E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

OMB No. 1545-0074

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

Filing Status	s 🔀 :	Single Married filing jointly	☐ Marrie	ed filing separately (	MFS	) Head	l of hou	sehold (HOI	H) [	] Qual	lifying wic	dow(er) (QW)
Check only one box.		ou checked the MFS box, enter the son is a child but not your depende		your spouse. If you	chec	ked the HO	H or Q\	V box, ente	r the	child's	name if t	he qualifying
Your first name	and m	iddle initial	Last na	me					Y	Your social security number		
ANUPAM :	KUMA	R	AAKU	JLA					4	494-91-0978		
If joint return, spouse's first name and middle initial Last r				me					s	Spouse's social security number		
		er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	- 1			tion Campaign
10436 S					1 -						nere if you if filing ioi	ı, or your intly, want \$3
	ost offi	ce. If you have a foreign address, also o	complete s <sub>i</sub>	paces below.	Sta			code			0,	l. Checking a
MIAMI					F			3186			ow will no	•
Foreign countr	y name			Foreign province/state	/cour	ity	For	eign postal co	ode y	our tax	or refund	
At any time du	ıring 20	020, did you receive, sell, send, ex	change, o	or otherwise acquire	any	financial int	terest in	any virtua	l curre	ency?	Yes	⊠ No
Standard Deduction	_	neone can claim:	•				nt					
Age/Blindnes	s You	: Were born before January 2,	1956	Are blind Sp	ouse	: Was	born be	efore Janua	ary 2,	1956	☐ Is b	olind
Dependent	s (see	instructions):		(2) Social securit	у	(3) Relation	nship	(4) 🗸	if qual	alifies for (see instructions):		
If more	(1) F	irst name Last name		number		to you		Child tax cre		lit	Credit for o	other dependents
than four												
dependents, see instruction	s ——											
and check	<u> </u>											
here ►												
A 1	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1		94,564.
Attach Sch. B if	<b>2</b> a	Tax-exempt interest	2a		b 7	axable inte	rest			2b	<u> </u>	
required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary div	idends			3b		
· · · · · · · · · · · · · · · · · · ·	4a	IRA distributions	4a	4a b Taxable am		ount .	unt		4b			
	5a	Pensions and annuities	5a		b 7	axable amo	ount .			5b		
Standard	6a	Social security benefits	6a		b 1	axable amo	ount .			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □						<b>▶</b> □	7		
Married filing	8	Other income from Schedule 1, li	ne 9							8		<u>-6,700.</u>
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total inc</b>	ome				. ▶	9		87,864.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:	Adjustments to income:									
Qualifying	а	From Schedule 1, line 22					10a			_		
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b										
<ul> <li>Head of</li> </ul>	С	Add lines 10a and 10b. These are	e your <b>tot</b>	al adjustments to	inco	me			. ▶	100	_	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your <b>a</b>	adjusted gross inc	ome				. ▶	11		87,864.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized	d deducti	ions (from Schedule	e A)					12		12,400.
Standard	13	Qualified business income deduc	ction. Atta	ich Form 8995 or F	orm 8	3995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er-0				15		75,464.

