Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

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)

Taxpay	ver's name	Social security	numb	er
RAM	IAKRISHNAREDDY GOULLA	370-91-	5238	}
Spouse	's name	Spouse's socia	al secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	r year you ar	e aut	horizing.)
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	77,319.
2	Total tax	[2	10,074.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3	12,274.
4	Amount you want refunded to you	[4	3,768.
5	Amount you owe		5	·

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

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

Taxpayer's PIN: check one box only

				EBO firm name		Er
^	i autnonze	GLUBAL	TAVED		to enter or generate my PIN	_
$\overline{\mathbf{v}}$	l authorize	CTODAT	TAVEC	TTO	to optor or concrete my DIN	1 1

1	5	2	3	8	00 00					
Enter five digits, but don't enter all zeros										

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

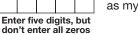
Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN



ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's sign	ature 🕨 🛛 Da	ate 🕨					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 9	8	9

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									
For Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 02/21/21 PRO	Form 8879 (Rev. 01-2021)						

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying widow(er) (QW) Tour fret name and middle initial Last name Your social security number RAMAKRI SHNAREDDY GOULLA 370-91-5238 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 114.08 Street of the check of the instruction of the struction	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS Use	e Only	—Do not w	vrite or staple	in this space.
RAMAKRISHNAREDDY GOULLA 370-91-5238 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 11408 S720 BOZEMAN DR TX 75024 box below will not change Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Standard Someone can claim: You as a dependent You requere You for return. Bedrafters You: Was born before January 2, 1956 Is blind Dependents, see instructions: (2) Social security (3) Relationship (4) If qualifies for (see instructions): If more dependents, see instructions: 1 85, 578. 1 85, 578. Attach 2a b b b 5b Standard Someone for Schedule 1, line 22. b Taxable amount. 4b 5b Attach 2a b b b 1 85, 578. If more dependents, see instructions: 6a b 1 8cel tothechechechechec	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-						,		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 11408 5720 BOZEMAN DR It was a dereign address, also complete spaces below. State 12408 City, town, or post office. If you have a foreign address, also complete spaces below. Tx 75024 Coreck here if you, or your Foreign country name Foreign province/state/county Foreign postal code Yes Yes Standard Someone can claim: You as a dependent Your spouse as a dependent Yes No Standard Spouse itemizes on a separate return or you were a dual-status alien Item and uning 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard dependents, see instructions): (9 Social security (9) Relationship (4) V if qualities to rise instructions; Immediate code in the security of the s	Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code PLANO TX 75024 to this fund. Checking a box below will not change your is pouse if filing jointly, want S3 Foreign country name Foreign province/state/county Foreign postal code you is considered will not change your is considered will not considered will not change your is considered will not considered will not considered will not change your is considered will not change your is consi	RAMAKRI	SHNA	REDDY	GOUI	LA							370-	91-523	8
5720 BOZEMAN DR 11408 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code pouse if tilling jointly, wart \$3 Foreign country name Foreign province/state/country Foreign postal code your tax or refund. your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) \$4' if qualifies for (see instructions): If more (1) First name Last name number I 85, 578. Attach Sch. Bif 3a b Taxable amount 6b 6b Social security benefits Ga b Taxable amount 6b 6b Attach Scial security benefits Ga b 7 8 -8, 259. Standard Derasable amount 6b Derayable amo	lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse'	s social see	curity number
Chry, Mark, or post direct, in your have a holegin address, also bolingere spaces balow. State 24" Occe to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code 100 code You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You ropouse as a dependent You approace Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (1) First name Last name (2) Social security (3) Felationship (4) 4" if qualifies for (see instructions): if more 1 85, 578. Ja Qualified dividends Ja Ja Ja Attach 3a 1 Ba, 5, 578. Ja Social security benefits Ja <				instructi	ons.							Check ł	here if you,	, or your
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Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Image: Child tax credit Credit for other dependents see instructions Image: Child tax credit Credit for other dependents Image: Child tax credit Credit for other dependents see instructions Image: Child tax credit Image: Child tax credit Image: Child tax credit Credit for other dependents see instructions Image: Child tax credit Image: Child tax credit Image: Child tax credit Credit for other dependents see instructions Image: Child tax credit Image: Child tax credit Image: Child tax credit Credit for other dependents Attach Standard Image: Child tax credit Image	Deduction		Spouse itemizes on a separate return	n or you	u were a	dual-statu	s alier	י ו	rn befc	ore Janu	ary 2	2, 1956	Is b	lind
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\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 77, 319. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 10b 10c • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, line	e9.								. 8		-8,259.
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Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 Deduction, see instructions, see instructions. 14 12,400.	 If you checked 	12	Standard deduction or itemized	deduct	i ons (fro	m Schedul	e A)					. 12	:	12,400.
		13	Qualified business income deducti	ion. Atta	ach Form	n 8995 or F	orm 8	8995-A				. 13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14	Add lines 12 and 13											
		15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or less	, ente	er-0				. 15		64,919.

