### **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

| Filing Status<br>Check only<br>one box. | If yo    | Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent | name of y         | ed filing separately your spouse. If you | •          | _                |        | , ,             | _            |        |               | . , . ,                    |
|---|----------|--|-------------------|--|------------|------------------|--------|-----------------|--------------|--------|---------------|----------------------------|
| Your first name                         | and m    | iddle initial  | Last na           | me                                       |            |                  |        |                 | Your         | soc    | ial security  | / number                   |
| RAVITEJ                                 | A        |  | PASH              | IAPU                                     | 2-7        | 79-6007          |        |                 |              |        |               |                            |
| If joint return, s                      | pouse's  | s first name and middle initial  | Last na           | ast name Spouse's social security num    |            |                  |        |                 |              |        |               |                            |
| Home address                            |          | er and street). If you have a P.O. box, se<br>L DR   | e instruction     | ons.                                     |            |                  |        | Apt. no.<br>712 | Chec         | ck he  | ere if you, o | •                          |
| City, town, or p                        | ost offi | ce. If you have a foreign address, also o  | complete s        | paces below.                             | Sta<br>T   |                  |        | code            |              |        | 0,            | ly, want \$3<br>Checking a |
| SAN ANTO                                |          |  |                   |  | _          | 3229             | _      |                 | w will not o | change |               |                            |
| Foreign country                         | y name   |  | F                 | Foreign province/state                   | e/coun     | ty               | Fore   | eign postal cod | le your      | tax (  | or refund.    | Spouse                     |
| At any time du                          | ring 20  | 020, did you receive, sell, send, ex   | change, c         | or otherwise acquire                     | e any      | financial intere | est in | any virtual     | currency     | y?     | Yes           | ⊠ No                       |
| Standard<br>Deduction                   | _        | eone can claim:  | •                 |  |            |                  |        |                 |              |        |               |                            |
| Age/Blindness                           | You:     | Were born before January 2,  | 1956              | Are blind Sp                             | ouse       | : Was bo         | rn be  | efore Januar    | y 2, 195     | 6      | ☐ Is blir     | nd                         |
| Dependents                              | s (see   | instructions):   |                   | (2) Social securi                        | ty         | (3) Relationsh   | nip    | (4) 🗸 it        | f qualifies  | for i  | (see instruc  | ctions):                   |
| If more                                 |          | irst name Last name  |                   | number                                   |            | to you           | .      | Child tax       |              | - 1    |               | er dependents              |
| than four                               |          |  |                   |  |            |                  |        |                 | ]            |        |               |                            |
| dependents, see instruction             |          |  |                   |  |            |                  |        |                 | ]            |        |               | ]                          |
| and check                               |          |  |                   |  |            |                  |        |                 |              |        |               | <u>]</u>                   |
| here ▶                                  |          |  |                   |  |            |                  |        |                 | ]            |        |               | ]                          |
|   | _1_      | Wages, salaries, tips, etc. Attach   | Form(s) \         | N-2                                      |            |                  |        |                 |              | 1      | 8             | 3,882.                     |
| Attach<br>Sch. B if                     | 2a       | Tax-exempt interest  | 2a                |  | bΤ         | axable interes   | st     |                 |              | 2b     |               |                            |
| required.                               | 3a       | Qualified dividends  | 3a                |  | <b>b</b> ( | Ordinary divide  | nds    |                 |              | 3b     |               |                            |
|   | 4a       | IRA distributions  | 4a                |  | b T        | axable amoun     | t.     |                 | -            | 4b     |               |                            |
|   | 5a       | Pensions and annuities   | 5a                |  | b T        | axable amoun     | t.     |                 | -            | 5b     |               |                            |
| Standard                                | 6a       | Social security benefits   | 6a                |  | bΤ         | axable amoun     | t.     |                 | <u>.</u>     | 6b     |               |                            |
| Deduction for— Single or                | 7        | Capital gain or (loss). Attach School  | edule D if        | required. If not red                     | uirec      | , check here     |        | ▶               |              | 7      |               |                            |
| Married filing                          | 8        | Other income from Schedule 1, li   | ne 9              |  |            |                  |        |                 |              | 8      | _             | 5,350.                     |
| separately,<br>\$12,400                 | 9        | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7   | , and 8. T        | his is your <b>total in</b>              | come       |                  |        |                 | <b>•</b>     | 9      | 7             | 8,532.                     |
| Married filing                          | 10       | Adjustments to income:   |                   |  |            |                  |        |                 |              |        |               |                            |
| jointly or<br>Qualifying                | а        | From Schedule 1, line 22   |                   |  |            | 10               | а      |                 |              |        |               |                            |
| widow(er),<br>\$24,800                  | b        | Charitable contributions if you tak  | e the stan        | ndard deduction. Se                      | e inst     | ructions 10      | b      |                 |              |        |               |                            |
| Head of                                 | С        | Add lines 10a and 10b. These are   | e your <b>tot</b> | al adjustments to                        | inco       | me               |        |                 | <b>•</b>     | 10c    |               |                            |
| household,<br>\$18,650                  | 11       | Subtract line 10c from line 9. This  | s is your a       | adjusted gross inc                       | ome        |                  |        |                 | ▶ [          | 11     | 7             | 8,532.                     |
| If you checked                          | 12       | Standard deduction or itemized   | d deducti         | ions (from Schedul                       | e A)       |                  |        |                 | . [          | 12     | 1             | 2,400.                     |
| any box under<br>Standard               | 13       | Qualified business income deduc  | tion. Atta        | ch Form 8995 or F                        | orm 8      | 3995-A           |        |                 | . [          | 13     |               |                            |
| Deduction, see instructions.            | 14       | Add lines 12 and 13  |                   |  |            |                  |        |                 | . [          | 14     | 1             | 2,400.                     |
| occ monuclions.                         | 15       | Taxable income. Subtract line 1-   | 4 from lin        | e 11. If zero or less                    | , ente     | er -0            |        |                 | . [          | 15     | 6             | 6,132.                     |

