1040-X

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. Ja	Inuary 2020) ► Go to www.irs.gov/Form10	40X for instructions an	d the	latest infor	mation	۱.				
This r	eturn is for calendar year 🗵 2019 🗌 2018 🗌	2017 2016								
Other	year. Enter one: calendar year or fiscal y	ear (month and year	ended	l):						
Your fire	st name and middle initial	Last name				Your socia	Your social security number			
BHAS	SKER RAO	JAKKULA				075-51-7952				
If joint re	eturn, spouse's first name and middle initial	Last name				Spouse's s	ocial sed	curity number		
SAT	YA VANI	CHINNAMANENI				826-2	5-443	0		
Current	home address (number and street). If you have a P.O. box, see instr	uctions.		Apt. no.		Your phone	number			
157	40 ROCKFORD RD			111		(949)	372-8	922		
City, tov	vn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces belo	w. See	instructions.		, ,				
	MOUTH MN 55446									
	country name	Foreign province/stat	e/count	ty		Fore	ign posta	I code		
Ü	,			,						
Δmen	ded return filing status. You must check one box e	ven if you are not		Full year	hoolth	00r0 00V6	rago la	or, for amended		
	ing your filing status. Caution: In general, you can't c							ending a 2019		
	from a joint return to separate returns after the due of					See instruc		ichang a 2010		
Sin								usehold (HOH)		
		• , ,						,		
	checked the MFS box, enter the name of spouse. If n is a child but not your dependent. ►	you checked the HO	H or	QVV box, e	enter t	ne chila's	name	t the qualitying		
persor	Tis a crillo but not your dependent.									
	Use Part III on the back to explain any	changes		A. Original a		B. Net cha amount of ir		C. Correct		
				previously a	djusted	or (decrea	se)-	amount		
	ne and Deductions	(1.01)		(see instruc	tions)	explain in F	art III			
1	Adjusted gross income. If a net operating loss		_					05 105		
_	included, check here		1	66,6		18,4		85,105.		
2	Itemized deductions or standard deduction		2	24,4			0.	24,400.		
3	Subtract line 2 from line 1		3	42,2	280.	18,4	125.	60,705.		
4a	Exemptions (amended 2017 or earlier returns of									
	complete Part I on page 2 and enter the amount from		4a							
b	Qualified business income deduction (amended 2018	• /	4b		0.		0.	0.		
5	Taxable income. Subtract line 4a or 4b from line 3.	. If the result is zero								
	or less, enter -0		5	42,2	280.	18,4	125.	60,705.		
Tax L	iability									
6	Tax. Enter method(s) used to figure tax (see instruct	ions):								
	Table		6	4,6	85.	2,2	214.	6,899.		
7	Credits. If a general business credit carryback is included		7	1,4	196.		701.	795.		
8	Subtract line 7 from line 6. If the result is zero or less	s, enter -0	8	3,1	189.	2,9	915.	6,104.		
9	Health care: individual responsibility (amended 20	18 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	3,2	L89.	2,9	915.	6,104.		
Paym	nents									
12	Federal income tax withheld and excess social secu	urity and tier 1 RRTA								
	tax withheld. (If changing, see instructions.)		12	4,0)73.	1,2	264.	5,337.		
13	Estimated tax payments, including amount applied from	om prior year's return	13		0.		0.	0.		
14	Earned income credit (EIC)		14		0.		0.	0.		
15	Refundable credits from: Schedule 8812 Form(s) 2439 4136								
	☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):		15	9	98.	_9	98.	0.		
16	Total amount paid with request for extension of tim		oriai							
	tax paid after return was filed						16	0.		
17	Total payments. Add lines 12 through 15, column C						17	5,337.		
	nd or Amount You Owe	·						-,		
18	Overpayment, if any, as shown on original return or	as previously adjusted	d bv t	he IRS			18	1,882.		
19	Subtract line 18 from line 17. (If less than zero, see i		-				19	3,455.		
20	Amount you owe. If line 11, column C, is more than						20	2,649.		
21	If line 11, column C, is less than line 19, enter the di						21	2,010.		
22	Amount of line 21 you want refunded to you			_			22	0.		
23	Amount of line 21 you want returned to your (enter you			tax 23	1			0.		
	Tanoant of mio 21 you want applied to your teller yo	- Coun	.a.cu	-GA 20						

Form 1040-X (Rev. 1-2020) Page **2**

Exemptions and Dependents Part I

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).

