

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>ABHISHEK SIVARAMAREDDY</b>	Social security number 788-53-7045
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	53,313.
<b>2</b> Total tax . . . . .	<b>2</b>	4,794.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	5,305.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	511.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	7	0	4	5
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] 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: ABHISHEK
Last name: SIVARAMAREDDY
Your social security number: 788-53-7045
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 2594 S FLAT ROCK RD
Apt. no.:
City, town, or post office: BLOOMINGTON
State: IN
ZIP code: 47403
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation.

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	4,794.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	4,794.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	4,794.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	4,794.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	5,305.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	5,305.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	5,305.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	511.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	511.
<b>b</b>	Routing number 081000032	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 354011724636		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

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

**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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
_____ Spouse's signature. If a joint return, <b>both</b> must sign.	Date	ASSOCIATE MICROBIOLOGIST	_____
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/29/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(678) 965-9522
Firm's EIN				30-1017196

**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](http://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  
ABHISHEK SIVARAMAREDDY

Your social security number  
788-53-7045

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-4,285.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-4,285.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

ABHISHEK SIVARAMAREDDY

788-53-7045

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	GANDHI NAGAR HYDERABAD IN				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		650.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		85.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		150.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		100.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		4,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>		100.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		4,935.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-4,285.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-4,285.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		650.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		4,935.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	4,285.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-4,285.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**2020**

**Indiana Full-Year Resident  
Individual Income Tax Return**

Due April 15, 2021

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box   
if amending

Your Social Security Number  788  53  7045

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  ABHISHEK  Initial  Last name  SIVARAMAREDDY  Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)  2594 S FLAT ROCK RD  Place "X" in box if you are married filing separately.

City  BLOOMINGTON  State  IN  Zip/Postal code  47403

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2020.

County where you lived  53  County where you worked  53  County where spouse lived   County where spouse worked

**Round all entries**

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 **Federal AGI**  1  53313.00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 **Indiana Add-Backs**  2  .00
3. Add line 1 and line 2  3  53313.00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 **Indiana Deductions**  4  .00
5. Subtract line 4 from line 3  5  53313.00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3 **Indiana Exemptions**  6  1000.00
7. Subtract line 6 from line 5 **Indiana Adjusted Gross Income**  7  52313.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)  8  1690.00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)  9  704.00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)  10  .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes**  11  2394.00



15120111030

12. Enter credits from Schedule 5, line 10 (enclose schedule)   .00

13. Enter offset credits from Schedule 6, line 8 (enclose schedule)   .00

14. Add lines 12 and 13 \_\_\_\_\_ **Indiana Credits**   .00

15. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes**   .00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)   .00

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16   .00

18. Subtract line 17 from line 16 \_\_\_\_\_ **Overpayment**   .00

19. Amount from line 18 to be applied to your 2021 estimated tax account (see instructions).  
 Enter your county code  county tax to be applied \_ \$   .00  
 Spouse's county code  county tax to be applied \_ \$   .00  
 Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$   .00  
 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) \_\_\_\_\_   .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A \_\_\_\_\_   .00

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 \_\_\_ **Your Refund**   .00

22. **Direct Deposit** (see instructions)  
 a. Routing Number   
 b. Account Number   
 c. Type:  Checking  Savings  Hoosier Works MC  
 d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) \_\_\_\_\_   .00

24. Penalty if filed after due date (see instructions) \_\_\_\_\_   .00

25. Interest if filed after due date (see instructions) \_\_\_\_\_   .00

26. **Amount Due:** Add lines 23, 24 and 25 \_\_\_\_\_ **Amount You Owe**   .00  
 Do not send cash. Please make your check or money order payable to:  
 Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.**

\_\_\_\_\_  
 Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





Name(s) shown on Form IT-40

ABHISHEK SIVARAMAREDDY

Your Social Security Number

788 53 7045

Complete and enclose Schedule IN-DEP: Dependent Information and Additional  
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000

1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6  x \$1000  
You **MUST** enclose Schedule IN-DEP.

