1040NR AMMENDED

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

1040X

OMB No. 1545-0074

(Rev. Ja	nuary 2018) ► Go to www.irs.gov/Form104	10X for instructions an	d the I	atest information	١.			
	eturn is for calendar year 🗵 2017 🗌 2016 🗐 year. Enter one: calendar year or fiscal y	2015 2014 rear (month and year	ended	i):		-		
	at name and initial	Last name			Your soc	ial securit	y number	
ARH	ILASH REDDY	SIRIGI REDDY			203-04-7025			
	return, spouse's first name and initial	Last name					curity number	
n a joint return, spouse's first name and mittal				opouse s social security fram				
Current	home address (number and street). If you have a P.O. box, see instru	uctions.	ions. Apt. no.			Your phone number		
	sw ables drive			304	(785)462-5	219	
City, tov	vn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces belo	w (see i	nstructions).				
	FONVILLE AR 72712							
Foreign	country name	te/coun	Inty Foreign postal code					
your fi return X Sing	ded return filing status. You must check one box evaluing status. Caution: In general, you can't change you to separate returns after the due date. Gle Head of household (If the qualifying your dependent, see instructions. Tried filing separately Qualifying widow(er)	joint	If all members of your household have full- year minimal essential health care coverage,					
		.1		A. Original amount B. Net change –			<u> </u>	
Use Part III on the back to explain any changes				or as previously adjusted (see instructions)	amount of or (decre explain ir	increase ease)—	C. Correct amount	
	ne and Deductions	(NIOI)		(See Instructions)	explain ii	T AIT III		
1	Adjusted gross income. If a net operating loss (included, check here		1	24,243.		757.	25,000.	
2	Itemized deductions or standard deduction		2	6,350.		0.	6,350.	
3	Subtract line 2 from line 1	3	17,893.		757.	18,650.		
4	Exemptions. If changing, complete Part I on page			17,000.		737.	10,030.	
-	amount from line 29		4	4,050.		0.	4,050.	
5	Taxable income. Subtract line 4 from line 3		5	13,843.		757.	14,600.	
	iability							
6	Tax. Enter method(s) used to figure tax (see instruction	ons):						
	Table	,	6	1,608.		120.	1,728.	
7	Credits. If a general business credit carryback	is included, check		•			· ·	
	here		7	128.	-	-128.	0.	
8	Subtract line 7 from line 6. If the result is zero or less		8	1,480.		248.	1,728.	
9	Health care: individual responsibility (see instructions	s)	9					
10	Other taxes	10						
11				1,480.		248.	1,728.	
11 Total tax. Add lines 8, 9, and 10								
12	-			3,391.		0.	3,391.	
13	Estimated tax payments, including amount applied	12						
	return	13						
14	Earned income credit (EIC)		14					
15	Refundable credits from: Schedule 8812 Fo							
	□4136 □8863 □8885	☐ 8962 or						
	other (specify):		15					
16	Total amount paid with request for extension of time		_					
tax paid after return was filed						16	2 201	
17 Total payments. Add lines 12 through 15, column C, and line 16								
		a araviavaly adiuata	ط امر با	no IDC		40	0	
							0.	
Subtract line 18 from line 17 (If less than zero, see instructions.)						19	3,391.	
20						1 663		
21		•	is return	21	1,663.			
22	Amount of line 21 you want refunded to you		1 1		22			
23	Amount of line 21 you want applied to your (enter year	r): estima	ated ta		alete and	sian this	form on Page 2.	
				COIII	nete and	JIGH HIIS	ioiiii oii Faye 2.	

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Part I Exemptions

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

See F	Form 1040 or Form 1040		A. Original number of exemptions or amount reported or as previously adjusted	mptions or reported or reviously B. Net change		C. Correct number or amount		
24	24 Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself							
25	Your dependent child	25						
26 Your dependent children who didn't live with you due to divorce or separation								
27 Other dependents								
28	F							
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 4 on page 1 of this form.								
30	30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.							
	(a) First name Last name (b) Dependent's social security number				(c) Dependent's child for		child for	box if qualifying child tax credit nstructions)
Par	t II Presidential E	lection Campaign Fund	<u>d</u>					
Chec		se your tax or reduce your						
☐ 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 1040X.								
	► Attach any sup	pporting documents and ne	ew or changed forms and	sche	edules.			

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.

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		SOFTWARE ENGINEER				
Your signature	Date	Your occupation				
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation				
Paid Preparer Use Only						
SYAM PRIYA RAM SAGAR GUPTA TALLAM	12/19/2020	GLOBAL TAXES LLC				
Preparer's signature	Date	Firm's name (or yours if self-employed)				
SYAM PRIYA RAM SAGAR GUPTA TALLAM		2530 Pebble Creek Ln Cumming GA 30041				
Print/type preparer's name		Firm's address and ZIP code				
P02082703	Check if self-er	nployed (212)920-4151 30-1017196				
PTIN		Phone number EIN				

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return **Original 2017 Return Information Smart Worksheet** Original return filing status Married filing joint return Married filing separate return X | Single Head of household Qualifying widow(er) Full-year coverage All household members have full-year minimal essential health care coverage X Yes 1040 X line number Tax. Enter method used to figure tax: Table 16 Amount for U.S. tax paid to the Virgin Islands (Form 8689) SMART WORKSHEET FOR: Form 1040X: Amended Tax Return **Original 2017 Return Overpayment Smart Worksheet** Overpayment, if any, as shown on original return or as previously adjusted SMART WORKSHEET FOR: Form 1040X: Amended Tax Return **Original 2017 Return Exemptions Smart Worksheet** SMART WORKSHEET FOR: Form 1040X: Amended Tax Return **Filing Address Smart Worksheet** Send Form 1040X to: Department of the Treasury Internal Revenue Service Fresno, CA 93888-0422