Filing Status       Normal 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 one box.       Presens is a child but not your dependent b         Your first name and middle initial       Last name       Your social security number         ARP TTHA       KONREDDY       26.9–27-2801         Home address (number and stree). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         2702       SW BRANDON DR       106       Check here if you, or your       Top the filing (hill), wont 33         BENTONTILLE       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign postal code       your as or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       You       you as before infoructions;         If more than four dependents, see instructions;       (P) Social security       (P) feationship       (4) 4' if qualifies for (see instructions;         If more than four dependents, see instructions;       (P) Social security       (P) feationship       (4) 4' if qualifies for (see instructions;         If more than four dependents, see instr	E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>:urn</b>	202	20	OMB No. 1545	5-0074	IRS Us	se Only	–Do not w	rite or staple	in this space.
ARP ITHA       KONREDDY       269 - 27 - 2801         If joint return, spouse is first name and middle initial       Last name       Spouse's social security number         Hone address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         2702 SW BRANDON DR       Check here if you, or your       Spouse's social security number       Age 72713         Foreign country name       Foreign province/state/country       Foreign postince. Tyou have a foreign address, also complete spaces below.       Age 72713       box below will not change your tex or retund.         Foreign country name       Foreign province/state/country       Foreign postal code       you tex or retund.       you tex or retund.         BENTONVILLE       Someone can claim:       You as a dependent       You re spouse as a dependent       You for retund.       You for retund.         Beduction       Spouse:       Was born before January 2, 1956       Is blind         Dependents, see instructions:       (2) Social security       (3) Relationship       (4) for qualifies for (see instructions):         If more than four dependents, see instructions:       1       83, 664.       2b       2b         If more than four dependents, see instructions:       3a       b Traxable amount.       4b         Sa Pensions and annuitites       5a       5a	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-									
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.       Apt. no.       106         2702 SW BRANDON DR       106       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       72713         EDRTONVILLE       AR       7270.3       by Borosov will not change your tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       You 's spouse a a dependent         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Yes X ho       Standard dependent:         Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (g) Social security       (a) Relationship       (d) V' if qualifies to relate order dependent         If more       (i) First name       Last name       is bailed       is blind         Dependents       (see instructions):       (g) Social security       (a) Relationship       (d) V' if qualifies to relate order dependent         If more       I       Mass condit       Chait ande dependent is you       chait fo	Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         2702 SW BRANDON DR       106       Check here if you, or your spouse if filing jointly, want S3         BINTONVILLE       2P code       AR       72713         Foreign country name       Foreign province/state/county       Foreign postal code       you is or post of this fund. Checking a box below will not change your is or post at or refund.         You       Spouse itemizes on a separate return or you were a dual-status alien       Someone can claim:       You as a dependent       You       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       (9) Vere born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (9) Vere born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (9) Vere born before January 2, 1956       Are blind       Dordinary dividends       Is blind         Age/Blindness       (1) First name       Last name       In umber       Do Taxable amount       Is blind         Age/Bli	ARPITHA			KONI	KONREDDY 269-27-2801									
2702 SW BRANDON DR       106       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       spouse if filling jointly, want \$3         BENTONVILLE       AR       72713       box below will not change         Foreign country mame       Foreign province/statk/country       Foreign postal code       your tax or refund.         You Tax or refund.       You a spouse as a dependent       You spouse as a dependent       You Spouse         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Its blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) 4' if qualifies for (see instructions):         If more       (1) First name       Last name       Immeer       Immeer       Immeer         If erequired.       4a       Immeer       Immeer       Immeer       Immeer       Immeer         If a code in structions       Immeer       Immeer <t< td=""><td>lf joint return, s</td><td>pouse's</td><td>s first name and middle initial</td><td>Last na</td><td>ame</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Spouse'</td><td>s social se</td><td>curity number</td></t<>	lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse'	s social se	curity number
Cuty, with, or bask under, in your have a holegy radiuless, and complete spaces below.       State       24' Odde       to go to this fund, checking a box below into change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       'Vou       Spouse your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You repose as a dependent       You gouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) // It qualifies for (see instructions):         and check       interest       in				instruct	ions.									
