E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or staple	in this space.
Filing Statu Check only one box.	lf yc	Single Married filing jointly Course of the MFS box, enter the name of the mean son is a child but not your dependent	ame of	ed filing separate your spouse. If yo							
Your first name	e and m	iddle initial	Last na	me					Your so	cial securi	ty number
HARI PR	IYA		NO N	NAME GIVEN					804-	83-951	3
If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse	's social see	curity number
		er and street). If you have a P.O. box, see JOHNS WOOD PL	instructio	ons.			A	vpt. no.	Check	here if you,	
City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			ntly, want \$3 Checking a
HERNDON					V.	A	201	.71		low will not	0
Foreign countr	ry name		F	Foreign province/st	ate/cour	nty	Foreig	n postal code	your ta	x or refund.	
										You	Spouse
At any time du	uring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acqu	iire any	financial intere	est in a	ny virtual c	urrency?	Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate return	•			a dependent					
Age/Blindnes	s You	Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January	2, 1956	🗌 ls bl	ind
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	(4) 🖌 if c	qualifies fo	or (see instru	ictions):
If more		irst name Last name		number		to you		Child tax of		1	her dependents
than four										[
dependents,										[
see instruction and check	is ——										
here 🕨 🗌											
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		
Attach	2a		2a 🌔		b 1	Faxable interes	t		21		
Sch. B if	3a	· ·	3a			Ordinary divide			3t)	
required.	/ 4a		4a			Faxable amoun			. 41		
	5a		5a			Faxable amoun			. 56		
Standard	6a		6a			Faxable amoun			. 6k		
Deduction for-	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									
 Single or Married filing 	8										
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a							. <u>8</u> ▶ 9		16,346.
\$12,400Married filing	10	Adjustments to income:					• •				10,510.
jointly or	a	,				10	a				
Qualifying widow(er),	b	Charitable contributions if you take				-			_		
\$24,800	c	· · · · · · · · · · · · · · · · · · ·					-		▶ 10	c	
 Head of household, 	11	Add lines 10a and 10b. These are your total adjustments to income						► 11		16,346.	
\$18,650 • If you checked	12	Standard deduction or itemized									12,400.
any box under	13	Qualified business income deduction		(,						14,100.
Standard Deduction,	14	Add lines 12 and 13									12,400.
see instructions.	15	Taxable income. Subtract line 14				 ar_0_					3,946.
	15	Taxable moonle. Subtract life 14			SS, CIIL	JI = U =			. 10	·	1040 (1010)

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

Form **1040** (2020)

Form 1040 (2020	D)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	393.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	393.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	393.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	393.
	25	Federal income tax withheld								
	а	Form(s) W-2				25a	1,	573.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	1,573.
• If you have a	26	2020 estimated tax payment							26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			^{No} .	27				
 If you have 	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See instructions								
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	lable cre	edits	. 🕨	32	1,800.
	33	Add lines 25d, 26, and 32. These are your total payments							33	3,373.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	unt you c	overpaid		34	2,980.
	35a								35a	2,980.
Direct deposit? See instructions.	►b	Routing number 0 5 1			► c Type: 🔰		ing 🗌 Sa	avings		
See instructions.	►d	Account number 4 3 5	0 4 5 2	4 4 1 0) 8					
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in								
Third Party		you want to allow another				-				
Designee		structions				. 🕨 [_ Yes. Cor	•		X No
		signee's me ►		Phone no.				al identif r (PIN) 🖡		
Sign		der penalties of perjury, I declare t	hat I have examine		l accompanying sc	hedules a		. ,		t of my knowledge and
•		ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is t	based on a	all information	of which		
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
	N									IN, enter it here
Joint return? See instructions.				<u> </u>	SOFTWARE		EER		inst.) ►	
Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	ation				nt your spouse an ection PIN, enter it here
your records.									inst.) 🕨	
	Ph	one no. (470)380-336	7	Email address	HARIPIYASA	GAR1@G	MAIL.COM	[
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	и 09/2	3/2021 F	02082	2703	Self-employed
Preparer		m's name GLOBAL TAX					I			678)965-9522
Use Only	Firi	m's address ► 2530 Pebb		n Cummin	g GA 30041				's EIN 🕨	· · · · · · · · · · · · · · · · · · ·
Go to www.irs.ad		n1040 for instructions and the late			BAA		08/30/21 PRO			Form 1040 (2020)
					-/ // /					()

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13641 SAINT JOHNS WOOD PL

HARI PRIYA



NO NAME GIVEN



HERNDON		VA 20171			
		VII 20171			
SSN - You NO N	V	804839513	Vendor ID 1555	XXXXX	
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	16346.	Withholding (VA) - You	19A.	774.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	16346.	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 OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	774.
Total VA Adj Gross Income (VAGI)	9.	16346.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	358.
Standard Deduction	11.	4500.	Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemption	is) 14.	5430.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	10916.	Sales and Use Tax	33.	
Amount of Tax	16.	416.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund N	1	358.
VAGI - Spouse	17A.		Pople Douting #		1000017
Net Amount of Tax	18.	416.	Bank Routing #		
L			Bank Account #	4350452441	00

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___LAR ___DLAR ___DTD ___LTD \$_____

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804839513





I					
Filing Status, Age	& License I	nformation		Additional Filing Information	Г
Filing Status		1	L	Locality	600
Federal Head of	Household			Name or Filing Status Change	
DOB - You		07131991	L	Address Change	
VA Driver's Licen	ise ID - You	B65307805	5	VA Return Not Filed Last Year	
VA Driver's Licen	ise - Iss. Date	-You 12032020)	Dependent on Another's Return	
Spouse Name (F	iling Status 3	Only)		Farmer / Fisherman / Merchant Seaman	
				Amended	
DOB - Spouse VA Driver's Licen				Reason Code	
	·			Overseas on Due Date	
VA Driver's Licen	ise - iss. Dale			Federal EIC & Amount	
Exemptions (A) You	1	Exemptions (B) 65 & Over - You		Deceased Indicator	
Spouse		65 & Over - Spouse		No Sales & Use Tax Due Indicator	Х
Dependents		Blind - You		Obtain Electronic 1099G	
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	Date	Phone - You		47038	03367
Signature - Spouse	Date	Phone - Spouse			
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date 092321	Phone - Preparer		67896	59522
The Tax Department may discuss my/our return with my/our pro-	reparer.	Preparer Information	7	P020	82703
File by May 1, 2021	GLOBA	AL TAXES LLC			1
Include Page 1, Page 2 and all supporting 760CG documents.	2530 CUMMI	PEBBLE CREEK LN NG	GA	30041	Page 2 of 2

1555 REV 08/03/21 PRO

2020 Schedule INC/CG 804839513

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

HARI PRIYA NO NAME GIVEN



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					
804839513	W	774.	472377355	30472377355F001	16346.

Total VA Withholding	SSN	VA Withholding
You	804839513	774.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

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1555

Virginia Individual Income Tax e-File Signature Authorization

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	urity Number				
HARI PRIYA NO NAME GIVEN	804-83-951	5				
Spouse's Name	A Spouse's Social					
		,				
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)		16346.				
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		16346.				
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		10916.				
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		416.				
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		774.				
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)						
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		358.				
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying s		for the second second second				
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 3 9 5 1 3 as my signature on my 2020 e-filed Virginia individual income tax return.						
Do not enter all zeros						
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.	x 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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
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	1989					
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 Date Date	23-21					