Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information

Submission Identification Number (SID)

Taxpayer's name	Social security number													
AMAR IPPILI	234-79-7887													
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.														
1 Adjusted gross income	<b>1</b> 8,408.													
<b>2</b> Total tax	<b>2</b> 0.													
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · <b>3</b> 437.													
<b>4</b> Amount you want refunded to you														
5 Amount you owe														
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)														

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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

Ent	as my				
9	7	8	8	7	

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.

Your signature

Date

## Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 🕨							
	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 🕨			
Dor	See Instructions ss Requested To Do So			
For Department Paduation Act Nation	and your toy return instructions		REV 03/01/21 RBO	Earm 8879 (Pay 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn 2	2020	D	OMB No. 1545	-0074	IRS Us	e Only	–Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly sources of the MFS box, enter the n son is a child but not your dependent	ame of	ed filing sepa your spouse	• •	,			•	,		, ,	. , . ,
Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number
AMAR			IPPI	LI							234-'	79-788	7
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse'	s social se	curity number
		er and street). If you have a P.O. box, see PARKWAY	instructi	ons.					opt. no. 233		Check h	iere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.		State	9	ZIP co	de				tly, want \$3 Checking a
FRISCO						ТΧ		750	34			ow will not	0
Foreign country	/ name		l	Foreign provin	ce/state/co	ounty	/	Foreig	n postal	code	your tax	or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, exch	nange, d	or otherwise	acquire a	ıny fi	nancial intere	est in a	ny virtu	ial cu	irrency?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	u were a dua	l-status a	lien	a dependent						
Age/Blindness	S You:	Were born before January 2, 1	956	_ Are blind	Spor	use:	Was bor	rn befo			-	Is bl	-
Dependents					al security		(3) Relationsh	nip	• •		1	r (see instru	,
If more	<b>(1)</b> F	irst name Last name		nur	nber	_	to you		Child	tax c	redit	Credit for ot	her dependents
than four dependents,													
see instruction	s ——					_							
and check here ►										$\frac{\Box}{\Box}$			
	-	Manage apprise time at Attack											0 100
Attach	1	Wages, salaries, tips, etc. Attach F	```	vv-2	· · ·	•			• •	•	. <u>1</u>		8,408.
Sch. B if	2a	'	2a				xable interes		• •	•	. 2b		
required.	3a 4a		3a 4a				dinary divide xable amoun		• •	•	. 3b . 4b		
	4a 5a		ња 5а				ixable amoun		• •	·	. 40 . 5b		
Standard	5a 6a		5a 6a				ixable amoun		• •	•	. <u>50</u> . 6b		
Deduction for—	0a 7	Capital gain or (loss). Attach Sche		f roquirod If				· · ·	• •		. 00		
Single or	8	Other income from Schedule 1. lin			•	-	CHECKHEIE	• •	• •		. 8		
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						• •	• •	·	. <u>8</u> ▶ 9		8,408.
<ul><li>\$12,400</li><li>Married filing</li></ul>	10	Adjustments to income:				me		• •	• •	•	5		0,100.
jointly or	a	,					10						
Qualifying widow(er),	b	Charitable contributions if you take									_		
\$24,800		-									► 10c		
<ul> <li>Head of household,</li> </ul>	с 11		······································								► 11	,	8,408.
\$18,650   • If you checked	12	, , , ,										12,400.	
any box under	13		Standard deduction or itemized deductions (from Schedule A)										12,400.
Standard Deduction,	13 14	Qualified business income deduction. Attach Form 8995 or Form 8995-A       .										-	12,400.
see instructions.	14	Taxable income.         Subtract line 14											<u>12,400.</u> 0.
	13			10 11.11 2010	011035, 6	ancei	J			•	. 15		1010

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

Form **1040** (2020)