BENTONVILLE       IAR       72713       box below will not change         Foreign pountry name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Are blind       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       A re blind       Spouse:       Was born before January 2, 1956       Is blind         Mependents       (see instructions):       (1) First name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       Immobility       Immobil	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode				
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       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):       (2) Social security       (3) Relationship       (4) I' if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Immber	BENTONV	ILLE					A	R	727	13		Ŭ		•
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes   Standard Someone can claim: You as a dependent Your spouse as a dependent   Deduction Spouse iternizes 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 (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (6) Credit for other dependents (and the dependents): (and the dependents): (b) Gradit as credit (c) Credit for other dependents (and the dependents): (and the dependents): (b) Taxable amount (c) It as a for other with dividends (c)	Foreign country	/ name			Foreign p	rovince/stat	e/coun	ty	Foreig	n postal	code	1		0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (a) Pelationship       (b) Pirst name       (c) Pirst name												🗌 You 🗌 Spou		
Deduction       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):       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check	At any time du	ring 20	020, did you receive, sell, send, excl	nange,	or otherv	vise acquir	re any	financial intere	est in a	ıny virtı	ual cu	irrency?	Ves	🗙 No
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions and check       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         Attach       See instructions       (1) First name       (1		_		•		•								
If more than four dependents, dependents, and check here       Image: the standard deduction or tension and annuities       Last name       number       to you       Child tax credit       Credit for other dependents, credit         Attach       2a       Image: the standard deduction for equired.       Image: the standard deduction for equired.       Image: the standard deduction.       Image: the standard deductio	Age/Blindness	S You:	: 🗌 Were born before January 2, 1	956 [	Are b	lind <b>S</b>	pouse	e: 🗌 Was bo	rn befo	ore Jani	uary 2	2, 1956	🗌 ls b	lind
In Hole       Image: Second Seco	-				(2)		ity		nip	• •		1		,
see instructions   and check   here ▶   Attach   Sch. B if   required.   3a   Qualified dividends   4a   Ba   Qualified dividends   5a   Standard   Deduction for-   6a   Social security benefits   6a   Social security benefits   6a    Social security benefits   6a   Social security benefits   6a   Social security benefits   6a   Other income from Schedule 1, line 9   9   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10a   10a   10a   10b   22,220.   9   Add lines 10a and 10b. These are your total adjustments to income   11   8 Charitable contributions if you take the standard deduction. See instructions   10b   11   8 Ubtract line 10c from line 9. This is your adjusted gross income   11   8 Ubtract line 10a and 10b. These are your total adjustments to income   11   8 Ubtract line 10a and 10		(1)												
and check       here       image: solution of the solutic the solution of the solution of the solution of the	· · · ·										$\overline{\Box}$			
here   Attach   Sch. B if   required.   2a   3a   Qualified dividends   4a   RA distributions   4a   RA distributions   5a   Pensions and annuities   5a   Pensions and annuities   5a   Pensions and annuities   5a   Schadard   Deduction for-   6a   Social security benefits   6a   Social security benefits   6a   Social security benefits   6a    Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   8   Other income from Schedule 1, line 9   9   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10a   10b   9   8   9   8   9   8   9   8   9   8   9   9   8   9    9   8   9   9   9   9   9		s ——								$\overline{\Box}$				
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       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       7         8       Other income from Schedule 1, line 9       10 a       8       -2,220         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,444         10       Adjustments to income:       10a       10a       10b         9       Add lines 10 a and 10b. These are your total adjustments to income       10c       10c         11       81,4444.       10 and 10b. These are your total adjustments to income       11       81,4444.         14       12,400.       12											$\overline{\Box}$			
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       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       7         8       Other income from Schedule 1, line 9       10 a       8       -2,220         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,444         9       Add lines 10 and 10b. These are your total adjustments to income       9       81,444         9       Add lines 10a and 10b. These are your total adjustments to income       10a       10b         9       Subtract line 10c from line 9. This is your adjusted gross income       11       81,4444.         14       12,400.       12		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		
Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b   required. 4a IRA distributions 4a b Taxable amount 4b   5a Pensions and annuities 5a b Taxable amount 5b   Standard 6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 7   Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 6b   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7   8 -2,220. 7   9 811,444.   9 811,444.   10 Adjustments to income:   a From Schedule 1, line 22   0ualifying widow(en), \$24,800   b Canitable contributions if you take the standard deduction. See instructions   11 81,444.   12 12,400.   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A   14 12,400.		2a		( `			bТ	axable interes	st.			. 2b		
