(Rev. August 2020)

Department of the Treasury Internal Revenue Service

## IRS effle Signature Authorization

▶ EROmust obtain and retain completed Form 8879.

▶ Go towww.irs.gov/Farm8879for the latest information

OMB No. 1545-0074

Subm	ission Identification Number (SID)		•				
Taxpay	er's name	Social security number					
SHA	RADA KARUMANCHI	751-99-7431					
	distrame	Spouse's social security number					
Par	Tax Return Information — Tax Year Ending December 31, (Enter	yearyoua	eaut	haizina)			
	whole oddlars and you lines 1 through 5	year yeera	O GOIL	. 2.2. 9)			
	Fam 1040SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank						
1	Adjusted gross income		1 1	75,002.			
2	Total tax		2	9,568.			
3	Federal income tax withheld from Fam(s) W-2 and Fam(s) 1099		3	11,875.			
4	Amount you want refunded to you		4	2,307.			
5	Amantyauave		5	2,307.			
Part				a rretum)			
	penalties of perjury, I dedare that I have examined a copy of the income tax return (original or amended)						
for any Agent payme author payme busine taxes persor	(ariginal anamended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an adknowledgement of receipt or reason for reject of delay in processing the return or refund, and (c) the date of any refund. I fapplicable, I authorize the U.S. to initiate an ACH electronic funds with drawal (direct debit) entry to the financial institution account indicent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests described to the payment (settlement) date. I also authorize the financial institutions involved in the positive confidential information necessary to answer inquiries and resolve issues related to the past identification number (PIN) below is my signature for the income tax return (original or amended) I an increase.	ction of the tr S. Treasury a cated in the ta n to debit the the authoriza ests must be processing of ayment. I furt	ansmis ndits o ex prepo entry to ation. To exercive the elec- ther ad-	sion, (b) the reason lesignated Financia aration software fo this account. Thi o revoke (cancel) a led no later than actronic payment of anowledge that th			
Tax <b>pa</b>	I authorize GLOBAL TAXES LLC to enter or generate resignature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filled using the Practitioner PIN method below.	ent dor ow authorizir	n't enter ng. Ch				
Yars	ignature▶ Date▶						
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spou	se's PN theak are box anly						
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	Practitioner PINMethod Returns Only—continue below		·				
Part	Certification and Authentication—Practitioner PINMethod Only						
ERO:	SEFIN/PIN Enteryoursix-digitEFIN followed by your five-digitself-selected PIN 5 8	7 2 7 8 Don'tente	3 6 erall zer	1 9 8 9			
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income tabled to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submisments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Indicated IRS e-file	tting this retu	m in a	coordance with th			
ERO'S	ssignature▶ Date▶						
	FROMust Retain This Farm — See Instructions						

Dan't Submit This Form to the IRS Unless Requested To Do So

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Filing Statu: Checkonly one box	lfyc	Singe [] Married filingjointly [ ouchecked the MFS box, enter the r son is a child but not your depender	neme												
Yourfirstname	eandm	iddeinital	Læst	name	our social security number										
SHARADA				KARUMANCHI								751-99-7431			
Ifjaintretum spaces firstneme and middle initial				Lastrame							Spouse's social security number				
Homeaddress 3315 S (	einstru	rstructions							Presidential Election Campaign Check here if you aryour						
City, town, ark	oost offi	ce. Ifyou have a foreign address, also o	ompletespaces below.						ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
GRAND RA	APID	S				MI		495	49512		box below will not change				
Fareignæuntr	yrame		Foreign province/state			exaunty Fo		Fareig	Fareign postal code		yourtaxorrefund. You Spous				
Atanytimed	ring 2	020) did you receive, sell, send, exc	hange	arothawi:	seacquire	anyfi	inancial intere	estina	anyvintus	dame	ency?	Yes D	₹ Nb		
Standard Deduction		neone candaim: 🔲 Youas a de Spouse i temizes on a separate retu					a dependent								
Age/Blindnes	s You	☐ Were born before January 2,1	1956	Arebir	nd Sp	ouse:	☐ Wasbo	onbef	beJanu	ary 2	1956	☐ Isblino	1		
Dependents (see instructions):				(2) Social security (3) Relationship			<b>hi</b> p	(4) <b>√</b> ifqual		lifies for	r(see instructio	ns):			
Ifmare (1) Firstname Lastname				rumber			toyau		Child tax are		dit	Creditforother	dependent		
thanfour															
dependents, see instructions												<u> </u>			
anddreck															
here \															
	_1_	Wages, salaries, tips, etc Attach	Fam <sub>(</sub> 6	s)W-2							1	75	,002.		
Attach Sch Bif	≨a	Tax-exemptinterest	2a			b Ta	wable interes	st .			<b>2</b> b				
required.	<u>:a</u>	Qualified dividends	3a			b Or	dnarydvide	ends.			<b>3</b> b				
	4a	IRAdistributions	4a			b Ta	wable amour	nt			45				
	5a	Pensionsandannuities	5a			b Ta	ixable amour	nt			<b>5</b> 0	,			
Standard	69	Social security benefits	6a			b Ta	ixable amour	nt			රා				
Deduction for— • Single or	7	Capital gainer (less). Attach Sche	Ifnotrequired, check here						7						
Married filing	8	Other income from Schedule 1, lin	me9							8					
separately, \$12,400	9	Add lines 1, 20, 30, 40, 50, 60, 7,	and 8	3 Thisisya.	rtotal inc	ome				. ▶	9	75	,002.		
<ul> <li>Married filing</li> </ul>	10	Adjustments to income													
jaintlyar Qualifying	а	From Schedule 1, line 22					10	⊋a							

