

Amended U.S. Individual Income Tax Return

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2019 2018 2017 2016

Other year. Enter one: calendar year 2020 or fiscal year (month and year ended):

Your first name and middle initial SIBI MYLON	Last name JEYAMURUGAN	Your social security number 832-22-7567
If joint return, spouse's first name and middle initial KARTHIKA	Last name MUTHU RAMAN	Spouse's social security number 985-96-0672
Current home address (number and street). If you have a P.O. box, see instructions. 117 CORBIN AVENUE	Apt. no. 207	Your phone number (201) 850-2216
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. JERSEY CITY NJ 07306		
Foreign country name	Foreign province/state/county	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 Married filing jointly Married filing separately (MFS) Qualifying widow(er) (QW) Head of household (HOH)

If you checked the MFS box, enter the name of 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. ▶

Use Part III on the back to explain any changes

Income and Deductions

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input checked="" type="checkbox"/>	1 66,055.	0.	66,055.
2 Itemized deductions or standard deduction	2 12,400.	12,400.	24,800.
3 Subtract line 2 from line 1	3 53,655.	-12,400.	41,255.
4a Exemptions (amended 2017 or earlier returns only). If changing , complete Part I on page 2 and enter the amount from line 29	4a		
b Qualified business income deduction (amended 2018 or later returns only)	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 53,655.	-12,400.	41,255.

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions): Table	6 7,599.	-3,041.	4,558.
7 Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7 0.	0.	0.
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 7,599.	-3,041.	4,558.
9 Health care: individual responsibility (amended 2018 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 7,599.	-3,041.	4,558.

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing , see instructions.)	12 9,058.	0.	9,058.
13 Estimated tax payments, including amount applied from prior year's return	13 0.	0.	0.
14 Earned income credit (EIC)	14 0.	0.	0.
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15 0.	0.	0.
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16	0.	0.
17 Total payments. Add lines 12 through 15, column C, and line 16	17	0.	9,058.


Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18	1,459.
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19	7,599.
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20	
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21	3,041.
22 Amount of line 21 you want refunded to you	22	3,041.
23 Amount of line 21 you want applied to your (enter year): estimated tax 23		

Complete and sign this form on page 2.

Part I Exemptions and Dependents

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).

 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
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24		
25	Your dependent children who lived with you	25		
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28		
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29		
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and <input checked="" type="checkbox"/> here <input type="checkbox"/>			

(a) First name		Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents (amended 2018 or later returns only)	
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.
 Check here if you didn't previously want \$3 to go to the fund, but now do.
 Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.
 LETTER OF EXPLANATION ATTACHED

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 Here

Your signature _____ Date _____ NETWORK ENGINEER
 Your occupation _____
 Spouse's signature. If a joint return, **both** must sign. _____ Date _____ HOME MAKER
 Spouse's occupation _____

Paid Preparer Use Only

SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/28/2023 GLOBAL TAXES LLC
 Preparer's signature Date Firm's name (or yours if self-employed)
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT E BRUNSWICK NJ 08816
 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

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. 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 SIBI MYLON	Last name JEYAMURUGAN	Your social security number 832-22-7567
If joint return, spouse's first name and middle initial KARTHIKA	Last name MUTHU RAMAN	Spouse's social security number 985-96-0672
Home address (number and street). If you have a P.O. box, see instructions. 117 CORBIN AVENUE		Apt. no. 207
City, town, or post office. If you have a foreign address, also complete spaces below. JERSEY CITY		State NJ
		ZIP code 07306
Foreign country name	Foreign province/state/county	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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): 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"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	66,345.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b 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	66,345.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a		10c	290.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	290.		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶				
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	66,055.
	12	Standard deduction or itemized deductions (from Schedule A)			12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	24,800.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	41,255.	

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	4,558.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,558.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,558.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	4,558.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,058.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,058.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,058.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,500.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,500.
b	Routing number 0 2 1 2 0 2 3 3 7		
c	Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
d	Account number 8 7 0 9 1 7 7 9 1		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
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.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. 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 NETWORK ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (201) 850-2216	Email address SIBIMYLON@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/28/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522			
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816	Firm's EIN 30-1017196			