4a IRA distributions 4a   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   6a b   5a Pensions and annuities   6a Social security benefits   6a Social security benefits   6a b   7   6a Social security benefits   6a Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   8 Other income from Schedule 1, line 9   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 81,444.   10 Adjustments to income:   a From Schedule 1, line 22   b Charitable contributions if you take the standard deduction. See instructions   c Add lines 10a and 10b. These are your total adjustments to income   11 81,444.   12 12,400.      13 Qualified business income deduction. Attach Form 8995 or Form 8995-A   14 12,400.		3a	Qualified dividends	3a								. 3b	,	
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -2,220.       8         • Married filing jointly or Qualifying widow(er), \$24,800       •       Add lines 10a and 10b. These are your total adjustments to income:       10a       10b         • Lead of household, \$18,650       •       •       Add lines 10a and 10b. These are your adjusted gross income       10c         • If you checked ary box under standard deduction or itemized deductions (from Schedule A)       •       11       81,444.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.	required.	4a	IRA distributions	4a				-				. 4b	,	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -2,220         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,444         10       Adjustments to income:       9       81,444         10       Adjustments to income:       10a         widow(er), \$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10b         •       Add lines 10a and 10b. These are your total adjustments to income       10c         11       8ubtract line 10c from line 9. This is your adjusted gross income       11         11       8tandard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.		5a	Pensions and annuities	5a			bТ	axable amoun	nt			. 5b		
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Interface of the standard deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Married filing 12 and 13</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Interface of the standard sector of the standard sector of the standard deduction. Attach Form 8995 or Form 8995-A</li> <li>Interface of the standard sector of the sector o</li></ul>	Standard	6a	Social security benefits	6a			bТ	axable amoun	nt			. 6b		
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -2,220         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,444         Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       81,444         b       Charitable contributions if you take the standard deduction. See instructions       10a       10b         • Head of household, \$18,650       C       Add lines 10a and 10b. These are your total adjustments to income       10c         11       81,444.       10       11       81,444.         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		7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not re	quired	l, check here				7		
\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,444.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.								. 8		-2,220.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. (from Schedule A)</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>It you checked any box under Standard Deductions.</li> <li>It you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>It you checked any box under Standard box in come deduction. Attach Form 8995 or Form 8995-A</li> <li>It you checked any box under Standard box in come deduction. Attach Form 8995 or Form 8995-A</li> <li>It you checked any box under Standard Box in come deduction.</li> <li>It you checked any box under Standard box in come deduction. Attach Form 8995 or Form 8995-A</li> <li>It you checked box in come deduction.</li> <li>I</li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. <sup>-</sup>	This is yo	our <b>total in</b>	come					▶ 9		81,444.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income		10	Adjustments to income:											
\$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •         If you checked any box under Standard deduction, see instructions, \$13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       12       12,400.         14       Add lines 12 and 13       14       12,400.		а	From Schedule 1, line 22					10	а					
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>	widow(er),	b	Charitable contributions if you take	the sta	ndard de	duction. Se	ee inst	ructions 10	b					
\$18,650       11       Subtract line for from line 9. This is your adjusted gross income       11       81,444.         • If you checked any box under Standard       13       Standard deduction or itemized deductions (from Schedule A)       1       12       12,400.         14       Add lines 12 and 13       Add lines 12 and 13       14       12,400.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>to</b>	tal adjus	stments to	inco	me				► 10c	>	
<ul> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>12 12,400.</li> <li>13 Qualified business income deduction. Attach Form 8995 or Form 8995-A</li></ul>		11	Subtract line 10c from line 9. This	is your	adjuste	d gross in	come					▶ 11		81,444.
Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         Deduction, see instructions, see instructions.       14       12,400.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduc	tions (fro	m Schedu	le A)					. 12		12,400.
	Standard	13	Qualified business income deduct	ion. Att	ach Forn	n 8995 or F	Form 8	3995-A				. 13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from li	ne 11. lf:	zero or les	s, ente	er-0				. 15		69,044.

