Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### Department of the Treasury Internal Revenue Service

### **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
RAMESWARA PRASAD GUTTA	113-71-5529
Spouse's name	Spouse's social security number
Part I         Tax Return Information – Tax Year Ending December 31,         (Entities)	ter 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> 76,698.
<b>2</b> Total tax	<b>2</b> 9,931.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 12,225.
4 Amount you want refunded to you	<b>4</b> 2,309.
<b>5</b> Amount you owe	5

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

Under penalties of periury. 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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
				ERO firm name		5

1	5	5	2	9	
Ent dor	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 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

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 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 ►	Da	ate 🕨	•						 		
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Metho	d Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8					6 all zer	 9	8 9	Э

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 F Don't Submit This Form to the I						
Fee Devenue de De duction Act	Notice and company terr web use in structions		DEV/ 00/01/01 DD0	Farm 8870 (Day, 01 0001)			

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

Filing Status       X       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       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 one box.       Pour social security number         Your first name and middle initial       Last name       Your social security number         Thome address (number and streed, If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         4312       SADDLEWOOD CILUB DR       State       21P code       your social security number         City, town, or post office. If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         City, town, or post office. If you have a foreign address, also complete spaces below.       Nc       272.65       your as your social security number         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign postul cose       your as your social security number         Aary time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You       Source can claim:       You bind       Soure can claim:       You	E <b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		(99) urn 20	20	OMB No. 1545	5-0074	IRS Use Or	ly—Do not	write or stap	le in this space.
RAMESWARA       PRASD       GUTTA       113-71-5529         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         4312       SADDLEWOOD       CLUB DR       Apt. no.       Presidential Election Campaign         4312       SADDLEWOOD       CLUB DR       Presidential Election Campaign       Intervential Election Campaign         60       Toreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         You       Spouse's social security name       Foreign province/state/country       Foreign postal code       you tax or refund.         Standard       Someone can claim:       You as a dependent       You       Spouse:       No         Standard       Someone can claim:       You as a dependent       You       Spouse:       No         Dependents       (9)       Someone can claim:       You as a dependent       You       No         Dependents       (9)       Someone can claim:       You as a dependent       You       No         Geristinuctions;       (9)       Social security       (9)       Realinght (2)       No         If more       (1)       Asta name       Intervelow       1       8,2,723.2         If more	Check only	lf yo	ou checked the MFS box, enter the n	ame of					, ,		, ,	. , . ,
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         4312_SADDLEWOOD_CLUB_DR       Check here if you, or your       Check here if you, or your       Spouse's social security want S3         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       You       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Was born before January 2, 1956       Are bind       Spouse:       Was born before January 2, 1956       is bind         Dependents       (see instructions):       (a) Social security       (a) Palationship       (d) If raulines for (see instructions):       Credit for other dependents         in drokex       a       a       a       a       a       a       a         Age/Blindness       You:       You:       Social security (a) diffice for other dependenta in number       (a) Pirig quiffice for other dependenta in number       (b) Pirig quiffice for other dependenta	Your first name	e and m	iddle initial	Last na	me					Yours	social secu	rity number
Home address fnumber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         4312 SADDLEWOOD CLUB DR       Check here if you, or your spouse if filing jointly, want S3       Check here if you, or your spouse if filing jointly, want S3         Foreign country name       Foreign province/state/country       Foreign post office. If you have a torsign address, also complete spaces below.       NC       272.65         Foreign country name       Foreign province/state/country       Foreign post office. If you creaters and state address and separate return or you were a dual-status allen       > You       > Spouse         Standard       Someone can claim:       You as a dependent       You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You       Someone       Image: Someone       Image: Someone       Image: Someone       Image: Someone       Image: Someone       Image: Someone       Image	RAMESWA	RA PI	RASAD	GUTI	TA .					113	-71-55	29
4312 SADDLEWOOD CLUB DR       Checkhere fyou, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       NC       272.65         Foreign country name       Foreign province/state/country       Foreign postal code       Out tax or refund.         You       Spouse       Foreign postal code       Out tax or refund.       Out tax or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Out tax or refund.         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       You       No         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       Gese instructions):       (2) Social security       (3) Relationship       (4) 4/ if qualifies for (see instructions):       Is blind         firequired.       4a       b       D       D       D       D         Attach       2a       Tax-exempt interest       2a       2b       D       D       D         Standard       Degradified dividends       3a       b       D crainary dividends       3b       D         If more than four       10       Res.atame </td <td>If joint return, s</td> <td>spouse's</td> <td>s first name and middle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td>Spous</td> <td>e's social s</td> <td>ecurity number</td>	If joint return, s	spouse's	s first name and middle initial	Last na	me					Spous	e's social s	ecurity number
