

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |  |  |
|--|--|--|
| Taxpayer's name<br><b>RITHIKA REDDY MADUGULA</b> |  | Social security number<br><b>806-15-2768</b> |
| 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.

|          |   |          |         |
|----------|---|----------|---------|
| <b>1</b> | Adjusted gross income   | <b>1</b> | 74,014. |
| <b>2</b> | Total tax   | <b>2</b> | 9,348.  |
| <b>3</b> | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | <b>3</b> | 10,664. |
| <b>4</b> | Amount you want refunded to you                               | <b>4</b> | 1,748.  |
| <b>5</b> | Amount you owe  | <b>5</b> |         |

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

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

**Taxpayer's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 2 | 7 | 6 | 8 |
|---|---|---|---|---|

 as 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 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 ▶ 03/06/2021

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as 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 amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. 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 person is a child but not your dependent ▶

|  |                              |   |
|--|------------------------------|---|
| Your first name and middle initial<br><b>RITHIKA REDDY</b> | Last name<br><b>MADUGULA</b> | Your social security number<br><b>806-15-2768</b> |
| 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.<br><b>6022 GREENDALE CIR</b>  |  | Apt. no.<br><b>205</b>   | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>JOHNSTON</b> |  | State<br><b>IA</b>       |   |
| Foreign country name  |  | ZIP code<br><b>50131</b> |   |
| Foreign province/state/county   |  | Foreign postal code      |   |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 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):

| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name |  | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): |                             |
|--|----------------|--|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |  |           |                            |                         | Child tax credit   | Credit for other dependents |
|  |                |  |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |  |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |  |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |  |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|                            |   |            |                              |         |
|----------------------------|---|------------|------------------------------|---------|
| Attach Sch. B if required. | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2                                     |            | <b>1</b>                     | 78,817. |
|                            | <b>2a</b> Tax-exempt interest   | <b>2a</b>  | <b>2b</b> Taxable interest   | 677.    |
|                            | <b>3a</b> Qualified dividends   | <b>3a</b>  | <b>3b</b> Ordinary dividends |         |
|                            | <b>4a</b> IRA distributions   | <b>4a</b>  | <b>4b</b> Taxable amount     |         |
|                            | <b>5a</b> Pensions and annuities  | <b>5a</b>  | <b>5b</b> Taxable amount     |         |
|                            | <b>6a</b> Social security benefits  | <b>6a</b>  | <b>6b</b> Taxable amount     |         |
|                            | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here |            | <b>7</b>                     |         |
|                            | <b>8</b> Other income from Schedule 1, line 9   |            | <b>8</b>                     | -5,480. |
|                            | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>        |            | <b>9</b>                     | 74,014. |
|                            | <b>10</b> Adjustments to income:  |            |                              |         |
|                            | <b>a</b> From Schedule 1, line 22   | <b>10a</b> |                              |         |
|                            | <b>b</b> Charitable contributions if you take the standard deduction. See instructions      | <b>10b</b> |                              |         |
|                            | <b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b>           |            | <b>10c</b>                   |         |
|                            | <b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b>          |            | <b>11</b>                    | 74,014. |
|                            | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)                |            | <b>12</b>                    | 12,400. |
|                            | <b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A              |            | <b>13</b>                    |         |
|                            | <b>14</b> Add lines 12 and 13   |            | <b>14</b>                    | 12,400. |
|                            | <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-  |            | <b>15</b>                    | 61,614. |

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,400  
 • Married filing jointly or Qualifying widow(er), \$24,800  
 • Head of household, \$18,650  
 • If you checked any box under Standard Deduction, see instructions.

