### 8879 **887**9

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

 $\blacktriangleright$  ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security number	
SAHITHYA MAVILLAPALLI	835-19-3016	
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		
2 Total tax		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<del>- 1</del>	92.
4 Amount you want refunded to you	· · · · · · · · <del>- · - · · · · · · · · ·</del>	231.
5 Amount you owe		<del></del>
Under penalties of perjury, I declare that I have examined a copy of the Income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial thorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent.  **Taxpayer's PIN: check one box only**  I authorize GLOBAL TAXES LLC to enter or 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 will enter my PIN as my signature on the income tax return (original or amended) I will enter my PIN as my signature on the income tax return (original or amended) I will enter my PIN as my signature on the income tax return (original or amended) I will enter my PIN as my signature on the income tax return (original or amended) I will enter my PIN as my signature on the income tax return (original or amended) I will enter my PIN as my signature on the income tax return (original or amended) I will be practitioner below.	n Part I above are the amounts from the inconvider, transmitter, or electronic return originator eason for rejection of the transmission, (b) the rhorize the U.S. Treasury and its designated Fin account indicated in the tax preparation software in a count indicated in the tax preparation software institution to debit the entry to this account to terminate the authorization. To revoke (car cellation requests must be received no later trolved in the processing of the electronic paymeted to the payment. I further acknowledge the mended) I am now authorizing and, if applicab regenerate my PIN  The processing of the electronic paymeted to the payment. I further acknowledge the mended) I am now authorizing and, if applicab and on't enter all zeros ded) I am now authorizing. Check this box	me tax (ERO) reason nancial are for t. This neel) a than 2 nent of eat the ele, my
Spouse's PIN: check one box only	r ganarata my PIN	o mu
I authorize to enter or to enter or	Enter five digits, but	s 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 amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.		
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—contin		
Part III Certification and Authentication — Practitioner PIN Method Only	у	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7 8 6 1 9 8 5  Don't enter all zeros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practice.	t I am submitting this return in accordance wi	n now ith the
ERO's signature ▶	Date ►	
ERO Must Retain This Form — See Instru		

E	4	<b>NAN</b>	Department of the Treasury—Internal Revenue Service	(99)
Ď	\$	U4U	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax	Return

2020

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

		of marriadal mooning to											
Filing Status Check only one box.	If yo	Single  Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name d										
Your first name and middle initial Last name You									Your se	our social security number			
SAHITHYA			MAY	VILLAPALLI					835-	835-19-3016			
		s first name and middle initial	Last	name					Spouse	's social se	curity number		
. ,													
Home address	•	er and street). If you have a P.O. box, se	e instru	ctions.				Apt. no.	Presidential Election Campaign Check here if you, or your				
		ce. If you have a foreign address, also c	omplete	e spaces below.	St	ate	ZIP c	ode	1 '	~ ·	ntly, want \$3		
IRVINE	OSL OIII	ce. If you have a loreigh address, also c	ompice	o apacea polow.	- 1	LA LA		618		o this fund, low will not	Checking a		
· · · · · · · · · · · · · · · · · · ·	nama			Foreign province/stat				gn postal code		x or refund.			
Foreign country	/ name			1 oreign province/stat	.6/000	incy	1 0101	gii postai oodo	,	You	Spouse		
	, ,	200 111	-t			· financial intera	L	any vietual au	Irranau?	Yes	⊠No		
At any time du		020, did you receive, sell, send, ex					951 111 6	ariy virtual cu	irrency?		<u> </u>		
Standard		eone can claim: 🔲 You as a d	•			s a dependent							
Deduction		Spouse itemizes on a separate retu	ırn or y	ou were a dual-statu	ıs alie	n							
Age/Blindness	You	Were born before January 2,	1956	☐ Are blind S	pous	e: 🔲 Was boi	rn bef	ore January	2, 1956	☐ Is bl	lind		
Dependents				(2) Social secur	ritv	(3) Relationsh	air	(4) <b>√</b> if q	ualifies fo	or (see instru	actions):		
If more		irst name Last name		number		to you	<u> </u>	Child tax cr		Credit for ot	ther dependents		
than four													
dependents,													
see instructions and check	3												
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s	s) W-2					. 1		78,354.		
Attach	2a	Tax-exempt interest	2a		b	Taxable interes	t.		. 21	3			
Sch. B if	3a	Qualified dividends	За			Ordinary divide			31	3	0.		
required.	4a	IRA distributions	4a			Taxable amoun			. 41	3			
	5a	Pensions and annuities	5a		b	Taxable amoun	t		. 5t	3			
Standard	6a	Social security benefits	6a		b	Taxable amoun	t		. 6t	3			
Deduction for—	7	Capital gain or (loss). Attach Sch	edule C	) if required. If not re	quire	d, check here		▶[	□ 7		-64.		
Single or Married filing	8	Other income from Schedule 1, li							. 8		3,560.		
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7		. This is your total in	com	e <i></i>			▶ 9		81,850.		
\$12,400 Married filing	10	Adjustments to income:		,									
jointly or Qualifying	а					10	a						
widow(er),	b	•			ee ins	tructions 10	b	.,					
\$24,800 Head of	c		Charitable contributions if you take the standard deduction. See instructions 10b Add lines 10a and 10b, These are your total adjustments to income						▶ 10	c			
household,	11	Subtract line 10c from line 9. This	•	-					▶ 11	1 7	81,850.		
\$18,650 L If you checked	12	Standard deduction or itemized	•	-					. 12	2	12,400.		
any box under Standard	13	Qualified business income deduc				8995-A			. 13	3			
Deduction,	14	Add lines 12 and 13							. 14		12,400.		
see instructions.	15	Taxable income. Subtract line 1	4 from	line 11. If zero or les	s, ent	er-0			. 18	5 /	69,450.		

