104		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use Only	y—Do not w	rite or staple	in this space.
Filing Statu Check only one box.	lf yc	Single Married filing jointly Sou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separate your spouse. If yo				, ,		, ,	dow(er) (QW) he qualifying
Your first name	e and m	iddle initial	Last na	me					Your so	cial securi	ity number
SRIKANT	Н		MANA	PURAM					750-	90-212	:1
lf joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse'	s social se	curity number
	•	er and street). If you have a P.O. box, see EE DUNWOODY RD	instructio	ons.				Apt. no. L09	Check h	nere if you,	
City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			ntly, want \$3 Checking a
ATLANTA					G.	A	303	28	Ŭ Ŭ	ow will not	•
Foreign countr	ry name		F	Foreign province/st	ate/coun	nty	Foreig	in postal code	your tax	or refund	_
At any time d	uring O	020 did you receive cell cond evel		r otherwise eag	uiro opu	financial inter				You Yes	Spouse
	-	020, did you receive, sell, send, excl			-		suna	iny virtual ci	unency		
Standard Deduction		neone can claim: U You as a de Spouse itemizes on a separate retur	•			a dependent n					
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956 🗌	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January	2, 1956	🗌 ls b	lind
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	(4) 🖌 if c	qualifies for	r (see instru	uctions):
If more	(1) F	irst name Last name		number		to you		Child tax of	credit	Credit for ot	ther dependents
than four											
dependents, see instruction	ıs ——										
and check											
here 🕨 📃											
	<u>1</u>	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2					. 1	_	27,477.
Attach Sch. B if	2a	Tax-exempt interest	2a		b 1	Taxable interes	t.		. 2b		
required.	<u>3a</u>	Qualified dividends	3a		b(Ordinary divide	nds .		. 3b	_	
) 4a	IRA distributions	4a		b 1	Faxable amoun	ıt		. 4b	_	
	5a	Pensions and annuities	5a		b٦	Faxable amoun	ıt		. 5b		
Standard	6a	Social security benefits	6a		b٦	laxable amoun	ıt		. 6b		
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	required. If not i	requirec	l, check here		🕨	7		
Married filing	8	Other income from Schedule 1, lin	e9.						. 8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total	income	•			▶ 9		27,477.
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10	a				
widow(er), \$24,800	b	Charitable contributions if you take	the star	dard deduction.	See inst	tructions 10	b				
• Head of	c	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	me			► 10c	>	
household, \$18,650	11	Subtract line 10c from line 9. This							▶ 11		27,477.
 If you checked 	12	Standard deduction or itemized	deduct	ions (from Sched	dule A)				. 12		12,400.
any box under Standard	13	Qualified business income deduct			,	3995-A			. 13		
Deduction,	14	Add lines 12 and 13									12,400.
see instructions.	15	Taxable income. Subtract line 14				er-0					15,077.
											1040 (

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

Form **1040** (2020)

Form 1040 (2020	D)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	1,612.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	1,612.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie7						20	1,506.
	21	Add lines 19 and 20							21	1,506.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	106.
	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 total tax					. 🕨	24	106.
	25	Federal income tax withheld								
	а	Form(s) W-2				25a	2,	513.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	2,513.
• If you have a	26	2020 estimated tax payment							26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			^{No} .	27				
 If you have 	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				
	31	Amount from Schedule 3, lin	ie 13			31			_	
	32	Add lines 27 through 31. The							32	
	33	Add lines 25d, 26, and 32. These are your total payments							33	2,513.
Refund	34	If line 33 is more than line 24				•	-	· .	34	2,407.
	35a								35a	2,407.
Direct deposit? See instructions.	►b	Routing number X X X			► c Type:			avings		
	►d	Account number X X X								
	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 Schedule SE filers, line 37 may not represent all of the taxes you owe for								
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.					1			
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	P							× No
Designee						. 🕨	Yes. Cor	ial identi		
		signee's me ►		Phone no.				r (PIN)		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	accompanying sc	hedules a	and statements	s, and to	the bes	st of my knowledge and
-	bel	ief, they are true, correct, and com			,				ı prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
	N.								ection Pl inst.) ►	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	ath must sign	Date	SENIOR TE Spouse's occupa		IGINEER		,	nt your spouse an
Keep a copy for	Sp	ouse's signature. It a joint return, t	our must sign.	Dale	Spouse's occupa	luon				ection PIN, enter it here
your records.								(see	inst.) 🕨	
	Ph	one no. (217)508-005	4	Email address	Manapuramsri	kanth7	@gmail.com	1		
Daid	Pre	eparer's name	Preparer's signat	ure	_	Date		PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	4 09/2	23/2021 E	0208	2703	Self-employed
Preparer	Fir	m's name 🕨 GLOBAL TAX	XES LLC					Phor	ne no. (678)965-9522
Use Only	Fir	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 30041			Firm	's EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV	08/30/21 PRO			Form 1040 (2020)

