£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the loon is a child but not your depender	name of y									
Your first name	st name and middle initial Last name								,	Your social security number		
DAVID			ROSS	3						775-	63-350	8
If joint return, s	pouse's	s first name and middle initial	Last na	me					:	Spouse'	s social se	curity number
	,	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	- 1			ion Campaign
41341 R					1 -		T	<u> </u>			nere if you, if filing ioir	, or your ntly, want \$3
	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code			0,	Checking a
ALDIE					V2		_	0105			ow will not	•
Foreign country	y name			Foreign province/state	/coun	ty	For	eign postal c	code !	your tax	or refund	Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquire	any	financial in	terest ir	n any virtua	al curr	rency?	Yes	⊠ No
Standard Deduction		eone can claim:	•			•	nt					
Age/Blindness	s You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was	born be	efore Janu	ary 2,	1956	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securit	v	(3) Relation	nship	(4)	if qua	alifies fo	r (see instru	uctions):
If more	•	irst name Last name	number		,	to you		Child tax cred		- 1		ther dependents
than four												
dependents,												
see instruction and check	s —											
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1		47,299.
Attach	2a	Tax-exempt interest	2a		b T	axable inte	rest			2b		
Sch. B if required.	3a	Qualified dividends	3a		b 0	ordinary div	idends			3b		
required.	4a	IRA distributions	4a		b T	axable am	ount .			4b		
	5a	Pensions and annuities	5a		b T	axable am	ount .			5b		
Standard	6a	Social security benefits	6a		b T	axable am	ount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not req	uired	, check her	e .		▶ □	7		
 Single or Married filing 	8	Other income from Schedule 1, lin	ne 9 .							8		-4,800.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inc	ome				. ▶	9		42,499.
 Married filing 	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b										
• Head of	С	Add lines 10a and 10b. These are	your tot	tal adjustments to	inco	me			. ▶	100	>	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross inc	ome				. ▶	11		42,499.
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	e A)					12		12,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or Fo	orm 8	8995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
230 111011 40110113.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	, ente	er -0				15		30,099.

Form 1040 (2020))							Page 2
	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	3,412.
	17	Amount from Schedule 2, line 3				- 	17	
	18	Add lines 16 and 17					18	3,412.
	19	Child tax credit or credit for other depender	nts				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	3,412.
	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	3,412.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	7,174.		
	b	Form(s) 1099			25b		7	
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	7,174.
	26	2020 estimated tax payments and amount					26	.,
 If you have a L qualifying child, 	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule			28		1	
If you have nontaxable	29	American opportunity credit from Form 886			29			
combat pay, see instructions.	30	Recovery rebate credit. See instructions .	•			1,800.	-	
3cc manuchons.	31	Amount from Schedule 3. line 13			31	1,000.	-	
	32	Add lines 27 through 31. These are your tot				_	32	1,800.
	33	Add lines 25d, 26, and 32. These are your to	33	8,974.				
		•		5,562.				
Refund	34	If line 33 is more than line 24, subtract line 2	34	5,562.				
Direct deposit?	35a	Amount of line 34 you want refunded to yo Routing number 0 5 1 0 0 0 0	35a	3,302.				
Direct deposit? See instructions.	►b	Account number 4 3 5 0 3 7 6						
	► d							
A	36	Amount of line 34 you want applied to your					07	
Amount You Owe	37	Subtract line 33 from line 24. This is the am	ount you owe	now		▶	37	
For details on		Note: Schedule H and Schedule SE filers						
how to pay, see	00	2020. See Schedule 3, line 12e, and its inst			00			
instructions.	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to distructions				`amplata	holow	X No
Designee		signee's	Phone			sonal ident		≥ NO
		me ►	no.			iber (PIN)		
Sign	Un	der penalties of perjury, I declare that I have examin	ed this return and	d accompanying sch	nedules and statem	ents, and t	o the bes	st of my knowledge and
~	bel	ief, they are true, correct, and complete. Declaration	of preparer (other	r than taxpayer) is b	ased on all informat	ion of whic	h prepare	er has any knowledge.
Here	Yo	ur signature	Date	Your occupation				nt you an Identity
	k					I		IN, enter it here
Joint return? See instructions.			-	SOFTWARE			e inst.)	<u> </u>
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	tion	If th	e IRS ser	nt your spouse an ection PIN, enter it here
your records.							e inst.) ▶	
	Ph	one no. (571)320-5566	Email address	ROSSDAVID1	891@GMAIL.C	OM		
		eparer's name Preparer's signa	-		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	09/15/2021	P0208	2703	Self-employed
Preparer		m's name ► GLOBAL TAXES LLC			1 , 0 , 2 0 2 2			678)965-9522
Use Only		m's address ► 2530 Pebble Creek	Ln Cummin	g GA 30041			n's EIN ▶	· · · · · · · · · · · · · · · · · · ·
Go to want ire as		n1040 for instructions and the latest information.			DEV/ 07/00/04 DD			Form 1040 (2020)
GO TO WWW.IIS.GO	JV/ITOITI	Troso for instructions and the latest information.		BAA	REV 07/28/21 PR	U		FOIIII 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

