

Filing Status [X] 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 person is a child but not your dependent

Your first name and middle initial: JAYATHI
Last name: PUJVADA
Your social security number: 850-47-2281
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.
3803 PRESCOTT AVENUE
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
SAN JOSE
State: CA
ZIP code: 95124
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction
Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for'. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (10,000); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 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 (10,000); 10 Adjustments to income (10a, 10b, 10c); 11 Subtract line 10c from line 9. This is your adjusted gross income (10,000); 12 Standard deduction or itemized deductions (from Schedule A) (12,400); 13 Qualified business income deduction; 14 Add lines 12 and 13 (12,400); 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- (0).

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

| | | | |
|-----------|--|------------|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 0. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 0. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 0. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 0. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 1,044. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 1,044. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,200. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,200. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 2,244. |

Refund

| | | | |
|------------|---|------------|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,244. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,244. |
| b | Routing number 3 2 2 2 7 1 6 2 7 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 9 3 5 0 3 7 0 8 0 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|-----------|--|-----------|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|---|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (510) 766-8535 Email address JAYATHI0529@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|---|--|---------------------------|--------------------------|--|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 09/14/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 Firm's EIN 30-1017196 |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Nebraska Individual Income Tax Return
for the taxable year January 1, 2020 through December 31, 2020 or other taxable year:
, 2020 through ,

Please Type or Print

| | | |
|--|-----------------------------|--|
| Your First Name and Initial JAYATHI | Last Name PUVVADA | Please Do Not Write In This Space |
| If a Joint Return, Spouse's First Name and Initial | Last Name | |
| Current Mailing Address (Number and Street or PO Box) 3803 PRESCOTT AVENUE | | |
| City SAN JOSE | State CA | Zip Code 95124 |

Important: SSN(s) must be entered below.

| | | |
|---|---------------------------------|--|
| Your Social Security Number 8 5 0 4 7 2 2 8 1 | Spouse's Social Security Number | High School District Code 1 5 1 5 0 1 0 |
|---|---------------------------------|--|

(1) Farmer/Rancher (2) Active Military (1) Deceased Taxpayer(s)
(first name & date of death): _____

1 Federal Filing Status:
 (1) Single (3) Married, filing separately—Spouse's SSN: _____ (4) Head of Household
 (2) Married, filing jointly and Full Name _____ (5) Widow(er) with dependent children

2a Check if YOU were: (1) 65 or older (2) Blind **2b** Check here if someone (such as your parent) can claim you or
 SPOUSE was: (3) 65 or older (4) Blind your spouse as a dependent: (1) You (2) Spouse

3 Type of Return:
 (1) Resident (2) Partial-year resident from _____, 2020 to _____, 2020 (attach Schedule III)
 (3) Nonresident (attach Schedule III)

4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):
a Yourself. If someone can claim you as a dependent, leave blank. **4 a** 1
b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. **4 b** _____
c

| Dependents, if more than three, see instructions | Dependent's | Total number of dependents listed 4 c _____ |
|--|----------------------------------|--|
| First Name | Last Name Social Security Number | |
| | | |
| | | |
| | | |

Total Nebraska personal exemptions – add lines 4a, 4b, and 4c **4** 1

| | | | |
|--|-----------|---------|----|
| 5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank | 5 | 10,000. | 00 |
| 6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,000 if single; \$14,000 if married, filing jointly or qualified widow[er]; \$7,000 if married, filing separately; or \$10,300 if head of household) | 6 | 7,000. | 00 |
| 7 Total itemized deductions (line 17, Federal Schedule A – see instructions) | 7 | | 00 |
| 8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR) | 8 | 0. | 00 |
| 9 Nebraska itemized deductions (line 7 minus line 8) | 9 | 0. | 00 |
| 10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9) | 10 | 7,000. | 00 |
| 11 Nebraska income before adjustments (line 5 minus line 10) | 11 | 3,000. | 00 |
| 12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I) | 12 | | 00 |
| 13 Adjustments decreasing federal AGI (line 29, from attached Nebraska Schedule I) | 13 | | 00 |
| 14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing | 14 | 3,000. | 00 |
| 15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.) | 15 | 74. | 00 |
| 16 Nebraska other tax calculation: a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$ _____ b Federal tax on early distributions (lesser of Federal Form 5329 or line 6, Sch. 2, Federal Form 1040 or 1040-SR) 16 b \$ _____ c Total (add lines 16a and 16b) 16 c \$ _____ Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III | 16 | | 00 |
| 17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43. | 17 | 74. | 00 |