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	12,395.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	12,395.
	19	Child tax credit or credit for	other dependent	ts					19	
	20	Amount from Schedule 3, lin	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	12,395.
	23	Other taxes, including self-e	employment tax,	from Schedule	2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					1	▶ 24	12,395.
	25	Federal income tax withheld	d from:							,
	а	Form(s) W-2				25a	14	,056		
	b	Form(s) 1099				25b		•		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	14,056.
	26	2020 estimated tax paymen								, , , , , ,
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See				30		557		
3cc maructions.	31	Amount from Schedule 3, lin				31		331	-	
	32	•	32	557.						
	33	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>								14,613.
	34	If line 33 is more than line 24								2,218.
Refund	35a					•	=		, —	2,218.
Direct deposit?	<b>b</b> b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ ☐  Routing number 1 2 1 0 0 0 3 5 8 ▶ <b>c</b> Type: ☒ Checking ☐ Savings								2,210.
See instructions.	►d	Account number 3 2 5 0 6 2 7 6 4 4 4 1							5	
	36	Amount of line 34 you want applied to your 2021 estimated tax > 36								
Amount	37	-							> 37	
You Owe	31	Subtract line 33 from line 24. This is the <b>amount you owe now</b>								
For details on		<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.								
how to pay, see instructions.	38	Estimated tax penalty (see i	•			38				
Third Party		you want to allow another								
Designee		structions	•				Yes. C	omplet	e below.	X No
200.900		Designee's Phone Personal ide								
	naı	me ►		no. ►			num	ber (PIN	) ▶	
Sign		der penalties of perjury, I declare								
Here		ief, they are true, correct, and con	nplete. Declaration			ased on	all informati			, ,
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?									ee inst.)	IN, enter it here
See instructions.	Sp	ouse's signature. If a joint return,	both must sian.	SDET Date Spouse's occupation					the IRS se	nt your spouse an
Keep a copy for		,						Ic	entity Prot	ection PIN, enter it here
your records.								(s	ee inst.) ►	
		one no.		Email address						
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 04/1	4/2021	P020	82703	Self-employed
Use Only	Fir	m's name ▶ GLOBAL TA	XES LLC					Р	none no.	(678) 965-9522
————	Fin	m's address ▶ 2530 Pebb	le Creek I	n Cummin	g GA 30041			F	rm's EIN I	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		ВАА	REV	04/02/21 PR	)		Form <b>1040</b> (2020)

### SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

ANUPAM KUMAR AAKULA

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

Your social security number 494-91-0978

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,700.
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 9		6 700
Par	til Adjustments to Income	9	-6,700.
		40	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### **SCHEDULE E**

(Form 1040)

### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13 Your social security number

ANUP	AM KUMAR AAKULA							49	4-91-0	978		
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note:	If you a	are in th	e business c	f renti	ng persona	al prop	erty,	use
	Schedule C. See	instructions. If you are an individual, rep	ort farr	n rental in	come o	or loss f	rom Form 48	<b>335</b> on	page 2, lir	ne 40.		
A Dic	l you make any payme	nts in 2020 that would require you to	o file Fo	orm(s) 10	99? S	ee insti	ructions .		[	Yes	×	No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[	Yes	s 🗌	No
1a		each property (street, city, state, ZII										
Α	6-69, ROAD NO.	1 BHAVANINAGAR DILSUKHN	AGAR,	HYDERA	ABAD	, TELA	NGANA II	N 50	0060			
В	·											
С												
1b	Type of Property	2 For each rental real estate pro	perty li	sted		Fair	Rental	Per	sonal Us	Э	_	
	(from list below)	(from list bolow) above report the number of fair rental and					Days	Days			QJV	IV
Α	3	personal use days. Check the if you meet the requirements t	ox only s a	Α	365			0			]	
В		qualified joint venture. See instructions.										<u> </u>
С					С						Ē	<u></u>
Type	of Property:											
	le Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd	-	7 Self-	Rental					
-	ti-Family Residence	4 Commercial		yalties			r (describe)	١				
Incom		Properties:		<i>y</i> ασσ	Α	0 01110	E				С	
3	Rents received		3			650.						
4			4			•						
Expen			+ -									
5			5									
6		nstructions)	6									
7		nance	7		1 .	000.						
8			8			000.						
9			9									
10		ssional fees	10									
11	_		11		1	350.						
12		d to banks, etc. (see instructions)	12		⊥,	330.						
13			13									
14			14		1	600.						
15			15			400.						
16			16			100.						
17			17		2	000.						
18		or depletion	18		۷,	000.						
19	Other (list)	e or depletion	19									
20	` ′	lines 5 through 19	20			350.						
	·	· ·			/ ,	330.						
21		line 3 (rents) and/or 4 (royalties). If										
	file <b>Form 6198</b>	instructions to find out if you must			-6	700.						
00			21		-0,	700.						
22		estate loss after limitation, if any,	22	,	6 7	00 )	1		) (			`
020	on Form 8582 (see in			(	-0,7	00.)	(		50.			
23a		eported on line 3 for all rental proper			•	23a		0.	50.			
b		eported on line 4 for all royalty prop				23b						
C		eported on line 12 for all properties				23c						
d		eported on line 18 for all properties				23d		7 31				
e		eported on line 20 for all properties				23e		7,3				
24	•	e amounts shown on line 21. <b>Do no</b>		-				.	24		<u> </u>	
25		sses from line 21 and rental real estate						T I	25 (		b,/	00.)
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not						on	26		-6	700.