DAVID ROSS

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

775-63-3508

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
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	-4,800.
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, line 8	9	4 000
Par	tili Adjustments to Income	9	-4,800.
10		10	
11	Educator expenses	10	
••	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 adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

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

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. 13 Your social security number

DAVI	D ROSS						77!	5-63-35	8 0
Part	I Income or Loss From Rental Real Estate and R	oyaltie	s Note	e: If you a	are in th	e business o	f rentin	g personal p	oroperty, use
	Schedule C. See instructions. If you are an individual, re	port far	m rental	income o	r loss f	rom Form 48	35 on 1	page 2, line	40.
A Dic	d you make any payments in 2020 that would require you	to file F	orm(s) 1	1099? Se	ee insti	ructions .		🗆	Yes X No
B If "	Yes," did you or will you file required Form(s) 1099? .							🗆	Yes 🗌 No
1a	Physical address of each property (street, city, state, Z								
Α	MADHURA NAGAR COLONY SECUNDERABAD TEI	LANGA	NA IN	50005	56				
В									
С									
1b	Type of Property 2 For each rental real estate pro	operty	listed		Fair	Rental	Pers	onal Use	QJV
	(from list below) above, report the number of the personal use days. Check the	fair rent	tal and			Days	I	Days	QUV
Α	if you meet the requirements	to file a	as a	Α		365		0	
В	qualified joint venture. See in	structio	ns.	В					
С				С					
Type o	of Property:								
1 Sing	gle Family Residence 3 Vacation/Short-Term Rental	l 5 La	ınd	7	7 Self-	Rental			
2 Mult	ti-Family Residence 4 Commercial		oyalties	8	3 Othe	r (describe)			
Incom	e: Properties	:		Α		В	}		С
3	Rents received	3		ĺ	500.				
4	Royalties received	4							
Expen	ses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7			300.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11							
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			200.				
15	Supplies	15			300.				
16	Taxes	16							
17	Utilities	17	-	2,5	500.				
18	Depreciation expense or depletion	18							
19	Other (list)	19			200				
20	Total expenses. Add lines 5 through 19	20		5,.	300.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I								
	result is a (loss), see instructions to find out if you must			1 (200				
00	file Form 6198	21	+	-4,8	300.				
22	Deductible rental real estate loss after limitation, if any		,	4 0	00 1	,		\/	١
000	on Form 8582 (see instructions)	22	I	-4,8	00.)	(50)()
23a	Total of all amounts reported on line 3 for all rental prop				23a 23b		50	0.	
b	Total of all amounts reported on line 4 for all royalty pro	-							
G G	Total of all amounts reported on line 12 for all properties				23c 23d				
d	Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties				23a		5,30	0	
e 24	Income. Add positive amounts shown on line 21. Do n		ude anv	 Incene	236			24	
2 4 25	Losses. Add royalty losses from line 21 and rental real esta		•		ter tot	al losses har		25 (4,800.)
								(1 ,000.)
26	Total rental real estate and royalty income or (loss).								
								26	-4,800.
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a							26	-4,800.

