£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the son is a child but not your dependent	mame of y	ed filing separately (your spouse. If you	,	_			_				
Your first name and middle initial			Last na	me					Your	Your social security number			
JAYATHI			PUVV	ADA					850	850-47-2281			
If joint return, s	pouse's	s first name and middle initial	Last na	ne					Spous	Spouse's social security number			
	•	er and street). If you have a P.O. box, se TT AVENUE	e instruction	ons.				Apt. no.	Check	k here if y	ou, or	Campaign your want \$3	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta		ZIP			_		necking a	
SAN JOSI				CA						box below will not change			
Foreign country	y name		F	oreign province/state	/coun	ty	Fore	Foreign postal code your tax or refun			_	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, o	r otherwise acquire	any	financial intere	est in	any virtual	currency	? Y e	es [X No	
Standard Deduction	_	eone can claim:	•			•							
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was bor	rn be	fore Januar	y 2, 1956	!	s blind	b	
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	qin	(4) 🗸 it	f qualifies	for (see in	structi	ons):	
If more		irst name Last name		number		to you		Child tax credit		1		dependents	
than four]				
dependents, see instruction]				
and check	5 —]				
here ▶ □]				
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	10	,000.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2	2b			
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary divide	nds		. 3	Bb			
	4a	IRA distributions	4a		b T	axable amoun	t.		. 4	lb			
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. 5	ib			
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6	3b			
Deduction for—	7	Capital gain or (loss). Attach Scho	edule D if	required. If not req	uired	, check here		🕨		7			
Single or Married filing	8	Other income from Schedule 1, line 9								8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						•	9	10	,000.		
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22											
widow(er),	b	Charitable contributions if you take the standard deduction. See instructions 10b											
\$24,800 • Head of	С	Add lines 10a and 10b. These are your total adjustments to income						> 1	0с				
household, \$18,650	11	Subtract line 10c from line 9. This	•	•					▶ 1	11	10	,000.	
If you checked	12	Standard deduction or itemized	-	-					. 1	12		2,400.	
any box under Standard	13	Qualified business income deduc		•	,	3995-A			. 1	13			
Deduction,	14	Add lines 12 and 13							_	14	12	2,400.	
see instructions.	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	er -0				15		0.	

Form 1040 (2020))										Page 2	
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16		0.	
	17	Amount from Schedule 2, lin	ie 3						17			
	18	Add lines 16 and 17							18		0.	
	19	Child tax credit or credit for	other dependen	ts					19			
	20	Amount from Schedule 3, lin	ie 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-e	mployment tax,	from Schedule	e 2, line 10 .				23		0.	
	24	Add lines 22 and 23. This is	your total tax					. ▶	24		0.	
	25	Federal income tax withheld										
	а	Form(s) W-2				25a	1	,044.				
	b	Form(s) 1099				25b						
	С	Other forms (see instructions				25c						
	d	Add lines 25a through 25c	•						25d	1,	044.	
	26	2020 estimated tax payment							26			
 If you have a qualifying child, 	27	Earned income credit (EIC)				27						
attach Sch. EIC. If you have	28	Additional child tax credit. A				28			1			
nontaxable	29	American opportunity credit	from Form 8863	3. line 8		29			1			
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	,200.	1			
	31					31		,	-			
	32	Amount from Schedule 3, line 13								1.	200.	
	33	Add lines 25d, 26, and 32. T	•						32		244.	
Defend	34	If line 33 is more than line 24							34		244.	
Refund	35a	Amount of line 34 you want	•			•	-	▶ □	35a		244.	
Direct deposit?	▶b	Routing number 3 2 2				Checking		Savings		,		
See instructions.	▶d											
	36	Amount of line 34 you want			ed tax	36						
Amount	37	Subtract line 33 from line 24						•	37			
You Owe	0.			-								
For details on		Note: 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	Do	you want to allow another				See						
Designee		tructions	•				Yes. Co	mplete	below.	× No		
· ·	Des	Designee's Phone Personal identified							ification			
	nar	me ►		no.			numb	er (PIN)	<u> </u>		Ш	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here	You	Your signature		Date Your occupation			If th	e IRS ser	nt you an Iden	itity		
	k.							IN, enter it her	re			
Joint return?			SOFTWARE ENGINEER			ER	i	inst.) ►	<u> </u>			
See instructions. Keep a copy for	Spe	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse ection PIN, en		
your records.									e inst.) ▶			
	Pho	one no. (510)766-853	 5	Email address JAYATHI0529@GMAIL.COM								
		eparer's name	Preparer's signat		011111111111111111111111111111111111111	Date		PTIN		Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	09/14	2021	P0208	82703 Self-employed			
Preparer		m's name ▶ GLOBAL TA		THE DOOM OUT IN TABLET US/11/2021 PO					hone no. (678)965-9522			
Use Only	0500 - 111 - 1 - 5 - 00044						n's EIN ► 30-1017196					
Go to www.irs.au		11040 for instructions and the late			BAA	REV 07/	28/21 PRO	1		-	140 (2020)	
	.,, 0,11	is mediation and the late			DAA	NEV UII.	-3/2111NO			. 5 10	- (2020)	

