(Rev. Augu	Form OO/J IRS <i>e-file</i> Signature Authorization									OMB No. 1545-0074		
Denertmen	Rev. August 2020) ► ERO must obtain and retain completed Form 8879.									0110110.1040-0074		
	t of the Treasury venue Service	► Go	o to www.irs.gov	/Form8879 for	the latest info	ormation						
Submiss	ion Identificat	tion Number (SID)										
Faxpayer's	name							Social sec	urity numl	ber		
		CHELUKALA				_ 1			3-209			
Spouse's r	name				I I			Spouse's	social sec	urity number		
Part I	Tax Ret	urn Information –	Tax Year End	ing Decemb	er 31,	(E	inter	year you	ı are au	thorizing.)		
		nly on lines 1 through 5										
		filers use line 4 only. Le							4	40 654		
		s income							1	42,654. 3,436.		
		e tax withheld from For								5,058.		
										3,422.		
	mount you ov	we							5			
Part II	Тахрауе	er Declaration and S	Signature Aut	horization (l	Be sure yo	u get a	nd k	eep a co	opy of y	our return)		
axes to bersonal electronic	days prior to the receive confider identification not Funds Withdra	t the U.S. Treasury Fina he payment (settlement) of ential information necess umber (PIN) below is my awal Consent. ck one box only	date. I also author ary to answer inc	ize the financia quiries and reso	l institutions ir olve issues rel	nvolved ir lated to t	n the the pa	processing ayment. I t	of the el	lectronic payment on knowledge that the		
	signature on I will enter m	GLOBAL TAXES LI	O firm name (original or ame on the income	tax return (orig	ginal or ame	g. nded) I a	am no netho	ny PIN	Enter five don't ente			
/our sig	signature on I will enter m if you are en below. nature ►	GLOBAL TAXES LI FF the income tax return y PIN as my signature	O firm name (original or ame on the income	tax return (orig	— w authorizing ginal or amer	g. nded) I a ler PIN r	am no netho	ny PIN	Enter five don't ente	digits, but er all zeros		
/our sig	signature on I will enter m if you are en below. nature ► ?s PIN: check I authorize signature on I will enter m	GLOBAL TAXES LI	O firm name (original or ame on the income nd your return i O firm name (original or ame on the income	tax return (orig s filed using t nded) I am nor tax return (orig	w authorizing ginal or amen he Practition to enter w authorizing ginal or amen	g. nded) I a ler PIN r Date or gener g. nded) I a	am no metho rate r	ny PIN C ow author od. The E ny PIN [Enter five don't enter izing. Cl RO mus Enter five don't enter izing. Cl	as my digits, but ar all zeros neck this box only t complete Part II digits, but er all zeros neck this box only		
Your sig	signature on I will enter m if you are en below. nature ► 2s PIN: check I authorize signature on I will enter m if you are en below.	GLOBAL TAXES LI	O firm name (original or ame on the income nd your return i O firm name (original or ame on the income	tax return (orig s filed using t nded) I am nor tax return (orig	w authorizing ginal or amen he Practition to enter w authorizing ginal or amen	g. nded) I a ler PIN r Date or gener g. nded) I a ler PIN r	am no netho rate r am no netho	ny PIN C ow author od. The E ny PIN [Enter five don't enter izing. Cl RO mus Enter five don't enter izing. Cl	as my digits, but ar all zeros neck this box only t complete Part II digits, but er all zeros neck this box only		
Your sig	signature on I will enter m if you are en below. nature ► 2s PIN: check I authorize signature on I will enter m if you are en	GLOBAL TAXES LI	O firm name (original or ame on the income nd your return i RO firm name (original or ame on the income nd your return i	tax return (orig s filed using th nded) I am nor tax return (orig s filed using th	w authorizing ginal or amer he Practition to enter w authorizing ginal or amer he Practition	g. nded) I a ler PIN r Date or gener g. nded) I a ler PIN r Date	am no netho rate r am no netho	ny PIN C ow author od. The E ny PIN [Enter five don't enter izing. Cl RO mus Enter five don't enter izing. Cl	as my digits, but ar all zeros neck this box only t complete Part II digits, but er all zeros neck this box only		
Your sig Spouse' Spouse'	signature on I will enter m if you are en below. nature ► 2s PIN: check I authorize signature on I will enter m if you are en below. s signature ►	GLOBAL TAXES LI	O firm name (original or ame on the income nd your return i RO firm name (original or ame on the income nd your return i ioner PIN Met	tax return (orig s filed using the nded) I am nov tax return (orig s filed using the hod Returns	w authorizing ginal or amen he Practition to enter w authorizing ginal or amen he Practition	g. nded) I a ler PIN r Date or gener g. nded) I a ler PIN r <u>Date</u>	am no netho rate r am no netho	ny PIN C ow author od. The E ny PIN [Enter five don't enter izing. Cl RO mus Enter five don't enter izing. Cl	as my digits, but ar all zeros neck this box only t complete Part II digits, but er all zeros neck this box only		