Curry, of post bines, in your nave a holegin address, and compare spaces below.       State       24' door       to go to this fund, checking a box below into change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you is box below with or change your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Ware born before January 2, 1956       Is blind       Dependents       (9) First name       Last name       (9) First name       Call tax or ther dependents;         required.       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       R2, 723.       2b         Attach       2a       Tax-exempt interest       2a       b       Datable interest       2b         Standard       1       Wages, salaries, tips, etc. Attach Form(s) W-2       5a       b       Taxable interest       2b         Standard       2a       2a       b       b       Taxable amount       4b         Standard       5a       b       Taxable amount       5b       5b       5b      <				instructio	ons.			,	Apt. no.	Check	k here if you	u, or your
HIGH POINT       NC       27265       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       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       Someone can claim:       You as a dependent       You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Age/Blindness       Sonuce itemizes on a separate return or you were a dual-status allen       Beatonship       (4) V' It qualifies for (see instructions):       If more         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' It qualifies for (see instructions):       If accredit       Credit for other dependents         see instructions       Ind check	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	St	ate	ZIP c	ode			
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Opendents       (see instructions):       (1) First name       Last name       Immber       Child tar credit       Credit for other dependents         see instructions       Interest       Immber       Imm	HIGH PO	INT				N	C	272	265			•
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       Yes       No         Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' It qualifies for (see instructions):       Credit for other dependents         if more than four       (1) First name       Last name       Immediate	Foreign countr	y name		F	Foreign province/s	tate/cour	nty	Forei	gn postal code	your t	ax or refun <sup>,</sup>	d.
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more than four dependents, see instructions       Imme       Last name       Imme       Imme       Imme       Credit for other dependents         see instructions       Imme											You You	Spouse
Deduction       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):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ If qualifies for (see instructions):         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions       and check       Image: Salaries, tips, etc. Attach Form(s) W-2       Image: Salaries, tips, etc. Attach Form Salaries, tips, etc. Attach Form Salaries, tips, etc. Attach Form Salaries, tips, etc.	At any time du	uring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acq	uire any	financial inter	est in a	any virtual c	urrency	? 🗌 Yes	; 🗙 No
Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Image: Credit for other dependents         see instructions and check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         and check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         3tadcheck       Image: Credit for other dependents       Image: Credit for other dependents         3tad check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         3tad check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         3tad check here ▶       Image: Credit for other dependents       Image: Credit for other dependents         4a       IRA distributions .       Image: Credit for other dependents       Image: Credit for other dependents         5a       Pensions and annuities .       Image: Credit for other dependents       Image: Credit for other dependents         512.400       For Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Credit for other d				•								
If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check	Age/Blindnes	s You:	Were born before January 2, 1	956	Are blind	Spous	e: 🗌 Was bo	rn bef	ore January	2, 1956	i 🗌 Is l	blind
If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check	Dependent	s (see	instructions):		(2) Social sec	curity	(3) Relations	air	(4) ✔ if	qualifies	for (see inst	ructions):
than four dependents, see instructions and check here ▶ Attach 2a Tax-exempt interest 2a b Taxable interest	-						to you	.				
see instructions       Image: constructions and check       Image: constructions and check       Image: constructions constructions       Image: constructions constructions       Image: constructions constructions constructions       Image: constructions constructions constructions       Image: constructions constructions constructions constructions       Image: constructions constructions constructions constructions       Image: constructions constructions constructions constructions constructions constructions       Image: constructions construc												
and check   here   here   here   here   here   1   Wages, salaries, tips, etc. Attach Form(s) W-2   2a    Tax-exempt interest   2a   aa   Qualified dividends   aa   aa   qualified dividends   ba   ba   ba   ba   ba   ba   ba   ba    ba   ba   ba   ba    ba   ba    ba   ba    ba   ba    ba   ba   ba    ba    ba    ba    ba   ba    ba   ca    ba    ca   ba    ba    ba    ba    ba    ba    ba    ca   ba    ca   ba    ca   ba   ca   ba    ba <td></td>												
Attach       2a       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       82,723.         Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -5,775.         8       Other income from Schedule 1, line 9       8       -5,775.       9       76,948.         10       Adjustments to income:       a       i0b       250.       10       250.         9       Charitable contributions if you take the standard deduction. See instructions       10b       250.       10c       250.         10       Adjustments to income:       10b       250.       11       76,698.       12       12,400. <td></td> <td>5</td> <td></td>		5										
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       a       Qualified dividends        3a        b       Ordinary dividends        3b         required.       4a       IRA distributions        4a        b       Ordinary dividends        3b         5a       Pensions and annuities        5a       b       Taxable amount        4b         5a       Pensions and annuities        5a       b       Taxable amount        4b         Standard       Deduction for-       6a       Social security benefits        6a        b       Taxable amount        6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here         7        8         8         8         8         8         9         9         9         9	here 🕨 🗌											
Sch. B if required.       2a       2a       2a       2a       2a         Sch. B if required.       3a       Qualified dividends       3a       3b       3b         Aa       IRA distributions       4a       b       Crainary dividends       3b         Aa       IRA distributions       4a       b       Taxable amount       3b         Standard       Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       Ga       Social security benefits       6a       b       Taxable amount       7         Other income from Schedule 1, line 9       6a       b       7       7       7         Married filing jointly or Qualifying widow(en, \$24,000       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8       -5, 775.         9       76, 948.       9       76, 948.       9       76, 948.         10       Adjustments to income:       10a       10b       250.       10c       250.         9       From Schedule 1, line 22       11       76, 698.       11       76, 698.       11       76, 698.         14       Subtract line 10c from line 9. This is your adjusted gross income       11		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1	82,723.
