

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

			u uie		ation.			
		2017 2016		D.				
		ear (month and year o	endec	:				
	st name and middle initial	Last name				Your social security number		
	ISH REDDY	THUMMALA				634-63-8778		
If joint re	joint return, spouse's first name and middle initial Last name Spouse's				Spouse's soc	sal sec	curity number	
0	harren adaleren (aurekan and ako at) (furus harren 500 harrena inde			A				
	home address (number and street). If you have a P.O. box, see instru	uctions.		Apt. no.		Your phone number (978)674-9306		
	POINT COMFORT LN wn or post office, state, and ZIP code. If you have a foreign address,			instructions		(9/8)6	/4-9	306
	Y NC 27519	also complete spaces belo	w. See	Instructions.				
	country name	Foreign province/stat		+\/		Foreigr		l code
i oreigii	country name	i oreigit province/stat	e/couri	ty		roreigi	i posta	
chang status 🗙 Sin If you	ded return filing status. You must check one box eving your filing status. Caution: In general, you can't c from a joint return to separate returns after the due d gle Arried filing jointly Arried filing separate checked the MFS box, enter the name of spouse. If	hange your filing late. ately (MFS)	ret alifying	18 returns turn, leave bl g widow(er)	only, ank. S QW)	exempt). See instructi	If am ions.	
persor	n is a child but not your dependent. ►			1				
	Use Part III on the back to explain any	changes	1	A. Original an reported or previously adj	as usted	B. Net chang amount of incr or (decrease	rease e)-	C. Correct amount
Incor	ne and Deductions			(see instruction	ons)	explain in Pa	rt III	
1	Adjusted gross income. If a net operating loss	. , .						
•	included, check here		1	2,62		19,29		21,920.
2	Itemized deductions or standard deduction		2	12,20			0.	12,200.
3	Subtract line 2 from line 1		3	-9,5	1.	19,29	<u>, 1.</u>	9,720.
4a	Exemptions (amended 2017 or earlier returns or complete Part I on page 2 and enter the amount from		4a					
b	Qualified business income deduction (amended 2018	or later returns only)	4b		0.		0.	0.
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-					0.	9,72	20.	9,720.
Tax L	iability		5					
6	Tax. Enter method(s) used to figure tax (see instructi	ions):						
	Table		6		0.	97	73.	973.
7	Credits. If a general business credit carryback is includ		7		0.		0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-				0.	97	73.	973.
9	Health care: individual responsibility (amended 201	8 or earlier returns						
	only). See instructions		9		0.		0.	
10	Other taxes		10		0.		0.	0.
11	Total tax. Add lines 8, 9, and 10		11		0.	97	73.	973.
Paym	ients							
12	Federal income tax withheld and excess social secu tax withheld. (If changing, see instructions.)		12		21.	2,95	57	2,978.
13	Estimated tax payments, including amount applied fro		13		0.		0.	0.
14	Earned income credit (EIC)		14		0.		0.	0.
15	Refundable credits from: Schedule 8812 Form(s)				0.		<u> </u>	
	□ 8863 □ 8885 □ 8962 or □ other (specify):		15		0.		0.	0.
16	Total amount paid with request for extension of time			inal return, a		dditional		
	tax paid after return was filed						16	0.
17	Total payments. Add lines 12 through 15, column C,						17	2,978.
Refu	nd or Amount You Owe							
18	Overpayment, if any, as shown on original return or a	as previously adjuste	d by t	he IRS .			18	21.
19						2,957.		
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference						<u> </u>	
21	If line 11, column C, is less than line 19, enter the dif						21	1,984.
22	Amount of line 21 you want refunded to you			-		[22	1,984.
23	Amount of line 21 you want applied to your (enter ye	ear): estin	nated	tax 23				

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).

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			
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			

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

Dependents ((see instructions):	
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(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)	
Port II Presidential Election Compaign Fund						

Presidential Election Campaign Fund Part II

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 ATTACHED.

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						
•		SOFTWAR	E ENGINEER			
Your signature	Date	Your occupat	ion			
•						
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation				
Paid Preparer Use Only						
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/24/2022	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 addres	s and ZIP code			
P02082703	Check if self-employed		(678)965-9522	30-1017196		
PTIN			Phone number	EIN		
For forms and publications, visit www.irs.gov.			PEV 08/20/20 PPO	Form 1040-X (Rev. 1-2020)		

REV 08/20/20 PRO

(d) ✓ if qualifies for (see instructions):