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Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 20

20

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

	nent of the Treasury Revenue Service	► Attach to Form 1040, 1040-SR, or 1040-NF ► Go to www.irs.gov/Form1040 for instructions and the lat			A	Attachment Sequence No. 03
	. ,	rm 1040, 1040-SR, or 1040-NR			cial s	ecurity number
	KANTH MANAP	-		750-9	90-21	121
Par	TI Nonrei	undable Credits				
1	Foreign tax	credit. Attach Form 1116 if required			1	
2	Credit for ch	ild and dependent care expenses. Attach Form 2441			2	
3	Education c	redits from Form 8863, line 19...........			3	1,440.
4	Retirement	savings contributions credit. Attach Form 8880			4	66.
5	Residential	energy credits. Attach Form 5695			5	
6	Other credit	s from Form: a 🗌 3800 b 🗌 8801 c 🗌			6	
7	Add lines 1	through 6. Enter here and on Form 1040, 1040-SR, or	1040-NR, lir	ne 20	7	1,506.
Par	t II Other	Payments and Refundable Credits				
8	Net premiur	n tax credit. Attach Form 8962...........			8	
9	Amount pai	d with request for extension to file (see instructions) .			9	
10	Excess soci	al security and tier 1 RRTA tax withheld			10	
11	Credit for fe	deral tax on fuels. Attach Form 4136			11	
12	Other paym	ents or refundable credits:				
а	Form 2439		12a			
b	Qualified sid Form(s) 720	ck and family leave credits from Schedule(s) H and 2 	12b			
с	Health cove	rage tax credit from Form 8885	12c			
d	Other:		12d			
е	Deferral for	certain Schedule H or SE filers (see instructions) .	12e			
f	Add lines 12	a through 12e			12f	
13	Add lines 8	hrough 12f. Enter here and on Form 1040, 1040-SR, o	r 1040-NR, I	ine 31	13	
For Pa	perwork Reduct	on Act Notice, see your tax return instructions. BAA	REV 08/30/21 PR	0 5	Schedu	ile 3 (Form 1040) 2020

Form **8863**

Department of the Treasury Internal Revenue Service (99)

SRIKANTH MANAPURAM

Name(s) shown on return

Education Credits (American Opportunity and Lifetime Learning Credits) Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

Your social security number

750-90-2121

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part						
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 3	0	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5				
6	If line 4 is:)			
	• Equal to or more than line 5, enter 1.000 on line 6				6	
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro at least three places)	unaeo			0	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable Americation of the activity of the second state of	an op	portuni	ty credit;	7	
•	skip line 8, enter the amount from line 7 on line 9, and check this box			. ▶ 🗆	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•		· ·	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	7,200.
11	Enter the smaller of line 10 or \$10,000				11	7,200.
12	Multiply line 11 by 20% (0.20)				12	1,440.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13		59,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter	14		27,477.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		41,523.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	-	L0,000.		
17	If line 15 is:					
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou	nded	to at le	ast three		
	places)				17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•		,	18	1,440.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit				T	
	instructions) here and on Schedule 3 (Form 1040), line 3				19	1,440.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 08/30/2	1 PRO	Form 8863 (2020)

