E1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		<sup>(99)</sup> 202	20	OMB No. 1545	-0074	IRS Use Only	y—Do not v	vrite or staple	in this space.	
Filing Status Check only one box.	lf yc	Single X Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separatel your spouse. If yo				hold (HOH)	Qua	llifying wid	low(er) (QW)	
Your first name	and m	iddle initial	Last na	me					Your so	cial securi	ty number	
RAGHAVE	NDRA	G	REVA	NNA					726-	726-72-4397		
If joint return, s	pouse's	s first name and middle initial	Last na		Spouse	's social se	curity number					
SANDHYA	C			MESHWARAPF	APPT	IED FO	R					
	-	er and street). If you have a P.O. box, see					A	Apt. no.			on Campaign	
9803 VA	LLEY	RANCH PKWY W						1154	1	here if you,		
		ce. If you have a foreign address, also co	mplete s	te spaces below. State Z				ode			ntly, want \$3	
Irving		,,				X	750			to go to this fund. Checking a box below will not change		
Foreign countr	v name		1	- oreign province/sta					your tax or refund.			
r oroigir oounu	y name		.	orolgin provinco, ou	210/000				,	You	Spouse	
At any time du	iring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acqu	lire any	financial intere	est in a	iny virtual ci	urrency?	Yes	X No	
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate retur	n or you	were a dual-stat	tus aliei							
Age/Blindnes	s You	Were born before January 2, 1	956 🗋	_ Are blind	Spouse	e: 📋 Was bo	rn befo	ore January		ls b	-	
Dependent	<b>s</b> (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip			r (see instru	ictions):	
If more	<b>(1)</b> F	irst name Last name	number			to you		Child tax c	credit	Credit for ot	her dependents	
than four												
dependents, see instructions												
and check												
here 🕨 📃												
	1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2					. 1		74,554.	
Attach	2a	Tax-exempt interest	2a	<b>b</b> Taxable interest					. 2b	)		
Sch. B if required.	<u>3a</u>	Qualified dividends	3a			Ordinary divide	nds .		. 3b	)		
	4a	IRA distributions	4a		b 1	<b>b</b> Taxable amount			. 4b	)		
	5a	Pensions and annuities	5a b T			Faxable amoun	t		. 5b	)		
Standard	6a	Social security benefits	6a b Taxable amount							)		
Deduction for -	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line 9										
separately, \$12,400	9	Other income from Schedule 1, line 9         .									74,554.	
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22										
widow(er),	b	Charitable contributions if you take	the star	dard deduction.	See inst	tructions 10	b					
\$24,800 • Head of	с	Add lines 10a and 10b. These are	▶ 10	c								
household,	11	Add lines 10a and 10b. These are your <b>total adjustments to income</b>									74,554.	
\$18,650 If you checked	12	Standard deduction or itemized deductions (from Schedule A)									24,800.	
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A										
Deduction,	14	Add lines 12 and 13								<b>}</b>	24,800.	
see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0									49,754.	
				2 2010 01 10	20, 0110				. 15		1010	

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	ı(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌			16	5,578.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	5,578.
	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	5,578.
	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 <b>total tax</b>					. 🕨	24	5,578.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	6	,696.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	6,696.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	1	,800.		
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refun	dable cı	redits	. 🕨	32	1,800.
	33	Add lines 25d, 26, and 32. These are your total payments							33	8,496.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amo	ount you	overpaid		34	2,918.
	35a	Amount of line 34 you want			3 is attached, ch	neck here	e		35a	2,918.
Direct deposit?	►b	Routing number 1 1 1				X Chec	king 🗌 🤅	Savings		
See instructions.	►d	Account number 4 8 8	0 9 1	1 5 5	5 8 5 8					
	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 <b>amo</b>	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 1	2e, and its instru	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another					_			_
Designee		structions				. 🕨		•		× No
		signee's ne ►		Phone no.				onal iden ber (PIN)	tification	
0:000		der penalties of perjury, I declare t	hat I have examine			chedules				t of my knowledge and
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If th	ne IRS ser	nt you an Identity
	<b>k</b>	N								IN, enter it here
Joint return?				SOFTWARE E			NEER		e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>I</b>	Date	Spouse's occup	ation			f the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.			HOME MAKER					see inst.)		
	Ph	one no.	Email address	Email address						
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLA	M 01/	26/2021	P0208	32703	Self-employed
Preparer		m's name ► GLOBAL TAX								678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	q GA 30041	1			n's EIN ▶	
Go to www.irs.or		n1040 for instructions and the late			BAA		/ 01/15/21 PRC			Form <b>1040</b> (2020)
						1.5				

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA

Form <b>W-7</b>
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

## Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service	e	See sepa	arate instruc	tions.							
Before you begin				-	-	-	1	🗙 Ap	ply f	pe (check one box): or a new ITIN	
								enew an existing ITIN			
must file a U.S. fo	ubmitting Form W-7. Read the ederal tax return with Form V t alien required to get an ITIN to cla	V-7 unless you	meet one							, <b>c, d, e, f,</b> or <b>g, you</b>	
	t alien filing a U.S. federal tax return		5111								
_	nt alien (based on days present in		s) filing a U.S	S. federa	l tax retur	'n					
	of U.S. citizen/resident alien   If		, 0				struc	ctions) 🕨			
e 🛛 Spouse of U		<b>d</b> or <b>e,</b> enter name RAGHAVENDRA				resident	alie	n (see ins		ions) ► 26-72-4397	
f 🗌 Nonresident	t alien student, professor, or resear	rcher filing a U.S. f	ederal tax re	turn or c	laiming ai	n except	ion				
<b>h</b> Other (see in											
-	on for <b>a</b> and <b>f</b> : Enter treaty country			and	treaty ar						
Name	1a First name SANDHYA		Middle name			Last name PARAMESHWARZ				גתנ	
(see instructions)	1b First name		Middle name			Last			ANAP	PA	
Name at birth if different		Wilde					nan				
Applicant's Mailing	<ul> <li>2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.</li> <li>9803 VALLEY RANCH PKWY W Apt 1154</li> </ul>										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	Irving TX USA 75063										
Foreign (non- U.S.) Address (see instructions)	Street address, apartment number, or rural route number. Don't use a P.O. box number.     City or town, state or province, and country. Include postal code where appropriate.										
(See Instructions)											
Birth	4 Date of birth (month / day / year)	Country of birth		City and	d state or	province	e (oj	otional)	5	Male	
Information	11/05/1987	INDIA		KARN	IATAKA				Σ	K Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	D. number (il	any)	<b>6с</b> Туре Н4	of U.S. v		(if any), n 269927		r, and expiration date 12/31/2021	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation										
								e United			
	Issued by: INDIA No.: N1117400 Exp. date: 07/08/2025 (MM							/IM/DD/Y	M/DD/YYYY): 02/14/2020		
	<ul> <li>6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?</li> <li>No/Don't know. Skip line 6f.</li> </ul>										
	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 ► ITIN IRSN									and	
	name under which it was iss	ued 🕨									
	First name Middle name Last name										
	6g Name of college/university or company (see instructions) ►										
	City and state  Length of stay										
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying 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.										
Keep a copy for your records.	Signature of applicant (if del	tions)	Date (month / day / year)			Phone number					
-	Name of delegate, if applica	ble (type or print)		Delegate's relationship to applicant			_	Parent Power of		ourt-appointed guardian	
Acceptance	Signature		Date (month / day			/ year)	Ph	hone			
Agent's		<u></u>				1	Fax				
Use ONLY	Name and title (type or print)	)	Name of company			EIN Office	I PTIN				

REV 01/15/21 PRO