

Filing Status

Single Married filing separately (MFS)(formerly Married) Qualifying widow(er) (QW)

Check only one box.

If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent

Personal information section including name (LAXMI SAI SHANKAR, CHAPALA), identifying number (129-61-3130), address (703 47TH ST SE, AUBURN, WA 98092), and marital status (Individual).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Table with 6 columns: (1) First name, Last name, (2) Dependent's identifying number, (3) Dependent's relationship to you, (4) Child tax credit, Credit for other dependents.

Main income calculation table with rows 1a through 15, including categories like Wages, Scholarships, Dividends, and Taxable income (70,382).

	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		16		11,273													
	17 Amount from Schedule 2 (Form 1040), line 3		17															
	18 Add lines 16 and 17		18		11,273													
	19 Child tax credit or credit for other dependents		19															
	20 Amount from Schedule 3 (Form 1040), line 7		20															
	21 Add lines 19 and 20		21															
	22 Subtract line 21 from line 18. If zero or less, enter -0-		22		11,273													
	23 a Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a																
	b Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10	23b																
	c Transportation tax (see instructions)	23c																
	d Add lines 23a through 23c		23d															
	24 Add lines 22 and 23d. This is your total tax		24		11,273													
	25 Federal income tax withheld from:																	
	a Form(s) W-2	25a		13,104														
	b Form(s) 1099	25b																
	c Other forms (see instructions)	25c																
	d Add lines 25a through 25c		25d		13,104													
	e Form(s) 8805		25e															
	f Form(s) 8288-A		25f															
	g Form(s) 1042-S		25g															
	26 2020 estimated tax payments and amount applied from 2019 return		26															
	27 Reserved for future use	27																
	28 Additional child tax credit. Attach Schedule 8812 (Form 1040)	28																
	29 Credit for amount paid with Form 1040-C	29																
	30 Reserved for future use	30																
	31 Amount from Schedule 3 (Form 1040), line 13	31																
	32 Add lines 28 through 31. These are your total other payments and refundable credits		32		0													
	33 Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments		33		13,104													
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34		1,831													
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here.		35a		1,831													
Direct deposit? See instructions.	▶ b Routing number <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>3</td><td>2</td><td>2</td><td>2</td><td>7</td><td>1</td><td>6</td><td>2</td><td>7</td><td></td><td></td><td></td><td></td></tr> </table> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	3	2	2	2	7	1	6	2	7								
3	2	2	2	7	1	6	2	7										
	▶ d Account number <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>2</td><td>5</td><td>0</td><td>9</td><td>7</td><td>9</td><td>0</td><td>8</td><td>2</td><td></td><td></td><td></td><td></td></tr> </table>	2	5	0	9	7	9	0	8	2								
2	5	0	9	7	9	0	8	2										
	▶ e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.																	
	36 Amount of line 34 you want applied to your 2021 estimated tax	36																
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions		37															
	38 Estimated tax penalty (see instructions)	38																
Third Party Designee (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No																	
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶															
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																	
	Your signature ▶	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶														
	08973	02-15-2021	SUPPLY CHAIN ENGINEER															
	Phone no.	Email address																
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed													
	THIRUPATHI MARAM		03-07-2021	P02056693														
	Firm's name ▶	Phone no.																
	ONLINE TAX AND ACCOUNTING SOLUTIONS	616-219-1040																
	Firm's address ▶	Firm's EIN ▶																
	340 S lemon ave WALNUT, CA 91789																	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

LAXMI SAI SHANKAR CHAPALA

Your social security number

129-61-3130

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) . . . ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
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	7	
8	Other income. List type and amount . ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	0

Part II Adjustments to Income			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	0
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
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 ▶ _____		
c	Date of original divorce or separation agreement (see instructions) . . . ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	317
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	317

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

Schedule 1 (Form 1040) 2020

SCHEDULE OI (Form 1040-NR)

Department of the Treasury Internal Revenue Service (99)

Other Information

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

Answer all questions.

OMB No. 1545-0074

2020

Attachment Sequence No. 7C

Name shown on Form 1040-NR

LAXMI SAI SHANKAR CHAPALA

Your identifying number

129-61-3130

A Of what country or countries were you a citizen or national during the tax year? INDIA

B In what country did you claim residence for tax purposes during the tax year? INDIA

C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No

D Were you ever:

1. A U.S. citizen? Yes No

2. A green card holder (lawful permanent resident) of the United States? Yes No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1 CPT

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No

If you answered "Yes," indicate the date and nature of the change.

G List all dates you entered and left the United States during 2020. See instructions.

Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H

Table with 4 columns: Date entered United States, Date departed United States, Date entered United States, Date departed United States

H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2018, 2019, and 2020 365

I Did you file a U.S. income tax return for any prior year? Yes No

If "Yes," give the latest year and form number you filed

J Are you filing a return for a trust? Yes No

If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No

K Did you receive total compensation of \$250,000 or more during the tax year? Yes No

If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L Income Exempt From Tax - If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

Table with 4 columns: (a) Country, (b) Tax treaty article, (c) Number of months claimed in prior tax years, (d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No

3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No

If "Yes," attach a copy of the Competent Authority determination letter to your return.

M Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

Health Savings Accounts (HSAs)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**

▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

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

LAXMI SAI SHANKAR CHAPALA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **129-61-3130**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter.	3	3,550
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,550
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	3,550
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	3,550
9	Employer contributions made to your HSAs for 2020	9	519
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	519
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,031
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12.	13	

Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	