2  .00

3. You may claim an additional exemption for each qualifying dependent child:

- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
- who was under the age of 19 by Dec. 31, 2020,
- or a full-time student who was under the age of 24 by Dec. 31, 2020, and
- who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.

x \$1500

3  .00

4. Place "X" in box(es) below if, by December 31, 2020

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000

4  .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500

5  .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 **Total Exemptions**

6 1000 .00



23020111030



Name(s) shown on Form IT-40

Your Social Security Number

ABHISHEK SIVARAMAREDDY

788 53 7045

**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	1861	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	775	.00
3. Estimated tax paid for 2020: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line <b>A-3</b> _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ <b>Total Credits</b>	10	2636	.00

**Schedule IN-DONATE**

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		1c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>	2					.00



23120111030

Name(s) shown on Form IT-40

Your Social Security Number

ABHISHEK SIVARAMAREDDY

788 53 7045

1. Federal filing information

Are you filing a federal income tax return for 2020? Place "X" in appropriate box. Yes  No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked  Your income \$  .  State where spouse worked  Spouse's income \$  .

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.   
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. MFJ filers. If you are eligible for a refund and you do not want it applied to an existing state income tax liability of your spouse, or to another debt of your spouse to which the state tax refund may be applied, place an "X" in the box and see instructions.

6. Date of death

If any individual listed at the top of the IT-40 died during 2020, enter date of death (MM/DD).

Taxpayer's date of death   2020 Spouse's date of death   2020

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number 8477675373

Your

email address ABHISHEKREDDY.DANDU@GM

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN P02082703

Address 2530 PEBBLE CREEK LN

City CUMMING

State GA Zip Code 30041

Preparer's signature SYAM PRIYA RAM SAGAR GUPTA



County Tax Schedule for  
Full-Year Indiana Residents

2020

Name(s) shown on Form IT-40

ABHISHEK SIVARAMAREDDY

Your Social Security Number

788 53 7045

1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions \_\_\_\_\_

Column A - Yourself		Column B - Spouse's	
1A	52313.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2020 \_\_\_\_\_

2A	.0134500	2B	.00
----	----------	----	-----

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) \_\_\_\_\_

3A	704.00	3B	.00
----	--------	----	-----

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) \_\_\_\_\_

4	704.00
---	--------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) \_\_\_\_\_

5	.00
---	-----

6. Multiply line 5 by .0181 and enter total here \_\_\_\_\_

6	.00
---	-----

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 \_\_\_\_\_

7	704.00
---	--------



Indiana Individual Income Tax  
**DECLARATION OF ELECTRONIC FILING**  
Income Tax for the Tax Year January 1 - December 31, 2020

**Do Not Mail This  
Form To DOR**

Submission ID       -       -

First Name and Middle Initial ABHISHEK	Last Name SIVARAMAREDDY	Your Social Security Number 788 53 7045	Spouse's Social Security Number
Spouse's First Name and Middle Initial	Spouse's Last Name	Street Address 2594 S FLAT ROCK RD	
City BLOOMINGTON	State IN	Zip Code 47403	Daytime Telephone Number 847 767 5373

**Part I Tax Return Information** (See Instructions on Next Page)

1. Federal Adjusted Gross Income .....	1.	53313
2. Indiana Adjusted Gross Income .....	2.	52313
3. Total Indiana Tax .....	3.	2394
4. Total State Tax Withheld .....	4.	1861
5. Total County Tax Withheld .....	5.	775
6. Total Indiana Tax Credits .....	6.	2636
7. Refund .....	7.	242
8. Amount You Owe .....	8.	

**Part II Direct Deposit**

9. Routing number 08100032 **Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.**

10. Account number 354011724636

11. Type of account:  Checking  Savings  Hoosier Works MC

12. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail  
This Form  
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited.

**Part III Declaration of Taxpayer**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2020 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

**Taxpayer's PIN:** check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 37045 do not enter all zeros as my signature on my tax year 2020 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Taxpayer's signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's PIN:** check one box only

I authorize \_\_\_\_\_ to enter my PIN  do not enter all zeros as my signature on my tax year 2020 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Spouse's signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. 58727861989 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ► \_\_\_\_\_ Date \_\_\_\_\_

▼ Attach W-2 Forms Here ▼

**I  
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