| Form 1040 (2020                 | ))      |  |                       |                   |                   |                |                |          |            | Page <b>2</b>                           |
|---------------------------------|---------|--|-----------------------|-------------------|-------------------|----------------|----------------|----------|------------|---|
|                                 | 16      | Tax (see instructions). Check                          | if any from Form      | (s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972 | 3 🗌            |                |          | 16         | 10,338.                                 |
|                                 | 17      | Amount from Schedule 2, lin                            | e3                    |                   |                   |                |                |          | 17         |   |
|                                 | 18      | Add lines 16 and 17                                    |                       |                   |                   |                |                |          | 18         | 10,338.                                 |
|                                 | 19      | Child tax credit or credit for                         | other dependen        | ts                |                   |                |                |          | 19         |   |
|                                 | 20      | Amount from Schedule 3, lin                            | e7                    |                   |                   |                |                |          | 20         |   |
|                                 | 21      | Add lines 19 and 20                                    |                       |                   |                   |                |                |          | 21         |   |
|                                 | 22      | Subtract line 21 from line 18                          | . If zero or less,    | enter -0          |                   |                |                |          | 22         | 10,338.                                 |
|                                 | 23      | Other taxes, including self-en                         | mployment tax,        | from Schedule     | e 2, line 10 .    |                |                |          | 23         | 0.                                      |
|                                 | 24      | Add lines 22 and 23. This is                           | your <b>total tax</b> |                   |                   |                |                | . ▶      | 24         | 10,338.                                 |
|                                 | 25      | Federal income tax withheld                            | from:                 |                   |                   |                |                |          |            |   |
|                                 | а       | Form(s) W-2  |                       |                   |                   | 25a            | 12             | ,811     |            |   |
|                                 | b       | Form(s) 1099   |                       |                   |                   | 25b            |                |          |            |   |
|                                 | С       | Other forms (see instructions                          | s)                    |                   |                   | 25c            |                |          |            |   |
|                                 | d       | Add lines 25a through 25c                              |                       |                   |                   |                |                |          | 25d        | 12,811.                                 |
| If you have a                   | 26      | 2020 estimated tax payment                             | s and amount a        | pplied from 20    | 19 return         |                |                |          | 26         |   |
| qualifying child,               | 27      | Earned income credit (EIC)                             |                       |                   |                   | 27             |                |          |            |   |
| attach Sch. EIC. F  If you have | 28      | Additional child tax credit. A                         |                       |                   |                   | 28             |                |          |            |   |
| nontaxable                      | 29      | American opportunity credit                            | from Form 8863        | 8, line 8         |                   | 29             |                |          |            |   |
| combat pay, see instructions.   | 30      | Recovery rebate credit. See                            |                       | •                 |                   | 30             |                | 8        |            |   |
|                                 | 31      | Amount from Schedule 3. lin                            | e 13                  |                   |                   | 31             |                |          |            |   |
|                                 | 32      | Add lines 27 through 31. The                           | 32                    | 8.                |                   |                |                |          |            |   |
|                                 | 33      | Add lines 25d, 26, and 32. T                           | 33                    | 12,819.           |                   |                |                |          |            |   |
| D. C I                          | 34      | If line 33 is more than line 24                        | 34                    | 2,481.            |                   |                |                |          |            |   |
| Refund                          | 35a     | Amount of line 34 you want i                           |                       |                   |                   | •              | -              | ▶ □      | 35a        | 2,481.                                  |
| Direct deposit?                 | ▶b      | Routing number 1 2 1                                   |                       | 2,101.            |                   |                |                |          |            |   |
| See instructions.               | ▶d      | Account number 3 2 5                                   |                       |                   |                   | <b>∢</b> Checl |                | Savings  |            |   |
|                                 | 36      | Amount of line 34 you want a                           |                       |                   |                   | 36             | Γ'             |          |            |   |
| Amount                          | 37      | Subtract line 33 from line 24                          |                       |                   |                   |                |                |          | 37         |   |
| You Owe                         | 31      |  |                       |                   |                   |                |                |          |            |   |
| For details on                  |         | Note: Schedule H and Sche 2020. See Schedule 3, line 1 |                       |                   |                   |                |                |          |            |   |
| how to pay, see instructions.   | 38      | Estimated tax penalty (see in                          | -                     |                   |                   | 38             | 1              |          |            |   |
| Third Party                     |         | you want to allow another                              |                       |                   |                   |                |                |          |            |   |
| Designee                        |         | structions   | •                     |                   |                   |                | Yes. Co        | mplete   | below.     | X No                                    |
| _ 00.g00                        | De      | signee's   |                       | Phone             |                   |                |                | •        | tification |   |
|                                 |         | me ▶   |                       | no. 🕨             |                   |                |                | er (PIN) |            |   |
| Sign                            |         | der penalties of perjury, I declare the                |                       |                   |                   |                |                |          |            |   |
| Here                            |         | lief, they are true, correct, and com                  | plete. Declaration of |                   |                   | oased on       | all informatio | 1        |            | ,                                       |
|                                 | Yo      | ur signature   |                       | Date              | Your occupation   |                |                |          |            | nt you an Identity<br>IN, enter it here |
| Joint return?                   |         |  |                       |                   | SOFTWARE          | FNGT           | TEED           | - 1      | e inst.) ▶ |   |
| See instructions.               | Sp      | ouse's signature. If a joint return, b                 | ooth must sign.       | Date              | Spouse's occupa   |                | VIII.          | If t     | he IRS se  | nt your spouse an                       |
| Keep a copy for                 |         | , -  |                       |                   |                   |                |                | lde      | ntity Prot | ection PIN, enter it here               |
| your records.                   |         |  |                       |                   |                   |                |                | (se      | e inst.) ► |   |
|                                 |         | one no. (781)526-010                                   | 2                     | Email address     | RAVITEJARED       | DY865@         | GMAIL.CO       |          |            |   |
| Paid                            | Pre     | eparer's name  | Preparer's signat     | ure               |                   | Date           | T              | PTIN     |            | Check if:                               |
| Preparer                        | SYAN    | M PRIYA RAM SAGAR GUPTA TALLAM                         | SYAM PRIYA            | RAM SAGAR         | GUPTA TALLAI      | М 09/          | 18/2021        | P020     | 82703      | Self-employed                           |
| •                               | Fir     | m's name ► GLOBAL TAX                                  | KES LLC               |                   |                   |                |                | Ph       | one no. (  | (678)965-9522                           |
| Use Only                        | Fir     | m's address ▶ 2530 Pebb                                | le Creek L            | n Cummin          | g GA 30041        |                |                | Fir      | m's EIN 🕨  | > 30-1017196                            |
| Go to www.irs.go                | ov/Forr | n1040 for instructions and the late                    | st information.       |                   | BAA               | REV            | 08/30/21 PRO   |          |            | Form <b>1040</b> (2020)                 |