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





ANUPAM KUMAR AAKULA

10436 SW 118TH AVE

MIAMI	FΤι	33186

SSN-You AAKU	Ī	494910978	Vendor ID	1555		XXXXX	$\neg$
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	87864.	Withholding (VA) - Yo	Du	19A.	4825	•
Additions	2.		Withholding (VA) - Sp	pouse	19B.		
Subtotal	3.	87864.	Estimated Payments		20.		
Age Deduction - You	4A.		2019 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payments		22.		
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.		
Subtractions	7.		Credits - Schedule CI	₹	25.		
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	4825	
Total VA Adj Gross Income (VAGI)	9.	87864.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	343	
Standard Deduction	11.	4500.	Overpayment Credite	d to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLEnow	30.		
Deductions	13.		VAC - Other Contribu	utions	31.		
Subtotal (Deductions & Exemptions	s) 14.	5430.	Addition to Tax, Pena	lty & Interest	32.		
VA Taxable Income	15.	82434.	Sales and Use Tax		33.		
Amount of Tax	16.	4482.	Amount You Owe Will Pay by Credit/Debit	Cord N			
Spouse Tax Adjustment (STA)	17.		Your Refund	t Card N	ı	343	
VAGI - Spouse	17A.		Pank Pauting #		<b>_</b>	1210003	50
Net Amount of Tax	18.	4482.	Bank Routing # Bank Account #		C 32506	2764441	20
L			1000mit 11		3_000	• • • • •	

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_\_

Page 1 of 2





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#### Filing Status, Age & License Information Additional Filing Information 059 1 Filing Status Locality Federal Head of Household Name or Filing Status Change 03191992 DOB - You Address Change VA Driver's License ID - You VA Return Not Filed Last Year VA Driver's License - Iss. Date - You Dependent on Another's Return Spouse Name (Filing Status 3 Only) Farmer / Fisherman / Merchant Seaman Amended DOB - Spouse Reason Code VA Driver's License ID - Spouse Overseas on Due Date VA Driver's License - Iss. Date - Spouse Federal FIC & Amount Exemptions (B) Exemptions (A) 65 & Over - You Deceased Indicator You No Sales & Use Tax Due Indicator Χ Spouse 65 & Over - Spouse Obtain Electronic 1099G Dependents Blind - You Total (A) 1 Blind - Spouse ID Theft PIN Total (B) **Contact Information** I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States. Signature - You \_\_\_ Phone - You 6692426153 \_\_\_\_ Date Signature - Spouse \_\_\_\_\_ Phone - Spouse Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 041421 6789659522 Phone - Preparer The Tax Department may discuss my/our return with my/our preparer. 7 Preparer Information P02082703

GLOBAL TAXES LLC

CUMMING

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

1555 REV 04/06/21 PRO

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

supporting 760CG documents.

### 2020 Schedule INC/CG

494910978

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

ANUPAM KUMAR AAKULA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					コ
494910978	M	4825.	474223931	30474223931F001	94564.

 Total VA Withholding
 SSN
 VA Withholding

 You
 494910978
 4825.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879 Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2020

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

Virginia Submission Identification Number (SID)							
Your Name	B Your Social Sec	curity Number					
ANUPAM KUMAR AAKULA	494-91-09	78					
Spouse's Name	A Spouse's Socia	I Security Number					
Part I Tax Return Information	A Spouse	B Yourself					
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		87864.					
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		87864.					
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		82434.					
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4482.					
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4825.					
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		1020					
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		343.					
Part II Declaration of Taxpayer and Signature Authorization							
December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
Taxpayer's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN 1 0 9 7 8 as my signature on my 2020 e-file Do not enter all zeros	ed Virginia individual inc	ome tax return.					
GLOBAL TAXES LLC							
ERO Firm Name							
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN					
Your Signature Date							
Spouse's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return.  Do not enter all zeros							
ERO Firm Name							
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN					
Spouse's Signature Date							
Part III Certification and Authentication – Practitioner PIN Method Only							
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6	1 9 8 9						
Do not enter all zeros  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
ERO's Signature Date04-1	4-21						