Form 1040 (2020	))											Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2	4972	3			16		0.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18		0.
	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		0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24		0.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a		437			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d		437.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 returr	ı				26		-
qualifying child,	27	Earned income credit (EIC)			<b>1</b>	٩ö	27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30					
	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	l refunda	ble cr	edits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	4	437.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is t	he amour	nt you	overpaid		34	4	437.
Refutio	35a	Amount of line 34 you want					-	-		35a	4	437.
Direct deposit?	►b	Routing number 3 2 2			► c Ty	_	Chec		Savings			
See instructions.	►d	Account number 3 1 8						Ĭ	0			
	36	Amount of line 34 you want			ed tax .	. ►	36	T.				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe	now .				. ►	37		
You Owe		Note: Schedule H and Sch		•						r		
For details on		2020. See Schedule 3, line 1						lance yeu	0110 10			
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	the IRS?	See					
Designee	ins	tructions	· · · · ·					Yes. Co	omplete	e below.	🗙 No	
		signee's		Phone						ntification		
		ne 🕨		no. 🕨					oer (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occ	,					nt you an Identi	0
	. 10	ur signature		Date	rouroco	Supation					IN, enter it here	
Joint return?					SOFT	WARE I	DEVE	LOPER	(se	e inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse'	s occupati	ion				nt your spouse	
Keep a copy for your records.	*									entity Prot e inst.) ►	ection PIN, ente	er it here
,									(50	e ii ist.) 🕨		
		one no.	Drenera de star	Email address			D-+				Cheel: H	
Paid		parer's name	Preparer's signat		a		Date		PTIN	00700	Check if:	laura I
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA	таггал	03/	09/2021		82703	Self-emp	,
Use Only		m's name ► GLOBAL TA		'	~- ~	20041					(678)965-	
		m's address ► 2530 Pebb		n Cumming	-				Fir	m's EIN 🖡		
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		B/	AA	REV	03/01/21 PRC	)		Form <b>10</b> 4	<b>IU</b> (2020)