Your sig Spouse' Spouse' Part III	signature on I will enter m if you are en below. nature ► 2s PIN: check I authorize signature on I will enter m if you are en below. s signature ►	GLOBAL TAXES LI the income tax return by PIN as my signature tering your own PIN a cone box only F the income tax return by PIN as my signature tering your own PIN a Practit	O firm name (original or ame on the income nd your return i O firm name (original or ame on the income nd your return i ioner PIN Met ation – Prac	tax return (orig s filed using the nded) I am nov tax return (orig s filed using the hod Returns titioner PIN	w authorizing ginal or amen he Practition to enter w authorizing ginal or amen he Practition	g. nded) I a ler PIN r Date or gener g. nded) I a ler PIN r Date inue be nly	am no netho rate r am no netho	ny PIN Contract of the power of	Enter five don't enter izing. Cl RO mus Enter five don't enter izing. Cl	digits, but as my digits, but t complete Part II digits, but er all zeros neck this box only digits, but er all zeros neck this box only t complete Part II		
Your sig Spouse' Spouse' Part III ERO's E	signature on I will enter m if you are en below. nature ► 2s PIN: check I authorize signature on I will enter m if you are en below. s signature ► Certifica FIN/PIN. Ent	GLOBAL TAXES LI the income tax return ay PIN as my signature tering your own PIN a cone box only F the income tax return by PIN as my signature tering your own PIN a Practit ation and Authentic	O firm name (original or ame) on the income nd your return i O firm name (original or ame) on the income nd your return i ioner PIN Met ation — Prac ollowed by your	tax return (orig s filed using the nded) I am nov tax return (orig s filed using the hod Returns titioner PIN five-digit self- ature for the election	w authorizing ginal or amer he Practition to enter w authorizing ginal or amer he Practition Only—cont Method Or -selected PIN etronic indivic a. I confirm th	g. nded) I a ler PIN r Date or gener g. nded) I a ler PIN r Date inue be nly N. 5	am no netho rate r am no netho low 8	ny PIN Conversion of the provided of the provi	Enter five don't enter don't enter izing. Cl RO mus Enter five don't enter izing. Cl RO mus 8 6 enter all ze riginal or eturn in a	as my digits, but rail zeros neck this box only t complete Part II as my digits, but er all zeros neck this box only t complete Part II 1 9 8 9 eros amended) I am nov accordance with th		
Your sig Spouse' Spouse' Part III ERO's E	signature on I will enter m if you are en below. nature ► 2s PIN: check I authorize signature on I will enter m if you are en below. s signature ► Certifica FIN/PIN. Ent	GLOBAL TAXES LI the income tax return ay PIN as my signature tering your own PIN a cone box only F the income tax return ay PIN as my signature tering your own PIN a Practit ation and Authentic rer your six-digit EFIN for humeric entry is my PIN, (year indicated above for	O firm name (original or ame) on the income nd your return i O firm name (original or ame) on the income nd your return i ioner PIN Met ation — Prac ollowed by your	tax return (orig s filed using the nded) I am nov tax return (orig s filed using the hod Returns titioner PIN five-digit self- ature for the election	w authorizing ginal or amer he Practition to enter w authorizing ginal or amer he Practition Only—cont Method Or -selected PIN etronic indivic a. I confirm th	g. nded) I a ler PIN r Date or gener g. nded) I a ler PIN r Date inue be nly N. 5	am no netho rate r am no netho elow 8 8	ny PIN Conversion of the provided of the provi	Enter five don't enter don't enter izing. Cl RO mus Enter five don't enter izing. Cl RO mus 8 6 enter all ze riginal or eturn in a	as my digits, but rail zeros neck this box only t complete Part II as my digits, but er all zeros neck this box only t complete Part II 1 9 8 9 eros amended) I am nov accordance with th		

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 8 • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 42,654. • Married filing jointly or Qualifying widow(er), \$24,800 • 10 Adjustments to income: 10a • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income 10b 10c	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	20	OMB No. 1545	5-0074	IRS Use	Only	—Do not w	rite or staple	in this space.	