$\begin{array}{c} \textbf{2020 VA760CG} \\ \textbf{Individual Income Tax Return} \end{array} \textbf{Page 1} \hspace{0.1cm} \Big[$





DAVID ROSS

41341 RED BIRCH DR

ALDIE VA 20105

SSN - You ROSS	5	775633508	Vendor ID	1555		ххххх
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	42499.	Withholding (VA) - Yo	ou	19A.	2374.
Additions	2.		Withholding (VA) - Sp	pouse	19B.	
Subtotal	3.	42499.	Estimated Payments		20.	
Age Deduction - You	4A.		2019 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments		22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.	
Subtractions	7.		Credits - Schedule Cl	R	25.	
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	2374.
Total VA Adj Gross Income (VAGI)	9.	42499.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	500.
Standard Deduction	11.	4500.	Overpayment Credite	ed to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLEnow	30.	
Deductions	13.		VAC - Other Contribu	utions	31.	
Subtotal (Deductions & Exemption	s) 14.	5430.	Addition to Tax, Pena	lty & Interest	32.	
VA Taxable Income	15.	37069.	Sales and Use Tax		33.	
Amount of Tax	16.	1874.	Amount You Owe			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	t Card N	1	500.
VAGI - Spouse	17A.		Donk Douting #			051000017
Net Amount of Tax	18.	1874.	Bank Routing # Bank Account #		C 43503	051000017 37647069





Federal Head of Household DOB - You 10181991 Address Change VA Driver's License ID - You C66081805 VA Return Not Filed Last Year VA Driver's License - Iss. Date - You 01052021 Dependent on Another's Return Spouse Name (Filing Status 3 Only) Farmer / Fisherman / Merchant Seaman Amended DOB - Spouse VA Driver's License ID - Spouse VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse VA Driver's License - Iss. Date - Spouse Federal EIC & Amount Exemptions (A) Exemptions (B) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that II (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting of deposit of your returnd by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States Signature - You Date Phone - You 571320556 Signature - Preparer . SYAH PRIYA RAM SAGAR GUPTA TALLAM Date 0 91521 Phone - Preparer 678965952	•							
Federal Head of Household DOB - You 10181991 Address Change VA Driver's License ID - You C66081805 VA Return Not Filed Last Year VA Driver's License - Iss. Date - You 01052021 Dependent on Another's Return Spouse Name (Filing Status 3 Only) Farmer / Fisherman / Merchant Seaman Amended DOB - Spouse VA Driver's License ID - Spouse VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse VA Driver's License - Iss. Date - Spouse Federal EIC & Amount Exemptions (A) Exemptions (B) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that II (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting of deposit of your returnd by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States Signature - You Date Phone - You 571320556 Signature - Preparer . SYAH PRIYA RAM SAGAR GUPTA TALLAM Date 0 91521 Phone - Preparer 678965952	Filing Status, Age & License Inform	mation	Additional Filing Information					
DOB - You 10181991 Address Change VA Driver's License ID - You C66081805 VA Return Not Filed Last Year VA Driver's License - Iss. Date - You 01052021 Dependent on Another's Return Spouse Name (Filing Status 3 Only) Farmer / Fisherman / Merchant Seaman Amended DOB - Spouse VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse Exemptions (A) Exemptions (B) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting of depost of your return by providing bank information on your return, you are certifying that the Information provided is for a domestic account within the territonial jurisdiction of the United Stu Signature - You Date Phone - You 5713205561 Signature - Preparer SYAM PRIYA RAM SAGAR GUETA TALLIAM Date 0 91521 Phone - Preparer 678965952	Filing Status	-	1	Locality		107		
VA Driver's License ID - You C66081805 VA Return Not Filed Last Year VA Driver's License - Iss. Date - You 01052021 Dependent on Another's Return Spouse Name (Filing Status 3 Only) Farmer / Fisherman / Merchant Seaman Amended DOB - Spouse VA Driver's License ID - Spouse VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse VA Driver's License - Iss. Date - Spouse Federal EIC & Amount Exemptions (A) Exemptions (B) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United Statistical Control of the United Sta	Federal Head of Household			Name or Filing Status Change	е			
VA Driver's License - Iss. Date - You 01052021 Dependent on Another's Return Spouse Name (Filing Status 3 Only) Farmer / Fisherman / Merchant Seaman Amended DOB - Spouse VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse VA Driver's License - Iss. Date - Spouse VA Driver's License - Iss. Date - Spouse Federal EIC & Amount Exemptions (A) Exemptions (B) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting of deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United Statistics of Your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United Statistics of Your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United Statistics of Your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United Statistics of Your refund by Phone - You 5713205561 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 091521 Phone - Preparer 678965952	DOB - You	10181991	1	Address Change				
Spouse Name (Filing Status 3 Only) Farmer / Fisherman / Merchant Seaman Amended Amended Reason Code VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse VA Driver's License - Iss. Date - Spouse Federal EIC & Amount Exemptions (A) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting of deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United Statistical Complete Indicator Date Phone - You 571320556 Signature - Spouse Date Phone - Preparer 678965952	VA Driver's License ID - You	C66081805	5	VA Return Not Filed Last Year	r			
Amended DOB - Spouse VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse VA Driver's License - Iss. Date - Spouse Federal EIC & Amount Exemptions (A) Exemptions (B) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting d deposit of your returnd by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States are spouse Date Phone - You 571320556 Signature - Spouse Date Phone - Spouse	VA Driver's License - Iss. Date - You	01052023	1	Dependent on Another's Retu	ırn			
DOB - Spouse VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse Federal EIC & Amount Exemptions (A) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting d deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United Statistics Signature - You Date Phone - You 5713205561 Signature - Preparer Syan PRIYA RAM SAGAR GUPTA TALLIAN Date 0 91521 Phone - Preparer 678965952	Spouse Name (Filing Status 3 Only)			Farmer / Fisherman / Mercha	nt Seaman			
Reason Code VA Driver's License ID - Spouse VA Driver's License - Iss. Date - Spouse Federal EIC & Amount Exemptions (A) Exemptions (B) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting of deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States (Signature - You Date Phone - You 571320556) Signature - Spouse Date Phone - Spouse Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 091521 Phone - Preparer 678965952	P.O. O.			Amended				
Overseas on Due Date VA Driver's License - Iss. Date - Spouse Exemptions (A) Exemptions (B) You 1 65 & Over - You Deceased Indicator Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator Dependents Blind - You Obtain Electronic 1099G Total (A) 1 Blind - Spouse ID Theft PIN Total (B) Contact Information I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting of deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States Signature - You Date Phone - You 571320556 Signature - Spouse Date Phone - Spouse Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 091521 Phone - Preparer 678965952.			Reason Code					
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Signature - Spouse Date Phone - Spouse Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 091521 Phone - Preparer 678965952	I (We), the undersigned, declare under penalty	y of law that I (we) have examined thi						
Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 091521 Phone - Preparer 678965952:	Signature - You	Date		Phone - You		5713205566		
	Signature - Spouse	Date		Phone - Spouse				
The Text Description of the second control o	Signature - Preparer <u>SYAM PRIYA RAM S</u>	SAGAR GUPTA TALLAM Date	091521	Phone - Preparer		6789659522		
The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P0208270	The Tax Department may discuss my/our	r return with my/our preparer.	Preparer Information	7	P02082703			

