5 **1040-X**

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10

11

12

13

amount

24,400.

97,240.

97,240.

13,107.

10,607.

10,607.

11,385.

2,500.

0.

0.

0.

Department of the Treasury-Internal Revenue Service Amended U.S. Individual Income Tax Return ▶ Go to www.irs.gov/Form1040X for instructions and the latest information. (Rev. January 2020) This return is for calendar year **X** 2019 2018 2017 2016 Other vear. Enter one: calendar vear or fiscal year (month and year ended): Your first name and middle initial Last name Your social security number ACHUTHA KUMAR BALABHADRAPPAGARI ***-**-6723 If joint return, spouse's first name and middle initial Spouse's social security number Last name RAMYA SINDHU ALLAM ***-**-0394 Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number 8568 WARREN PKWY # 1111 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 Amended return filing status. You must check one box even if you are not Full-year health care coverage (or, for amended changing your filing status. Caution: In general, you can't change your filing 2018 returns only, exempt). If amending a 2019 status from a joint return to separate returns after the due date. return, leave blank. See instructions. Married filing separately (MFS) Qualifying widow(er) (QW) Head of household (HOH) Single X Married filing jointly 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 gualifying person is a child but not your dependent. A. Original amount B. Net change-Use Part III on the back to explain any changes C. Correct reported or as amount of increase previously adjusted or (decrease)-**Income and Deductions** (see instructions) explain in Part III Adjusted gross income. If a net operating loss (NOL) carryback is 130,824. included, check here -9,184. 121,640. Itemized deductions or standard deduction 2 24,400 0 Subtract line 2 from line 1 3 106,424 -9,184Exemptions (amended 2017 or earlier returns only). If changing, 4a complete Part I on page 2 and enter the amount from line 29 . 4a Qualified business income deduction (amended 2018 or later returns only) 4b b 0. 0. Taxable income. Subtract line 4a or 4b from line 3. If the result is zero 5 or less, enter -0-5 106,424. -9,184. Tax Liability Tax. Enter method(s) used to figure tax (see instructions): 6 15,130. -2,023. Table _____ Credits. If a general business credit carryback is included, check here ► 7 2,500 0 Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . 8 12,630. -2,023. Health care: individual responsibility (amended 2018 or earlier returns only). See instructions 9 0 0 . 10 Other taxes 0. 0. Total tax. Add lines 8, 9, and 10 11 12,630. -2,023.**Payments** Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) 11,385. 12 0. Estimated tax payments, including amount applied from prior year's return 13 Ο. 0.

14	Earned income credit (EIC)	14		0.		0.	0.
15	Refundable credits from: Schedule 8812 Form(s) 2439 4136						
	□ 8863 □ 8885 □ 8962 or □ other (specify):	15		0.		0.	0.
16	Total amount paid with request for extension of time to file, tax paid with	n origi	nal return,	and a	dditional		
	tax paid after return was filed					16	1,245.
17	Total payments. Add lines 12 through 15, column C, and line 16				0.	17	12,630.
Refu							
18		18	0.				
19	Subtract line 18 from line 17. (If less than zero, see instructions.)		19	12,630.			
20	Amount you owe. If line 11, column C, is more than line 19, enter the diff		20				
21	If line 11, column C, is less than line 19, enter the difference. This is the a	is return	21	2,023.			
22	Amount of line 21 you want refunded to you					22	2,023.
23	Amount of line 21 you want applied to your (enter year): estim	nated	tax 23				

Exemptions and Dependents Part I

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).

				-	
CAUTION	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines. 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.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
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		NO	
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		0	

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

Dependents (992	instri	ictions	١.

Dependents (see instructi	ons):			(d) 🗸 if qual	(d) 🗸 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)		

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 Horo

Ciginnere								
		SOFTWARE	ENGINEER					
Your signature	Date	Your occupation	n					
		HOMEMAKE	IR					
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occu	pation					
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 MANI	KUMAR	2530 Peł	oble Creek Ln Cumm	ing 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				
				1010.34				

For forms and publications, visit www.irs.gov.