|            |  |            |         |
|------------|--|------------|---------|
| <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>   | <b>16</b>  | 9,348.  |
| <b>17</b>  | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>  | Add lines 16 and 17  | <b>18</b>  | 9,348.  |
| <b>19</b>  | Child tax credit or credit for other dependents  | <b>19</b>  |         |
| <b>20</b>  | Amount from Schedule 3, line 7   | <b>20</b>  |         |
| <b>21</b>  | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 9,348.  |
| <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 10   | <b>23</b>  | 0.      |
| <b>24</b>  | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 9,348.  |
| <b>25</b>  | Federal income tax withheld from:  |            |         |
| a          | Form(s) W-2  | <b>25a</b> | 10,664. |
| b          | Form(s) 1099   | <b>25b</b> |         |
| c          | Other forms (see instructions)   | <b>25c</b> |         |
| d          | Add lines 25a through 25c  | <b>25d</b> | 10,664. |
| <b>26</b>  | 2020 estimated tax payments and amount applied from 2019 return  | <b>26</b>  |         |
| <b>27</b>  | Earned income credit (EIC) <b>No</b>   | <b>27</b>  |         |
| <b>28</b>  | Additional child tax credit. Attach Schedule 8812  | <b>28</b>  |         |
| <b>29</b>  | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>  | Recovery rebate credit. See instructions   | <b>30</b>  | 432.    |
| <b>31</b>  | Amount from Schedule 3, line 13  | <b>31</b>  |         |
| <b>32</b>  | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  | 432.    |
| <b>33</b>  | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 11,096. |
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 1,748.  |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>  | <b>35a</b> | 1,748.  |
| <b>b</b>   | Routing number 051000017 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings  |            |         |
| <b>d</b>   | Account number 435034932913  |            |         |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>   | <b>36</b>  |         |
| <b>37</b>  | Subtract line 33 from line 24. This is the <b>amount you owe now</b><br><b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | <b>37</b>  |         |
| <b>38</b>  | Estimated tax penalty (see instructions)   | <b>38</b>  |         |

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

**Refund**

Direct deposit? See instructions.

**Amount You Owe**

For details on how to pay, see instructions.

**Third Party Designee**

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

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

**Sign Here**

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

|  |                    |  |   |
|--|--------------------|--|---|
| Your signature<br>                                     | Date<br>03/06/2021 | Your occupation<br>APPLICATION DEVELOPER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, both must sign. | Date               | Spouse's occupation                      | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no.  | Email address      |  |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/04/2021 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN   |   |                    |                   | 30-1017196  |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
806-15-2768

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -5,480. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____  | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -5,480. |

**Part II Adjustments to Income**

|            |   |            |  |
|------------|---|------------|--|
| <b>10</b>  | Educator expenses . . . . .   | <b>10</b>  |  |
| <b>11</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                 | <b>11</b>  |  |
| <b>12</b>  | Health savings account deduction. Attach Form 8889 . . . . .  | <b>12</b>  |  |
| <b>13</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>13</b>  |  |
| <b>14</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>14</b>  |  |
| <b>15</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>15</b>  |  |
| <b>16</b>  | Self-employed health insurance deduction . . . . .  | <b>16</b>  |  |
| <b>17</b>  | Penalty on early withdrawal of savings . . . . .  | <b>17</b>  |  |
| <b>18a</b> | Alimony paid . . . . .  | <b>18a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . . ▶ _____   |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____   |            |  |
| <b>19</b>  | IRA deduction . . . . .   | <b>19</b>  |  |
| <b>20</b>  | Student loan interest deduction . . . . .   | <b>20</b>  |  |
| <b>21</b>  | Tuition and fees deduction. Attach Form 8917 . . . . .  | <b>21</b>  |  |
| <b>22</b>  | 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 . . . . . | <b>22</b>  |  |

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Attachment  
Sequence No. **13**

Name(s) shown on return

RITHIKA REDDY MADUGULA

Your social security number

806-15-2768

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, 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 you make any payments in 2020 that would require you to file Form(s) 1099? See instructions  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099?  Yes  No