Good Life. Great Service.

DEPARTMENT OF REVENUE

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

FORM 1040N

2020

Your First Name and Initial Last Name			Please Do Not Write In This Space							
JAYATHI	PUVVADA									
If a Joint Return, Spouse's First Name and Initial	Last Name									
Current Mailing Address (Number and Street or PO B	oox)									
3803 PRESCOTT AVENUE City	State	Zip Code	-							
SAN JOSE	CA	95124								
Important: SSN(s) must be e		93124		High	n School D	istrict ('ode			
	se's Social Security Number			riigi	T OCHOOL D	iotriot c	,ouc			
8 5 0 4 7 2 2 8 1			1	5	1 5	0	1	0		
		'								
(1) Farmer/Rancher (2) Active Military	` ' L	Taxpayer(s) — & date of death):								
4 7 1 1 7 1 7 1	(ilist name	a date of deatiff.								
1 Federal Filing Status:	al filing consentation				(4) 🗆 11a		lavaak	-		
	ed, filing separately—Spo	ouse's SSN:			(4) He				مائمام المسا	م ما
(2) Married, filing jointly and Full 2a Check if YOU were: (1) 65 or 0		2h 01 1 1			(5) W		<u> </u>			
`	· /	2b Check he			(such as y dent: (1)[,	an claim 2) 🦳 Sp	-	r
SPOUSE was: (3) 65 or (older (4) Blind	your spot	use as	a uepen	dent. (1)	10u	(2) [] Sp	Jouse	
	I-year resident from		2020 t	0		2	020 (a	ıttach So	chedule	e III)
()	sident (attach Schedule		2020 (.0		, 2	.020 (a	illaon oc	Jiicaala	, 111)
4 Nebraska personal exemptions. (Enter	•									
a Yourself. If someone can claim you							4 a	1		
b Spouse. Married filing jointly returns	s, if someone can claim	your spouse as a	depend	dent leav	ve blank		4 b			
C Dependents, if more than three	, see instructions	Dependent's	S							
First Name	Last Name	Social Security No	umber							
				Total n	number of					
				depen	dents liste	d	4 c			
Total Nebraska personal exemptions –						<u>.</u>			4	1
5 Federal adjusted gross income (AGI) (I				eave bla	nk		5	10,	000.	00
6 Nebraska standard deduction (if you ch	•									
see instructions; otherwise, enter \$7,00										
qualified widow[er]; \$7,000 if married, filing					7,000.	00				
7 Total itemized deductions (line 17, Fede			_			00				
8 State and local income taxes (line 5a, S					0.	-				
9 Nebraska itemized deductions (line 7 n					0.	00				
10 Nebraska standard deduction or the Ne			_					_		
(the larger of line 6 or line 9)							10		000.	00
11 Nebraska income before adjustments (11	3,	000.	00
12 Adjustments increasing federal AGI (lir						00				
13 Adjustments decreasing federal AGI (li			_		Danislanda.	00				
14 Nebraska Taxable Income (enter line 1	•	•						2	000	00
complete lines 15 and 16. Partial-year			br. Scn	. III belo	re continu	ing .	14	٥,	000.	00
15 Nebraska income tax (Partial-year resi			lo l							
from line 9, Nebraska Schedule III. Pap All others must use Tax Calculation Sc	·				7.4					
16 Nebraska other tax calculation:	riedule.)		15		74.	00				
a Federal Tax on Lump-Sum Distribution	ns (Endoral Form 4072)	16 a ¢								
b Federal tax on early distributions (les		10 α φ								
Form 5329 or line 6, Sch. 2, Federal F		16 h ¢								
c Total (add lines 16a and 16b)	•									
Residents multiply line 16c by 29.6%										
on line 16. Partial-year residents and			0							
Nebraska Schedule III			16			00				
17 Total Nebraska tax before Nebraska pe						00				
Do not pay the amount on this line. Pay		•					17		74.	00

