E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) J <b>rn</b>	202	0	OMB No. 1	545-0074	4 IRS Use	e Only-	–Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly unchecked the MFS box, enter the name of is a child but not your dependent	ame of y	ed filing sep /our spous						,		, ,	ow(er) (QW) ne qualifying	
Your first name	and mi	iddle initial	Last nar	me							Your so	cial securi	ty number	
MURALIDHAR				VADLAMUDI							592-95-7977			
If joint return, spouse's first name and middle initial				ast name							Spouse's social security number			
				IALLAPRAGADA							020-92-0661			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.		Preside	ntial Election	on Campaign	
18 DEER	RAS	S RD										iere if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	e spaces below. State				ZIP				spouse if filing jointly, want \$3		
SHREWSBURY							4	01			to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county				Fore				your tax or refund.		
												You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exch	nange, o	or otherwise	e acquire	any f	financial int	erest in	any virtua	al cur	rency?	Yes	X No	
Standard Deduction	_	eone can claim:  You as a deployed termizes on a separate return			•		a depende	nt						
Age/Blindness	You:	Were born before January 2, 1	956	Are blind	Spc	ouse:	: 🗌 Was	born be	fore Janu	ary 2	, 1956	🗌 ls bl	ind	
Dependent	s (see	instructions):		(2) Soc	ial security	,	(3) Relatio	nship	(4) 🖌	if au	alifies for	r (see instru	ctions):	
If more		irst name Last name		number to you			۲. ۲					her dependents		
than four	PRA	ANAV SAI VADLAMUDI		020-88-7588			Son		X			[		
dependents,	PRA	ABHAV SAI VADLAMUDI		012-92-0237		7	Son		×			[		
see instruction and check	5											[		
here 🕨 🗌												[		
	1	Wages, salaries, tips, etc. Attach F	<sup>:</sup> orm(s) \	N-2							1	1	48,965.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			b Ta	axable inte	rest			2b		186.	
	3a	Qualified dividends	3a	25.		b Ordinary dividen		dends	ıds		3b		25.	
	4a	IRA distributions	4a				axable amo				4b			
	5a	Pensions and annuities	5a 🦷				<b>b</b> Taxable amount		t		5b			
Standard Deduction for— • Single or Married filing separately,	6a	Social security benefits	6a			b Ta	axable amo	ount .			6b			
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									] 7		30.	
	8	Other income from Schedule 1, line 9									8		27,939.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a		his is your	total inco	ome				. )	▶ 9		77,145.	
<ul><li>\$12,400</li><li>Married filing</li></ul>	10	Adjustments to income:												
jointly or Qualifying	а	From Schedule 1, line 22       10a         Charitable contributions if you take the standard deduction. See instructions       10b												
widow(er),	b													
\$24,800 • Head of	С	Add lines 10a and 10b. These are					L			. )	► 10c	;		
household,	11	Subtract line 10c from line 9. This is your adjusted gross income									► <u>11</u>		77,145.	
\$18,650 ! • If you checked	12	Standard deduction or itemized deductions (from Schedule A)									12		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									13	-	24,800.	
see instructions.	15	Taxable income. Subtract line 14	from line	e 11. lf zer	o or less.	enter							52,345.	
Ear Disclosura		Act and Baperwork Beduction Act N											1040 (2020)	

Form 1040 (2

Form 1040 (2020	D)			Page 2						
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	25,092.						
	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	25,092.						
	19	Child tax credit or credit for other dependents	19	4,000.						
	20	Amount from Schedule 3, line 7	20							
	21	Add lines 19 and 20	21	4,000.						
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	21,092.						
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.						
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	21,092.						
	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	18,841.						
If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26							
qualifying child,	27	Earned income credit (EIC)								
attach Sch. 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	845.						
	33	Add lines 25d, 26, and 32. These are your total payments	33	19,686.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34							
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a							
Direct deposit?	►b	Routing number X X X X X X X X X X X F C Type: □ Checking □ Savings								
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 <b>amount you owe now</b>	37	1,406.						
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 Designee	Do	you want to allow another person to discuss this return with the IRS? See								
	ins	structions	elow.	🗙 No						
		signee's Phone Personal identi								
		me  no,  number (PIN)								
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								
Here				nt you an Identity						
	, 10	Prote		N, enter it here						
Joint return?		TECH.LEAD (see	inst.) 🕨							
See instructions.	Sp		the IRS sent your spouse an							
Keep a copy for your records.	,		tity Protection PIN, enter it here							
, 501 1000103.		THACHINA	nst.)							
		one no. Email address		Oha ala ifa						
Paid		eparer's name Preparer's signature Date PTIN		Check if:						
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/14/2021 P0208		Self-employed						
Use Only				678)965-9522						
	Fir	m's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN ▶							
Go to www.irs.g	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/06/21 PRO		Form <b>1040</b> (2020)						