required.       3a       Gualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       7       8       -5,775.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,948.         10       Adjustments to income:       10a       10b       250.         10       Add lines 10a and 10b. These are your total adjustments to income       10c       250.         11       76,698.       11       76,698.       11       76,698.         13       Qualifying widw(endet), see instructions       12       12,400.       12       12,400.         13       Gualifying widw(endet), see are your total adjustments to income		2a	Tax-exempt interest	2a		b -	Taxable interes	st.		. 2	2b	
4a       IRA distributions       4a       b Taxable amount       4b         5a       Pensions and annuities       5a       b Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       7         8       Other income from Schedule 1, line 9       .       .       8       -5,775.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       >       9       76,948.         •       10       Adjustments to income:       a       .       10a       .       10b       250.         •       Prom Schedule 1, line 22       .       .       .       10b       250.       10c       250.         •       Head of household, St8,660       The subtract line 10c from line 9. This is your adjusted gross income       .       .       11       76,698.         •       11       Standard deduction or itemized deductions. (from Schedule A)       .       .       12       12,400.		3a	Qualified dividends	3a		b	Ordinary divide	nds .		. 3	sb	
Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,948.         10       Adjustments to income:       10a       10b       250.         9       Charitable contributions if you take the standard deduction. See instructions       10b       250.         11       Standard deduction or itemized deductions (from Schedule A)       11       76,698.         12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       13       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.       14       12,400.		4a	IRA distributions	4a		b <sup>-</sup>	Taxable amour	nt		. 4	b	
Deduction for-       7         • Single or Married filing separately, \$12,400       7         • Other income from Schedule 1, line 9       -         • Married filing separately, \$12,400       9         • Married filing jointly or Qualifying widow(er), \$24,800       9         • Married filing jointly or Qualifying widow(er), \$24,800       10         • Head of household, \$18,650       Add lines 10a and 10b. These are your total adjustments to income         • Head of household, \$18,650       11         • If you checked any box under Standard Deduction, see instructions.       12         • If you checked any box under Standard       13         • Add lines 12 and 13       -         • Add lines 12 and 13       -         • Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15		5a	Pensions and annuities	5a		b <sup>-</sup>	Taxable amour	nt		. 5	ib	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>If add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>If ou check any box under Standard big in the standard line 11. If zero or less, enter -0-</li> <li>If add lines 12 and 13</li> <li>If add lines 10</li> <li>If add lines 11. If zero or less, enter -0-</li> <li>If add lines 12 and 13</li> <li>If add lines 12 and 13</li> <li>If add lines 12 and 14</li> <li>If add lines 12 and 13</li> <li>If add lines 12 and 14</li> <li>If add lines 12 and 14</li> <li>If add lines 12 and 13</li> <li>If add lines 12 and 14</li> <li>If add lines 12 and 13</li> <li>If add lines 12 and 14</li> <li>If add lines 12 and 13</li> <li>If add lines 14</li> <li>If add lines 10</li> <li>If add lines 14</li> <li>If add lin</li></ul>	Standard	6a	Social security benefits	6a		b <sup>-</sup>	Taxable amour	nt		. 6	ib di	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -5,775.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,948.         9       76,948.       9       76,948.         9       Adjustments to income:       9       76,948.         9       76,948.       9       76,948.         9       Adjustments to income:       10a       10b       250.         9       Add lines 10 and 10b. These are your total adjustments to income       10b       250.         9       Add lines 10a and 10b. These are your total adjustments to income       11       76,698.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       76,698.         11       76,698.       11       76,698.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       12,400.       14       12,400.       15       64,298.		7	Capital gain or (loss). Attach Schee	dule D if	f required. If not	required	d, check here		<b>&gt;</b>		7	
\$12,400       9       Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income       9       76, 948.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10b       250.         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.							8	-5,775.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>Married filing jointy or Qualified business.</li> </ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total</b>	income	<b>.</b>				9	76,948.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22		10	Adjustments to income:									
\$24,800       ID       Chantable contributions if you take the standard deduction. See instructions       ID       230.         • Head of household, \$18,650       I1       Subtract line 10c from line 9. This is your adjusted gross income       ID       250.         • If you checked any box under Standard deduction, see instructions, see instructions, see instructions.       ID       250.         • If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       ID       12         • If you checked any box under Standard deduction.       II       76,698.         • II       Add lines 12 and 13       III       13         • Add lines 12 and 13       III       14       12,400.         • III       IIII       14       12,400.         • III       IIII       14       12,400.         • IIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       250.         Head of household,       c       Add lines 10a and 10b. These are your total adjustments to income       Image: Comparison of the standard deduction of the standard deduction of the standard deduction.											
<ul> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Gualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> </ul>							50.					
\$18,650       11       76,698.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         • If you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •							▶ 1	0c	250.			
<ul> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Add lines 12 and 13</li> <li>Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>Ib Galaxie (10, 10, 10, 10, 10, 10, 10, 10, 10, 10,</li></ul>							▶ 1	1	76,698.			
Standard Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       64,298.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (from Sche	dule A)				. 1	2	12,400.
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduction	ion. Atta	ach Form 8995 o	r Form	8995-A			. 1	3	
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14									4	
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ent	er-0			. 1	5	-

