

Department of the Treasury—Internal Revenue Service (99)  
**1040 U.S. Individual Income Tax Return**

**2020**

OMB No. 1545-0074

RS Use Only—Do not write or staple in this space.

**Filing Status**  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 person is a child but not your dependent ▶

Your first name and middle initial: SRUJAN Last name: REDDY  
 Your social security number: 610-13-3800  
 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.  
 12005 PIONEER BLVD

City, town, or post office. If you have a foreign address, also complete spaces below.

NORMALK

Foreign province/state/country

State: CA

ZIP code: 90650

Foreign postal code

Apt. no.

Foreign country name

Foreign province/state/country

Foreign postal code

**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.  
 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 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, 1956  Are blind  Spouse:  Was born before January 2, 1956  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.		Wages, salaries, tips, etc. Attach Form(s) W-2		1
2a	Tax-exempt interest	2a	Taxable interest	2b
3a	Qualified dividends	3a	Ordinary dividends	3b
4a	IRA distributions	4a	Taxable amount	4b
5a	Pensions and annuities	5a	Taxable amount	5b
6a	Social security benefits	6a	Taxable amount	6b
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			7
8	Other income from Schedule 1, line 9			8
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9
10	Adjustments to income:			
	From Schedule 1, line 22	10a		
	Charitable contributions if you take the standard deduction. See instructions	10b		21.
a	Add lines 10a and 10b. These are your total adjustments to income	10c		21.
b	Subtract line 10c from line 9. This is your adjusted gross income	11		626.
c	Standard deduction or itemized deductions (from Schedule A)	12		12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14		12,400.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15		0.

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