18	Nebr. personal exemption credit for residents only (\$140 times the number on line 4)	18	140. C	00		
19	Credit for tax paid to another state, line 6, Nebraska Schedule II					
	(attach Nebraska Schedule II and a copy of the other state's return)	19	C	00		
	Credit for the elderly or disabled (attach copy of Federal Schedule R)		C	00		
	Community Development Assistance Act credit (attach Form CDN)		C	00		
	Form 3800N nonrefundable credit (attach Form 3800N)	22	C	00		
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more					
	than \$29,000 (attach a copy of Federal Form 2441 and see instructions)			00		
	Credit for financial institution tax (attach Form NFC)			00		
	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)			00		
	School Readiness Tax Credit for providers (see instructions)			00		
	Total nonrefundable credits (add lines 18 through 27)			2	8 140.	00
	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is					"
	enter -0-). If the result is greater than your federal tax liability, see page 10 in the in					
	federal tax, check box and attach a copy of the federal return		_	2	9 0.	00
30	Total Nebraska income tax withheld (attach 2020 Forms, see instructions)					
	a W-2\$ b K-1N\$					
	c W-2G, 1099-R,1099-MISC, 1099-NEC or others \$0	30	426. c	00		
31	2020 estimated income tax payments (include any 2019 overpayment credited to					
	2020 and any payments submitted with an extension request)		C	00		
	Form 3800N refundable credit (attach Form 3800N)	32	C	00		
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less					
24	(attach a copy of Form 2441N)	34		00		
	Nebraska earned income credit. Enter number of qualifying children 97	34		00		
00	Federal credit 98 \$.00 x .10 (10%) (attach pages 1-2 of federal return)	35		00		
36	Nebraska Property Tax Incentive Act Credit (attach Form PTC)			00		
	Credit for qualified Volunteer Emergency Responders (see instructions)			00		
	School Readiness Tax Credit for qualified staff members (see instructions)		C	00		
39	Total refundable credits (add lines 30 through 38)			3	9 426.	00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Fo					
	or greater, or used the annualized income method, attach Form 2210N, and check					00
	Total tax and penalty. Add lines 29 and 40			4	1 0.	00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (s		•			
	Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases subject to lead tax 92 \$ (purchases subject to state tax 92 \$ (purchases subject tax 92 \$			9/ \		
	Enter purchases subject to local tax 93 \$Local tax 94 \$ (purch 95 Local code(see local rate schedule);	lases x local i	ate of	%)		
	Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line	e 42		4	2 0.	00
43	Total amount due . If line 39 is less than total of lines 41 and 42, subtract line 39 fi				3.	
	and 42. Pay this amount in full. For electronic or credit card payment, check here			4	3	00
44	Overpayment. If line 39 is more than total of lines 41 and 42, subtract total of lines	41 and 42 fr	om line 39.	4	426.	00
	Amount of line 44 you want applied to your 2021 estimated tax	45	C	00		
	Wildlife Conservation Fund donation of \$1 or more	46		00		
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your	_	-		406	00
/1Ω	issued by July 15, if your paper return is filed by April 15 (see instructions) a Routing Number 48b Type of Accou		= Checking		7 426. = Savings	00
70	3 2 2 2 7 1 6 2 7	1	- Officialing		- Javings	
48	c Account Number 9 3 5 0 3 7 0 8 0				Denosi	iŧ
	d Check this box if this refund will go to a bank account outside the United State	<u> </u>				-
+0	Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to		souledes and b	aliaf ii	tic two comest and com	nloto
S	ign	the best of my ki	lowledge and L	Jellel, II	t is true, correct, and comp	piete.
	UAIA	THI0529@G	MAIL.COM	1		
	(510)766_9535	aress				
is ret our re	copy of urm for cords. Spouse's Signature (if filing jointly, both must sign) Daytime Phone					
	paid	00000				
	Preparer's Signature Date Preparer	82703 's PTIN				
us	e only GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041 30-10	017196			(678)965-9	9522
	Print Firm's Name (or yours if self-employed), Address and Zip Code EIN	CG	REV 04/08/2	24 DDO	Daytime Phone	