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

Form **1040** (2020)

Form 1040 (2020	D)									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	10,976.
	17	Amount from Schedule 2, lin	ie3					[	17	
	18	Add lines 16 and 17						[	18	10,976.
	19	Child tax credit or credit for	other dependen	ts				[	19	
	20	Amount from Schedule 3, lin	ie7					[	20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10,976.
	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	10,976.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	11,5	568.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	11,568.
• If you have a	26	2020 estimated tax payment						[	26	
qualifying child,	27	Earned income credit (EIC)			. <sub>.</sub> No	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	r.	719.		
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tota</b>	al other paym	ents and refund	able cred	ts	. 🕨	32	719.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 🕨	33	12,287.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you <b>ov</b> e	erpaid	[	34	1,311.
neruna	35a	Amount of line 34 you want			is attached, che	eck here	)		35a	1,311.
Direct deposit?	►b	Routing number 0 8 2			► c Type: 🛛		g 🗌 Sa	vings		
See instructions.	►d	Account number 4 8 7	0 0 4 6	5 6 2 4	4 8					
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch								
For details on how to pay, see		2020. See Schedule 3, line 1					,			
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See				
Designee	ins	structions				. 🕨 🗌	Yes. Com	plete be	low.	× No
		signee's		Phone				al identific	ation <sub>(</sub>	
		me 🕨		no. 🕨				(PIN) ►		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	1,2,7					nt you an Identity
		ar signature		Duic						N, enter it here
Joint return?					QUALITY E	NGINEE	R	(see in	.st.) ►	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
your records.	,							(see in	· .	ection PIN, enter it here
			<u>ົ</u>			V11100M	ATT COM	(000 11	0	
		one no. (408)550-379 eparer's name	3 Preparer's signat	Email address	ARPITHAREDD	Date		TIN		Check if:
Paid									702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA IALLAM	I 09/09	ZUZI   P	02082		
Use Only		m's name ► GLOBAL TAX			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					678)965-9522
		m's address ► 2530 Pebb		an Cumming	-			Firm's	EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 07/	28/21 PRO			Form <b>1040</b> (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# Additional Income and Adjustments to Income

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

	2020
	Attachment Sequence No. <b>01</b>
r soc	ial security numb

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
ARPITHA KONREDDY	269-27-2801
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-2,220.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
_		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-2,220.
Par	line 8	J	-2,220.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	22 Schedu	le 1 (Form 1040) 2020

SCHEDULE E	
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

#### **Supplemental Income and Loss**

OMB No. 1545-0074 20

20

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ▶ Go to www.irs.gov/ScheduleE for instructions and the latest info

	060	uence	110.	10
ormation.	Atta	ichmen luence	t	13
	(~			

,										ər
	THA KONREDDY							27-280		
Part		-		-			• •	•		use
	Schedule C. See instructions. If you are an individual, rep									2
	you make any payments in 2020 that would require you t		• • •						_	_
	Yes," did you or will you file required Form(s) 1099?							•	Yes	No
<u>1a</u>	Physical address of each property (street, city, state, ZI			<b>T T T C C</b>						
<u>A</u>	INDIRA NAGAR, GUDIWADA KRISHNA ANDHR	A PRA	ADESH	IN 52	21105					
B C										
					Foir	Rental	Person			
1b	Type of Property (from list below) 2 For each rental real estate pro- above, report the number of fa	perty lis	sted al and			ays	Da		Q	JV
A	personal use days. Check the	QJV bo	ox only	•		365	Du	-	Г	
 	3 if you meet the requirements t qualified joint venture. See ins	to file as	sa ns.	A B		305		0	L	<u></u>
<u>с</u>			-	C					L	<u></u>
	of Property:			C					L	
	gle Family Residence 3 Vacation/Short-Term Rental	5 Lar	hd	-	7 Self-	Pontal				
-	ti-Family Residence 4 Commercial		valties			r (describe)				
Incom			yanies	A		B			С	
3	Rents received	3			500.				<u> </u>	
4	Royalties received	4			500.					
Expen	Ses'									
5	Advertising	5			50.					
6	Auto and travel (see instructions)	6		-	170.					
7	Cleaning and maintenance	7		-	1,0.					
8	Commissions.	8								
9		9						_		
10	Legal and other professional fees	10								
11	Management fees	11								
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13		2,5	500.					
14	Repairs	14								
15	Supplies	15								
16	Taxes	16								
17	Utilities	17								
18	Depreciation expense or depletion	18								
19	Other (list) ►	19								
20	Total expenses. Add lines 5 through 19	20		2,5	720.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-2,2	220.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(	-2,2	20.)	(		)(		)
23a	Total of all amounts reported on line 3 for all rental properties		• •		23a		500.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
c	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties		• •		23d			_		
e	Total of all amounts reported on line 20 for all properties		 -!		23e		2,720.			
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>		-				. 24			<u> </u>
25	Losses. Add royalty losses from line 21 and rental real estat							(	2,2	220.)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not								. າ	,220.
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	unount	in the to	JIAI UII	me 41	on page 2	. 26		- 4	U .

