E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single X Married filing jointly [ u checked the MFS box, enter the roon is a child but not your dependent	name of y												
Your first name	and m	iddle initial	Last nar	me						,	Your social security number				
VENUGOPA	MEKA	LA							869-05-6650						
If joint return, s	Last nar	me							Spouse's social security number						
PRABHAV	IHTA		NAGE	NDLA							971-94-9429				
									Apt. no.		Presidential Election Campaig				
20041 OSTERMAN RD E11 C										Check here if you, or your					
										spouse if filing jointly, want \$3 to go to this fund. Checking a					
LAKE FO	REST					CA 92					box below will not change				
Foreign country	y name		F	Foreign province/state/county							your tax or refund.				
								You	Spouse						
At any time du	ring 20	020, did you receive, sell, send, exc	hange, o	r otherwise acqu	uire an	y finan	icial intere	est in a	any virtua	al cur	rency?	Yes	<b>⊠</b> No		
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retu		•			pendent								
Age/Blindness	S You:	Were born before January 2, 1	956	Are blind	Spous	e:	Was bo	rn bef	ore Janu	arv 2.	1956	☐ Is b	olind		
Dependents				(2) Social sec		$\overline{}$	Relationsh				qualifies for (see instructions):				
If more		irst name Last name		number			to you		Child tax cre			1	ther dependents		
than four		SHIR REDDY MEKALA		APPLIED	FOR	Son									
dependents,	SHT	KHAR REDDY MEKALA	APPLIED FOR		_	Son			$\overline{\Box}$			$\overline{\square}$			
see instructions and check	s ——								$\overline{\sqcap}$			$\overline{\Box}$			
here ▶ □															
	. 1	Wages, salaries, tips, etc. Attach	orm(s) V	N-2						<del>-</del>	1		94,759.		
Attach	2a	Tax-exempt interest	2a 3a		ь	<ul><li>b Taxable interest</li><li>b Ordinary dividends</li></ul>					2b	,			
Sch. B if	За	Qualified dividends							ds		3b	,			
required.	4a	IRA distributions	4a			<b>b</b> Taxable amount .					4b	,			
	5a	Pensions and annuities	5a	1			<b>b</b> Taxable amount .				5b	,			
Standard	6a	Social security benefits	6a	<b>b</b> Taxable a			ble amount				6b	,			
Deduction for -	7	Capital gain or (loss). Attach Sche	gain or (loss). Attach Schedule D if required. If not required, check here								7				
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line 9													
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									9		94,759.		
Married filing	10	Adjustments to income:													
jointly or Qualifying	а														
widow(er),	b	Charitable contributions if you take the standard deduction. See instructions 10b													
\$24,800 • Head of	С										100	c			
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income								. •	11		94,759.		
If you checked	12	Standard deduction or itemized deductions (from Schedule A)									12		24,800.		
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A									13				
Deduction,	14	Add lines 12 and 13									14		24,800.		
see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0										5	69,959.		

Form 1040 (2020	0)									Pa	age <b>2</b>	
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	8,00	2.	
	17	Amount from Schedule 2, lir	ne 3				·		17			
	18	Add lines 16 and 17							18	8,00	2.	
	19	Child tax credit or credit for	other dependen	ts					19			
	20	Amount from Schedule 3, lir	ne 7						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	8,00	2.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23		0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	8,00	2.	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2				25a	10	,783				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c	,						25d	10,78	3.	
	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. • If you have	28	Additional child tax credit. A				28						
nontaxable	29	American opportunity credit				29						
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	,800				
	31	•				31		,	•			
	32	Amount from Schedule 3, line 13								1,80	0	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>								12,58		
	34	If line 33 is more than line 24							33	4,58		
Refund	35a	Amount of line 34 you want				-	-	 ▶ [	. —	4,58		
Direct deposit?	⊳ b	Routing number 0 5 1				Check		Saving	_	1,50	<u>+•</u>	
See instructions.	►d	Account number 4 3 5				i Checr	iig `	saviriy	5			
	36	· · · · · · · · · · · · · · · · · · ·				36						
Amarint		Amount of line 34 you want							27			
Amount You Owe	37	Subtract line 33 from line 24		•					37			
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		you want to allow another structions	•				□vaa C		م امامید	X No		
Designee				Phone		. •	☐ Yes. Co	•		△ NO		
		signee's me ▶		no.				onal ide ber (PIN	ntification ) ▶		$\Box$	
Sign	Un	der penalties of perjury, I declare t	hat I have examine			nedules a	and statemer	nts. and	to the bes	at of my knowleda	e and	
•		lief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupation		If the IRS sent you an Identity					
	<b>k</b>						IN, enter it here					
Joint return? See instructions. Keep a copy for				5.	IT BUSINE		IALYST	<u>_</u> `	ee inst.)	<u> </u>	Ш	
	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation					If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.						ee inst.) ►						
	———Ph	one no.		Email address	HOMEMAKER							
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:		
		I PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM		03/2021	P020	82703	Self-employ	/ed	
Preparer		m's name ► GLOBAL TA				1 / (	-,	-		one no. (678)965-9522		
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041				rm's EIN	•		
Go to want ire a		m1040 for instructions and the late				DEV	04/05/04 DD 0		O LIIV P	Form <b>1040</b>		
GO TO WWW.IIS.go	JV/1-011	most of monuclions and the late	or illioillidiloll.		BAA	KEV	01/25/21 PRC			FOIII 1040	(2020)	



## Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th		orm if you have, or are eligib	ble to get, a	a U.S.	social sec	urity nu	ımber (SS	SN).			r a new ITIN an existing ITIN		
		itting Form W-7. Read the ral tax return with Form V									c, d, e, f, or g, you		
a Nonresident	t alie	n required to get an ITIN to cla	aim tax treaty	y benef	fit								
		n filing a U.S. federal tax returi											
		en (based on days present in											
		S. citizen/resident alien											
e Spouse of U	J.S. d		<b>d</b> or <b>e,</b> enter ENUGOPA						`		ons)► 59-05-6650		
f Nonresident	مالد ا	یں۔ n student, professor, or resear					claiming a						
		use of a nonresident alien hold			aciai tax ic	tuili oi v	ciaii iii ig ai	Схосры	OH				
h Other (see in			_										
		r <b>a</b> and <b>f</b> : Enter treaty country	<b></b>			an	d treaty art	icle num	ber ▶				
Name		First name		Middl	e name		, , , , , , , , , , , , , , , , , , ,	Last r					
(see instructions)		SHISHIR REDDY						MEK	KALA				
Name at birth if	1b	First name			e name			Last r	name				
different ►													
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 20041 OSTERMAN RD Apt E11												
Address		City or town, state or province LAKE FOREST					CA	USA	7	92630			
Foreign (non- U.S.) Address	3												
(see instructions)		City or town, state or province, and country. Include postal code where appropriate.											
Birth Information	4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 ⋈ Male 10/29/2009 INDIA TELANGANA □ Female												
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number						if any) 6c Type of U.S. visa (if any), number, and expiration date						
	6d Identification document(s) submitted (see instructions)  ☐ USCIS documentation ☐ Other ☐ Date of entry into the United States												
	Issued by: INDIA No.: P0542115 Exp. date: 04/04/2021 (MM/DD/YYYY): 11/2							11/23/2019					
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?  No/Don't know. Skip line 6f.  Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).												
				one, list	t on a sheet	and att			e instructio	าร).			
	6f Enter ITIN and/or IRSN ► ITIN				IRSN						and		
		name under which it was issu	ued ▶	Firet	name		Middle n	ame		1 :	ast name		
	6g Name of college/university or company (see instructions)												
	City and state ► Length of stay ►												
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.												
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)  Date (month / day /						/ year) 	year) Phone number					
, odi 1000103.	Name of delegate, if applicable (type or print)					Delegate's relationship to applicant				Parent Court-appointed guardian Power of attorney			
Acceptance	À	Signature				Date (month / day / year)			Phone	<u> </u>			
Agent's									Fax				
Use ONLY	Name and title (type or print)				Name of company			EIN					
	<i>r</i>							Office c	oae				



## **Application for IRS Individual Taxpayer Identification Number**

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return d Dependent of U.S. citizen/resident alien If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ SON If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e Spouse of U.S. citizen/resident alien VENUGOPAL MEKALA f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Last name Middle name Name SHIKHAR REDDY **MEKALA** (see instructions) **1b** First name Middle name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 20041 OSTERMAN RD Apt E11 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 92630 LAKE FOREST USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) **Birth** X Male Information 05/06/2013 Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other TNDTA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: T8368158 Exp. date: 10/15/2024 Issued by: INDIA (MM/DD/YYYY): 11/23/2019 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state > Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company PTIN **Use ONLY** Office code