

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 RACHANA	Last name METTU	Your social security number 235-89-6533
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. 660 BOAS ST		Apt. no. 2004	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. HARRISBURG	State PA	ZIP code 17102	
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"/>

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 Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	96,219.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	0.
	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 ▶ <input type="checkbox"/>			7	49.
	8	Other income from Schedule 1, line 9			8	-8,150.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	88,118.
	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		87,868.	
	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		75,468.		

16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 _____

17 Amount from Schedule 2, line 3

18 Add lines 16 and 17

19 Child tax credit or credit for other dependents

20 Amount from Schedule 3, line 7

21 Add lines 19 and 20

22 Subtract line 21 from line 18. If zero or less, enter -0-

23 Other taxes, including self-employment tax, from Schedule 2, line 10

24 Add lines 22 and 23. This is your **total tax**

25 Federal income tax withheld from:

a Form(s) W-2 **25a** 15,797.

b Form(s) 1099 **25b**

c Other forms (see instructions) **25c**

d Add lines 25a through 25c **25d** 15,797.

26 2020 estimated tax payments and amount applied from 2019 return

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** 557.

31 Amount from Schedule 3, line 13 **31**

32 Add lines 27 through 31. These are your **total other payments and refundable credits** **32** 557.

33 Add lines 25d, 26, and 32. These are your **total payments** **33** 16,354.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** 3,959.

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here **35a** 3,959.

b Routing number

X	X	X	X	X	X	X	X	X	X
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c Type: Checking Savings

d Account number

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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36 Amount of line 34 you want **applied to your 2021 estimated tax** **36**

Amount You Owe

For details on how to pay, see instructions.

37 Subtract line 33 from line 24. This is the **amount you owe now** **37**

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**

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.)

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.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03/10/2021 PTIN P02082703 Check if: Self-employed

Firm's name Phone no. (678) 965-9522

Firm's address Firm's EIN