	3,7	,							
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	
Yourself and spouse. Caution: If someone can claim you as dependent, you can't claim an exemption for yourself. If amending you 2018 or later return, leave line blank									
25	Your dependent	children who lived with	ı you		25				
26		nildren who didn't live wi	•	•	26				_
27		S			27				_
28		exemptions. Add lines Irn. leave line blank .	•	• •	28				
29	amount shown amending. Enter	ber of exemptions clair in the instructions for the result here and on 018 or later return, leav	ar you are this form. If	29					
30	• • •	ents (children and other				ore than 4 depen	dents, see inst.	and ✓ here ► [7
Depen	dents (see instruction						jualifies for (see in		
(a)	First name	Last name	(b) Social security number	(c) Relationship to you		Child tax cred		ther dependents or later returns only)	
									_
Part	II Procidenti	al Election Campai	an Fund						_
		ncrease your tax or red	<u> </u>						-
	•	didn't previously want s	•	out now do					
	•	s a joint return and you	•		\$3 to	ao to the fund b	ut now does		
Part		on of Changes. In the	•						_
	•	upporting documents a							_
	•	TO INCLUDE ONE	•				INCLUDING	IT.	
	I MISSED	TO INCLUDE ONE	WZ PREVIOUSLY,	MOM DOTIV	IG AI	JENDMENT BY	TNCLUDING	IT.	

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 I	Here
--------	------

)		TEACHER					
Your signature	Date	Your occupation					
•		LABORATORY ANALYST					
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation					
Paid Preparer Use Only							
SYAM PRIYA RAM SAGAR GUPTA TALLAM	08/02/2021	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-	employed (678)965-9522 30-1017196					
PTIN		Phone number EIN					

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ē		UHU	U.S. Individual Income Tax Retu	rn

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	20	201

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space

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Filing Status		Single Married filing jointly] Ma	arried filing separately (MFS)	Head of househ	old (H	OH) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lifying wida	ow(er) (QW)
Check only	_	u checked the MFS box, enter the nan	_	0 1 7 7	_	,	,	, 0	,,,,,
one box.		ild but not your dependent.			,			. ,	
Your first name	and m	iddle initial	L	ast name				Your soc	ial security number
BHASKER	RAO		;	JAKKULA				075-5	51-7952
If joint return, s	pouse's	s first name and middle initial	L	ast name				Spouse's	social security number
SATYA V	ANI			CHINNAMANENI				826-2	25-4430
		er and street). If you have a P.O. box, s	ee ins	structions.			Apt. no.	Presiden	tial Election Campaign
15740 R	OCKF	ORD RD					111	l	if you, or your spouse if filing
City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	reigr	n address, also complete s	paces below (see instru	ıctions	i).		\$3 to go to this fund. oox below will not change you
PLYMOUT	H MN	55446						tax or refund	
Foreign country	y name			Foreign province/state	te/county	Fore	ign postal code	If more th	nan four dependents,
					•			l	uctions and ✓ here ►
Standard	Som	eone can claim: You as a depend	dent	Your spouse as a	dependent			I	
Deduction		Spouse itemizes on a separate return o		were a dual-status alien					
Age/Blindness	You:	, , , ,	55	Are blind Spouse:	:	e Janı		Is blin	
Dependents (see ins	,		(2) Social security number	(3) Relationship to yo	u	. ,	•	(see instructions):
(1) First name		Last name					Child tax cr	edit	Credit for other dependents
	1	Wages, salaries, tips, etc. Attach For	m(s) \	W-2				. 1	85,105.
	2a	Tax-exempt interest	2a		b Taxable interest.	Attach	Sch. B if require	ed 2b	
Standard	3a	Qualified dividends	3a		b Ordinary dividends	. Attac	h Sch. B if requir	ed 3b	
Deduction for—	4a	IRA distributions	4a		b Taxable amount			. 4b	
Single or Married filing separately,	С	Pensions and annuities	4c		d Taxable amount			. 4d	
\$12,200	5a	Social security benefits	5a		b Taxable amount			. 5b	
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedul	e D it	f required. If not required, o	check here		▶[
widow(er), \$24,400	7a	Other income from Schedule 1, line 9						. 7a	0.
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	d 7a.	This is your total income				7b	85,105.
household, \$18,350	8a	Adjustments to income from Schedu	le 1, l	ine 22				. 8a	
If you checked	b	Subtract line 8a from line 7b. This is	your a	adjusted gross income		4		8b	85,105.
any box under Standard	9	Standard deduction or itemized de	duct	ions (from Schedule A) .)	24,40	0.	
Deduction, see instructions.	10	Qualified business income deduction	. Atta	ach Form 8995 or Form 899	95-A 1 0	0		0.	
556 manuchons.	11a	Add lines 9 and 10						. 11a	24,400.
	b	Taxable income. Subtract line 11a fi	om li	ne 8b. If zero or less. enter	r-0			. 11b	60.705.

