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.

(Rev. January 2020)	11110407	TOT ITISTI UCTIONS AND	tile i	atest iiiioiiiiat	ioii.			
, — —	018 [scal yea	2017 2016 or (month and year er		:				
Your first name and middle initial					Your social			mber
RAMARAJU	MARAJU PEETLA				.18-9	8-94-2871		
nt return, spouse's first name and middle initial Last name VASANTHARAJU				· ·		ouse's social security number		
Current home address (number and street). If you have a P.O. box, see instructions. 12220 MAJESTIC MAPLE DR				Apt. no. Your phone number 240-460-0075				
City, town or post office, state, and ZIP code. If you have a foreign addr	ess. also	complete spaces below. Se	ee inst			100 007		
CLARKSBURG MD 20871	,							
Foreign country name Foreign province/state/co						Foreign postal code		
Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from a joint return to separate returns after the due date.				Full-year health care coverage (or, for amended 2018 returns only, exempt). If amending a 2019 return, leave blank. See instructions.				
Single X Married filing jointly Married filing	g separa	tely Qualifyi	ng wi	dow(er)	He	ad of house	ehol	d (HOH)
If you checked the MFS box, enter the name of spouse. person is a child but not your dependent.	. If you o	checked the HOH or	QW I	oox, enter the	child's	s name if	the	qualifying
Use Part III on the back to explain any changes				A. Original amount reported or as previously adjusted		B. Net change— amount of increase or (decrease)—		C. Correct
Income and Deductions				(see instructions)		plain in Part II		Amount
1 Adjusted gross income. If a net operating loss	(NOL)	carryback is						
included, check here			1	130,57	130,576		130,576	
2 Itemized deductions or standard deduction			2	27,08				27,084
				103,49				103,492
4a Exemptions (amended 2017 or earlier returns				,				
complete Part I on page 2 and enter the amou			4a					
b Qualified business income deduction (amended 201			4b					
5 Taxable income. Subtract line 4a or 4b from lir								
or less, enter -0			5	103,49	2			103,492
Tax Liability								•
6 Tax. Enter method(s) used to figure tax (see in	netructic	ine).						
the contract of the contract o	TCW			14,34	ρ			14,348
							_	
	Credits. If a general business credit carryback is included, check here.			4,00 10,34			_	4,000
	Subtract line 7 from line 6. If the result is zero or less, enter -0				8		_	10,348
9 Health care: individual responsibility (amended			_					
only). See instructions			9		_		_	
10 Other taxes			10	21		-21		
11 I otal tax. Add lines 8, 9, and 10			11	10,56	7	-21	.9	10,348
Payments								
12 Federal income tax withheld and excess socia								
tax withheld. (If changing, see instructions.) .			12	14,87	9			14,879
13 Estimated tax payments, including amount applied f			13					
14 Earned income credit (EIC)			14					
15 Refundable credits from: Schedule 8812 Fe		2439 4136	15					
		- file tav paid with a		 	ما ما : 4: م			
							_	
tax paid after return was filed							6	14 000
17 Total payments. Add lines 12 through 15, colu	mn C, a	ina line 16				1	7	14,879
Refund or Amount You Owe				IDC				4 0
Overpayment, if any, as shown on original return or as previously adjusted by the IRS							8	4,312
Subtract line 18 from line 17 (If less than zero, see instructions)							9	10,567
Amount you owe. If line 11, column C, is more than line 19, enter the difference							20	
If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return							1	219
22 Amount of line 21 you want refunded to you						2	2	219
23 Amount of line 21 you want applied to you (e	nter ye	ar): estima	ated t					
Complete and sign this form on page 2								