

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name RICHARDS N POLUMURI	Social security number 782-13-2935
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.

1 Adjusted gross income	1	13,052.
2 Total tax	2	66.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	518.
4 Amount you want refunded to you	4	452.
5 Amount you owe	5	

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	2	9	3	5
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 as my signature on the income tax return (original or amended) I am now authorizing. **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. **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
---	---	---	---	---	---	---	---	---	---	---

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	66.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	66.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	66.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	66.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	518.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	518.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	518.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	452.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	452.
b	Routing number <u>1 0 3 0 0 0 0 1 7</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>3 0 5 0 0 8 3 8 0 3 4 6</u>		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>		
Phone no.	Email address		
<input type="text"/>	<input type="text"/>		

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	02/17/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196



Oklahoma Individual Income Tax Declaration for Electronic Filing

**2020
Form 511EF**

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511NR.

See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC.

Your first name and middle initial RICHARDS N	Last name POLUMURI	Your social security number 7 8 2 1 3 2 9 3 5	
If a joint return, spouse's first name and middle initial	Last name	Spouse's social security number	
Mailing address (number and street, including apartment number, rural route or PO Box) 1016 WEST KENOSHA STREET 33		Filing status <input type="text" value="1"/>	
City, State, ZIP BROKEN ARROW OK 74012		Total number of exemptions <input type="text" value="1"/>	

Part One - Tax Return Information (whole dollars only)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511NR, Line 7)	1	13052	00
2	Oklahoma Income Tax and Use Tax (511, Line 22 or 511NR, Line 26)	2	113	00
3	Oklahoma Income Tax Payments and Credits (511, Line 33 or 511NR, Line 34).....	3	200	00
4	Refund (511, Line 38 or 511NR, Line 39)	4	87	00
5	Balance Due (511, Line 43 or 511NR, Line 44)	5	0	00

For a balance due return with an electronic payment complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

Part Two - Declaration of Taxpayer

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2020 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: _____
Your Signature Date Spouse's Signature (if joint return, both must sign) Date

Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer

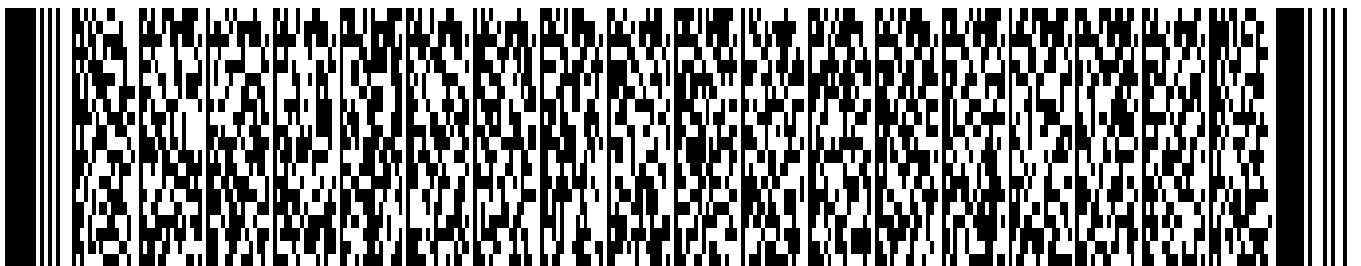
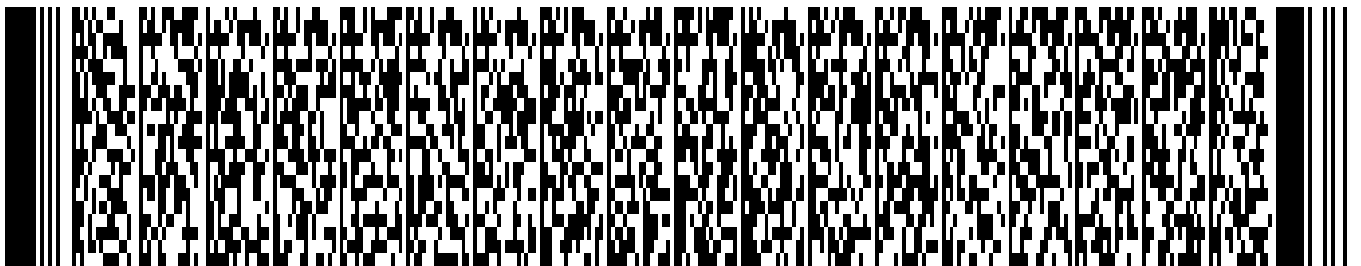
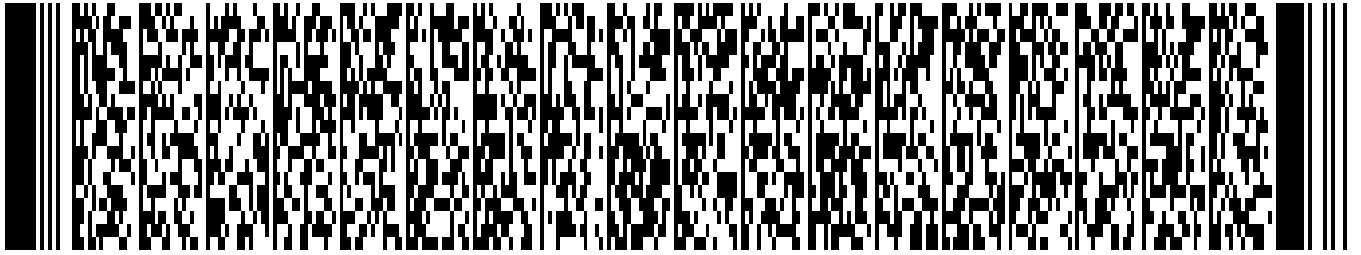
I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only
ERO or Paid Preparer's Signature _____ Date 02/17/2021 PTIN _____