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. **01** Your social security number

| RAV        | ITEJA PASHAPU  | 692-79 | -6007 |         |
|------------|--|--------|-------|---------|
| Par        | t I Additional Income  |        |       |         |
| 1          | Taxable refunds, credits, or offsets of state and local income taxes   |        | 1     |         |
| <b>2</b> a | Alimony received   | 2      | 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 Schedu                                      | ule E  | 5     | -5,350. |
| 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-  |        | 9     | F 2F0   |
| Par        | t II Adjustments to Income   | '      | 9     | -5,350. |
| 10         | Educator expenses  | 1      | 0     |         |
| 11         | Certain business expenses of reservists, performing artists, and fee-basis governr   |        |       |         |
| ••         | officials. Attach Form 2106  |        | 1     |         |
| 12         | Health savings account deduction. Attach Form 8889   | 1      | 2     |         |
| 13         | Moving expenses for members of the Armed Forces. Attach Form 3903  | 1      | 3     |         |
| 14         | Deductible part of self-employment tax. Attach Schedule SE   | 1      | 4     |         |
| 15         | Self-employed SEP, SIMPLE, and qualified plans   | 1      | 5     |         |
| 16         | Self-employed health insurance deduction   | 1      | 6     |         |
| 17         | Penalty on early withdrawal of savings   | 1      | 7     |         |
| 18a        | Alimony paid   | 18     | 8a    |         |
| b          | Recipient's SSN  |        |       |         |
| С          | Date of original divorce or separation agreement (see instructions) ▶  |        |       |         |
| 19         | IRA deduction  | 1      | 9     |         |
| 20         | Student loan interest deduction  | 2      | 20    |         |
| 21         | Tuition and fees deduction. Attach Form 8917   | 2      | 21    |         |
| 22         | Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here on Form 1040, 1040-SR, or 1040-NR, line 10a |        | 22    |         |