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | SAI NAGAR, CHAITANYAPURI HYDERABAD TELANGANA IN 500060            |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:          |   | Properties: |  | A         | B | C |
|------------------|---|-------------|--|-----------|---|---|
| <b>3</b>         | Rents received  | <b>3</b>    |  | 500.      |   |   |
| <b>4</b>         | Royalties received  | <b>4</b>    |  |           |   |   |
| <b>Expenses:</b> |   |             |  |           |   |   |
| <b>5</b>         | Advertising   | <b>5</b>    |  |           |   |   |
| <b>6</b>         | Auto and travel (see instructions)  | <b>6</b>    |  | 250.      |   |   |
| <b>7</b>         | Cleaning and maintenance  | <b>7</b>    |  | 150.      |   |   |
| <b>8</b>         | Commissions   | <b>8</b>    |  |           |   |   |
| <b>9</b>         | Insurance   | <b>9</b>    |  |           |   |   |
| <b>10</b>        | Legal and other professional fees   | <b>10</b>   |  |           |   |   |
| <b>11</b>        | Management fees   | <b>11</b>   |  |           |   |   |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |  |           |   |   |
| <b>13</b>        | Other interest  | <b>13</b>   |  | 5,300.    |   |   |
| <b>14</b>        | Repairs   | <b>14</b>   |  | 280.      |   |   |
| <b>15</b>        | Supplies  | <b>15</b>   |  |           |   |   |
| <b>16</b>        | Taxes   | <b>16</b>   |  |           |   |   |
| <b>17</b>        | Utilities   | <b>17</b>   |  |           |   |   |
| <b>18</b>        | Depreciation expense or depletion   | <b>18</b>   |  |           |   |   |
| <b>19</b>        | Other (list) ▶  | <b>19</b>   |  |           |   |   |
| <b>20</b>        | Total expenses. Add lines 5 through 19  | <b>20</b>   |  | 5,980.    |   |   |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198   | <b>21</b>   |  | -5,480.   |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)  | <b>22</b>   |  | (-5,480.) |   |   |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties   | <b>23a</b>  |  | 500.      |   |   |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties  | <b>23b</b>  |  |           |   |   |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties   | <b>23c</b>  |  |           |   |   |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties   | <b>23d</b>  |  |           |   |   |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties   | <b>23e</b>  |  | 5,980.    |   |   |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses   | <b>24</b>   |  |           |   |   |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b>   |  | (5,480.)  |   |   |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result 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 | <b>26</b>   |  | -5,480.   |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Your first name, middle initial, and last name RITHIKA REDDY MADUGULA

Spouse's first name, middle initial, and last name \_\_\_\_\_

Your Social Security number 806-15-2768

Spouse's Social Security number \_\_\_\_\_

Home address, City, State, ZIP 6022 GREENDALE CIR, 205

JOHNSTON IA 50131

**Part I Tax Return Information**

|   | B. Spouse<br>(filing status 3) | A. You or Joint      |
|---|--------------------------------|----------------------|
| 1. Iowa Net Income (IA 1040, line 26 A & B).....          | 1B _____ .00                   | 1A <u>74,014</u> .00 |
| 2. Total Tax (IA 1040, line 42 A & B).....                | 2B _____ .00                   | 2A <u>3,374</u> .00  |
| 3. Iowa Income Tax Withheld (IA 1040, line 63 A & B)..... | 3B _____ .00                   | 3A <u>3,691</u> .00  |
| 4. Amount to be Refunded (IA 1040, line 68).....          |                                | 4. <u>357</u> .00    |
| 5. Total Amount Due (IA 1040, line 73).....               |                                | 5. _____ .00         |

**Part II Declaration of Taxpayer** (Be sure to keep a copy of the tax return.)

6.  I do not want direct deposit or direct debit.  
 7.  I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on \_\_\_\_\_ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idr@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4428004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number 051000017 The first two digits must be 01 through 12 or 21 through 32.