Paid Preparer Use Only
Paid Preparer Signature _____ Date 02/17/2021 PTIN P02082703

Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM
address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041
Phone number (678) 965-9522

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**





Oklahoma Resident Income Tax Return

Your Social Security Number: 782-13-2935

Spouse's Social Security Number (joint return only):

Place an 'X' in this box if this taxpayer is deceased:

Place an 'X' in this box if this taxpayer is deceased:

AMENDED RETURN!
Place an 'X' in this box if this is an amended 511. See Schedule 511-I.

Name and Address - Please Print or Type

Your first name	Middle initial	Last name	If a joint return, spouse's first name	Middle initial	Last name
RICHARDS	N		POLUMURI		
Mailing address (number and street, including apartment number, rural route or PO Box)			City	State	ZIP
1016 WEST KENOSHA STREET, APT. 33			BROKEN ARROW	OK	74012

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate
(If spouse is also filing, list name and SSN in the boxes)

Name	SSN

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child
• Please list the year spouse died in box at right:

* Note: If claiming Special Exemption, see instructions on page 9 of 511 Packet.

	Regular	* Special	Blind		
Exemptions	1	+	+	=	1
	0	+	+		
Number of dependents				=	(c)
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:				=	1

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions) Yourself Spouse

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

1	Federal adjusted gross income (from Federal 1040 or 1040-SR).....
2	Oklahoma Subtractions (provide Schedule 511-A).....
3	Line 1 minus line 2.....
4	Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see instructions).....
5	Line 3 minus line 4b.....
6	Oklahoma Additions (provide Schedule 511-B).....
7	Oklahoma adjusted gross income (line 5 plus line 6) (If line 7 is different than line 1, provide a copy of your Federal return.)

Round to Nearest Whole Dollar

1	13052	00
2		00
3	13052	00
4b		00
5	13052	00
6		00
7	13052	00

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8	Oklahoma Adjustments (provide Schedule 511-C).....
9	Oklahoma income after adjustments (line 7 minus line 8).....
STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.	
10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350).....
11	Exemptions: Enter the total number of exemptions claimed above <input type="text" value="1"/> X \$1,000.....
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5).....
13	Oklahoma Taxable Income (line 9 minus line 12).....
14	(a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14..... <input type="text" value="113"/> 00
14a	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14..... <input type="text" value="00"/>
14b	Oklahoma Income Tax (line 14a plus line 14b).....

8		00
9	13052	00
10	6350	00
11	1000	00
12	7350	00
13	5702	00
14	113	00

STOP AND READ: If line 7 is equal to or larger than line 1, complete lines 15 and 16. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.

15	Oklahoma child care/child tax credit (see instructions).....
16	Oklahoma earned income credit (see instructions).....
17	Credit for taxes paid to another state (provide Form 511TX).....
18	Form 511CR - Other Credits Form. List 511CR line number claimed here: <input type="text"/>
19	Income Tax (line 14 minus lines 15-18) Do not enter less than zero.....

15		00
16		00
17		00
18		00
19	113	00

DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 43.



