Filing Status X Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying midow(er) (QW) Your first name and middle initial Last name Your social security number RAJENDEA NAGENDRA 612–23–0802 Hiom eathers is further and street). If you have a P.O. box, see instructions. Apt. no. Presidential Bicetion Campaign 3185 MCMURTRY ST CRV, tow, or poot office. If you have a foreign address, also complete spaces below. State ZIP code poose if filing phylw, vant 33 tog ob this fund. Checking a tog ob this fund.	E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		(99) urn	80 2 (0	OMB No. 1545	-0074	IRS Use	Only	–Do not v	vrite or staple	in this space.	
RAJENDRA NAGENDRA 612-23-0802 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address fumber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, tewr, or post office. If you have a foreign address, also complete spaces below. State 21P code go of this fund. Checking a City, tewr, or post office. If you have a foreign address, also complete spaces below. State 21P code go of this fund. Checking a Foreign country name Foreign province/state/country Foreign postal code you tax or refund. You Spouse temizes on a separate return or you were a dual-status allen Dependents is blind Dependents (see instructions): (i) First name Last name You Spouse: Was born before January 2, 1966 Is blind Dependents (see instructions): (ii) First name 2a b Difference iii) 1 86, 154. Attach 3a 1, 005. b Taxable interest 2b iii) 3b 1, 073. See distructions: Ga 3a 1, 005. b Draxable amount. <td>Check only</td> <td>lf yo</td> <td>u checked the MFS box, enter the n</td> <td>ame of</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td>. , . ,</td>	Check only	lf yo	u checked the MFS box, enter the n	ame of							,			. , . ,	
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 318.5 MCMURTRY ST Check here if you, or you Check here if you, or you CIMMING GA 30.041 box below will not change box will not change box will not change box below. Check here if you, vant S3 to go to this fund. Checking a box below will not change box below. If any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Was born before January 2, 1956 Itemizes or (see instructions): (a) Social security (a) elemination in the dependents in or you (a) elemination in the dependents in or you (b) first name Itemizes or (see instructions): Itexis or (see instructions): Itemi	Your first name	and mi	iddle initial	Last na	ime							Your so	ocial securi	ty number	
Home address fumber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your apouse if filing jointly, want 33 to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/country Foreign postal code your tax to box below will not change your tax or refund. You Spouse it mits so a separate return or you were a dual-status alien Age/Blindness You: You as a dependent You Spouse it mits so a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents see instructions): (2) Social security (3) Relationship (4) f' if qualifies for (see instructions): It as or file dual-status alien If more than four dependents, see instructions ag 1, 005. b Taxable interest 1 86,154. Attach Sch. Bif as Qualified dividends ag 1, 005. b Taxable amount. 6b 2 Standard Deduction Gos Social security benefits Gg a b Taxable amount. 6b Standard Beduction Gos Social security benefits Gg all is blind 9 225,229. Attach Standard Gos Socia	RAJENDR	A		NAGE									612-23-0802		
3185 MCUURTRY ST Check here flyou, or your City, tow, or post office. If you have a foreign address, also complete spaces below. GA 30 041 CUMMING GA 30 041 box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code Vou Spouse Standard Someone can claim: You as a dependent You repouse as a dependent Vou Spouse Standard beduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware bom before January 2, 1956 Are blind Spouse: Was bom before January 2, 1956 Is blind Dependents gee instructions): (1) First name Last name (2) Social security (3) Relationship (4) 4/ fi qualifies for (see instructions): Is blind If more trap. (1) First name Last name Immber Immb	lf joint return, s	pouse's	s first name and middle initial	Last na								Spouse's social security number			
CIMM. In Jost miles in your have a holegin address, also complete spaces below. Sate Lif does to go to this fund. Checking a box below will not change your tax or refund. CIMM.ING Foreign country name Foreign province/state/country For				instructi	ons.				/	Apt. no.		Check	here if you,	, or your	
CUMING GA 30041 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Age/Blindness You:: Ware born before January 2, 1956 A re blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V ¹ if qualifies for (see instructions): if more (1) First name Last name Immediation I	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete spaces below. State Z				ZIP co							
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Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): Child tax credit Credit for other dependents. dependents, see instructions and check		_		•				a dependent							
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Sch. B if required. 3a 1,005. b Ordinary dividends 3b 1,073. 4a IRA distributions 4a b b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 211,219. * Single or Married filing pointly or Qualifying widow(ef), \$24,800 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income > 7 221,219. • Married filing pointly or Qualifying widow(ef), \$24,800 Charitable contributions if you take the standard deduction. See instructions 10a 10b 10c • Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income > 11 225,229. • If you checked any box under Standard 13 6. 12 12,400. 13 Qualified business income deduction. A		2a	•	111			bТ	axable interes	t.			. 2k		.	
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\$24,800 Image: Contractable Contributions in you take the standard deduction. See instructions in you take the standard deduction is income. 10c 11 225,229. 12 12,400. 13 0 14 12,400. 15 14.400 lines 12 and 13. 12 12,400. 13 14 14 12,400. 15 212,823.		а	From Schedule 1, line 22												
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		15	Taxable income. Subtract line 14	from lir	e 11. If zero	or less, e	ente	r-0				. 15	; 2;		

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	-		16	46,613.
	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	46,613.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	46,613.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	959.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	47,572.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	15	,055.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	15,055.
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	19 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. Th	ese are your tot a	al other paym	ents and refund	able cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				. 🕨	33	15,055.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34	
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here								
Direct deposit?	►b	Routing number X X X X X X X X X X X ► C Type: Checking Savings								
See instructions.	►d	Account number X X X X X X X X X X X X X X X X X X X								
	36	Amount of line 34 you want applied to your 2021 estimated tax > 36								
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	33,001.
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.								
how to pay, see	38					38	1	484.		
instructions.		Estimated tax penalty (see i						404.		
Third Party Designee		you want to allow another structions					Yes. Co	omplete	below.	×No
Designee		signee's		Phone				onal ident		
		me 🕨		no. 🕨				per (PIN)		
Sign		der penalties of perjury, I declare								
Here		ief, they are true, correct, and con	plete. Declaration (ased on	all informatio			, ,
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?		SOFTWA				ENGI	NEER		e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.							nt your spouse an
Keep a copy for your records.	· ·		0							ection PIN, enter it here
your records.								(see	e inst.) 🕨	
		one no.	1	Email address						
Paid	Pre	eparer's name	Preparer's signat	ure Self-	Prepared	Date		PTIN		Check if:
Preparer										Self-employed
Use Only	Fin	m's name 🕨						Pho	one no.	
	Fin	m's address 🕨						Firn	n's EIN 🕨	•
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	/ 04/02/21 PRC)		Form 1040 (2020)

BAA