Account Number 435034932913

Type of Account: Savings  Checking

Will this refund go to (or payment come from) an account outside the United States? Yes  No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Rithika Reddy  
Your Signature

03/06/2021  
Date

Spouse Signature. If a joint return, both must sign. \_\_\_\_\_ Date

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

| ERO Signature  | Date                   | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO PTIN                           |
|--|------------------------|--|---|------------------------------------|
| Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>        |                        |  |   | FEIN <u>30-1017196</u>             |
| Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u> |                        |  |   | Phone Number <u>(678) 965-9522</u> |
| Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>       | Date <u>03/04/2021</u> | Check if self-employed <input type="checkbox"/>      |   | Preparer PTIN <u>P02082703</u>     |
| Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>        |                        |  |   | FEIN <u>30-1017196</u>             |
| Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u> |                        |  |   | Phone Number <u>(678) 965-9522</u> |

# 2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

## Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: MADUGULA Your first name/middle initial: RITHIKA REDDY

Spouse's last name: \_\_\_\_\_ Spouse's first name/middle initial: \_\_\_\_\_



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:  
6022 GREENDALE CIR, 205

City, State, ZIP:  
JOHNSTON IA 50131

Spouse SSN: \_\_\_\_\_ Your SSN: 806-15-2768

## Step 2 Filing Status: Mark one box only

|   |  |  |
|---|--|--|
| 1 | <input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Email Address: _____   |
| 2 | Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)   | Check this box if you or your spouse were 65 or older as of 12/31/20: <input type="checkbox"/> |
| 3 | Married filing separately on this combined return. Spouse use column B.  | Residence on 12/31/20: County No. <u>77</u> School District No. <u>3231</u>                    |
| 4 | Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____  |  |
| 5 | Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.                              |  |
| 6 | Qualifying widow(er) with dependent child. Name: _____ SSN: _____  |  |

## Step 3 Exemptions

|  | B. Spouse (Filing Status 3 ONLY) | A. You or Joint                   |
|--|----------------------------------|-----------------------------------|
| a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... | ▲ _____ X \$ 40 = \$ _____       | ▲ <u>1</u> X \$ 40 = \$ <u>40</u> |
| b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind.....                   | ▲ _____ X \$ 20 = \$ _____       | ▲ _____ X \$ 20 = \$ _____        |
| c. Dependents: Enter 1 for each dependent.....   | ▲ _____ X \$ 40 = \$ _____       | ▲ _____ X \$ 40 = \$ _____        |
| d. Enter first names of dependents here _____  | e. Total \$ _____                | e. Total \$ <u>40</u>             |

## Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

|                                  | B. Spouse/Status 3 ▲ | A. You or Joint ▲ |
|----------------------------------|----------------------|-------------------|
| 15. Gross Income. Add lines 1-14 | _____                | _____             |

|  | B. Spouse/Status 3 | A. You or Joint  | B. Spouse/Status 3 | A. You or Joint  |
|--|--------------------|------------------|--------------------|------------------|
| 1. Wages, salaries, tips, etc.....1.                                       | _____              | <u>78,817.00</u> | _____              | _____            |
| 2. Taxable interest income. If more than \$1,500, complete Sch. B.....2.   | _____              | <u>677.00</u>    | _____              | _____            |
| 3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....3.  | _____              | _____            | _____              | _____            |
| 4. Taxable alimony received.....4.   | _____              | _____            | _____              | _____            |
| 5. Business income/(loss). See instructions.....5.                         | _____              | _____            | _____              | _____            |
| 6. Capital gain/(loss). See instructions.....6.                            | _____              | _____            | _____              | _____            |
| 7. Other gains/(losses). See instructions.....7.                           | _____              | _____            | _____              | _____            |
| 8. Taxable IRA distributions.....8.  | _____              | _____            | _____              | _____            |
| 9. Taxable pensions and annuities.....9.                                   | _____              | _____            | _____              | _____            |
| 10. Rents, royalties, partnerships, estates, etc. See instructions.....10. | _____              | <u>-5,480.00</u> | _____              | _____            |
| 11. Farm income/(loss). See instructions.....11.                           | _____              | _____            | _____              | _____            |
| 12. Unemployment compensation. See instructions.....12.                    | _____              | _____            | _____              | _____            |
| 13. Gambling winnings.....13.  | _____              | _____            | _____              | _____            |
| 14. Other income, bonus depreciation, and section 179 adjustment.....14.   | _____              | _____            | _____              | _____            |
| 15. Gross Income. Add lines 1-14.....15.                                   | _____              | _____            | _____              | <u>74,014.00</u> |

