

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 BALABHADRAPPAGARI		Last name BALABHADRAPPAGARI	Your social security number 174-73-6723
If joint return, spouse's first name and middle initial RAMYA SINDHU ALLAM		Last name ALLAM	Spouse's social security number 811-88-0394
Home address (number and street). If you have a P.O. box, see instructions. 8568 WARREN PKWY # 1111		Apt. no.	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	If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

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) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
JAGRUTH BALABHADRAPPAGARI		937-99-8694	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TANVI BALABHADRAPPAGARI		196-55-7597	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b	130,824.
8a Adjustments to income from Schedule 1, line 22.		8a	
b Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b	130,824.
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	106,424.

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.

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	15,130.	
b Add Schedule 2, line 3, and line 12a and enter the total	12b		15,130.
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		12,630.
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15		
16 Add lines 14 and 15. This is your total tax	16		12,630.
17 Federal income tax withheld from Forms W-2 and 1099	17		11,385.

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

18 Other payments and refundable credits:			
a Earned income credit (EIC)	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.

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20		
21 a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a		
b Routing number		c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number			
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		1,245.
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

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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation HOMEMAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (425) 598-4064	Email address _____		

Paid Preparer Use Only

Preparer's name Vijay K Koukuntla	Preparer's signature Vijay K Koukuntla	Date _____	PTIN P01946338	Check if: <input checked="" type="checkbox"/> 3rd Party Designee
Firm's name MetaFin Consulting, LLC	Phone no. 323-325-2898		<input type="checkbox"/> Self-employed	
Firm's address 206 Harmon Cove Towers Secaucus, NJ 07094			Firm's EIN 47-4861613	