Form 8863 (2020)	Page 2
Name(s) shown on return	Your social security number
SRIKANTH MANAPURAM	750-90-2121

CAUT		om you're claiming either the American lit. Use additional copies of page 2 as needed f	or
Par	III Student and Educational Institution Information	on. See instructions.	
20	Student name (as shown on page 1 of your tax return) SRIKANTH	21 Student social security number (as shown on page 1 your tax return)	of
	MANAPURAM	750-90-2121	
22	Educational institution information (see instructions)		
â	Name of first educational institution	b. Name of second educational institution (if any)	
	UNIVERSITY OF THE CUMBERLANDS		
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR 	(1) Address. Number and street (or P.O. box). City, to post office, state, and ZIP code. If a foreign address instructions.	
	WILLIAMSBURG KY 40769		
(2) Did the student receive Form 1098-T X Yes □ No from this institution for 2020?	(2) Did the student receive Form 1098-T from this institution for 2020?] No
(3) Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☐ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2019 with box] No
(4) Enter the institution's employer identification number (EIN if you're claiming the American opportunity credit or if yo checked "Yes" in (2) or (3). You can get the EIN from Forr 1098-T or from the institution.	(EIN) if you're claiming the American opportunity c	redit or
	61-0470593		
23	Has the Hope Scholarship Credit or American opportunit credit been claimed for this student for any 4 tax year before 2020?		
24	Was the student enrolled at least half-time for at least on academic period that began or is treated as having begun i 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential See instructions.	in ^m X Yes – Go to line 25. No – Stop! Go to li for this student	ne 31
25	Did the student complete the first 4 years of postsecondar education before 2020? See instructions.	ry Yes - Stop! X Go to line 31 for this ☐ No - Go to line 26. student.	
26	Was the student convicted, before the end of 2020, of felony for possession or distribution of a controller substance?		
CAUT	you complete lines 27 through 30 for this student, don't	e lifetime learning credit for the same student in the same yea t complete line 31.	nr. If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Do		
28	Subtract \$2,000 from line 27. If zero or less, enter -0		
29	Multiply line 28 by 25% (0.25)		
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts		
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Inc	clude the total of all amounts from all Parts	
	III, line 31, on Part II, line 10 . .		,200.
		- 004	

Form **8880**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Credit for Qualified Retirement Savings Contributions

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

► Go to www.irs.gov/Form8880 for the latest information.

S OMB No. 1545-0074 2020 Attachment Sequence No. 54 Your social security number

(b) Your spouse

658.

750-90-2121

(a) You

658.

658.

658.

658.

27,477.

REV 08/30/21 PRO

7

1

2

3

4

5

6

8

SRIKANTH MANAPURAM





10 11 12 • The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2003; (b) is claimed as a dependent on someone else's 2020 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2020. Do not include rollover contributions
 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2020 (see instructions) . . .
- 4 Certain distributions received **after** 2017 and **before** the due date (including extensions) of your 2020 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . .
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the smaller of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11* .
- 9 Enter the applicable decimal amount from the table below.

If line	8 is—	l A	And your filing status is –			
Over-	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)		
	¢10.500	0.5	0.5	, , ,		
 ¢10.500	\$19,500 \$21,250	0.5	0.5	0.5 0.2		
\$19,500	\$21,250			-	0	0 1
\$21,250	\$29,250	0.5	0.5	0.1	9	x0 .1
\$29,250	\$31,875	0.5	0.2	0.1		
\$31,875	\$32,500	0.5	0.1	0.1		
\$32,500	\$39,000	0.5	0.1	0.0		
\$39,000	\$42,500	0.2	0.1	0.0		
\$42,500	\$48,750	0.1	0.1	0.0		
\$48,750	\$65,000	0.1	0.0	0.0		
\$65,000		0.0	0.0	0.0		
	Note:	f line 9 is zero, stop;	you can't take this c	redit.		
ultiply line 7					. 10	66
				t Worksheet in the instruction		172
		•		naller of line 10 or line 11 he		
		•				66

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

BAA

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8880** (2020)