**NOTE:** Use only blue or black ink, no pencils or red ink.

|  | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint  |
|--|--------------------|-----------------|--------------------|------------------|
| 16. Payments to an IRA, Keogh, or SEP.....16.                                  | _____              | _____           | _____              | _____            |
| 17. Deductible part of self-employment tax.....17.                             | _____              | _____           | _____              | _____            |
| 18. Health insurance premium.....18.   | _____              | <u>0.00</u>     | _____              | _____            |
| 19. Penalty on early withdrawal of savings.....19.                             | _____              | _____           | _____              | _____            |
| 20. Alimony paid.....20.   | _____              | _____           | _____              | _____            |
| 21. Pension/retirement income exclusion.....21.                                | _____ ▲            | _____           | _____              | _____            |
| 22. Moving expense deduction from federal form 3903.....22.                    | _____              | _____           | _____              | _____            |
| 23. Iowa capital gain deduction; Include corresponding IA 100 schedule.....23. | _____ ▲            | _____           | _____              | _____            |
| 24. Other adjustments.....24.  | _____              | _____           | _____              | _____            |
| 25. Total adjustments. Add lines 16-24.....25.                                 | _____              | _____           | _____              | <u>0.00</u>      |
| 26. Net Income. Subtract line 25 from line 15.....26.                          | _____              | _____           | _____              | <u>74,014.00</u> |

|  | B. Spouse/Status 3 | A. You or Joint  | B. Spouse/Status 3 | A. You or Joint  |
|--|--------------------|------------------|--------------------|------------------|
| 27. Federal income tax refund/overpayment received in 2020.....27.   | _____ ▲            | _____            | _____              | _____            |
| 28. Self-employment/household employment/other federal taxes.....28.   | _____ ▲            | _____            | _____              | _____            |
| 29. Addition for federal taxes. Add lines 27 and 28.....29.  | _____              | _____            | _____              | <u>0.00</u>      |
| 30. Total. Add lines 26 and 29.....30.   | _____              | _____            | _____              | <u>74,014.00</u> |
| 31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years.....31. | _____ ▲            | <u>10,664.00</u> | _____              | _____            |
| 32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions.....32.   | _____ ▲            | _____            | _____              | _____            |
| 33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount.....33.  | _____ ▲            | _____            | _____              | _____            |
| 34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....34.   | _____              | _____            | _____              | <u>10,664.00</u> |
| 35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....35.  | _____              | _____            | _____              | <u>63,350.00</u> |



2020 IA 1040, page 2


|   | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|---|--------------------|-----------------|--------------------|-----------------|
| Step 8 Taxable income   |                    |                 |                    |                 |
| 36. BALANCE. From side 1, line 35   |                    | 36.             | .00                | 63,350.00       |
| 37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized (Include IA Schedule A) <input type="checkbox"/> Standard |                    | 37.             | .00                | 2,110.00        |
| 38. TAXABLE INCOME. SUBTRACT line 37 from line 36   |                    | 38.             | .00                | 61,240.00       |
| Step 9 Tax, Credits, and Check-off Contributions  |                    |                 |                    |                 |
| 39. Tax from tables or alternate tax  |                    | 39.             | .00                | 3,374.00        |
| 40. Iowa lump-sum tax. See instructions   |                    | 40.             | .00                | .00             |
| 41. Iowa alternative minimum tax. Include IA 6251.  |                    | 41.             | .00                | .00             |
| 42. Total tax. ADD lines 39, 40, and 41   |                    | 42.             | .00                | 3,374.00        |
| 43. Total exemption credit amount(s) from Step 3, side 1  |                    | 43.             | .00                | 40.00           |
| 44. Tuition and textbook credit for dependents K-12   |                    | 44.             | .00                | .00             |
| 45. Volunteer firefighter/EMS/reserve peace officer credit  |                    | 45.             | .00                | .00             |
| 46. Total credits. ADD lines 43, 44, and 45   |                    | 46.             | .00                | 40.00           |
| 47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero   |                    | 47.             | .00                | 3,334.00        |
| 48. Credit for nonresident or part-year resident. Must include IA 126 and federal return  |                    | 48.             | .00                | .00             |
| 49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero   |                    | 49.             | .00                | 3,334.00        |
| 50. Out-of-state tax credit. Must include IA 130  |                    | 50.             | .00                | .00             |
| 51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero   |                    | 51.             | .00                | 3,334.00        |
| 52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule  |                    | 52.             | .00                | .00             |
| 53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero   |                    | 53.             | .00                | 3,334.00        |
| 54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53   |                    | 54.             | .00                | 0.00            |
| 55. Total state and local tax. ADD lines 53 and 54  |                    | 55.             | .00                | 3,334.00        |
| 56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here                               |                    | 56.             | .00                | 3,334.00        |
| 57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.                           |                    | 57.             | .00                | .00             |
| 58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here  |                    | 58.             | .00                | 3,334.00        |

