

**Amended U.S. Individual Income Tax Return**

(Rev. January 2020)

▶ Go to [www.irs.gov/Form1040X](http://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):

Your first name and middle initial <b>NAVEEN K</b>	Last name <b>POOJARI</b>	Your social security number <b>***-**-7087</b>
If joint return, spouse's first name and middle initial <b>AKHILA</b>	Last name <b>PANISHETTY</b>	Spouse's social security number <b>***-**-8169</b>
Current home address (number and street). If you have a P.O. box, see instructions. <b>6005 STATE BRIDGE ROAD</b>		Apt. no. Your phone number <b>(813) 215-4863</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. <b>DULUTH GA 30097</b>		
Foreign country name	Foreign province/state/county	Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

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

**Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Use Part III on the back to explain any changes				
<b>Income and Deductions</b>				
<b>1</b> Adjusted gross income. If a net operating loss (NOL) carryback is included, check here . . . . . ▶ <input type="checkbox"/>	<b>1</b>	99,789.	-10,200.	89,589.
<b>2</b> Itemized deductions or standard deduction . . . . .	<b>2</b>	24,400.	0.	24,400.
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	75,389.	-10,200.	65,189.
<b>4a</b> Exemptions (amended 2017 or earlier returns only). <b>If changing,</b> complete Part I on page 2 and enter the amount from line 29 . . . . .	<b>4a</b>			
<b>b</b> Qualified business income deduction (amended 2018 or later returns only)	<b>4b</b>	0.	0.	0.
<b>5</b> Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0- . . . . .	<b>5</b>	75,389.	-10,200.	65,189.
<b>Tax Liability</b>				
<b>6</b> Tax. Enter method(s) used to figure tax (see instructions): <u>Table</u>	<b>6</b>	8,657.	-1,224.	7,433.
<b>7</b> Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	<b>7</b>	500.	0.	500.
<b>8</b> Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	<b>8</b>	8,157.	-1,224.	6,933.
<b>9</b> Health care: individual responsibility (amended 2018 or earlier returns only). See instructions . . . . .	<b>9</b>	0.	0.	
<b>10</b> Other taxes . . . . .	<b>10</b>	0.	0.	0.
<b>11</b> Total tax. Add lines 8, 9, and 10 . . . . .	<b>11</b>	8,157.	-1,224.	6,933.
<b>Payments</b>				
<b>12</b> Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. <b>(If changing,</b> see instructions.) . . . . .	<b>12</b>	10,191.	0.	10,191.
<b>13</b> Estimated tax payments, including amount applied from prior year's return	<b>13</b>	0.	0.	0.
<b>14</b> Earned income credit (EIC) . . . . .	<b>14</b>	0.	0.	0.
<b>15</b> Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	<b>15</b>	0.	0.	0.
<b>16</b> Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	<b>16</b>		0.	
<b>17</b> Total payments. Add lines 12 through 15, column C, and line 16 . . . . .	<b>17</b>		0.	10,191.
<b>Refund or Amount You Owe</b>				
<b>18</b> Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	<b>18</b>			2,034.
<b>19</b> Subtract line 18 from line 17. (If less than zero, see instructions.) . . . . .	<b>19</b>			8,157.
<b>20</b> <b>Amount you owe.</b> If line 11, column C, is more than line 19, enter the difference . . . . .	<b>20</b>			
<b>21</b> If line 11, column C, is less than line 19, enter the difference. This is the amount <b>overpaid</b> on this return	<b>21</b>			1,224.
<b>22</b> Amount of line 21 you want <b>refunded to you</b> . . . . .	<b>22</b>			1,224.
<b>23</b> Amount of line 21 you want <b>applied to your (enter year):</b> <b>estimated tax</b> <b>23</b>	<b>23</b>			

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
	<b>Note:</b> 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. <b>Caution:</b> 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 PROGRAMMER  
 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 <b>NAVEEN K</b>	Last name <b>POOJARI</b>	<b>Your social security number</b> ***-**-7087
If joint return, spouse's first name and middle initial <b>AKHILA</b>	Last name <b>PANISHETTY</b>	<b>Spouse's social security number</b> ***-**-8169
Home address (number and street). If you have a P.O. box, see instructions. <b>6005 STATE BRIDGE ROAD</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>DULUTH GA 30097</b>		
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

<b>Dependents</b> (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
<b>EISHA</b>	<b>POOJARI</b>	<b>***-**-3888</b>	<b>Daughter</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input 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.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	110,000.
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest. Attach Sch. B if required	<b>2b</b>
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount	<b>4b</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	<b>d</b> Taxable amount	<b>4d</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	<b>b</b> Taxable amount	<b>5b</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9 . . . . .			<b>7a</b> -20,411.
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .			<b>7b</b> 89,589.
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .			<b>8a</b>
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .			<b>8b</b> 89,589.
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>	24,400.	
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>		
<b>11a</b> Add lines 9 and 10 . . . . .			<b>11a</b> 24,400.
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .			<b>11b</b> 65,189.

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



<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	7,433.
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	7,433.
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	500.
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	500.
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	6,933.
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>	0.
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>	6,933.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	10,191.
<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC) <span style="float:right">NO</span>	<b>18a</b>	
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>	
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>	
<b>d</b>	Schedule 3, line 14	<b>18d</b>	
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>	10,191.

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

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	3,258.
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	3,258.
<b>b</b>	Routing number * * * * * X X X X <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number * * * * * * * * * * * * * * X X X X		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>	

Direct deposit? See instructions.

**Amount You Owe**

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

**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 PROGRAMMER	<input type="text"/>
Spouse's signature. If a joint return, <b>both</b> 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		

Joint return? See instructions. Keep a copy for your records.

**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			