Check only person is a child but not your dependent ► Vour first mare and middle initial Vour first mare and middle initial Vour first mare and middle initial Last name CHELUKALA Your social security number 718 – 63 - 20 95 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 0 + 000 +	Filing Status		Single Married filing jointly	Marrie	d filing separatel		S) Head of	house				ifving wid		
One DOX. person is a child but not your dependent ► Your first name and middle initial Last name Your social security number VEINKAT RATNAM CHELUIXALA 718 – 63 – 2095 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 Po. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spouse if ing control office. If you have a foreign address, also complete spaces below. State ZIP code Openational indice initial City, town, or poort office. If you have a foreign address, also complete spaces below. State ZIP code Openational indice initial Vour Social security number Foreign country name Foreign province/state/county Foreign postal code You Spouse it minices on a separate return or you were a dual-status alien Age/Blindness Someone can claim: You so a dependent Poole You 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 You Presidendential Beduction for You: Ware born before January 2, 1956 Are blind Spouse You	-				• ·				``	,		, ,	. , . ,	
VENKAT RATNAM CHELUKALA 718-63-2095 Hjoint 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. Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. NJ 0881.7 Oncek there if you, or your spouse if fling jointly, want S3 Foreign country name Foreign province/state/county Foreign postal code you it as or refund. You Spouse itemizes on a separate return or you were a dual-status allen Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You Were born before danuary 2, 1956 Are blind Spouse: Was born before danuary 2, 1956 Is blind Dependents (see instructions): (f) First name (g) social security (g) Relationship (H // if qualifies for (see instructions): If more inductor 1 42, 630. 2b 24. 2b 24. Attach 3a b b b 3b 3b 3b 3b 3b 3b 3b 3c 3c 3c 3c 3c 3c 3	one box.		-	-	, ea. epeacer , e						0 01110 0		ie quuiijiiig	
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. Presidential Election Campaign 427 FOREST DR City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Chock here if you, or your Foreign country name Foreign province/state/county Foreign post office. If you have a foreign address, also complete spaces below. State ZIP code your tax or refund. Foreign country name Foreign province/state/county Foreign post office. If you have a dependent You Spouse if Ming jointly, want S3 Standard Someone can claim: You as a dependent You ryou result allen You Spouse if was born before January 2, 1956 Is bind Dependents (see instructions): (2) Social security (3) Relationship (4) If qualifies tor (see instructions): Credit for other dependents If or dependents	Your first name	and mi	iddle initial	Last na	me						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 City, town, or post office. If you have a foreign address, also complete spaces below. NJ Distance BID ISON NJ OssB17 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You You Spouse Age/Blindness You Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents, see instructions): (i) First name Last name number Cheid tax credit Celet tor due dependent to you If more reginered 1 42, 630. 1 42, 630. Attach 2a b Tax-exempt interest 2a b Taxabel amount 4b Series and reginered finding structions if required. If equired, the structions if you and the str	VENKAT I	AM	CHEL	JUKALA						718-	718-63-2095			
427 FOREST DR Check here if you, or you Check here if you, or you City, town, or post office. If you have a foreign address, also complete spaces below. NJ 0.8817 Foreign country name Foreign province/state/county Foreign postal code you tax or refund. Foreign country name Foreign province/state/county Foreign postal code you tax or refund. Standard Someone can claim: You as a dependent You resolves as a dependent You spouse as a dependent 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: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) 4/ fir qualifies for (see instructions): If more than four 1 42, 630. 1 42, 630. Attach 2 3a b b Cordinary dividends 3b Ges adaries, tips, etc. Attach Form(s) W-2 1 42, 630. 3b 24. 3b Standard 0 3a b	lf joint return, s	s first name and middle initial	Last na	me				Spouse?			ouse's social security number			
Clip, Win, Or Dock Direc, In your have a lobeling raddress, also complete spaces below. State 20* Ode to go to this fund, Checking a box below with oct change your tax or refund. Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign postal code 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 Deduction Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent 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 (2) Relationship (4) 4// if quillifies for (see instructions): (1) 42,630. if more				instructio	ons.			,	Apt. no.					
