

Amended U.S. Individual Income Tax Return

(Rev. January 2020)

▶ 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 or fiscal year (month and year ended):

| | | |
|---|-------------------------------|--|
| Your first name and middle initial RAJU S | Last name PUSAPATI | Your social security number 607-17-0964 |
| If joint return, spouse's first name and middle initial VIDYAVATHI | Last name BHUPATHIRAJU | Spouse's social security number 415-89-3060 |
| Current home address (number and street). If you have a P.O. box, see instructions. 1506 BRADEN CIRCLE | Apt. no. | Your phone number |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. FRANKLIN TN 37067 | | |
| 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

| | 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 |
|---|--|--|-------------------|
| Income and Deductions | | | |
| 1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/> | 1 121,605. | 40,191. | 161,796. |
| 2 Itemized deductions or standard deduction | 2 24,000. | 0. | 24,000. |
| 3 Subtract line 2 from line 1 | 3 97,605. | 40,191. | 137,796. |
| 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 97,605. | 40,191. | 137,796. |
| Tax Liability | | | |
| 6 Tax. Enter method(s) used to figure tax (see instructions): TCW | 6 13,357. | 8,837. | 22,194. |
| 7 Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/> | 7 4,000. | -135. | 3,865. |
| 8 Subtract line 7 from line 6. If the result is zero or less, enter -0- | 8 9,357. | 8,972. | 18,329. |
| 9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions | 9 0. | 0. | 0. |
| 10 Other taxes | 10 0. | 0. | 0. |
| 11 Total tax. Add lines 8, 9, and 10 | 11 9,357. | 8,972. | 18,329. |
| Payments | | | |
| 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) | 12 8,788. | 0. | 8,788. |
| 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 checked="" type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): | 15 1,000. | -90. | 910. |
| 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. |
| 17 Total payments. Add lines 12 through 15, column C, and line 16 | 17 | | 9,698. |
| Refund or Amount You Owe | | | |
| 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS | 18 | | 431. |
| 19 Subtract line 18 from line 17. (If less than zero, see instructions.) | 19 | | 9,267. |
| 20 Amount you owe. If line 11, column C, is more than line 19, enter the difference | 20 | | 9,062. |
| 21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return | 21 | | |
| 22 Amount of line 21 you want refunded to you | 22 | | 0. |
| 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. | A. Original number of exemptions or amount reported or as previously adjusted | B. Net change | C. Correct number or amount |
| | 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. | | | |
| 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 here

| (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.
 LOAN DEFAULT, HSA AND INTEREST INCOME WAS NOT REPORTED EARLIER.
 PLS WAIVE THE PENALTY AND LET ME KNOW THE INTEREST TO PAY AFTER YOU
 PROCESS THE PAYMENT
 THANKS IN ADVANCE FOR YOUR KIND CONSIDERATION

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

6/29/21 SECURITY ANALYST
 Your signature Date Your occupation
6/29/21 ACCOUNTANT
 Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer Use Only

06/30/2021 NITAX, INC.
 Preparer's signature Date Firm's name (or yours if self-employed)
 NITAX, INC. 24945 West Warren Dearborn Heights MI 48127
 Print/type preparer's name Firm's address and ZIP code
 P01349278 Check if self-employed (313) 730-8801 38-3422401
 PTIN Phone number EIN