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

Form **1040** (2019)

Form 1040 (2019	9)									Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 881	4 2 4972	3 🗌	12a 6	5,899.			
	b	Add Schedule 2, line 3, and line						12b	6	5,899.
	13a	Child tax credit or credit for other	er dependents .			13a				
	b	Add Schedule 3, line 7, and line	13a and enter the	total				13b		795.
	14	Subtract line 13b from line 12b.	If zero or less, ent	er -0				14	6	5,104.
	15	Other taxes, including self-emplo	oyment tax, from S	Schedule 2, line	10			15		0.
	16	Add lines 14 and 15. This is you	r total tax				•	16	6	5,104.
	17	Federal income tax withheld from	m Forms W-2 and	1099				17		5,337.
• If you have a	18	Other payments and refundable	credits:							
qualifying child,	а	Earned income credit (EIC) .			No	18a				
attach Sch. EIC. If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b				
nontaxable	С	American opportunity credit from	n Form 8863, line	8		18c				
combat pay, see instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d. Thes	se are your total o	ther payments	and refundable cred	lits		18e		
	19	Add lines 17 and 18e. These are	your total payme	ents			•	19		5,337.
Refund	20	If line 19 is more than line 16, su	btract line 16 from	n line 19. This is t	the amount you over	paid		20		
nerana	21a	Amount of line 20 you want refu	nded to you. If Fo	orm 8888 is attac	hed, check here .		•	21a		
Direct deposit?	▶b	Routing number 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 Z	X X X X	X X				
	22	Amount of line 20 you want app	lied to your 2020	estimated tax		22				
Amount	23	Amount you owe. Subtract line	19 from line 16. F	or details on hov	v to pay, see instruct	ons	•	23		767.
You Owe	24	Estimated tax penalty (see instru	uctions)			24				
Third Party Designee	Do	you want to allow another person	(other than your p	paid preparer) to	discuss this return w	ith the IRS? See in	structions	X	Yes. Comp No	lete below.
(Other than		signee's		Phone			nal identific	ation		
paid preparer)	naı	me ►		no. ►		numbe	er (PIN)	<u> </u>		
Sign Here		der penalties of perjury, I declare that I rect, and complete. Declaration of preparet						knowledg	e and belief,	they are true,
TICIC	Yo	ur signature		Date	Your occupation				nt you an Id	
	N				TEACHER			ection P inst.)	IN, enter it I	iere
Joint return? See instructions.	Sn	ouse's signature. If a joint return, l	hoth must sign	Date	Spouse's occupation	on.	If the	IRS ser	nt your spou	ISE an
Keep a copy for	op.	ouse's signature. If a joint return, i	both mast sign.	Buic	opouse s occupant	511				enter it here
your records.					LABORATORY	ANALYST	(see	inst.)		
	Ph	one no.		Email address						
Paid	Pre	eparer's name	Preparer's signa	ture		Date	PTIN		Check if:	
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	08/02/2021	P0208	2703	3rd Pa	arty Designee
Use Only	Fir	m's name ► GLOBAL TA	XES LLC			Phone no. (67	8)965-	9522	Self-e	employed
————	Fir	m's address ▶ 2530 Pebb	le Creek I	in Cummin	g GA 30041		Firm	's EIN ▶	30-1	017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 08/20/20 PRO)		Form	1040 (2019)