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

2020       California e-file Signature Authorization for Individuals       88         Your name       Your SSN or ITIN       234-79-7887       Spouse's/RDP's sSN or ITIN       234-79-7887       Spouse's/RDP's SSN or ITIN       1       234-79-7887       Spouse's/RDP's SSN or ITIN       Spouse's/RDP's SSN or ITIN       1       2       Amar       1       2       3       Spouse's/RDP's SSN or ITIN       1       8,7         Part I       Tax Return Information (whole dollars only)       1       1       8,7         1       California Adjusted Gross Income (AGI). See instructions       1       8,7         2       Amount You Owe. See instructions       2       3       3         Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information 1 prov on we electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic trunts withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my re and on form FTB 8455, California e-file Payment Record for	175	DO NOT MA	IL THIS	FORM T	O THE FTE
Your name         Your SSN or TTN           AMAR_ITPFILIT         234-79-78.87           Spouse#RDPP some         Spouse#RDPP SSN or TTN           Part I Tax Return Information (whole dollars only)         I California Adjusted Gross Income (AGI), See instructions         1           1 California Adjusted Gross Income (AGI). See instructions         2         3           3 Retund or No Amount Due. See instructions         3         2           3 Retund or No Amount Due. See instructions         3         3           Part I Taxpeyr Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         3           Under penalties ORD, transmitter, or intermediate service provider (incluing my name, adouts show a coli service) transmitter, or intermediate service provider (incluing my name, adouts show and my electronic funds withdrawe provider to the synature berge notification number) and the amounts shown in Part Labove agree with the information and amounts shown on the corresponding lines of my electronic funds withdrawed or direct deposit Lauthorize an electronic funds withdrawed or one take the the tax name. This is an irrevolate appointernet of the factore sourceRPD = agent to authorize an electronic funds withdrawed Consent in the provider to transmitter, or intermediate service and convolets thathat if the class on treve	TAXABLE YEAR				FORM
AMAR IPPILI       234-79-7887         SpouseVxRDP's name       SpouseVxRDP's SN or TTN         Part I Tax Return Information (whole dollars only)	2020	<b>California e-file Signature Authorization for Individ</b>	duals		8879
Spouse/uRDPs name       Spouse/uRDPs SSN or ITIN         Part I Tax Return Information (whole dollars only)       1       & All out of the second structions         1       California Adjusted Gross Income (AGI). See instructions       3         2       Anount You Owe. See instructions       3         3       Pert II Taxpet Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year onling Decomber 31, 2020, and to the best of my knowledge and belief, It is true, correct, and complet. I further declare that the information i provide mode them onlightant (CR), transmitter, or intermediate service provider (Including my name, address, and social servity number or individual income tax return. III applicable, Lauthorize an electronic funds withdrawal or the amount on line 2 and/or the estimated tax payments as shown on my return or fue the desist. If and infling a halance dure etrum, line applicable, intermediate service provider (Individual income tax return. This is an irrevocable appointern of the other spouseRDP is provider, address and penalties. I saknowledge that the information i prove applicable interest in the processing of my return or return to the franchise Tax Board (FTB). If the processing of my return or return, this is an irrevocable appointer of the other spouseRDP is provider, address and penalties. I saknowledge that the information informatin the processing of my return or return is anor spouse	Your name		Your SSN of	or ITIN	
Part I       Tax Return Information (whole dollars only)         1       California Adjusted Gross Income (AGI). See instructions       1       8.         2       Amount You Owe. See instructions       2         3       Return of No Amount Due. See instructions       3         2       and You Owe. See instructions       3         3       Return of No Amount Due. See instructions       3         2       and You Owe. See instructions       3         3       return of No Amount Due. See instructions       3         2       and You Owe. See instructions       3         3       return on the Correspondence of the State of the Nonviedge and belief, It is true, correct, and complete. Fluthmet dealare that the information is provider (including my name, address, and social security number or Individual income tax return. If applicable, lauthorize an electronic funds withdrawal of the amount on line. 2 and/or the estimated tax paymets as shown on my return of a dealy. California and acoust a social security number or Individual income tax return is an incorrect address transment of my clicking of a comparable of the social material social security number of the test states and provided get antitication and anonce of the social social security number and the social social security number of the deal worth the field social social security number and individual income tax return. If applicable, and/or transmitler of the social so					
1       California Adjusted Gross Income (AGI). See instructions       2         2       Anount You Owe. See instructions       2         3       Refund or No Amount Due. See instructions       3         Part II       Tapayare Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       0         Under penalties of periury.1 declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year enting December 31. 2020, and to the best of my knowledge agree withite information and anounds shown on the corresponding lines of my electinotic number and the amounts shown on the corresponding lines of my electinotic number and the BSS, Calified Stated on my return. If the Bids of an amounts shown on my error and statement of the amounts shown on my endities. I declare that the information and anounts that an electronic funds withdrawal of direct deposit. Latthorization or target is delayed.1 authorization and expression of my electronic tructs and electronic funds withdrawal of direct deposit. Latthorize and electronic funds withdrawal of the deposit. Latthorize and electronic funds withdrawal of the deposit. Latthorize and electronic funds withdrawal of the deposit. Latthorize deposit. If an File to disclose the FIB to disclose t	Spouse's/RDP's name		Spouse's/R	DP's SSN o	r ITIN
2       Amount You Owe. See instructions	Part I Tax Retur	n Information (whole dollars only)			
3       Refund or No Amount Due. See instructions					
