Filing Status Namied filing jointy Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 on box. Presen's a child but not your dependent ▶ Your for tame and middle initial Lat name Your social security number TBASUNINI AALLUCHI Over social security number Town, or post office. If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 382.8 JONES ST 210 Check here if you, or your Chy, town, or post office. If you have a foreign address, also complete spaces below. NE 68105 box below will not checking a Foreign country name Foreign province/state/country Foreign postul code Your spouse as a dependent Your spouse as a dependent Dependents, see instructions; (1) First name Last name (2) Social security (4) 4' if qualifies for (see instructions; If more differed you nave a spearate return or you were a dual-status allen (2) Social security (3) 640. Dependents, see instructions; (1) First name Last name (2) Social security (2) 4' if qualifies for (see instructions;	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	-0074	IRS Use	Only∙	—Do not w	rite or staple	in this space.	
TEJASWINI KALLUCHI 086-21-8342 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address furmber and street). If you have a P.O. box, see instructions. Apt. no. Ppesidential Election Campaign GUX, tow, or post office. If you have a foreign address, also complete spaces below. State 2P code foreign country name Foreign province/state/country Foreign postal code you tax or refund. Foreign country name Foreign province/state/country Foreign postal code you tax or refund. you is posse Standard Someone can claim: You as a dependent You spouse a a dependent Poreign postal code You No Deduction Spouse itemizes on a separate return or you were a dual-status allen Postal matters for dependent Image: postal code Postal for dependent If more itrain former (I) First name Last name Image: postal security Postal for dependent Postal for dependent If more itrain former (I) Wages, salaries, tips, etc. Attach Form(s) W-2 I 53, 640. Image: postal code <	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. 202 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code OMAHA NE 68105 Coheck here if you, or your Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Someone can claim: You as a dependent Your spouse as a dependent You Spouse if wow will not change book will	Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number	
Home address (number and street). If you have a P.O. box see instructions. Apt. no. 202 Check here if you, or your spouse if filing jointly, want 35 SA28 JONES ST 20 Check here if you, or your spouse if filing jointly, want 35 To box below will not change your target of the	TEJASWII	II		KALI	LUCHI							086-21-8342			
3828 JONES ST 202 Check here if you, or your City, tow, or post office. If you have a foreign address, also complete spaces below. NE 68105 tow start State OMAHA NE 68105 tow start State tow start State Foreign country name Foreign province/state/country Foreign postal odde U You Spouse Standard Someone can claim: You as a dependent You you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind 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 (9) First name Last name (1) First name (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): (1) First name (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more (1) First name Last name U U Spouse Spou	If joint return, spouse's first name and middle initial											Spouse's social security number			
Chin, Chin, Dipole United a Integrin address, also Collingents spaces below. State 214' Occer to go to this fund. Checking a box below link of spaces below. to go to this fund. Checking a box below link of change your tax or refund. OMAHA NE 63105 box below will not change 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 Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Ge additionship (4) 4' if qualifies for (see instructions): (1) First name (2) Social security (2) Relationship (4) 4' if qualifies for (see instructions): (1) First name (2) Social security (2) Relationship (4) 4' if qualifies for (see instructions): (2) Social security (2) Relationship (4) 4' if qualifies for (see instructions): (1) First name 1 53, 640. Attach 2a Tax-exempt interest 2a 2b b Taxable amount 4b Standard 1 Sa b Taxable amount 4b 5a 5a 5a 5a 5a 5a				instructi	ons.							Check h	nere if you,	or your	
OMARA NE 68105 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You You Spouse 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 receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Age/Blindness You:: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): If more (1) First name Last name number i i i ad check i i i i i i i i see instructions i i i i i i i i i i i i i i i i i i	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	nplete spaces below. State Z				ZIP co						
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 Xestion Standard Someone can claim: You as a dependent Your spouse as a dependent Yeur tax or refund. Deduction Spouse itemizes on a separate refum 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 (see instructions): (2) Social security (3) Relationship (4) I ' if qualifies for (see instructions): If more (1) First name Last name Immediate Immediate Immediate eei instructions Immediate Immediate Immediate Immediate Immediate Attach Sa Qualified dividends 3a Immediate Immediate Immediate Standard Qualified dividends Sa Immediate	OMAHA				NE							s s			
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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 1, line 9 7 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 53, 640. 9 • Married filing jointly or Qualifying widow(er), \$24,800 • From Schedule 1, line 22 • • • • • • • • • • • • • • • • • • •		4a	IRA distributions	4a			bΤ	axable amoun	t			. 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 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 10a and 10b. These are your total adjustments to income 10a 10a • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 10c • If you checked any box under Standard deduction. 12 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 12 12,400. • Add lines 12 and 13 14 12,400. 14 12,400.		5a	Pensions and annuities	5a			b Taxable amount .					. 5b			
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\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 53,640. • If you checked any box under Standard 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 12,400. 14 12,400. 14 12,400. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 41,240.	 Head of 	с	Add lines 10a and 10b. These are your total adjustments to income								► <u>10</u>	>			
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14													
)	15	Taxable income. Subtract line 14	from lin	ne 11. lf z	zero or les	s, ente	er-0				. 15	·		

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	4,860.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	4,860.
	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	4,860.
	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	4,860.
	25	Federal income tax withheld								
	а	Form(s) W-2				25a	б,	721.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	6,721.
• 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	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See instructions								
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and refund	able cre	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. These are your total payments								6,721.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34	1,861.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here								1,861.
Direct deposit?	►b	Routing number 0 2 1 2 0 0 3 3 9 ► c Type: X Checking Savings								
See instructions.	►d	Account number 3 8 1 0 4 6 9 2 9 2 9 8 5 1								
	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.								
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another					_			••
Designee		structions				. 🕨 [•		× No
		signee's me ►		Phone no.				nal identi er (PIN)		
Sign		der penalties of perjury, I declare t	hat I have examine		accompanying scl	hedules a				t of my knowledge and
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature	Date					f the IRS sent you an Identity		
	κ.							Protection PIN, enter it here		
Joint return? See instructions.								ee inst.)		
Keep a copy for	Sp	ouse's signature. If a joint return, t	Date	Date Spouse's occupation				IRS sent your spouse an ity Protection PIN, enter it here		
your records.									nst.) ►	
	Ph	one no. (603)233-975	6	Email address	TEJASWINI2	158@GI	MAIL.COM	I		
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 09/1	6/2021 E	20208	2703	Self-employed
Preparer								ne no. (678)965-9522		
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041				's EIN 🕨	
Go to www.irs.ad		n1040 for instructions and the late			BAA	REV	07/28/21 PRO			Form 1040 (2020)
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