250.	
11 Subtract line 10c from line 9. This is your adjusted gross income		11				75,462.
12 Standard deduction or itemized deductions (from Schedule A)		12				12,400.
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13				
14 Add lines 12 and 13		14				12,400.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15				63,062.