EDISON NJ 08817 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can clain: You a dependent You postal code Yes No Standard Someone can clain: You as a dependent You resource Yes No Age/Blindness You: Ware born before January 2, 1956 A re 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 ¹ I qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) V ¹ I qualifies for (see instructions): and check	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	St	tate	ZIP c	ZIP CODE					
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 Xes Standard Someone can claim: You as a dependent Your spouse as a dependent Yeur spouse as a dependent 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) ✔ if qualifies for (see instructions): If more (1) First name Last name number Image: Color of the dependents in and check Image: Color of the dependents Image: Color of the dependents Image: Color of the dependents see instructions Image: Color of the dependents Image: Color of the dependents Image: Color of the dependents here ▶ Image: Color of the dependents Image: Color of the dependents Image: Color of the dependents see instructions Image: Color of the dependents Image: Color of the dependents and check	EDISON							08817			5			
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 Age/Blindness You: Were 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) I' dr qualifies for (see instructions): If more (1) First name Last name Immber 10 you Child tax credit Credit for other dependents see instructions Immber Immber <td>Foreign country</td> <td>/ name</td> <td></td> <td>F</td> <td>oreign province/sta</td> <td>ate/cou</td> <td>nty</td> <td colspan="3">Foreign postal code</td> <td colspan="3"> · ·</td>	Foreign country	/ name		F	oreign province/sta	ate/cou	nty	Foreign postal code			· ·			
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are 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 (2) Social security (3) Relationship (4) If if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (4) If if qualifies for (see instructions): If an check Image: the second se												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 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 (1) First name Last name number (b) You Child tax credit Credit for other dependents, see instructions see instructions	At any time du	ring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	ire any	y financial intere	est in a	any virtua	ıl cu	rrency?	Yes	X No	
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (1) First name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): See instructions and check here ▶ (1) First name Last name (1) First name <				•										
If more than four dependents, see instructions and check Last name number to you Child tax credit Credit for other dependents see instructions and check	Age/Blindness	S You:	Were born before January 2, 1	956 🗌	Are blind	Spous	e: 🗌 Was bo	rn bef	ore Janua	ary 2	2, 1956	🗌 ls bl	lind	
If more than four dependents, see instructions and check Last name number to you Child tax credit Credit for other dependents see instructions and check	Dependents	s (see	instructions):		(2) Social secu	urity	(3) Relations	nip	(4) 🗸	'if qu	ualifies for	r (see instru	uctions):	
than four dependents, see instructions and check here Tax-exempt interest	-				number	,		·						
see instructions and check here ▶ □ □ Attach Sch. B if required. 2a b Taxable interest □ Attach Sch. B if required. 2a b Taxable interest 2b 24. 3a Qualified dividends 3a b Ordinary dividends 3b 2b 24. 5a B Qualified dividends 3a b Ordinary dividends 3b 3b 5a Sa b Taxable amount 4b 5b 5a Sa b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 5b 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 0 10 42,654. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total adjustments to income > 9 42,654. 10 Adgustments to income: 10 10 42,654. 10 9 Add lines 10a and 10b. These are your total adjustments to income > 11 42,654. 11 Subtract line 10c from lin	than four													
and check here image: state in the state inthe state in the s		·							[
Attach 2a 1 42,630. Sch. B if 3a 2a b Tax-exempt interest 2b 24. Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b Yequired. 4a IRA distributions 4a b Ordinary dividends 3b Standard 4a IRA distributions 5a b Taxable amount 4b Standard 5a Pensions and annuities 5a 5a b Taxable amount 5b Standard 6a Social security benefits 6a b Taxable amount 5b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 9 42,654. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 10b 10b 10a From Schedule 1, line 22 1									[