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

Form **1040** (2020)

Form 1040 (2020	))										Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2	4972	3			16	9,931.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	9,931.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	9,931.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10	)				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 🕨	24	9,931.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	12	,225		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	12,225.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return					26	
qualifying child,	27	Earned income credit (EIC)			N	<u>.</u>	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30		15		
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tota</b>	al other paym	ents and	refunda	ble cr	edits	. 🕨	· 32	15.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	12,240.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the	e amour	nt you	overpaid		34	2,309.
neruna	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attach	ed, cheo	ck here	e		35a	2,309.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► <b>с</b> Тур	be: 🗙	Chec	king	Savings	5	
See instructions.	►d	Account number 5 8 6	0 3 5 8	5 2 8 7	7 3						
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						r 🗌	
For details on		2020. See Schedule 3, line 1			•						
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with th	ne IRS?	See				
Designee	ins	structions	· · · · ·					Yes. Co	omplete	e below.	🗙 No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occu	•					nt you an Identity
	. 10	u signature		Date		μρατιστι					IN, enter it here
Joint return?					SOFTW	ARE E	ENGII	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	occupati	ion				nt your spouse an
Keep a copy for your records.	,									entity Prot e inst.) 🕨	ection PIN, enter it here
,									(30	e inst.) 🕨	
		one no. eparer's name	Proparat's signat	Email address			Data		PTIN		Chock if:
Paid			Preparer's signat			17 T T 7 * *	Date	04/0001		0 0 7 0 0	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA 1	АЦЦАМ	02/	04/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA		'		0041					678)965-9522
		m's address ► 2530 Pebb		n Cummin	-				Fir	m's EIN 🖡	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	Α	REV	02/01/21 PRC	)		Form <b>1040</b> (2020)

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

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. <b>01</b>

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
RAMESWARA PRASAD GUTTA	113-71-5529
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	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	-5,775.
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,		
Der		9	-5,775.
Par			
10		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	
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		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	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	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/01/21 PRO	Schedu	le 1 (Form 1040) 2020

Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.														
Internal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information									informatior		Attachment Sequence No. <b>13</b>			
Name(s)	shown on return										Your social security number			
RAMESWARA PRASAD GUTTA										113-71-5529				
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?													
_1a	Physical addre	ess of	each p	property (stre	et, city, state, ZI	⊃ code	e)							
<b>A</b>	GANDHI NAGAR HYDERABAD TELANGANA IN 500046													
В														
C														
1b	Type of Prop (from list bel	-	2 For each rental real estate prop above, report the number of fa				ir rental and			Rental Jays	Personal Use Days		QJV	
Α	3		1	personal use days. Check the of if you meet the requirements to qualified joint venture. See inst			o file as a A			365	0			
В							ructions.							
С								С						
Туре	of Property:													
1 Sing	gle Family Resid	ence	3	Vacation/Sh	ort-Term Rental	5 La	nd	7	7 Self-	Rental				
	ti-Family Reside	nce	4	Commercial		6 Ro	yalties	8	3 Othe	r (describe	)			
Incom	e:				Properties:			Α		I	3		С	
3	Rents received					3			650.					
4	Royalties received	ved .				4								
Expen														
5	Advertising .					5			100.					
6	Auto and travel	-				6			225.					
7	Cleaning and m	nainter	nance			7			100.					
8	Commissions.					8								
9	Insurance	9												
10	Legal and othe	10												
11	Management fe					11								
12	Mortgage inter	-		-		12								
13	Other interest.					13 14		б,	000.					
14	Repairs													
15	Supplies													
16	Taxes													
17	Utilities													
18		kpense	e or de	epietion .		18								
19	Other (list) ►	۸dd	lines F	through 10		19		6	405					
20	Total expenses			•		20		0,4	425.					
21				· /	or 4 (royalties). If									
	file Form 6198				l out if you must	21		-5	775.					
22					imitation, if any,	21	21 5,775.							
22	on Form 8582					22	(	-57	75.)	(		(	)	
23a		•		,			N		23a	(	650.	(	/	
b	Total of all amounts reported on line 3 for all rental properties23aTotal of all amounts reported on line 4 for all royalty properties23b													
c	Total of all amounts reported on line 12 for all properties													
d														
e	Total of all amounts reported on line 20 for all properties								6,425.					
24			-		on line 21. <b>Do no</b>						. 24			
25	-				d rental real estate		-		nter tota	al losses he		(	5,775.)	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result										1			

Supplemental Income and Loss

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

SCHEDULE E

(Form 1040)

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

Schedule E (Form 1040) 2020

-5,775.

26

OMB No. 1545-0074

2020



208453 11555

# DR 8453 (10/06/20) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov Page 1 of 1

# State of Colorado Individual Income Tax Declaration for Electronic Filing Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

							····· ,				
Taxpayer SSN or ITIN	Spouse SSN or	r ITIN (If Joint Ref	turn)	Submission II	D						
113-71-5529											
Taxpayer Last Name			Taxpayer Fire	st Name				Mide	dle Initial		
GUTTA RAMESWARA PRASAD											
Spouse Last Name (If Joint Return)			Spouse First	Name (If Joint	Retu	rn)					
Street Address						Phone	Number				
4312 SADDLEWOOD CLUB DR						(832	2)465-56	46			
City						State	Zip				
HIGH POINT						NC	27265				
Part I — Tax Return Information											
1. Total Income, line 9 from your federal Form 1040								7	76948		
							\$ 64298				
							\$ 2926				
							\$ 3645				
							\$ 719				
						Ψ					
6. Amount You Owe, line 37 on C		104 <b>I — Declarati</b> e	on of Toy I		6	\$					
	Parti	I — Declaratio	on of Tax I	Payer							
Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2020 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.											
Signature	gnature Date Spouse's Signature (If Joint F						th Must Sign	) Date			
	Part III — Dec	laration of EF	RO/Prepare	er/Transmit	ter						
If the transmitter did not prepare	the tax return, c										
If I am not the preparer, I declare only Colorado income tax returns. If I am th Colorado income tax returns and that amounts shown on said tax returns, ar best of my knowledge and belief. As pri- have provided the taxpayer with copie covered by the Colorado statute of limit and attachments upon request by the Colorado	e preparer, under the information pro nd that said tax ref eparer, I further de s of all forms and tations, and to pro	penalties of perju ovided to me by turns, statements clare that I have information filed ovide paper copie	ury I declare the taxpayer s, schedules obtained the I also agree s of this dec	that I have rev r and the amo , and attachmo e taxpayer's sig e to maintain f laration, said r	viewe unts ents a gnatu this s return	d the al shown are true re on th igned F	oove taxpay in Part I abo , correct, ar is form at th orm (DR 84	er's 2020 ove agree nd complet le time of fi 153) for the	Federal/ with the te to the iling and e period		
ERO's Signature					Prep	arer Ide	ntification Nu	umber or Yo	our SSN		
SYAM PRIYA RAM SAGAR GUE	'TA TALLAM				P02	20827	03				
					Date (MM/DD/YY)						
Check if also Preparer X 02.							2/04/21				