Form <b>8879</b>
(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.

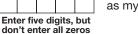
Your signature

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 <b>8879</b> (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 <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	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
PLANO       TX       75024       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent       You as born before January 2, 1956       Is bill         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       A teo blind       Spouse:       Was born before January 2, 1956       Is bill         Age/Blindness       (i) First name       (i) First name       (i) I first name       Chald tax credit       Credit for other dependents         see instructions	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co	de				
Foreign country name       Foreign province/state/county       Foreign province/state/county <th< td=""><td>PLANO</td><td></td><td></td><td></td><td></td><td></td><td>T</td><td>x</td><td>750</td><td>24</td><td></td><td>0</td><td></td><td>0</td></th<>	PLANO						T	x	750	24		0		0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions	Foreign country	y name			Foreign p	rovince/state	e/coun	ty	Foreig	n postal o	code		k or refund.	`
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) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       number       (3) Relationship       (4) ✓ if qualifies for (see instructions):         See instructions and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         add check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         add check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         add check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         add check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other depen	At any time du	iring 20	020, did you receive, sell, send, exch	nange, d	or otherw	vise acquir	e any	financial intere	est in a	ny virtu	al cu	rrency?	Yes	X No
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Image: 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
If more than four dependents, see instructions and check here        Image: the standard deduction or tempedents, see instructions       Credit for other dependents         Attach       2a       Image: the standard deduction or tempedents, see instructions       Image: the standard deduction or tempedents, see instructions       Image: the standard deduction or tempedents, see instructions       Image: the standard deduction or tempedents	Dependent	s (see			(2) 5								r (see instru	uctions):
In Hole       Image: Second Seco	•				(_)		cy		"P					
see instructions   and check   here b     here b     Attach   Sch. B if   required.   3a   Qualified dividends   4a   HA distributions   4a   Ba Qualified dividends   4a   HA distributions   4a   Ba Pensions and annuities   5a   Standard   Deduction for-   6a   Social security benefits   6a   Social security benefits   6a   Social security benefits   6a   Social security benefits   6a   Other income from Schedule D if required. If not required, check here   7   Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9   777, 319.   10   Add lines 10a and 10b. These are your total adjustments to income   a from Schedule 1, line 22   b Charitable contributions if you take the standard deduction. See instructions   10a   10b   11   Subtract line 10c from line 9. This is your adjusted gross income   11   12   13   Qualified business income deduction. Attach Form 8995 or Form 8995-A   14   12   14   12   14   14   12											Π			
and check   here   here   1   Wages, salaries, tips, etc. Attach Form(s) W-2   2a   Tax-exempt interest   2a   a   Qualified dividends   3a   b   b   b   b   a   Qualified dividends   4a   b   b   b   b   caure   a   Qualified dividends   a   a   Qualified dividends   a   a   a   Qualified dividends   b    b    b   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule 1, line 9   standard   Deduction for-   standard fling   generately.   standard fling   other income from Schedule 1, line 9   standard fling   other income from Schedule 1, line 22   standard fling   b   capital gain or (loss). Attach the standard deduction. See instructions   dual flied busines income <td>· · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><math>\overline{\Box}</math></td> <td></td> <td></td> <td></td>	· · · ·										$\overline{\Box}$			
here   Attach   Sch. B if   required.   2a   3a   Qualified dividends   4a   RA distributions   4a   RA distributions   5a   Pensions and annuities   5a   Pensions and annuities   5a   Pensions and annuities   5a   Pensions and annuities   5a   Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   8   Other income from Schedule 1, line 9   9   77, 319.   9   9   77, 319.   10   Adjustments to income:   101   010   Add lines 10a and 10b. These are your total adjustments to income   11   77, 319.   10   10   11   11   12   13    14    Add lines 12 and 13   14		s ——												
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Sch. B if 2a Taxable interest 2b   required. 3a Qualified dividends 3a   4a IRA distributions 4a   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   5a Social security benefits   6a Social security benefits   6a Social security benefits   6a Social security benefits   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   8 -8, 259.   9 77, 319.   8 -8, 259.   9 77, 319.   9 77, 319.   10 Adjustments to income:   11 77, 319.   11 77, 319.   12 12, 400.   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A   14 12, 400.		<b>1</b>	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		85,578.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       Ga       Social security benefits       Ga       b       Taxable amount       7         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       7         8       Other income from Schedule 1, line 9       -       -       8       -8, 259         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       >       9       77, 319         10       Adgustments to income:       a       From Schedule 1, line 22       -       10b       -         9       Add lines 10a and 10b. These are your total adjustments to income       10b       10c       -       11       77, 319         14       Standard deduction or itemized deductions (from Schedule A)       -		2a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2b	,	