Part 11       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of penjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information 1 prov to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual income tax return. II applicable, further declare that direct deposit and the amounts shown in Part I above agree with the information and amount shown on the corresponding lines of my electronic runds withdrawal or a and/or the estimated tax payments as shown on my return or tend and norm FTB 8455. California e-IIIe Payment Record tor Individuals, or a comparable form. If applicable, indeclare that direct deposit inductivation stated on my return. I lave field a join interfurn, this is a intervocable appointment of the other spouse/PDP agent to authorize an electronic funds withdrawal or direct deposit interfurn, this is delayed, 1 authorize the FTB to discusse to my ERO, intermediate service provider, and/or transmitter, or intermating is delayed, 1 authorize the FTB to discusse to my ERO, intermediate service provider (IFIB). If the processing of my return or return or tell and interpove payment of my tak tability. In terms in label for the tax liability, and and positive for my electronic income tax return. I understand that if th does not receive full and timely payment of my tak tability. In terms tak liability, intermediate service provider (IFIB). If the processing of my return or return due tability and endower payment of my tak tability. If any tability is prevised a personal identific number or individual income tax return. I and the preaction and the payme					
Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provide 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 amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic return originator (ERO), transmitter, or intermediate service provider to transmitter, and recent sea shown on my re and on form FTB 8455, California e-file Payment Record for individuals, or a comparable form. If applicable, I declare that direct deposit return and authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or interwediate service provider to transmit my competer nor return or the tax liability, and al applicable intered tab payment of my tak liability. Transmi liable for the tax liability and all applicable interest and penalties. I acknowledge that I read and consent to the Electronic Funds Withdrawal consent included on the copy of my electronic income tax return. New selected a personal identific momber (PIN) as my signature for my electronic includes that return and, if applicable, my Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC ERO firm name as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN return is field using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's Signature b my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN return return is field using the Practitioner PIN method. The ERO must complete Part				٥	0.
year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and completel. I further declare that the information I provider (including my name, address, and social security number or individ tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electro- income tax return. If applicable, I authorize an electronic funds withdrawal of the estimation and PR 2 and/or the estimated tax payments as shown on my re agent to authoriza an electronic funds withdrawal of direct deposit. I authorize and provide in funds with advand or direct deposit. I authorize my ERO, transmitter for informeditate service provider and/or transmitter the reason(s) for the delay on the date my the refut was service provider and/or to transmitter the reason(s) for the delay on the fact depayed, I authorize and ectronic income tax returns and etc. If I am filing a balance due return, I have selbed a presonal identified in runderstand that if th 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 acknowledge that I read and consents to the Electronic income tax return and, if applicable, my Electronic income tax return. Thave selected a presonal identified number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize <u>GLOBAL TAXES LLC</u> to enter my PIN <u>9 7 8</u> Do not enter all as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN: return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature <u>P</u> <u>Correctioner PIN method</u> . The ERO must complete Part III below. Spouse's/RDP's signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your and your retur					
Taxpayer's PIN: check one box only       I authorize GLOBAL TAXES LLC       to enter my PIN       9       7       8         I authorize GLOBAL TAXES LLC       ERO firm name       to enter my PIN       9       7       8         I will enter my PIN as my signature on my 2020 e-filed California individual income tax return.       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN         Your signature ▶	income tax return. If and on form FTB 84 agrees with the dire agent to authorize a return to the Franch <b>provider, and/or tra</b> does not receive full read and consent to	applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax p 55, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that dir t deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointme n electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service p se Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose nsmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due n and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and pe the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have	ayments as rect deposi nt of the ot provider to e to my ER return, I un enalties. I a e selected a	s shown on t refund am her spouse transmit m <b>D, interme</b> derstand th cknowledg	n my return nount on line 3 PRDP as an y complete <b>diate service</b> nat if the FTB e that I have
ERO firm name         as my signature on my 2020 e-filed California individual income tax return.         I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN: return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Your signature >	. , .				
ERO firm name         as my signature on my 2020 e-filed California individual income tax return.         I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN: return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Your signature >	I authorize GL	OBAL TAXES LLC to enter	r mv PIN	9 7	8 8 7
□       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Your signature ▶		ERO firm name		Do not en	ter all zeros
return is filed using the Practitioner PIN method. The ERO must complete Part III below.          Your signature	as my signatur	e on my 2020 e-filed California individual income tax return.			
Spouse's/RDP's PIN: check one box only         I authorize       to enter my PIN         ERO firm name       Do not enter all         as my signature on my 2020 e-filed California individual income tax return.       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Spouse's/RDP's signature	•		u are enteri	ng your ow	n PIN and you
Lauthorize	Your signature	Date			
Lauthorize	Spouse's/RDP's PIN	: check one box only			
ERO firm name         as my signature on my 2020 e-filed California individual income tax return.         I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Spouse's/RDP's signature	Lauthorize	to enter	r my PIN		
and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's signature  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.  Solution - Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Solution - Practitioner PIN Method Only  I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Au		ERO firm name	ing i nu	Do not en	ter all zeros
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 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Au			<b>ly</b> if you a	re entering	your own PI
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 PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Au	Spouse's/RDP's sig	ature ▶ Date ▶			
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 PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Au		Practitioner PIN Method Returns Only continue below			
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confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Au	ERO's EFIN/PIN. En			9 8	9
	confirm that I am su	ve numeric entry is my PIN, which is my signature for the 2020 California individual income tax return	for the tax		
ERO's signature  Date  03/09/2021	FRO's signatura		021		
			~		