For Paperwork Reduction Act Notice, see the separate instructions.

### **2020 AR1000F** ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Yoar Posident



# AR1

IN	COME TAX F		CHECK BOX IF															
Fu	III Year Resid	dent								AM	END	ED R	ETUR	N	_	Softv	vare II	2
Jan.	. 1 - Dec. 31, 2020 or f	-	ıg		, 20	- •					•					PROSE	RIES	
	Primary's legal first nar	ne		MI	Last n						Check if		ary's soc		•	ımber		
<b>Г</b> ~ш	• ARPITHA			•		NREDDY			•		Deceased		59-27-					
LOR	Spouse's legal first na	me		MI	Last n	ame					Check if	· · ·	se's soci	al secu	urity nu	mber		
BB.R				•	•				•		Deceased							
USE LABEL (	Mailing address (num								neck if ad	dress is	outside	e U.S.						
NS S	• 2702 SW BRA City	NDON DR, 1		.06 or provinc	~~~		ZIP						an count	rv nam	10			
	BENTONVILLE		• AR	•	CC .			727	1 0									
×									-									
E BC	1.● X Single ( <b>Or</b> w	vidowed before 2				20)	4.		4		• •		on the sa					
V QTA	2.• Married filin	g joint <b>(Even if o</b>	only one ha	ad income	e)		5.	•					on differe					
ъ В Р	3. Head of hou	usehold (See ins			4			- <b>—</b>	-									
FILING STATUS Check Only One Box	enter child's	/ing person was s name here:					6.	•		, ,		· /	n depend Istructior		ID			
	Check this box if y														tate d	exten	sion	
L_	Check here if you	want a tax boo	Klet maile	ed to you	i next ye	ear.							l exter					
	7A. X Yourself	• 65 or ov	ver	•	Special	•	Blind	1	•	Dea	af	He	ad of hou	sehold/	/qualifyi	ing wid	ow(er)	
		• 65 or ov	105		Special		] Blind	J	•□	Dea	.f	L (F	iling status 3	s only)	(Filing s	status 6 o	nly)	
					•							-		<b>*</b> • • •				
OITS	Multiply number of boxe Dependents (Do											1	'A <u>1</u> X	\$29 =			29.	00
CREDITS	First name	not not yours	· ·	st name		Depen	dent's	socia	l securi	tv nu	Imber		Depend	ent's re	elation	shin to	VOL	
			24	ot name		Dopon		ooola	rocouri	ty na			Dopond		Jacon	ship to	you	
F J	1.																	
ONA	2.																	
PERSONAL TAX	3.																	
٩	7B. Multiply number	of <b>DEPENDEN</b>	ITS from	above								7B	• 🗌 ×	\$29 =				00
	7C. Multiply number of	of qualifying indiv	viduals fro	om <b>AR10</b>	00RC5 (	See instruc	tions).					7C	• 🗌 ×	\$500 =				00
	7D. TOTAL PERSO	NAL TAX CR		(Add line	s 74 7R	and 7C F	nter to	al her	re and o	n line	a 34)			7D			29.	00
			20110.	(7100 1110	о <i>н</i> ч, г в,												27.	
	DL# / State ID 94395	4793	Your	state Z	AR		e date /dd/yyy	/)	05/1	9/2	020	_	Expiratio (mm/dd/y		09/	08/2	2022	
□						leeu	e date						Expiratio	n date				
	DL# / State ID		Spo	use state				/)				_	(mm/dd/					
													-					
	Direct deposit allowe	d to U.S. banks	s only. Cl	heck if ei	ither dep	oosit(s) wi	l ultim	ately	be pla	ced i	n a fore	eign aco	count. •					
E	Routing Numb	er 1		Acco	unt Nur	mber 1	• 2	C Cł	necking	or	•	Savings	;		Direct	deno	sit 1 An	nt
DO										4						•		
L DE	• 0 8 2 0	0 0 0 7	3	4 8	7 0	0 4	6	5 6	2	4	8						718.	00
DIRECT DEPOSIT							۰L		necking	or		Savings						
⊡	Routing Numb	er 2		Accou	unt Nu	mber 2					•		, 		Direct	depos	sit 2 An	nt
	•																	00
	PLEASE SIGN HERE	: Under penaltie	s of periur	y, I declar	re that I	have exami	ned thi	s retu	rn and a	ccom	npanving	schedu	les and st	tatemer	nts, and	to the	best of	mv
	knowledge and belief, the	ney are true, corre	ect and cor	nplete. D	eclaratio	n of prepare	er (other	than ta	axpayer) i	s bas	ed on all	informa	tion of w	nich pre	eparer h			
щщ	We will no lo (www.atap.a	nger automatio rkansas.gov).	cally mai Check th	l 1099-G ne box if	i forms. you sti	Instead, v II want us	ve asl to ma	k thai iil yoi	t you g u a pap	et th per F	nis infoi orm 10	matior 99-G n	n from o ext year	ur web	osite			
PLEASE SIGN HERE	Primary's signature						Date			Telep	ohone			May	y the Ar	kansas	Revenue	e
SIGI										( -	408)5	550-3	793	Age	-		nis returi	a
	Spouse's signature						Date			Telep	ohone			] _	_	ne prepa דידו		
							1								Yes		No	
R.	Paid preparer's signa		ידיית אידים	T.T.AMO	9/00/	2021			umber .7196					For	Depart	tment l	Jse Only	
PAID PREPARER	Preparer's name			ulani ()	)/09/	City/Sta		101	./190						hone			
REI	GL	OBAL TAXES												·				
	E-mail SY	AM@GTAXFI		I		CUMMI	NG (	3A 3	30041			Arkans	as State In		8)96	5-95	22	_
	Refund:	P.O. Box 1000					Тах	Du	e/No	Tax	:		ox 2144	203-21//				