|   |  |     |     |          |
|---|--|-----|-----|----------|
| Step 10 Credits   |  |     |     |          |
| 59. Iowa fuel tax credit. Include IA 4136   |  | 59. | .00 | .00      |
| 60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input checked="" type="checkbox"/> Early childhood development credit |  | 60. | .00 | .00      |
| 61. Iowa earned income tax credit. 15.0% (.15) of federal credit  |  | 61. | .00 | .00      |
| 62. Other refundable credits. Include IA 148 Tax Credits Schedule   |  | 62. | .00 | .00      |
| 63. Iowa income tax withheld  |  | 63. | .00 | 3,691.00 |
| 64. Estimated and voucher payments made for tax year 2020   |  | 64. | .00 | .00      |
| 65. TOTAL. ADD lines 59 through 64 and enter here   |  | 65. | .00 | 3,691.00 |
| 66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here  |  | 66. | .00 | 3,691.00 |

|   |  |     |     |        |
|---|--|-----|-----|--------|
| Step 11 Refund  |  |     |     |        |
| 67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid |  | 67. | .00 | 357.00 |
| 68. Amount of line 67 to be REFUNDED  |  | 68. | .00 | 357.00 |
| 68a. Routing number: 0 5 1 0 0 0 0 1 7  | 68b. Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |     |     |        |
| 68c. Account number: 4 3 5 0 3 4 9 3 2 9 1 3  |  |     |     |        |
| 69. Amount of line 67 to be applied to your 2021 estimated tax                                      |  | 69. | .00 | .00    |

|  |  |     |     |     |
|--|--|-----|-----|-----|
| Step 12 Pay  |  |     |     |     |
| 70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE  |  | 70. | .00 | .00 |
| 71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/> |  | 71. | .00 | .00 |
| 72. Penalty and interest: <input checked="" type="checkbox"/> 72a. Penalty .00 <input checked="" type="checkbox"/> 72b. Interest .00 ADD. Enter total  |  | 72. | .00 | .00 |
| 73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here   |  | 73. | .00 | .00 |

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

|           |   |            |                          |                          |   |                          |
|-----------|---|------------|--------------------------|--------------------------|---|--------------------------|
| SIGN HERE |  | 03/04/2021 | <input type="checkbox"/> |                          | SYAM PRIYA RAM SAAGAR GUPTA TALLAH 03/04/2021 |                          |
|           | Your signature  | Date       | Check if deceased        | Date of death            | Preparer's signature                          | Date                     |
| SIGN HERE |   |            | <input type="checkbox"/> |                          | P02082703                                     | 30-1017196               |
|           | Spouse's signature  | Date       | Check if deceased        | Date of death            | Preparer's PTIN                               | Firm's FEIN              |
|           |   |            |                          | (980) 253-2116           |   | (678) 965-9522           |
|           |   |            |                          | Daytime telephone number |   | Daytime telephone number |

This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.  
 MAILING ADDRESS: Iowa Income Tax Document Processing,  
 PO BOX 9187, Des Moines IA 50306-9187  
 Make check payable to Iowa Department of Revenue