## 2020 California Resident Income Tax Return

			APE			DO	NOT	ATTACH	FEDERAL	RETURN
234-79-7887 AMAR	IPPI IPPILI					20				
8404 WARREN FRISCO		75034		APT	233	3				
06-06-1994										

		Enter your county at time of filing (see instructions)
ë	۲	
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 💌 🗙
sid		If not, enter below your principal/physical residence address at the time of filing.
Å		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	$oldsymbol{igo}$	
inc	$\cup$	
4	-	City State ZIP code
	igodoldoldoldoldoldoldoldoldoldoldoldoldol	
		If your California filing status is different from your federal filing status, sheek the hey here
		If your California filing status is different from your federal filing status, check the box here
S	1	× Single 4 Head of household (with qualifying person). See instructions.
tatı		
Filing Status	2	Married/RDP filing jointly. See inst. <b>5</b> Qualifying widow(er). Enter year spouse/RDP died.
llin		See instructions.
-		
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst • 6
	► Fc	or line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
ຼ	7	Personal: If you checked hox 1, 3, or 4 above, enter 1 in the box. If you checked
Exemptions		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7$ 1 X \$124 = $\bigcirc$ \$ 124
mp	8	
Exe	•	if both are visually impaired, enter 2
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2
		REV 03/02/21 PRO
		175 3101204 Form 540 2020 <b>Side 1</b>