### Primary SSN \_\_\_\_\_\_269-27-2801

	L	ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only		
0	8	Wages, salaries, tips, etc: (Attach W-2s)	• 83,664.00	• 00		
(>)6601/(>) <i>C-</i> /M	9					
1/1	10	Interest income: (If over \$1,500, Attach AR4)10	• 00	• 00		
0.00	11	Dividend income: (If over \$1,500, Attach AR4)	• 00	• 00		
of V		Alimony and separate maintenance received:	• 00	• 00		
		Business or professional income: (Attach federal Schedule C)	• 00	• 00		
on top	14	Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	• 00	• 00		
a de	15	Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)15	• 00	• 00		
Щų	16	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)16	• 00	• 00		
	17	. Military retirement: Primary • 00 Spouse • 00				
	18	A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)				
ere		Gross distribution 00 Taxable amount 00 Less \$6,000 18A	• 00			
INCOME INCOME (Attach W.2/s)/1099/s) here / Attach ch	18	B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution Gross distributi	• 00	• 00		
000	19	. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)		• 00		
01/0	20		L	• 00		
-)(-)	21					
5	22		• 00	• 00		
ttac	23	TOTAL INCOME: (Add lines 8 through 22)	• 81,444.00	• 00		
	24	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	• 00	• 00		
	25	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	• 81,444.00	• 00		
	26	Select tax table: (Select only one) 26				
	27	• Low income table (\$0), For low income qualifications see line 26 instructions				
Z		• X Standard deduction (\$2,200 or \$4,400 for filing status 2 only)				
ATIC		• Itemized deductions (Attach AR3) 27	• 2,200.00	• 00		
15	28	NET TAXABLE INCOME: (Subtract line 27 from line 25)	-	• 00		
COMPUTATION	29	TAX: (Enter tax from tax table)	3,902.00	00		
	30	Combined tax: (Add amounts from line 29, columns A and B)		3,902.00		
TAX	31	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)		• 00		
	32	Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) .		• 00		
	33	TOTAL TAX: (Add lines 30 through 32)		• 3,902. <sub>00</sub>		
s,	34	Personal tax credit(s): (Enter total from line 7D)	• 29.00			
CREDITS	35	. Child care credit: (20% of federal credit allowed; attach federal Form 2441)	• 00			
CRE	36	Other credits: (Attach AR1000TC)	• 00			
TAX	37	TOTAL CREDITS: (Add lines 34 through 36)		• 29.00		
Ľ	38			• 3,873.00		
	39	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	• 4,591.00			
	40	. Estimated tax paid or credit brought forward from 2019:40	• 00	-		
s	41		• 00	-		
L I	42	AMENDED RETURNS ONLY - Previous payments: (See instructions)	• 00			
PAYMENTS	43	Early childhood program: Certification number:	• 00			