SCHEDULE 1

(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

Attachment Sequence No. **01**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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► Attach to Form 1040 or 1040-SR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s)) shown on Form 1040 or 1040-SR	Your soci	al security number
BHA	SKER RAO JAKKULA & SATYA VANI CHINNAMANENI	075-5	51-7952
	y time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest currency?		
Part	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1	
2a	Alimony received		
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	0.
4	Other gains or (losses). Attach Form 4797	. 4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	. 5	
6	Farm income or (loss). Attach Schedule F	. 6	
7	Unemployment compensation		
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	0.
Part	II Adjustments to Income		
10	Educator expenses	. 10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attac		
	Form 2106	. 11	
12	Health savings account deduction. Attach Form 8889	. 12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	. 13	
14	Deductible part of self-employment tax. Attach Schedule SE		
15	Self-employed SEP, SIMPLE, and qualified plans	. 15	
16	Self-employed health insurance deduction	. 16	
17	Penalty on early withdrawal of savings	. 17	
18a	Alimony paid	. 18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction		

For Paperwork Reduction Act Notice, see your tax return instructions.

Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or

Student loan interest deduction

1040-SR, line 8a

REV 08/20/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

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SCHEDULE 3

(Form 1040 or 1040-SR)

Additional Credits and Payments

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR

► Attach to Form 1040 or 1040-SR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **03**

OMB No. 1545-0074

вна	SKER RAO JAKKULA & SATYA VANI CHINNAMANENI	075-5	51-7952
Part	Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	795.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a \square 3800 b \square 8801 c \square	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	795.
Part	II Other Payments and Refundable Credits		
8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a 2439 b Reserved c 8885 d .	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 08/20/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065. Sequence No. 09

Social security number (SSN) Name of proprietor 075-51-7952 BHASKER RAO JAKKULA B Enter code from instructions Α Principal business or profession, including product or service (see instructions) ▶ 9 9 9 9 SPRAY-TEK INC С D Employer ID number (EIN) (see instr.) Business name. If no separate business name, leave blank. SPRAY-TEK INC Е Business address (including suite or room no.) ► 344 CEDER AVENUE City, town or post office, state, and ZIP code MIDDLESEX, NJ 08846 F Accounting method: (1) X Cash (2) Accrual (3) ☐ Other (specify) ► G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ... н Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) × No ☐ Yes If "Yes," did you or will you file required Forms 1099? . Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 1 800. 1 2 2 800. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 800. 5 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 6 7 800. Gross income. Add lines 5 and 6 Part II Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising Office expense (see instructions) 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see instructions). 9 20 Rent or lease (see instructions): 10 Commissions and fees . 10 Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 b Other business property . . . 20b 200. 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses included in Part III) (see 24 13 Travel and meals: instructions). . . . Travel . . . 24a 14 Employee benefit programs (other than on line 19). . 14 Deductible meals (see 15 Insurance (other than health) 15 instructions) 24h 300. 300. 25 25 Interest (see instructions): Utilities 16 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits). 26 а 16b 27a b Other Other expenses (from line 48) . . 27a 17 Legal and professional services 17 Reserved for future use . . 27b 800. 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 29 29 0. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 31 0. 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or 32a X All investment is at risk. Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 32b Some investment is not 31 instructions). Estates and trusts, enter on Form 1041, line 3. at risk. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

BAA

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
	value closing inventory: a Cost b Lower of cost or market c Other (att	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation		. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	☐ No
47a	Do you have evidence to support your deduction?		Yes	☐ No
	If "Yes," is the evidence written?		Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30). 	
48	Total other expenses. Enter here and on line 27a	48		

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 Attachment Sequence No. **50**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

BHASKER RAO JAKKULA & SATYA VANI CHINNAMANENI

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number 075-51-7952



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

_					
Par					
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education				
	credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying widow(er)	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6		.)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro	unded	to	6	
	at least three places)		l l		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th	e ves	r and meet the		
•	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
	on Form 1040 or 1040-SR, line 18c. Then go to line 9 below			8	
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a	all Pa	rts III, line 31. If		
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	3,975.
11	Enter the smaller of line 10 or \$10,000			11	3,975.
12	Multiply line 11 by 20% (0.20)			12	795.
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or				
	qualifying widow(er)	13	136,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	14	85,105.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on				
	line 18, and go to line 19	15	50,895.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying widow(er)	16	20,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou	nded	to at least three		
	places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			18	795.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	Limit	Worksheet (see		
	instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3			19	795.