GLOBAL TAXES LLC

CUMMING

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

File by May 1, 2021 Include Page 1, Page 2 and all

supporting 760CG documents.

2020 Schedule INC/CG

775633508

Report all W-2s, 1099s & VK-1s with VA Withholding

DAVID

ROSS



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					コ
775633508	W	2374.	831502624	30831502624F001	47299.

Total VA Withholding

You

775633508

2374.

Spouse

Total # of W-2s,1099s & VK-1s

01

VA-8879
Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2020

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)						
Your Name	B Your Social Sec	urity Number				
DAVID ROSS	775-63-35	08				
Spouse's Name	A Spouse's Socia	Security Number				
Part I Tax Return Information	A Spouse	B Yourself				
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		42499.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		42499.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		37069.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		1874.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		2374.				
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)						
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		500.				
Part II Declaration of Taxpayer and Signature Authorization		300.				
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 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 amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) 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 authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only						
I authorize the ERO named below to enter my e-File PIN 3 3 5 0 8 as my signature on my 2020 e-file Do not enter all zeros	ed Virginia individual inc	ome tax return.				
GLOBAL TAXES LLC ERO Firm Name						
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN				
Your Signature Date						
Spouse's e-File PIN: check one box only						
I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Do not enter all zeros						
ERO Firm Name						
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Spouse's Signature Date						
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					
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
ERO's Signature Date09-1	5-21					