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🔲		16	11,	,075.
	17	Amount from Schedule 2, line 3					17		0.
	18	Add lines 16 and 17					18	11,	,075.
	19 Child tax credit or credit for other dependents								
	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	11,	,075.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 10 .			23		0.
	24	Add lines 22 and 23. This is your total tax					24	11	,075.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			<b>25a</b> 12	.,192.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	12,	<b>,</b> 192.
• If you have a	26	2020 estimated tax payments and amount a	pplied from 20	)19 return	.,		26		
qualifying child,	27	Earned income credit (EIC)		<sub>No</sub> .	27				
attach Sch. ElC.	28	Additional child tax credit. Attach Schedule			28				
nontaxable	29	American opportunity credit from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See instructions .			<b>30</b> 1	,114.			
	31	Amount from Schedule 3, line 13			31				
	32	Add lines 27 through 31. These are your total other payments and refundable credits							<u>,114.</u>
	33								,306.
Refund	34	If line 33 is more than line 24, subtract line 2					34		<u>,231.</u>
Herana	35a	Amount of line 34 you want refunded to you	35a	2,	,231.				
Direct deposit?	►b	Routing number 3 2 2 2 7 1 6 2 7 ► c Type: X Checking Savings							
See instructions.	▶d	Account number 7 2 8 9 8 0 3			<del>                                     </del>				
	36	Amount of line 34 you want applied to your							
Amount	37	Subtract line 33 from line 24. This is the amo					37		
You Owe		Note: Schedule H and Schedule SE filers,	line 37 may r	not represent all	of the taxes you	owe for			
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instri			1 1				
instructions.	38	Estimated tax penalty (see instructions) .			38				
Third Party		you want to allow another person to disc	cuss this retu	rn with the IRS?	'See , ▶ ☐Yes.C	omplete k	olovu	⊠ No	
Designee		structions	Phone			onal identi			
		signee's me ▶	no.			ber (PIN)			
Sign	l In	der penalties of periury. I declare that I have examine	ed this return and	d accompanying sch	nedules and stateme	nts, and to	the bes	st of my knov	vledge and
_	bel	lief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which	prepar	er has any kn	owledge.
Here	Yo	ur signature	Date	Your occupation				nt you an Ide IN, enter it he	
	<b>k</b>			SOFTWARE	DEMET ODED		inst.) ▶	in, enter it ne	<u>"                                    </u>
Joint return? See instructions.	Cu	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat				nt your spous	 se an
Keep a copy for	ob ob	ouse's signature. It a joint return, both must sign.	Date	Ороссо с сосера		lden	ity Prot	ection PIN, e	nter it here
your records.						(see	inst.) ►		
	Ph	one no.	Email address					Ţ	
Doid	Pre	eparer's name Preparer's signat			Date	PTIN		Check if:	
Paid	RV	SSMANIKUMARAPPANA RVSSMANIK	UMARAPPAI	AV	02/19/2021	P0209	0332	Self-en	nployed
Preparer		m's name ▶ GLOBAL TAXES LLC				Phor	ne no.	(646) 727	-7157
Use Only	Fir	m's address ▶ 2530 Pebble Creek I	n Cummin	g GA 30041		Firm	s EIN		17196
						_		- 4	040 (0000)

### SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment

Department of the Treasury Internal Revenue Service

SAHITHYA MAVILLAPALLI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Attachment Sequence No. 01 Your social security number

835-19-3016

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	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	-4,940.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Nonemployee compensation from 1099-NEC 8,500.		
		8	8,500.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	3,560.
Par	t II Adjustments to Income	<u> </u>	
10	Educator expenses	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	

### **SCHEDULE D**

(Form 1040)

**Capital Gains and Losses** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment Sequence No. 12 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Your social security number Name(s) shown on return 835-19-3016 SAHITHYA MAVILLAPALLI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions) Part I (h) Gain or (loss) See instructions for how to figure the amounts to enter on the (g) Adjustments Subtract column (e) (d) (e) lines below. to gain or loss from from column (d) and Proceeds Cost Form(s) 8949, Part I. This form may be easier to complete if you round off cents to combine the result (sales price) (or other basis) with column (a) whole dollars. line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 39. -64.5,540. 5,643. Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . -64. Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions) Part II (h) Gain or (loss) (g) See instructions for how to figure the amounts to enter on the Adjustments Subtract column (e) lines below. from column (d) and to gain or loss from Proceeds Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II. (or other basis) combine the result (sales price) with column (g) line 2. column (a) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

Part	Summary Summary		
16	Combine lines 7 and 15 and enter the result	16	-64.
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	☐ <b>Yes.</b> Go to line 18. ☐ <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21 (	64.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	▼ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	egg pa	

# Form **8949**

### Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

835-19-3016 SAHITHYA MAVILLAPALLI Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D. line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g) (h) (e) enter a code in column (f). Gain or (loss). Cost or other basis (c) (d) (b) See the separate instructions. Subtract column (e) Date sold or Proceeds See the Note below Description of property (Example: 100 sh. XYZ Co.) Date acquired from column (d) and disposed of (sales price) and see Column (e) (Mo., day, yr.) (g) combine the result in the separate (Mo., day, yr.) (see instructions)

, ,		(ivio., day, yr.)	(see instructions)	Instructions	Code(s) from instructions	Amount of adjustment	with column (g)
Robinhood Crypto LLC	Various	08/17/20	1,692.	1,563.			129.
Robinhood Crypto LLC	10/13/20	11/24/20	3,848.	4,080.	W	39.	-193.
						***************************************	
2 Totals. Add the amounts in colum negative amounts). Enter each to	tal here and inc	clude on your					
Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	e is checked), <b>li</b> C above is che	ne 2 (if Box B cked) ▶	5,540.	5,643.		39.	-64.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

#### SCHEDULE E

(Form 1040)

### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

Attachment

Department of the Treasury ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13 Internal Revenue Service (99) Your social security number Name(s) shown on return 835-19-3016 SAHITHYA MAVILLAPALLI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. B If "Yes," did you or will you file required Form(s) 1099? . . . . Physical address of each property (street, city, state, ZIP code) MADHAPUR HYDERABAD IN Α В C **Fair Rental** Personal Use 1b Type of Property For each rental real estate property listed OJV Days above, report the number of fair rental and Days (from list below) personal use days. Check the QJV box only if you meet the requirements to file as a 0 Α 360 A qualified joint venture. See instructions. В В С C Type of Property: 7 Self-Rental 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Rovalties 8 Other (describe) Properties: Income: Α 380. 3 3 Rents received 4 4 Royalties received Expenses: 5 5 Advertising . . . . . . . 6 650. Auto and travel (see instructions) . 6 7 1,300. Cleaning and maintenance . . . 7 8 8 Commissions. . . . . . . 9 9 Insurance . . . . . 10 Legal and other professional fees . 10 11 11 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 14 1,540. Repairs. . . . . 14 15 1,830. Supplies . . . . . 15 Taxes . . . . . . . 16 16 17 17 18 Depreciation expense or depletion . . . . 18 19 19 Other (list) ► 20 5,320. Total expenses. Add lines 5 through 19 . . . . 20 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must 21 -4,940. file Form 6198 . . . . . . . . . . . . . . . . . Deductible rental real estate loss after limitation, if any, 22 -4.940.on Form 8582 (see instructions) . . . . . . . 380 23a Total of all amounts reported on line 3 for all rental properties 23a 23b Total of all amounts reported on line 4 for all royalty properties b 23c Total of all amounts reported on line 12 for all properties 23d d Total of all amounts reported on line 18 for all properties 23e 5,320. Total of all amounts reported on line 20 for all properties . . . . . . 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 4,940.) 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

-4,940.

175 DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR California e-file Signature Authorization for Individuals Your name SAHITHYA MAVILLAPALLI Spouse's/RDP's SSN or ITIN Spouse's/RDP's name Part I Tax Return Information (whole dollars only) 2 Amount You Owe. See instructions .......2 \_\_\_\_\_\_ Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, Intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual 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 III below. Your signature Date \_\_\_\_\_\_\_\_ Spouse's/RDP's PIN: check one box only \_\_\_\_\_to enter my PIN ☐ | authorize \_\_\_\_\_ Do not enter all zeros ERO firm name as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual 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 III below. Spouse's/RDP's signature > \_\_\_\_ 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. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual 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 and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.

ERO's signature > \_\_\_

TAXA	<b>COL</b>	_	\/E	

FORM

## 2020 California Resident Income Tax Return

540

Form 540 2020 Side 1

APF

ATTACH FEDERAL RETURN

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835-19-3016 MAVI

REV 02/07/21 PRO

SAHITHYA

MAVILLAPALLI

1332 SPECTRUM

IRVINE

CA 92618

12-23-1991

_		Edward and the second
		Enter your county at time of filing (see instructions)
φ	$\odot$	ORANGE
Suc.		If your address above is the same as your principal/physical residence address at the time of filing, check this box
Ϊġ		If not, enter below your principal/physical residence address at the time of filing.
Ä		
ā	_	Street address (number and street) (If foreign address, see instructions.)  Apt. no/ste. no.
C.	$\odot$	
Principal Residence		City State ZIP code
ш.	<u></u>	
	•	
		16 O-116 is different from your fodoval filling status, about the box bare
		If your California filing status is different from your federal filing status, check the box here
Filing Status	4	Single 4 Head of household (with qualifying person). See instructions.
	•	X Single Troad of Household (with qualifying person). See monetone.
	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
ng	_	
Ē		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst • 6
		If someone can claim you (or your spousomer) as a depondent, enough the box hore, one mat
	<b>F</b> o	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
ທ໌	7	Personal: If you checked box 1.3 or 4 shove enter 1 in the box If you checked
<u>0</u>	•	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.      X \ \$124 =
μĒ	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
Exemptions		if both are visually impaired, enter 2
ũ	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2