You	ır na	me:	IPPI	LI			Your SSN	or ITIN:	234-7	9-7887		•			
10 Dependents: Do not include yourself or your spouse/RDP.         Dependent 1       Dependent 2         Dependent 3															
		Firs	t Name	$oldsymbol{igodol}$				• Dehe					in 5		
S		Last	Name	igodoldoldoldoldoldoldoldoldoldoldoldoldol											
Exemptions		SSN	I. See												
mem		Dep	ructions. endent's	•											
ш		rela to yo	tionship ou	ullet				•							
	Tota	l depe	ndent e	xemp	otions					10	X \$383 =	• \$			
	11	Exen	nption a	amou	Int: Add line 7	through lin	ie 10. Transfe	er this amo	ount to lin	e 32	•	11 \$		1:	24
	12	State	e wages	from	n your federal					116					
		Form	n(s) W-2	2, box	x 16		1	2		110	8 00				
	13 14				usted gross inc ments – subtra						🖲 13			8408	. 00
		Part	I, line 2	, 3, co	lumn B						• 14				. 00
ne	15				from line 13. If		· ·		•		15			8408	. 00
Incol	16				ments – additic olumn C						• 16				. 00
Taxable Income	17	Calif	California adjusted gross income. Combine line 15 and line 16												
Ta)	18		(		r California <b>ite</b> i						•	)			
			er of		r California <b>sta</b>				•	-	¢4.c01	}			
					ngle or Marriec arried/RDP filir							J		1.5.0.1	
	19	<ul> <li>Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,202</li> <li>If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions</li> <li>18</li> <li>9 Subtract line 18 from line 17. This is your taxable income.</li> </ul>												4601	• 00
	15				enter -0						🖲 19			3807	. 00
					[	× Tax T	Tabla		Rate Sch	adula					
	31	Tax.	Check t	he bo	ox if from: [									38	
	32	Exem	nption c	redit	s. Enter the an		3800 🛛 🔵 line 11. lf yo			ore than	• 31				<b>.</b> 00
Тах		\$203	,341, s	ee ins	structions						🖲 32			124	• 00
	33	Subt	ract line	e 32 f	from line 31. If	less than a	zero, enter -0		· · · · · · <u>· · ·</u>		🖲 33			0	. 00
	34	Tax.	See inst	tructi	ions. Check the	e box if froi	m: • S	chedule G	-1 •	FTB 5870	A • 34				. 00
	35	Add	line 33 a	and li	ine 34						• 35			0	. 00
														]	
redits	40	Nonr	efundal	ole Cl	hild and Deper	ident Care	Expenses Cre	edit. See ir T	struction	S	• 40				<b>.</b> 00
Special Credits	43	Enter	r credit	name	e			code ●		and amount	t ● <b>43</b>				<b>.</b> 00
Spec	44	Enter	r credit	name	e			code ●		and amoun	t • 44				. 00
			EV 03/02/				195								
		Side 2	<b>?</b> Form	540	2020		175	310	2204	I					

You	ir nar	me: IPPILI	Your SSN or ITIN:	234-79-7887						
Special Credits	45	To claim more than two credits. See instr	uctions. Attach Schedule	e P (540)	• 45	.00				
	46	Nonrefundable Renter's Credit. See instru	ictions		• 46	.00				
	47	Add line 40 through line 46. These are your total credits								
	48	Subtract line 47 from line 35. If less than	48	0.00						
axes	61	Alternative Minimum Tax. Attach Schedul								
	62	Mental Health Services Tax. See instructi		.00						
Other Taxes	63	Other taxes and credit recapture. See ins	tructions		63	.00				
ö	64	Excess Advance Premium Assistance Sul	64	. 00						
	65	Add line 48, line 61, line 62, line 63, and	line 64. This is your total	tax	65	0.00				
	71	California income tax withheld. See instru	ictions		71	. 00				
	72	2020 CA estimated tax and other paymer	ts. See instructions		72	. 00				
	73	Withholding (Form 592-B and/or 593). S	73	.00						
ents	74	Excess SDI (or VPDI) withheld. See instr	uctions		• 74	.00				
Payments	75	Earned Income Tax Credit (EITC)	75	.00						
	76	Young Child Tax Credit (YCTC). See instru	76							
	77 78	Net Premium Assistance Subsidy (PAS). Add line 71 through line 77. These are yo	-	.00						
		See instructions	• 78							
Тах	91	Use Tax. Do not leave blank. See instruct	ions	• 91		0.00				
Use Tax		If line 91 is zero, check if: X No	use tax is owed.	You paid your use tax o	bligatior	I directly to CDTFA.				
ISR Penaltv	92	Individual Shared Responsibility (ISR) Pe		• 92		.00				
Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more thar	ı line 91, subtract line 91	from line 78	93					
	94	Use Tax balance. If line 91 is more than		0.00						
	95	Payments after Individual Shared Respor subtract line 92 from line 93	95							
	96	Individual Shared Responsibility Penalty subtract line 93 from line 92	95	. 00						
_		REV 03/02/21 PRO								
			175 3103	3204		Form 540 2020 Side 3				

