E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single X Married filing jointly Cubecked the MFS box, enter the nonis a child but not your dependent	ame of y									
Your first name and middle initial				Last name						Your social security number		
RAGHAVENDRA G				REVANNA					726-72-4397			
If joint return, spouse's first name and middle initial				me				Spous	Spouse's social security number			
SANDHYA				CHANNAPURA PARAMESHW					APPLIED FOR			
Home address (number and street). If you have a P.O. box, see instructions.							Apt. no.	Presid	ential Electi	ion Campaign		
9803 VALLEY RANCH PKWY W							1154		here if you			
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State ZIF			code code		9.	ntly, want \$3 Checking a		
Irving				TX			5063	_	box below will not change			
Foreign country name				Foreign province/state/county Foreign				e your ta	ax or refund You	l. Spouse		
At any time du	ring 20	20, did you receive, sell, send, excl	nange, o	or otherwise acquire	any financial	interest i	n any virtual o	currency'	? Yes	⊠ No		
Standard Deduction	_	eone can claim:	•			dent						
Age/Blindness	You:	☐ Were born before January 2, 1	956	Are blind Spo	use: 🗌 Wa	s born b	efore January	, 2, 1956	☐ Is b	lind		
Dependents	s (see	instructions):		(2) Social security		tionship	(4) 🗸 if	qualifies f	for (see instru	uctions):		
If more	(1) F	rst name Last name		number	to	you	Child tax	credit	Credit for of	ther dependents		
than four												
dependents, see instruction	s ——											
and check									 	<u> </u>		
here ▶												
A++	_1_	Wages, salaries, tips, etc. Attach F	Form(s) \	N-2				_		74,554.		
Attach Sch. B if required.	2a	'	2a		b Taxable in	terest		· —	2b			
	3a	Qualified dividends						. 3	Bb			
	4a	_	4a		b Taxable ar	mount .		_	lb			
	5a	_	5a		b Taxable ar				ib			
Standard Deduction for— Single or	6a	, , , , , ,	6a		b Taxable ar				6b 7			
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐										
Married filing separately,	8	Other income from Schedule 1, lin	e9					_	8			
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inco	ome			> (9	74,554.		
Married filing jointly or	10	Adjustments to income:										
Qualifying	а	From Schedule 1, line 22				10a						
widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b						
	С	Add lines 10a and 10b. These are	your tot	al adjustments to ir	ncome .			▶ 10	0с			
	11	Subtract line 10c from line 9. This	is your a	adjusted gross inco	me			▶ 1		74,554.		
	12	Standard deduction or itemized	deducti	ions (from Schedule	A)			. 1	2	24,800.		
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A										
	14	Add lines 12 and 13						. 1	_	24,800.		
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less,	enter -0			. 1	5	49,754.		

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 8814 2 4972 3	16	5,578.					
	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	5,578.					
	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	5,578.					
	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	5,578.					
	25	Federal income tax withheld from:							
	а	Form(s) W-2							
	b	Form(s) 1099							
	С	Other forms (see instructions)							
	d	Add lines 25a through 25c	25d	6,696.					
	26	2020 estimated tax payments and amount applied from 2019 return	26						
 If you have a L qualifying child, 	27	Earned income credit (EIC)							
attach Sch. EIC. If you have	28	Additional child tax credit. Attach Schedule 8812							
nontaxable	29	American opportunity credit from Form 8863, line 8							
combat pay, see instructions.	30	Recovery rebate credit. See instructions	-						
	31	Amount from Schedule 3, line 13							
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.					
	33	Add lines 25d, 26, and 32. These are your total payments	33	8,496.					
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,918.					
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □	35a	2,918.					
Direct deposit?	▶b	Routing number 1 1 1 1 0 0 0 0 2 5 ► c Type: X Checking Savings		<u> </u>					
See instructions.	►d	Account number 4 8 8 0 9 1 1 5 5 8 5 8							
	36	Amount of line 34 you want applied to your 2021 estimated tax 36							
Amount	37	Subtract line 33 from line 24. This is the amount 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 instructions)							
Third Party		you want to allow another person to discuss this return with the IRS? See							
Designee		structions		X No					
		signee's Phone Personal identif me ► no. ► number (PIN) ►							
Cian		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		t of my knowledge and					
Sign		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
Here	Yo			t you an Identity					
	k			N, enter it here					
Joint return? See instructions.		BOITWING ENGINEER	inst.) ►	<u> </u>					
Keep a copy for	Sp			it your spouse an ection PIN, enter it here					
your records.			inst.) ▶						
	Ph	one no. Email address							
	Pre	eparer's name Preparer's signature Date PTIN		Check if:					
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/19/2021 P02082	2703	Self-employed					
Preparer	Fir	m's name ► GLOBAL TAXES LLC Phor	e no. (678)965-9522					
Use Only	Fir	0500 - 117 - 1 - 1 - 1 - 00045	s EIN ►	30-1017196					
Go to www.irs.go	ov/Forn	m1040 for instructions and the latest information. BAA REV 01/08/21 PRO		Form 1040 (2020)					



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return **d** Dependent of U.S. citizen/resident alien If d, enter relationship to U.S. citizen/resident alien (see instructions) e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ RAGHAVENDRA GOWDA REVANNA f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number 1a First name Middle name Last name Name SANDHYA CHANNAPURA PARAMESHWARAPPA (see instructions) Middle name 1b First name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 9803 VALLEY RANCH PKWY W Apt 1154 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75063 Irving USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 11/05/1987 KARNATAKA Information TNDTA ▼ Female 6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other TNDTA н4 P6992764 12/31/2021 Information 6d Identification document(s) submitted (see instructions) Driver's license/State I.D. X Passport USCIS documentation Other Date of entry into the United States No.: N1117400 Exp. date: 07/08/2025 Issued by: INDIA (MM/DD/YYYY): 11/21/2019 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ **IRSN** and name under which it was issued First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company PTIN **Use ONLY** Office code