£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

| Filing Status Check only one box. | If yo | Single Married filing jointly I luchecked the MFS box, enter the namon is a child but not your dependent | ne of y | | | | | | | | | | |
|---|---------|--|-----------------|-------------------------------|----------------|--------------|--------|---------------------|---------|---------------------------------|---|----------------|--|
| Your first name and middle initial | | | | Last name | | | | | | | Your social security number | | |
| SRIKANTH | | | | RACHAKONDA | | | | | | 235-95-4787 | | | |
| If joint return, spouse's first name and middle initial | | | | Last name | | | | | | Spouse's social security number | | | |
| Home address | (numbe | r and street). If you have a P.O. box, see ins | structio | ons. | | | | Apt. no. | | Preside | ntial Election | on Campaign | |
| 9425 HAI | | | | | | | ot | | | | nere if you, | | |
| City, town, or post office. If you have a foreign address, also com- | | | | ' ' | | | | to | | | spouse if filing jointly, want \$3 to go to this fund. Checking a | | |
| CHARLOTTE | | | | | | | | | | | box below will not change | | |
| Foreign country name | | | | Foreign province/state/county | | | | Foreign postal code | | your tax or refund. You Spous | | | |
| At any time du | ring 20 | 20, did you receive, sell, send, exchar | nge, o | r otherwise acquire | any fina | ncial intere | est in | any virtual | l curr | ency? | Yes | X No | |
| Standard Deduction | | eone can claim: | | | | ependent | | | | | | | |
| Age/Blindness | You: | Were born before January 2, 195 | 6 [| Are blind Spo | use: | Was bo | rn be | fore Janua | ıry 2, | 1956 | ☐ Is bl | ind | |
| Dependents | s (see | instructions): | | (2) Social security | (3 | 3) Relations | nip | (4) 🗸 | if qua | lifies fo | r (see instru | ctions): | |
| If more | • | rst name Last name | | number | | to you | | Child ta | | | | ner dependents | |
| than four | | | | | 4 | | | | | | | | |
| dependents, see instruction | | | | | | | | | | | [| | |
| and check | | | | | | | | | | | [| | |
| here ▶ 🗌 | | | | | | | | | | | [| | |
| | _1_ | Wages, salaries, tips, etc. Attach For | m(s) V | V-2 | | | | | | 1 | 12 | 23,749. | |
| Attach Sch. B if required. | 2a | Tax-exempt interest 2a | | | b Taxa | ble interes | t | | | 2b | | | |
| | 3a | Qualified dividends 3a | | | b Ordin | nary divide | nds | | | 3b | | | |
| | 4a | IRA distributions 4a | | ` | b Taxa | ble amour | nt. | | | 4b | | | |
| | 5a | Pensions and annuities 5a | | | b Taxa | ble amour | nt. | | | 5b | | | |
| Standard Deduction for— Single or Married filing separately, \$12,400 | 6a | Social security benefits 6a | | | b Taxa | ble amour | nt. | | | 6b | | | |
| | 7 | Capital gain or (loss). Attach Schedul | le D if | required. If not requ | ired, ch | eck here | | • | | 7 | | | |
| | 8 | Other income from Schedule 1, line 9 | 9 | | | | | | | 8 | - | <u>-7,050.</u> | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and | d 8. T | his is your total inco | me . | | | | . ▶ | 9 | 1 | L6,699. | |
| Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions. | 10 | Adjustments to income: | | | | | | | | | | | |
| | а | From Schedule 1, line 22 | | | | . 10 | а | | | | | | |
| | b | Charitable contributions if you take the | e stan | dard deduction. See | instruct | ions 10 | b | | 270 | | | | |
| | С | Add lines 10a and 10b. These are yo | ur tot a | al adjustments to ir | ncome | | | | . • | 100 | _ | 270. | |
| | 11 | Subtract line 10c from line 9. This is | your a | idjusted gross inco | me . | | | | . • | 11 | | L6,429. | |
| | 12 | Standard deduction or itemized de | ducti | ons (from Schedule | A) . | | | | | 12 | 1 | <u>12,400.</u> | |
| | 13 | Qualified business income deduction | . Atta | ch Form 8995 or For | m 8995 | 5-A | | | | 13 | _ | | |
| | 14 | Add lines 12 and 13 | | | | | | | | 14 | | L2,400. | |
| | 15 | Taxable income. Subtract line 14 fro | m line | e 11. If zero or less, | enter -0 | | | | | 15 | 10 | 04,029. | |

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

Form **1040** (2020)

| Form 1040 (2020 |) | | | Page 2 | | | | | | |
|--|----------|---|------------------------|--|--|--|--|--|--|--|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲 | 16 | 19,046. | | | | | | |
| | 17 | Amount from Schedule 2, line 3 | 17 | | | | | | | |
| | 18 | Add lines 16 and 17 | 18 | 19,046. | | | | | | |
| | 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 | | 19,046. | | | | | | |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | | 0. | | | | | | |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 19,046. | | | | | | |
| | 25 | Federal income tax withheld from: | | | | | | | | |
| | а | Form(s) W-2 | \vdash | | | | | | | |
| | b | Form(s) 1099 | | | | | | | | |
| | C | Other forms (see instructions) | | 00.040 | | | | | | |
| | d | Add lines 25a through 25c | 25d | 20,949. | | | | | | |
| If you have a qualifying child, attach Sch. EIC. If you have nontaxable | 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 | _,` | | | | | | | |
| combat pay, | 29 | American opportunity credit from Form 8863, line 8 | 4 | | | | | | | |
| see instructions. | 30 | Recovery rebate credit. See instructions | - | | | | | | | |
| | 31 | | | | | | | | | |
| | 32 33 | | | 20,949. | | | | | | |
| Refund | 34 | | 34 | 1,903. | | | | | | |
| | 35а | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | . — | 1,903. | | | | | | |
| Direct deposit? | > b | Routing number X X X X X X X X X | | 1,903. | | | | | | |
| See instructions. | ►d | Account number 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 | | | | | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | | | | | | | |
| | 31 | | | | | | | | | |
| For details on | | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe fo 2020. See Schedule 3, line 12e, and its instructions for details. | 1 | | | | | | | |
| 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 | | tructions | e below. | ⋉ No | | | | | | |
| | | | nal identification | | | | | | | |
| | | ne ▶ no, ▶ number (PIN) | | | | | | | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | | | | | | |
| Here | | | | nt you an Identity | | | | | | |
| | | 3 | | N, enter it here | | | | | | |
| Joint return? | | SOFTWARE ENGINEER | (see inst.) ▶ | | | | | | | |
| See instructions. Keep a copy for | Sp | | | e IRS sent your spouse an tity Protection PIN, enter it here | | | | | | |
| your records. | | | ee inst.) | ction Fils, enter it here | | | | | | |
| | ———Ph | one no. Email address | | | | | | | | |
| Paid Preparer Use Only | | parer's name Preparer's signature Date PTIN | | Check if: | | | | | | |
| | SYAM | | 82703 | Self-employed | | | | | | |
| | | | hone no. (678)965-9522 | | | | | | | |
| | | | m's EIN ► 30-1017196 | | | | | | | |
| Go to www.irs.ac | | 11040 for instructions and the latest information. BAA REV 03/01/21 PRO | | Form 1040 (2020) | | | | | | |
| J | | | | | | | | | | |