Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 stocked 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 widow(er) (QW) Your first name and middle initial Last name Your social security number BKASKAR YALLANURU 125 - 68 - 37.34 If joint return, spouse's first name and middle initial Last name Spouse's social security number 13372 CANRY LANRY LANR Apt. no. ALPHARETTA Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign positioned Spouse it films demty, want 33 ALPHARETTA Foreign province/state/county Foreign positile cells Your is spouse it films demty, want 33 Spouse it films demty, want 33 Spouse it films demty, want 33 Standard Spouse itemizes on a separate return or you were a dual-status alien Quertal Spouse itemizes on a separate return or you were a dual-status al	104		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	0	OMB No. 15	45-0074	IRS Use On	ılv−Do not v	vrite or staple	in this space.	
BHASKAR YALLANURU 125-68-3734 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 13372 CANARY LANE Apt. no. Check here if you, or your Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code ALPHARETTA GA 30004 box heldw, wint of change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your (Social security or your as out-status alien) Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse interfue for (see instructions); (P or qualifies for (see instructions); If more than four dependents; Sea claim Social security (B Autonship (M or You) Spouse interfue for (see instructions); If more than four dependents; If a name If a status If a status If a status If a status Sch Bif more than cour sequired. If a status If a	Check only	s 🗙 s	Single Married filing jointly u checked the MFS box, enter the n] Married filing ame of your sp					hold (HOH)	Qua	lifying wid	low(er) (QW)	
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13372 CANARY LANE Check here if you, or you Check here Check here if you, or you <td>If joint return, s</td> <td>spouse's</td> <td>first name and middle initial</td> <td></td> <td colspan="6"></td> <td colspan="3">Spouse's social security number</td>	If joint return, s	spouse's	first name and middle initial								Spouse's social security number		
Culy, own, or post office. If you have a holegin address, also bothplete spaces below. State 20*0004 to goto this fund; Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal eads 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 Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alian 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) Petitionship (4) ✓ It qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Portianry dividends (3) 4 Standard 2a Decide dividends 3a 1 90,000. Attach 3a 1 90,000. 3b 1 Attach 5a 5a 5a 5a 5a 5b <td></td> <td></td> <td></td> <td>instructions.</td> <td></td> <td></td> <td></td> <td>ŀ</td> <td>Apt. no.</td> <td></td> <td></td> <td></td>				instructions.				ŀ	Apt. no.				
ALPHARETTA GA 30004 box pelow will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You You Spouse 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 Someone can claim: You as a dependent Your source as a dependent Your source as a dependent Dependents See instructions): (9 Relationship (4) V' It qualifies for (see instructions): Is blind If more than four dependents, see instructions; (1) First name Last name (2) Social security (3) Relationship (4) V' It qualifies for (see instructions): and check	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete spaces b	elow.	Stat	te	ZIP co	ode				
Foreign country name Foreign province/state/county Foreign postal code your fax or refund. 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 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): (1) First name Last name (2) Social security (3) Relationship (4) I or cultifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) I or cultifies for (see instructions): If required. 1 Wages, salaries, tips, etc. Attach Form(s) W-2 b Tax-exempt interest 2b Sch. B if required. 3a 1. b D arable amount 4b 5a Oualified dividends 3a 1. b Taxable amount 5b 6a Social security benefits 6a 1 b Taxable amount 6b Couli for gwire or or Schedule 1, line 9 Add lines 1, 2b, 3b,			,										
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see instructions and check here ▶ 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 90,000. Attach Sch. B if required. 2a 2a b Taxable interest 2b 3a 1. b Ordinary dividends 3b 1. 4a 4a b Taxable interest 2b 5a 3a 1. b Ordinary dividends 3b 1. 5a Qualified dividends 5a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b 5b Standard Deduction for 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 4c6. 8 Other income from Schedule 1, line 9 9 84,347. 9 84,347. 10 Adjustments to income: a From Schedule 1, line 22 10a 10b 250. 11 Subtract line 10c from line 9. This is your total adjustments to income 11 84,097. 11 Subtract li													
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Industrial household, \$11 Subtract line 10c from line 9. This is your adjusted gross income Image: 1 1 84,097. If you checked any box under Standard Deduction, see instructions. 12 12.12,400. 12 12.400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 14 12,400. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 71,697.	\$24,800											250	
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Form 1040 (2

Form 1040 (2020))			Page 2					
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	11,559.					
	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	11,559.					
	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	11,559.					
	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	11,559.					
	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	12,862.					
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26						
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)							
 If you have 	28	Additional child tax credit. Attach Schedule 8812							
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8							
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	890.					
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,752.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,193.					
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,193.					
Direct deposit?	►b								
See instructions.	►d	Account number X X X X X X X X X X X X X X X X X X X							
	36	Amount of line 34 you want applied to your 2021 estimated tax							
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		No					
Designee									
		signee's Phone Personal identii me ► no. ► number (PIN) ►							
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		t of my knowledge and					
-	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.					
Here	Yo	5		nt you an Identity					
	N		ection Pl inst.) 🕨	N, enter it here					
Joint return? See instructions.	Sn		,	nt your spouse an					
Keep a copy for	Sp			ection PIN, enter it here					
your records.		(see	inst.) 🕨						
	Ph	one no. Email address							
Daid	Pre	eparer's name Preparer's signature Date PTIN		Check if:					
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/06/2021 P0208	2703	Self-employed					
Preparer	Fin	n's name GLOBAL TAXES LLC Phor	ne no. (678)965-9522					
Use Only	Fin	n's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN 🕨	30-1017196					
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/01/21 PRO		Form 1040 (2020)					

BAA