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You	ır naı	me: MAVI	LLA	PALLI	Your SSN o	or ITIN: 83	5-19-3016					
	10	Dependents:		ot include yourself or Dependent 1	your spouse/RD	P. Dependent	2		Dependent 3			
		First Name	•			<ul><li>O</li></ul>		•				
us		Last Name	<b>③</b>			•		<u> </u>				
Exemptions		SSN. See instructions.				•	MIN. 200					
Exe		Dependent's relationship to you	<b>③</b>			<ul><li>•</li></ul>		•				
	Tota	·	xemp	tions			. ● 10 X	\$383 = <b>@</b>	\$			
	11	Exemption a	mou	nt: Add line 7 through	line 10. Transfer	this amount t	o line 32	🖲 1	1 \$	12	24	
	12	State wages	from	your federal k 16	• 12	2	, 78354	.00				
	13			sted gross income fro			SR lina 11	<b>(a)</b> 13		81850	. 00	
	14	California ad	justn	sted gross income no nents – subtractions. I lumn B	Enter the amount	from Schedul	e CA (540),			0	.00	
	15	Subtract line	14 f	rom line 13. If less tha	ın zero, enter the	result in parei	ntheses.			81850	$\overline{\Box}$	
Taxable Income	16	See instructions										
e Inc		Part I, line 2	3, co	lumn C				● 16			.00	
axab	17	California ad	juste	d gross income. Coml	oine line 15 and l	ine 16		• 17		81850	<u>.</u> 00	
_	18	larger of	Your • Sin	California itemized de California standard d gle or Married/RDP fil rried/RDP filing jointly	eduction shown ling separately	below for your	filing status:	4,601		1	П	
	19	Subtract line	18 f	rried/RDP filing separatel rom line 17. This is yo enter -0	ur taxable incon	ne.		<ul><li>18</li><li>19</li></ul>		77249	<u>00</u>	
	31	Tax. Check t	he ho	x if from:	x Table	Tax Rate	Schedule					
	0.	iux. Ondok c	10 00		В 3800 •	FTB 380	3	• 31		4308	. 00	
×	32			s. Enter the amount fro structions				32		124	.00	
Тах	33	Subtract line	32 f	rom line 31. If less tha	ın zero, enter -0-	,		33		4184	. 00	
	34	Tax. See inst	ructi	ons. Check the box if f	rom: • Sc	hedule G-1	FTB 5870A	<ul><li>34</li></ul>			. 00	
	35	Add line 33	and li	ne 34	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			35		4184	00	
ts —	40	Named 4 3	de O'	alld and Danas dark O	vo Evnanos - O	dit Can inntur-	tions	<b>A</b> 40			.00	
Special Credits	40			nild and Dependent Ca	re exhelises etec						.00	
cial	43	Enter credit	name			code •	and amount					
Spé	44	Enter credit	name	<u> </u>		code •	and amount	• 44			. 00	
	-	REV 02/07/ Side 2 Form			175	310220	4	-				

You	ır nan	ne: MAVILLAPALLI Your SSN or ITIN: 835-19-3016
	45	To claim more than two credits. See instructions. Attach Schedule P (540)
Special Credits	46	Nonrefundable Renter's Credit. See instructions
cial C	47	Add line 40 through line 46. These are your total credits
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0
	61	Alternative Minimum Tax. Attach Schedule P (540)
Kes	62	Mental Health Services Tax. See instructions
Other Taxes	63	Other taxes and credit recapture. See instructions
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See Instructions 64
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax
	71	California income tax withheld. See instructions
	71	2020 CA estimated tax and other payments. See instructions
		2020 ON obtainated tax and other payments, one metabolic results and other payments, a
ş	73	Withholding (101111 662 B dilute) 666), 666 indirections 1111
Payments	74	EXCOSC OBT (CF VF BI) Willington occ metablisher VV
Ω.	75	Earned Income Tax Credit (EITC)
	76	Young Child Tax Credit (YCTC). See instructions
	77 78	Net Premium Assistance Subsidy (PAS). See instructions
	70	Add line 71 through line 77. Those are your total paymonts.  See instructions
ă	91	Use Tax. Do not leave blank. See instructions
Use Tax		If line 91 is zero, check if: X No use tax is owed. You paid your use tax obligation directly to CDTFA.
_		
SR	92	Individual Shared Responsibility (ISR) Penalty. See instructions
	•	Full-year health care coverage.
Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78
ах/Та	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91
aid T	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93
Overp	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92
		REV 02/07/21 PRO