PA		CU% of rederal credit; Attach rederal Form 2441 and Form AR1000EC)		• 4,591.00		
	44			• • 00		
	46			<ul> <li>4,591.00</li> </ul>		
	47			• 718.00		
DUE	48			, 10, 00		
TAX	49					
OR 1	50			☺ 718.00		
	51					
REFUND		A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A • Penalty 52B		· · · · · ·		
8		C.Add lines 51 and 52B: (See instructions)		• 00		
P/	NY C	NLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. A	TAP allows taxpayers or	their representatives to		
		log on, make payments and manage their account online. ATAP is available 24 hours.				
Par		PAY BY CREDIT CARD: (See instructions) PAY BY M (R 3/2/2021)	AIL: (See instructions)			
гay				REV 05/29/21 PRO		





## ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Leg	gal First Name and Middle	Initial	Last Na	me		Prima	Primary's Social Security Number							
• ARPITH			• KON	REDDY			• 269-27-2801							
Spouse's Leg	gal First Name and Middle	Initial	Last Na	me		Spou	se's	Social Security Number	er					
						•								
-	CSS (Number and Street, P.O. Box					Telep								
	BRANDON DR, APT			ZIP				)550-3793						
City		State or Province				Check if addre		outside U.S.						
BENTONV		AR MATION (Whole Dollars Or	ulv)	72713		0 1								
		κ.	• /				1	01 444	00					
	-	or AR1000NR, Line 23)					1	81,444.	00					
		1000NR, Line 38)					2	3,873.	00					
3. State	Income Tax Withheld (For	rm AR1000F or AR1000NR	, Line 3	9)			3	• 4,591.	00					
4. Refur	nd (Form AR1000F or AR	1000NR, Line 47)					4	718.	00					
	ue (Form AR1000F or AF			5		00								
PART II -	DECLARATION OF TA	AXPAYER												
6b. 6c. 6d. 6d. 6d. If I have filed for the tax lia state return v Under penalt lines of the e consent to m of Arkansas s and if rejecte and/or transr	<ul> <li>6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).</li> </ul>													
Sign														
Here	Primary's Signature	Date		Spo	ouse's Signati	ure		Date						
PART III	- DECLARATION OF E	LECTRONIC RETURN	ORIGIN	ATOR (ERO) A	ND PAID PI	REPARER								
am only a co the return. I h with a copy o examined th	PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.													
ERO'S		09/09	<u>/20</u> 21	Check if paid	Check if self-									
Use	ERO'S Signature	Date		preparer	employed		You	r SSN or PTIN						
	GLOBAL TAXES LLC Firm's name and address		<u>eek li</u>	I CUMMING	GA 30	0041 3	0-1	1017196 FEIN	—					
		at I have examined the above, correct, and complete. Thi		ation is based on					est of					
Paid		09/09/	2021	Check if self-	1 -	P020827								
Prepare		Date		employed	1 –		s S	SN or PTIN						
Use Onl	-	TALLAM 2530 PEBBLE C	REEK	LN CUMMING	GA GA	30041		30-1017196						
	Firm's name and add	ress						FEIN						