Name(s) shown on return	Your social security number
BHASKER RAO JAKKULA & SATYA VANI CHINNAMANENI	075-51-7952

A
CAUTION

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

B		. 0	1 12		
Par					
20	Student name (as shown on page 1 of your tax return) BHASKER RAO		Student social security number (as s your tax return)	hown o	n page 1 of
	JAKKULA		075-51-7952		
22	Educational institution information (see instructions)	•			
а	Name of first educational institution	b. 1	Name of second educational institut	ion (if a	nv)
	Minnesota State Colleges & Universities			,	37
1	Address. Number and street (or P.O. box). City, town or	(1)	Address. Number and street (or P.	O hov)	City town or
,	post office, state, and ZIP code. If a foreign address, see instructions.	(1)	post office, state, and ZIP code. If instructions.		
	30 7th StUHHW East, Suite 350				
	SAINT PAUL MN 55101				
(2	2) Did the student receive Form 1098-T	(2)	Did the student receive Form 1098 from this institution for 2019?	-T _	Yes 🗌 No
(:	B) Did the student receive Form 1098-T from this institution for 2018 with box ☐ Yes ☒ No 7 checked?	(3)	Did the student receive Form 1098 from this institution for 2018 with b 7 checked?		Yes 🗌 No
(4	Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	ı	Enter the institution's employer (EIN) if you're claiming the America if you checked "Yes" in (2) or (3) from Form 1098-T or from the institution.	an oppo J. You	ortunity credit or
	41-1687554				
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?		es — Stop! to to line 31 for this student. No	— Go to	o line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Ye		– Stop his stud	o! Go to line 31 dent.
25	Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	× Go	es — Stop! to to line 31 for this No udent.	— Go to	o line 26.
26	Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?	I G			plete lines 27 for this student.
CAUT				in the	same year. If
	American Opportunity Credit				
27	Adjusted qualified education expenses (see instructions). Dor	n't ente	more than \$4,000	27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0			28	
29				29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f	add \$2,	000 to the amount on line 29 and	30	
	Lifetime Learning Credit	ii Oi ii ail I	arts III, IIIIe 00, OII I art I, IIIIe I .	30	
	<u> </u>	les al a 10	total of all annual of the B.D. :		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		total of all amounts from all Parts	31	3,975.

Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-0123

2019

Attachment Sequence No. **55**

Name(s	shown on return			Your taxpa	yer ider	tification number
BHA	SKER RAO JAKKULA & SATYA VANI CHINNAMANENI			075-5	1-79	52
1	(a) Trade, business, or aggregation name	(a) Trade, business, or aggregation name (b) Taxpayer identification number		(c) Qualified business income or (loss)		
i	SPRAY-TEK INC	07	75-51	-7952		0.
ii						
iii						
iv						
v						
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		0.		
3 4	Qualified business net (loss) carryforward from the prior year	3 4	(0.		
5 6	Qualified business income component. Multiply line 4 by 20% (0.20)	6			5	0.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8				
9	REIT and PTP component. Multiply line 8 by 20% (0.20)				9	
10 11	Qualified business income deduction before the income limitation. Add lines 5 and Tayoble income before qualified business income deduction.				10	0.
12	Taxable income before qualified business income deduction	11 12		60,705. 0.		
13				<u>0.</u> 60,705.		
14	Income limitation. Multiply line 13 by 20% (0.20)				14	12,141.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also					
	the applicable line of your return				15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than				16 (0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		_		17 (0.
						- 0005

Additional information from your 2019 Federal Tax Return

Schedule C (SPRAY-TEK INC): Profit or Loss from Business

Ln 24b: 50% limit Itemization Statement

Description	Amount
MEALS(6M*\$100 PM)	600.
Total	600.

Schedule C (SPRAY-TEK INC): Profit or Loss from Business

Line 21 Itemization Statement

Description	Amount
REPAIRS	200.
Total	200.

Schedule C (SPRAY-TEK INC): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
TELEPHONE BILLS(6M*\$20)	120.
INTERNET BILLS(6M*\$30)	180.
Total	300.