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Form 540 2020 Side 3

Your name: MAVILLAPALLI Your SSN or ITIN: 835-19-3016

<u>o</u>					0.50	Γ	$\neg$
Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	•	97	253	. <u>[</u>	00
Tax/T	98	Amount of line 97 you want applied to your <b>2021</b> estimated tax	•	98	0	. (c	00
rpaid	99	Overpaid tax available this year. Subtract line 98 from line 97	0	99	253	. <u>[</u>	00
Ove	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	① 1	100		. (	00
			<u>C</u> o	ode	Amount	r	
		California Seniors Special Fund. See instructions	4	100			
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	4	101		.[	00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 4	103		.[	00
		California Breast Cancer Research Voluntary Tax Contribution Fund	• 4	105		.[	00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	• 4	106		.[	00
		Emergency Food for Families Voluntary Tax Contribution Fund	• 4	107		.[	00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 4	108		.[	00
		California Sea Otter Voluntary Tax Contribution Fund	• 4	110		.[	00
sus		California Cancer Research Voluntary Tax Contribution Fund	• 4	113		.[	00
Contributions		School Supplies for Homeless Children Fund	• 4	122		.[	00
Contr		State Parks Protection Fund/Parks Pass Purchase	• 4	123		.[	00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 4	124		.[	00
		Keep Arts in Schools Voluntary Tax Contribution Fund	• 4	125	·	.[	00
		Prevention of Animal Homelessness and Gruelty Voluntary Tax Contribution Fund	• 4	131		.[	00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 4	138		.[	00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 4	139		.[	00
		Rape Kit Backlog Voluntary Tax Contribution Fund	• 4	140		.[	00
		Schools Not Prisons Voluntary Tax Contribution Fund	• 4	143		.[	00
		Suicide Prevention Voluntary Tax Contribution Fund	• 4	144		.[	00
	110	Add code 400 through code 444. This is your total contribution	• 1	110		.[	00

Your name: MAVILLAPALLI Your SSN or ITIN: 835-19-3016						
DO D		AMOUNT YOU OWE. If you do not have an Mail to: FRANCHISE TAX BOARD, PO I Pay Online – Go to ftb.ca.gov/pay for mo	BOX 942867, SACRAMENTO CA 9426	f"	uctions. <b>Do not send cash.</b>	
Interest and Penalties	113	Interest, late return penalties, and late particle.  Underpayment of estimated tax.  Check the box: FTB 5805 attac  Total amount due. See instructions. Enclose.	ehed • FTB 5805F attached .	• 113	.00	
	-				Hone	
	115	115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.				
		Mail to: FRANCHISE TAX BOARD, PO BO	ail to: Franchise Tax Board, Po Box 942840, Sacramento Ca 94240-0001 • 115			
Refund and Direct Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voided check or a dep See instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars only.  All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:				
irect		Type     Routing number     Checking	Account number	<b>a</b> 11f	Direct deposit amount	
nd D		322271627 Checking	7289803507		253 .00	
ınd a		Savings		<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Refu		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:				
		Routing number     Checking     Savings	Account number	<b>● 117</b>	Direct deposit amount	
IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.						
To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to <b>ftb.ca.gov/forms</b> and search for <b>1131</b> . To request this notice by mail, call 800.852.5711.						
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.						
Your signature Date Spouse's/RDP's signature (if a joint tax return, both must signature)  2-22-2021						
Sign			2-22-2021		Preferred phone number	
		Your email address. Enter only one	email address.		5627879137	
		Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)				
He	re	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)  RVSSMANIKUMARAPPANA			agoy	
	unlaw rge a	Firm's name (or yours, if self-employed)				
	ise's/	GLOBAL TAXES LLC			P02090332	
sign	ature.	Firm's address			● Firm's FEIN	
Joint retur		2530 PEBBLE CREEK LI	N CUMMING GA 30041		301017196	
(See instr	e uction					
		<del></del>			Telephone Number	
			A distribution of the second o			
		REV 02/07/21 PRO				