

Amended U.S. Individual Income Tax Return

(Rev. January 2020)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2019 2018 2017 2016

Other year. Enter one: calendar year or fiscal year (month and year ended):

Personal information section including name, address, and social security numbers.

Amended return filing status. You must check one box even if you are not changing your filing status.

Single Married filing jointly Married filing separately (MFS) Qualifying widow(er) (QW) Head of household (HOH)

Main table with columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows include Income and Deductions, Tax Liability, Payments, and Refund or Amount You Owe.

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
	Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.				
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24			
25	Your dependent children who lived with you	25			
26	Your dependent children who didn't live with you due to divorce or separation	26			
27	Other dependents	27			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29			

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and here

Dependents (see instructions):			(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):		
(a) First name	Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.
 Check here if you didn't previously want \$3 to go to the fund, but now do.
 Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.
 LETTER OF EXPLANATION

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

▶ Your signature _____ Date _____ SOFTWARE ENGINEER
 Your occupation _____
 ▶ Spouse's signature. If a joint return, **both** must sign. _____ Date _____ HOMEMAKER
 Spouse's occupation _____

Paid Preparer Use Only

▶ APPANA RUPA VENKATA SATYA SAI MANIKUMAR 12/18/2020 GLOBAL TAXES LLC
 Preparer's signature Date Firm's name (or yours if self-employed)
 APPANA RUPA VENKATA SATYA SAI MANIKUMAR 2530 Pebble Creek Ln Cumming GA 30041
 Print/type preparer's name Firm's address and ZIP code
 *****0332 Check if self-employed (646) 727-7157 ** - ***7196
 PTIN Phone number EIN

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of 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 first name and middle initial ACHUTHA KUMAR	Last name BALABHADRAPPAGARI	Your social security number ***-**-6723
If joint return, spouse's first name and middle initial RAMYA SINDHU	Last name ALLAM	Spouse's social security number ***-**-0394
Home address (number and street). If you have a P.O. box, see instructions. 8568 WARREN PKWY # 1111		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FRISCO TX 75034		
Foreign country name	Foreign province/state/county	Foreign postal code

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
JAGRUTH	BALABHADRAPPAGARI	***-**-8694	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TANVI	BALABHADRAPPAGARI	***-**-7597	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 130,824.
2a Tax-exempt interest	2a	2b
3a Qualified dividends	3a	3b
4a IRA distributions	4a	4b
c Pensions and annuities	4c	4d
5a Social security benefits	5a	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		6
7a Other income from Schedule 1, line 9		7a -9,184.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b 121,640.
8a Adjustments to income from Schedule 1, line 22		8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b 121,640.
9 Standard deduction or itemized deductions (from Schedule A)	9 24,400.	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10		11a 24,400.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b 97,240.

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

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	13,107.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	13,107.	
13a	Child tax credit or credit for other dependents	13a	2,500.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	2,500.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	10,607.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	10,607.	
17	Federal income tax withheld from Forms W-2 and 1099	17	11,385.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) NO	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	11,385.	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	778.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	778.
b	Routing number * * * * * X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number * * * * * * * * * * * * * * X X X X		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	HOMEMAKER	<input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
APPANA RUPA VENKATA SATYA SAI MANIKUMAR	APPANA RUPA VENKATA SATYA SAI MANIKUMAR	12/18/2020	*****0332	<input type="checkbox"/> 3rd Party Designee
Firm's name	Phone no.	<input type="checkbox"/> Self-employed		
GLOBAL TAXES LLC	(646) 727-7157			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	** - ** 7196			

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BAA

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Form 1040 (2019)