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	10,074.
	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	10,074.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10,074.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	10,074.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12	,274		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	12,274.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return				26	
qualifying child,	27	Earned income credit (EIC)			. Nọ .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	3812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	1	,568		
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	lable ci	redits	. 🕨	32	1,568.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	13,842.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	unt you	overpaid		34	3,768.
neiuliu	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	eck her	e		35a	3,768.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► c Type: >	< Chec	king	Savings	;	
See instructions.	►d	Account number 4 8 8	0 5 7 1	1 1 3 4	1 4			-		
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36	\top			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch		-						
For details on		2020. See Schedule 3, line 1			•	01 110	lastee yea	0110 101		
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .		🕨	38				
Third Party	Do	you want to allow another				? See				
Designee	ins	structions	·			. 🕨	Yes. C	omplete	below.	X No
		signee's		Phone					tification	
		me 🕨		no. 🕨				ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· ·		Date	,			1		nt you an Identity
	. 10	ur signature		Dale	Four occupation					IN, enter it here
Joint return?					SOFTWARE	ENGI	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	ation				nt your spouse an
Keep a copy for your records.	·									ection PIN, enter it here
your rocordo.								(se	e inst.) 🕨	
		one no.		Email address				ייידס		
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer		SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAN	IA	03/	03/2021		90332	Self-employed
Use Only		m's name GLOBAL TAX								646)727-7157
	Firi	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 30041			Firi	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	RE\	/ 02/21/21 PRO)		Form 1040 (2020)

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

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

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 soc	ial security number
370-91	-5238

Department of the Treasury	► Attach
Internal Revenue Service	► Go to <i>www.irs.gov/F</i>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

RAMAKRI	SHNAREDDY	GOULLA
Part I	Additiona	I Income

Pa	rt I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,259.
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	-8,259.
Par	line 8	J	-0,239.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	22 Schedule	1 (Form 1040) 2020

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.								6		0		
Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/ScheduleE fo				or instructions and the latest information.							Attachment Sequence No. 13			
Name(s) shown on return					Your soc							ial security number		
RAMA	KRISHNARED	370-9							1-5238					
Part	Income of	or Los	s From Rental Re	al Estate and Ro	yaltie	s Note	: If you a	re in th	e business o	of renting pe	rsonal pr	operty.	, use	
	Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.													
A Did	Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions											No		
B If "	"Yes," did you or will you file required Form(s) 1099?										No			
1a	Physical address of each property (street, city, state, ZIP code)													
Α	MADHAPUR HYDERABAD IN 500049													
В														
С			1											
1b	Type of Property 2 For each rental real estate pro					isted		Fair Rental Days		Personal Use Days		QJV		
	(from list be	(from list below) above, report the number of fa personal use days. Check the			ir rental and Q.IV box only									
Α	1		if you meet t	the requirements to	o file a	sa	Α		360	0				
В			qualified joir	nt venture. See inst	ructio	ns.	В							
C							С							
	of Property:													
-	le Family Resid			nort-Term Rental				Self-						
-	i-Family Reside	ence	4 Commercia		6 Ro	yalties		Othe	r (describe					
Incom	-			Properties:			Α		E	3		С		
					3			368.						
		vea .			4									
Expen					5									
					6			750						
7			instructions)		7			/50. 150.						
8					8		1,4	150.						
о 9					9									
9 10			essional fees		10									
11	Management f	11												
12	Mortgage inter	12												
13				,	13									
14					14		1.5	70.						
15	-				15			968.						
16					16									
17					17		2,6	589.						
18	Depreciation e	xpense	e or depletion .		18									
19	Other (list) ►	•			19									
20	Total expenses	s. Add	lines 5 through 19		20		8,6	527.						
21	Subtract line 2	0 from	line 3 (rents) and/	or 4 (royalties). If										
	result is a (loss	s), see	instructions to find	d out if you must										
	file Form 6198				21		-8,2	259.						
22	Deductible ren	tal rea	I estate loss after	limitation, if any,										
			nstructions)		22	(-8,2	59.)	()	()	
23a			reported on line 3 f					23a		368.				
b			reported on line 4 f		erties			23b						
С			reported on line 12					23c						
d			reported on line 18					23d						
е	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								1					
25											(8,2	259.)	
			ate and royalty in											
			IV, and line 40 or 40), line 5, Otherw									-8	,259.	

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2020

OMB No. 1545-0074