2020 Form 511 - Resident Income Tax Return - Page 2

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Name(s) shown on Form 511: RICHARDS N POLUMURI

Your Social Security Number: 782-13-2935

PART THREE: TAX, CREDITS AND PAYMENTS

Table with 3 columns: Line number, Description, Amount. Includes lines 20-33 for tax, credits, and payments.

PART FOUR: REFUND

Table with 3 columns: Line number, Description, Amount. Includes lines 34-38 for refund calculations.

Direct Deposit Note: Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information.

Form for direct deposit: Is this refund going to or through an account that is located outside of the United States? Deposit my refund in my: [X] checking account, Routing Number: 103000017, Account Number: 305008380346

PART FIVE: AMOUNT YOU OWE

Table with 3 columns: Line number, Description, Amount. Includes lines 39-43 for tax due and penalties.

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief. Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Signature and contact information section for taxpayer, spouse, and paid preparer.

Do not staple documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: P.O. Box 269045, Oklahoma City, OK 73126-9045

#1555#

State of Oklahoma

Claim for Credit/Refund of Sales Tax



Taxpayer's Social Security Number:

782-13-2935

If died in 2020 or 2021, enter date of death:

Spouse's Social Security Number:

If died in 2020 or 2021, enter date of death:

Instructions on page 2. Please read carefully as an incomplete form may delay your refund.

FORM **538-S** 2020

Taxpayer's first name, middle initial and last name
 RICHARDS N POLUMURI
 Spouse's first name, middle initial and last name (if a joint return)

 Mailing address (number and street, including apartment number, or rural route)
 1016 WEST KENOSHA STREET, APT. 33
 City State ZIP
 BROKEN ARROW OK 74012

PART 1: TAXPAYER INFORMATION

Physical address in 2020 (if different than shown in mailing address section)

Place an 'X' if you or your spouse have a physical disability constituting a substantial handicap to employment (submit proof)

Place an 'X' if you or your spouse are 65 years of age or over

Oklahoma resident for the entire year? yes no

PART 2: DEPENDENT Note: Do not enter the taxpayer or spouse as a dependent.

1. Dependents (first name, middle initial, last name) If you have additional dependents, please attach schedule.	See Instructions			5. Yearly Income
	2. Age	3. Social Security Number	4. Relationship	

EXEMPTION INFORMATION QUALIFIED EXEMPTIONS...

A. Yours If	1
B. Spouse	
C. Number of dependents	
D. Total exemptions claimed (add A-C)..	1

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2020.

See "Total gross household income" definition on page 2 for examples of income.

		YEARLY INCOME	
		You may not enter negative amounts.	
1	Enter total wages, salaries, fees, commissions, bonuses, and tips (including nontaxable income from your W-2s)	1	13052 00
2	Enter total interest and dividend income received	2	00
3	Total of all dependents' income (from Part 2, column 5)	3	00
4	Social Security payments (total including Medicare)	4	00
5	Railroad Retirement benefits	5	00
6	Other pensions, annuities and IRAs	6	00
7	Alimony	7	00
8	Unemployment benefits	8	00
9	Earned Income Credit (EIC) received in 2020	9	00
10	Nontaxable sources of income (specify)	10	00
11	Enter gross (positive) income from rentals, royalties, partnerships, estates & trusts, and gains from the sale or exchange of property (taxable & nontaxable) (provide Federal return including schedules) ..	11	00
12	Enter gross (positive) income from business and farm (provide Federal return including schedules)	12	00
13	Other income-including income of others living in your household (specify)	13	00
14	Total gross household income (Add lines 1-13)	14	13052 00

If line 14 is over income limits shown in steps 2 and 3 on back of this form, no credit is allowed.

PART 4: SALES TAX CREDIT COMPUTATION (For households with gross income below allowable limits, see steps 2 and 3 on back of form.)

15 Total qualified exemptions claimed in Box D above 1 x \$40 (credit claimed) ... 15 40 00

DIRECT DEPOSIT OPTION: For those NOT filing a Form 511. See page 2 for Refund Information.

If you are filing a Form 511, carry the credit to Form 511, line 27.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my: checking account savings account

Routing Number: _____ Account Number: _____

REV 01/27/21 PRO

Under penalty of perjury, I declare the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Taxpayer's Signature and Date _____ Spouse's Signature and Date _____

Occupation _____ Occupation _____

SOFTWARE ENGINEER

If the Oklahoma Tax Commission may discuss this return with your tax preparer, place an 'X' here:

Preparer's Signature and Date _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/17/2021