Your nan		ne:	IPPILI	Your SSN or ITIN:	234-79-7887			
Overpaid lax/ lax Due	97	Over	paid tax. If line 95 is more than line 6	5, subtract line 65 from	line 95	97		00
ax/	98	Amo	unt of line 97 you want applied to you	ur <b>2021</b> estimated tax		• 98		00
rpaid	99	Over	paid tax available this year. Subtract I	• 99		00		
OVe	100	Tax c	lue. If line 95 is less than line 65, sub	tract line 95 from line 6	5	100	0	00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		00
		Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribu	tion Fund	• 401		00
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ution Program	• 403		00
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	d	• 405		00
		Califo	ornia Firefighters' Memorial Voluntary	r Tax Contribution Fund .		• 406		00
		Emer	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		00
		Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	bution Fund	• 408		. 00
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		00
su		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		00
Contributions		Scho	ol Supplies for Homeless Children Fu	ınd		• 422		00
Contr		State	Parks Protection Fund/Parks Pass P	urchase		• 423		00
		Prote	ect Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		00
		Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		00
		Preve	ention of Animal Homelessness and C	Cruelty Voluntary Tax Co	ntribution Fund	• 431		00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fun	d	• 438		00
		Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		00
		Scho	ols Not Prisons Voluntary Tax Contril	bution Fund		• 443		00
		Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		00
	110	Add	code 400 through code 444. This is y	our total contribution		• 110		00

REV 03/02/21 PRO Side 4 Form 540 2020

Γ

You	r nan	ne:	IPPILI		Your SSN	or ITIN:	234-79-	-788	37	_				
Amount You Owe	111	Mail	AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 111 Pay Online – Go to ftb.ca.gov/pay for more information.										I. 	
t and ties			rest, late return per erpayment of estin	nalties, and late pa nated tax.	yment penaltie	es				112				00
Interest and Penalties		Check the box:  FTB 5805 attached FTB 5805F attached In the set of the box:  Total amount due. See instructions. Enclose, but do not staple, any payment In the set of the box of the set									-	00		
	114											00		
	115	<b>REFUND OR NO AMOUNT DUE.</b> Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.												
		Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115					115	<b>j</b> 0						
Refund and Direct Deposit		See i All o	instructions. <b>Have</b> r the following am	you verified the r	outing and ac (line 115) is a	eposit of your refund into one or two accounts. <b>Do not</b> attach a void uting and account numbers? Use whole dollars only. line 115) is authorized for direct deposit into the account shown be Account number					own belo	w:	or a deposit slip. posit amount	
and				Savings				]						00
Refur		<ul> <li>The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown</li> <li>Type</li> <li>Routing number</li> <li>Checking</li> <li>Savings</li> </ul>					t shown	● 117 Direct deposit amount						
To le ftb.c Unde know	arn a <b>a.go</b> v er per	about <b>v/forn</b> nalties e and	your privacy rights ns and search for s of perjury, I decla I belief, it is true, co	is to find out if you s, how we may use 1131. To request th are that I have exal orrect, and comple	your informati his notice by m mined this tax te.	ion, and th ail, call 80	e consequen 0.852.5711.	nces fo npany	or not prov ring schedu	iding the ules and s	statemen ure (if a joi	ts, and to		
Sig		Your email address. Enter only one email address.												
He	-	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledg								je)		_		
lt is ι to for	unlaw ge a													
spouse's RDP's		GLOBAL TAXES LLC								P02082703				
	ature.		Firm's address									● Firm's FEIN		
Joint retur	n?	2530 PEBBLE CREEK LN CUMMING GA 30041									301017196			
(See instruction		ns) Do you want to allow another person to discuss this tax return with us? See instructions								. •	Yes Telephone	× No		
			REV 03/02/21 PRO		175	310	5204	Г			For	m 540 %	2020 <b>Side 5</b>	