104		rtment of the Treasury—Internal Revenue Servenue Serve		⁽⁹⁹⁾ 201	19	No. 1545-00)74 IRS Use Only-	–Do not wr	ite or staple in this space.
Filing Status Check only one box.	lf you	ingle X Married filing jointly I here the name of the MFS box, enter the name of but not your dependent.		ng separately (MFS) If you checked the		of household box, enter tł			ow(er) (QW) ing person is
Your first name	and mi	ddle initial	Last nam	e				Your so	cial security number
ACHUTHA	KUM	AR	BALA	BHADRAPPAGA	ARI			***_	**-6723
									s social security number
RAMYA SINDHU ALLAM **									**-0394
Home address	(numbe	r and street). If you have a P.O. box, see	e instructior	IS.			Apt. no.	Presiden	tial Election Campaign
8568 WAI	RREN	PKWY # 1111							if you, or your spouse if filing
City, town or po FRISCO		e, state, and ZIP code. If you have a for	eign addres	s, also complete s	baces below (see instructio	ons).	Checking a	t \$3 to go to this fund. box below will not change your d. You Spouse
Foreign country		5051	Ec	reign province/stat	e/county	E	oreign postal code		
r oreign country	rianic			light province/stat	c/oounty		oreign postar code		han four dependents, uctions and ✓ here ►
Standard Deduction		eone can claim: You as a depender		Your spouse as a dual-status alien	dependent		$\mathbf{\Omega}$	2	
Age/Blindness	You:	Were born before January 2, 1955	5 🗌 Are	blind Spouse:	Was b	orn before J	anuary 2, 1955	Is blir	nd
Dependents ((1) First name	see ins	tructions): Last name	(2) So	cial security number	(3) Relatio	nship to you	(4) ✓ if o Child tax cre	•	(see instructions): Credit for other dependents
JAGRUTH		BALABHADRAPPAGAR	I ***	-**-8694	Son				×
TANVI		BALABHADRAPPAGAR	I ***	-**-7597	Daughte	er	X		
	1	Wages, salaries, tips, etc. Attach Form	n(s) W-2 .					1	130,824.
	2a	Tax-exempt interest	2a		b Taxable	interest. Atta	ch Sch. B if require	d 2b	
Ohan dan d	3a	Qualified dividends	3a		b Ordinary	dividends. At	tach Sch. B if require	d 3b	
Standard Deduction for—	4a	IRA distributions	4a		b Taxable	amount .		4b	
 Single or Married filing separately, 	с	Pensions and annuities	4c		d Taxable	amount .		4d	
\$12,200	5a	Social security benefits	5a		b Taxable	amount .		5b	
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedule	D if require	d. If not required, c	heck here		►	6	
widow(er),	7a	Other income from Schedule 1, line 9		🔺				7a	-9,184.
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	7a. This is	our total income				- 7b	121,640.
household, \$18,350	8a	Adjustments to income from Schedule	1, line 22					8a	
If you checked	b	Subtract line 8a from line 7b. This is yo	our adjuste	d gross income				- 8b	121,640.
any box under Standard	9	Standard deduction or itemized ded				. 9	24,400).	
Deduction,	10	Qualified business income deduction.			95-A	. 10			
see instructions.	11a	Add lines 9 and 10						11a	24,400.
	b	Taxable income. Subtract line 11a fro	m line 8b. I	f zero or less, enter	-0			11b	
For Disclosure,	Privacy	Act, and Paperwork Reduction Act N	Notice, see	separate instruct	ons.				Form 1040 (2019)

Form 1040 (2019)								Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 🗌 8814	4 2 4972	3 🗌	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 othe	er 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, ente	er-0				14	10,607.
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line 1	10			15	0.
	16	Add lines 14 and 15. This is you	r total tax				. 🕨	16	10,607.
	17	Federal income tax withheld from	n Forms W-2 and	1099				17	11,385.
• If you have a	18	Other payments and refundable	credits:						
qualifying child,	а	Earned income credit (EIC) .			No	18a			
attach Sch. EIC. • If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b			
nontaxable	с	American opportunity credit fror	n Form 8863, line 8	3		18c			
combat pay, see instructions.	d	Schedule 3, line 14				18d			
	е	Add lines 18a through 18d. Thes	se are your total o t	ther payments a	and refundable cred	lits		18e	
	19	Add lines 17 and 18e. These are	your total payme	nts			.G	19	11,385.
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is t	he amount you over	paid		20	778.
neruna	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here						21a	778.
Direct deposit?	►b	Routing number * * * * X X X X E Type: Checking Savings						1	
See instructions.	►d	Account number * * *	* * * *	* * * *	* * * X X	X X			
	22	Amount of line 20 you want applied to your 2020 estimated tax							
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	/ to pay, see instruct	ions	▶. ▶	23	
You Owe	24	Estimated tax penalty (see instru	uctions)		<u></u> ►	24			
Third Party Designee	Do	you want to allow another person	(other than your p	aid preparer) to	discuss this return w	vith the IRS? See in	structions.	×	Yes. Complete below. No
(Other than paid preparer)		signee's		Phone			al identifica	tion	
		me 🕨		no. 🕨		numbe			
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of prep						nowledg	e and belief, they are true,
Here	Your signature		Date	Your occupation		If the	IRS se	nt you an Identity	
							Prote	ction P	IN, enter it here
Joint return?		Spouse's signature. If a joint return, both must sign.		SOFTWARE		ENGINEER	(see ii	nst.)	
See instructions. Keep a copy for	Sp			Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.	,				HOMEMAKER		(see in		
	Ph	one no.		Email address					
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid	APPAI	NA RUPA VENKATA SATYA SAI MANIKUMAR			SAI MANIKUMAR	12/18/2020	*****0	332	3rd Party Designee
Preparer		m's name GLOBAL TA				Phone no. (64	-		Self-employed
Use Only				n Cummin	g GA 30041			s EIN D	
Go to www.irs.go		n1040 for instructions and the late			BAA	REV 08/20/20 PRC			Form 1040 (2019)