4a IRA distributions 4a   5a Pensions and annuities   5a Standard   Deduction for 6a   5a Social security benefits   6a Social security benefits   5a Ga   5a Taxable amount   5a Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 Standard   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 77, 319.   10 Adjustments to income:   a From Schedule 1, line 22   b Charitable contributions if you take the standard deduction. See instructions   c Add lines 10a and 10b. These are your total adjustments to income   any box under standard 10   11 77, 319.   12 Standard deduction or itemized deductions (from Schedule A)   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A   14 12, 400.		3a	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3b	,	
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -8,259.       9         • Married filing jointly or Qualifying widow(er), \$24,800       Add lines 10a and 10b. These are your total adjustments to income:       10a       10b       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       10c       11       77,319.         11       77,319.       11       77,319.       12       12,400.         8       -8,259.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       11       12,400.		4a	IRA distributions	4a			bТ	axable amoun	t			. 4b	,	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -8, 259.         9       77, 319.         • Married filing jointly or Qualifying widow(er), \$24,800       •       10       Adjustments to income:       9       77, 319.         • Lead of household, \$18,650       •       •       10a       10b       10c         • Lead of stratable contributions if you take the standard deduction. See instructions       10b       10c         • Head of stratable contributions if you take the standard deduction. See instructions       10c       11       17, 319.         • Head of stratable contributions if you take the standard deduction. See instructions       10c       11       11       77, 319.         • Head of stratable contributions if you take the standard deduction. See instructions       10c       11       11       77, 319.         • If you checked any box under standard       11       Standard deduction or itemized deductions (from Schedule A)       12       12, 400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12, 400.		5a	Pensions and annuities	5a			bТ	axable amoun	t			. 5b	)	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the second deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> </ul>	Standard	6a	Social security benefits	6a			bТ	axable amoun	t			. 6b	,	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -8,259         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       77,319         9       77,319       9       77,319         9       77,319       9       77,319         9       77,319       9       77,319         9       77,319       9       77,319         9       77,319       10a       10a         9       77,319       10a       10b         9       77,319       10b       10b         9       77,319       10a       10b         9       77,319       10a       10b         9       77,319       10b       10b         9       77,319       10b       10b         9       77,319       10b       10b         9       77,319       10b       10c         9       10       10b       10b       10c         9       10       10b       10c       11         10       10       10c       11       177,319         11       177,319       11       12       12,400		7	Capital gain or (loss). Attach Schee	dule D i	f require	d. If not red	quired	, check here			▶ [	7		
\$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.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. (from Schedule A)</li> <li>Ida 10a</li> <li>Ida 10b</li> <li>Ida 11b</li> <li>Ida</li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. 1	This is yo	our <b>total in</b>	come				.	▶ 9		77,319.
Qualifying widow(er), \$224,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income		10	Adjustments to income:											
\$24,800       Image: Containable contributions in you take the standard deduction occums and the standard deductions in you take the standard deductions in the standard deducting the standard deducting the standard deduction in the standard d		а	From Schedule 1, line 22					10	а					
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions.</li> <li>Add lines 12 and 13</li></ul>	widow(er),	b	Charitable contributions if you take	the star	ndard de	duction. Se	e inst	ructions 10	b					
\$18,650       11       77,319.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>to</b>	tal adjus	stments to	inco	me			.	► 10c	0	
<ul> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>14</li> <li>15 Add lines 12 and 13</li> <li>16 Add lines 12 and 13</li> <li>17 Add lines 12 and 13</li> <li>18 Add lines 12 and 13</li> <li>19 Add lines 12 and 13</li> <li>10 Add lines 12 and 13</li> <li>11 Add lines 12 and 13</li> </ul>		11	Subtract line 10c from line 9. This	is your	adjusted	d gross inc	ome				.	▶ 11		77,319.
Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         Deduction, see instructions, see instructions.       14       12,400.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	i <b>ons</b> (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		
<b>15 Taxable income.</b> 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): <b>1</b> 🗌 881	4 <b>2</b> 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 <b>total tax</b>					. 🕨	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 <b>tot</b> a	al other paym	ents and refund	lable ci	redits	. 🕨	32	1,568.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	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 <b>1040</b> (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	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-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 <b>adjustments to income.</b> 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. <b>13</b>			
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 <b>Q.IV</b> 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