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

b Charitable contributions if you take the standard deduction See instructions 10b

Qualified business income deduction Attach Form 8995 or Form 8995 A.

Taxable income Subtractline 14 from line 11. If zero or less, enter -0.

c Add lines 10a and 10b. These are your total adjustments to income

Standard deduction or itemized deductions (from Schedule A)

Subtractline 10c from line 9. This is your adjusted gross income.

widow(er), \$24,800

• Head of household,

\$18650 • If you checked any box under

Standard Deduction

see instructions

11

12

13

14

15

62,602. Fam 1040(2020)

75,002.

12,400.

12,400.

10c

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Page 2	
9,568.	
9,568.	
9,568.	
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9,568.	
11,875.	
11,0,0,	

Fam 1040(2020)

	16	Tax (see instructions). Check if any fro	m Fan	n(s): 1 🗌 881	4 2 4972	3			16		9,56	8.
	17	Amount from Schedule 2 line 3 .							17			
	18	Add lines 16 and 17	18		9,56	8.						
	19	Child tax area transactifar other de	19									
	20	Amount from Schedule 3 line 7										
	21	Add lines 19and 20							21			
	22	Subtractline 21 from line 18 If zero	rless	enter-O .					22		9,56	8.
	23	Other taxes, including self-employme							23			0.
	24	Add lines 22 and 23 This is your total						•	24	,	9,56	
	25 Federal income tax withheld from:										7,50	<del>••</del>
	a	Fam(s)W-2				259	11.	875.				
	b	Fam(s) 1099				25b			1			
	С	Other fams (see instructions)				25c			1			
	d	Add lines 25a through 25c				$\overline{}$			25d	1	1,87	5
	26	2020 estimated tax payments and ar							26			<del>"</del>
<ul> <li>Ifyouhavea L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27			2			
attach Sch EIC.	<u>-2</u> / 28	Additional child tax credit Attach Sci				28			-			
• Ifyouhave nontaxable						-			-			
combat pay,	29	American appartunity are dit from Fa				29			-			
see instructions	30	Recovery rebate areal to See instruction				30			-			
	31	Amount from Schedule 3 line 13.				31	!		-			
	32	Add lines 27 through 31. These are y							32	1		
	33	Add lines 25d, 26 and 32 These are						. 🚩	33		1,87	
Refund	34	If line 33 is more than line 24 subtract line 24 from line 33 This is the amount you overpaid									2,30	
	35a										2,30	<del>'</del> /
Direct deposit? See instructions	▶b	Routing number 0 2 1 2 0				Check	ing ∐S	avings				
SCII BICCIO B	▶d	Account number 3 8 1 0 4										
	36	Amount of line 34 you want applied to				36						
Amount You Owe	37	Subtractline 33 from line 24 This is		-					37			
Fordetailson		Note: Schedule H and Schedule St										
how to pay, see	~	2020 See Schedule 3, line 12e, and										
instructions	38_	Estimated tax penalty (see instruction				38						
Third Party		you want to allow another person	to dis				Yes. Co	molata k	~la.,	X No		
Designee		tructions		 Phone				•				
	Designee's Pi name ▶ no							nal identi er(PIN) ▶			$\top$	$\Box$
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Sign	bel	ef, they are true, correct, and complete. Dec	daration	ofpreparer (othe	rthan taxpayer) is ba	ædana	all informatio	nofwhid	nprepar	erhasany	knowle	edge.
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Sæinstructions Kæpacopyfor	Sp	ouses signature. If a joint return, both mus	Date Spouse's occupation					fthe IRS sentyourspouse an dentity Protection PIN, enter it here				
yourrecords							- 1	inst)▶		TT	T	
	———	meno.		Email address				( )				
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Preparer				אאטאג ויואיז	GOFIA IALILAM	101/2	2/2U21					
UseOnly	/ Firm'srame ► GLOBAL TAXES LLC Firm'sactress ► 2530 Pebble Creek Ln Cumming GA 30041								678)96			
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Go towww.irsg	ov/Fam	1040 for instructions and the latest informa	itan		BAA	REV	01/15/21 PRO			Fam	1040	1(2020)