Attach 2a Tax-exempt interest 2a b Taxable interest 2b 24. 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 5b 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 8 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10b 9 42, 654. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10b 10c 10c 10 Adjustments to income: 10b 10b 11 42, 654. 9 42, 654. 10 Add lines 10a and 10b. These are your total adjustments to income 11 42, 654. 14 Add lines 12 and 13 13 14 12	here 🕨 📃								[
Sch. B if 2a 1axeXempt interest 2a 24 required. 3a Qualified dividends 3a a IRA distributions 4a b b Taxable amount 3b b Taxable amount 4b b Taxable amount 4b b Taxable amount 4b b Taxable amount 5b capital gain or (loss). Attach Schedule D if required. If not required, check here 7 office or Married filing jointly or Qualifying widow(er), \$24,000 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 a From Schedule 1, line 22 10a 10 Adjustments to income: 10b 0ualifying widow(er), \$24,000 C Add lines 10a and 10b. These are your total adjustments to income 10c 11 42,654. 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 12,400. 15 30,254.		1	Wages, salaries, tips, etc. Attach	Form(s) W-2							. 1			
required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Ga b Taxable amount 5b 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 8 9 42,654. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 42,654. 10 Adjustments to income: 10a 10b 10c 9 Add lines 10a and 10b. These are your total adjustments to income 10c 11 42,654. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 42,654. 12 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 12 12,400. 14 12,400. 14 12,400.		2 a	Tax-exempt interest	2a		b	Taxable interes	st.			. 2b		24.	
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 Standard 6a Social security benefits 6a b Taxable amount 5b Single or Capital gain or (loss). Attach Schedule D if required. If not required, check here Formation 7 8 Other income from Schedule 1, line 9 Social security benefits 8 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 9 42, 654. 10 Adjustments to income: 10a 10b 10b 10c 11 Add lines 10a and 10b. These are your total adjustments to income 10b 11 42, 654. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 42, 654. 12 12, 400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 12 12, 400. 14 12, 400. 14 12, 400. 14 <		3a	Qualified dividends 3a		а						. 3b			
Standard Deduction for- 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 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 42,654. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 9 42, 654. 9 10 Adjustments to income: 10a 9 Add lines 10a and 10b. These are your total adjustments to income 10b 9 Subtract line 10c from line 9. This is your adjusted gross income 11 42,654. 11 42,654. 12 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 15 30,254. 15 30,254.		4a	IRA distributions	4a	1						. 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 • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 10, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 42,654. • 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 • • • • • • • • • • • • • • • • • • •		5a	Pensions and annuities	5a		b	Taxable amour	nt		• •	. 5b	_		
 Single or Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 Head of household, \$18,650 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 	Standard	6a	···· , ··· _								. <u>6b</u>	_		
Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 42,654. 9 42,654. 9 42,654. 9 42,654. 9 42,654. 9 42,654. 9 42,654. 9 42,654. 9 42,654. 9 42,654. 9 42,654. 9 42,654. 9 42,654. 10a 10a 10a 10b 9 42,654. 10a 10b 10b 10c 11 42,654. 11 42,654. 11 42,654. 11 42,654. 11 42,654. 12 12,400. 13 14 12,400. 14 12,400. 13 15 30,254.		7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	_		
\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 42,654. Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a b Charitable contributions if you take the standard deduction. See instructions 10b 10b 10c Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income 10c 11 42,654. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 42,654. 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 13 30,254. 15 30,254.	Married filing	8									. 8	_		
jointly or Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income 10b 11 Subtract line 10c from line 9. This is your adjusted gross income 11 42,654. 14 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 4 Add lines 12 and 13 11. If zero or less, enter -0- 14 15 30,254.		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								▶ 9	-	42,654.	
Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income 10c 11 42,654. 11 42,654. If you checked any box under Standard Deduction, see instructions. 12 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 12 12 14 Add lines 12 and 13	 Married filing iointly or 	10	Adjustments to income:											
\$24,800 b Chainable contributions if you take the standard deduction. See instructions 100 • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income	Qualifying	а	From Schedule 1, line 22			•	10	а			_			
household, \$18,65011Subtract line 10c from line 9. This is your adjusted gross income142,654.If you checked any box under Standard Deduction, see instructions.12Standard deduction or itemized deductions (from Schedule A)1212,400.13Qualified business income deduction. Attach Form 8995 or Form 8995-A131412,400.14Add lines 12 and 131412,400.15Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-1530,254.	widow(er), \$24,800	b	Charitable contributions if you take	the stan	idard deduction.	See ins	structions 10	b						
\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 42,054. • 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 13 14 Add lines 12 and 13 11. 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 30,254.	Head of household	С										-		
any box under Standard Deduction, see instructions.131314Add lines 12 and 13				,			ə			. 1	► <u>11</u>			
Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 Deduction, see instructions. 14 Add lines 12 and 13 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 30,254.	 If you checked any box under 	12								•	. 12		12,400.	
see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduct	ion. Atta	ach Form 8995 or	Form	8995-A			• •	. 13			
											_	-		
)	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ent	ter -0				. 15			

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

Form **1040** (2020)

Form 1040 (2020))											Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌	4972	3			16	3,	436.
	17	Amount from Schedule 2, lin	e3							17		
	18	Add lines 16 and 17								18	3,	436.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lin	e7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	3,	436.
	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	3,	436.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	5	,058			
	b	Form(s) 1099					25b					
	С	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								25d	5,	058.
• If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20)19 return					26		
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)			^{No}	<u>.</u>	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 .				30	1	,800			
	31	Amount from Schedule 3, lin	e13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and i	refunda	ble cr	edits	. 🕨	32	1,	800.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	б,	858.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the	e amoun	nt you	overpaid		34	3,	422.
neruna	35a	Amount of line 34 you want			3 is attache	ed, chec	k here			35a	3,	422.
Direct deposit?	►b	Routing number 0 4 4			► с Тур	e: X	Check	king 🗌	Saving	s		
See instructions.	►d	Account number 8 7 0	8 0 8 3	0 5				_				
	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 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.							r			
how to pay, see instructions.	38	Estimated tax penalty (see in	-				38					
Third Party		you want to allow another										
Designee		tructions	•					Yes. Co	omplete	e below.	× No	
	De	Designee's		Phone			Pers	Personal identi				
	nar	me 🕨		no. 🕨				numl	oer (PIN)			
Sign		der penalties of perjury, I declare t										
Here		ief, they are true, correct, and com	plete. Declaration of				sed on	all information				
	Yo	Your signature		Date Your occupation		pation					nt you an Iden IN, enter it her	
Joint return?				VALIDATION						e inst.)		Ť
See instructions.	Sp	ouse's signature. If a joint return, i							the IRS set	nt your spouse	an an	
Keep a copy for								Ide	entity Prote	ection PIN, en		
your records.									(se	ee inst.) 🕨		
		one no.		Email address								
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA T	ALLAM	01/2	27/2021	P020	82703	Self-em	ployed
Use Only	Fin	Firm's name ► GLOBAL TAXES LLC					Ph	none no. (678)965-	-9522		
	Fin	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 3	0041			Fir	rm's EIN 🕨	30-101	17196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	<u>م</u>	REV	01/15/21 PRC)		Form 10	40 (2020)