### **SCHEDULE E**

Department of the Treasury

Internal Revenue Service (99)

(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

Attachment Sequence No. **13** 

Name(s) shown on return

RAVITE.TA PASHAPI

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

Your social security number

| <u>RAV</u> I | TEJA PASHAPU             |  |   |            |         |           |             |              | 92-79-60       | -        |  |  |  |
|--------------|--------------------------|--|---|------------|---------|-----------|-------------|--------------|----------------|----------|--|--|--|
| Part         |                          | s From Rental Real Estate and Ro             | -   |            | -       |           |             |              | • .            |          |  |  |  |
|              | Schedule C. See          | instructions. If you are an individual, repo | ort far   | m rental i | ncome   | or loss f | rom Form 48 | <b>35</b> or | n page 2, line | e 40.    |  |  |  |
| A Dic        | d you make any payme     | nts in 2020 that would require you to        | file F  | orm(s) 1   | 099? S  | See insti | ructions .  |              | [              | Yes 🛛 No |  |  |  |
| B If "       | Yes," did you or will yo | ou file required Form(s) 1099?               |   |            |         |           |             |              | 🗆              | Yes 🗌 No |  |  |  |
| 1a           |                          | each property (street, city, state, ZIP      |   |            |         |           |             |              |                |          |  |  |  |
| Α            | Kothapally ,Ba           | alkonda Nizamabad TELANG                     | ANA   | IN 50      | 3218    |           |             |              |                |          |  |  |  |
| В            |                          |  |   |            |         |           |             |              |                |          |  |  |  |
| С            |                          |  |   |            |         |           |             |              |                |          |  |  |  |
| 1b           | Type of Property         | 2 For each rental real estate prop           | perty I   | listed     |         | Fair      | Rental      | Per          | rsonal Use     | QJV      |  |  |  |
|              | (from list below)        | above, report the number of fai              | ir rent   | al and     |         | [         | Days        |              | Days           | QJV      |  |  |  |
| Α            | 3                        | if you meet the requirements to              | personal use days. Check the QJV box only if you meet the requirements to file as a 365 |            |         |           |             |              |                |          |  |  |  |
| В            |                          | qualified joint venture. See inst            | ructio  | ns.        | В       |           |             |              |                |          |  |  |  |
| С            |                          |  |   |            | С       |           |             |              |                |          |  |  |  |
| Туре         | of Property:             |  |   | '          |         |           |             |              |                |          |  |  |  |
| 1 Sing       | gle Family Residence     | 3 Vacation/Short-Term Rental                 | 5 La  | ınd        |         | 7 Self-   | Rental      |              |                |          |  |  |  |
| 2 Mul        | ti-Family Residence      | 4 Commercial                                 | 6 Ro  | oyalties   |         | 8 Othe    | r (describe | )            |                |          |  |  |  |
| Incom        | ie:                      | Properties:                                  |   |            | Α       |           | E           | 3            |                | С        |  |  |  |
| 3            | Rents received           |  | 3   |            |         | 650.      |             |              |                |          |  |  |  |
| 4            |                          |  | 4   |            |         |           |             |              |                |          |  |  |  |
| Expen        |                          |  |   |            |         |           |             |              |                |          |  |  |  |
| 5            | Advertising              |  | 5   |            |         |           |             |              |                |          |  |  |  |
| 6            | Auto and travel (see in  | nstructions)                                 | 6   |            |         |           |             |              |                |          |  |  |  |
| 7            | Cleaning and mainter     | nance  | 7   |            |         | 800.      |             |              |                |          |  |  |  |
| 8            | Commissions              |  | 8   |            |         |           |             |              |                |          |  |  |  |
| 9            | Insurance                |  | 9   |            |         |           |             |              |                |          |  |  |  |
| 10           | Legal and other profe    | essional fees                                | 10  |            |         |           |             |              |                |          |  |  |  |
| 11           | Management fees .        |  | 11  |            |         | 500.      |             |              |                |          |  |  |  |
| 12           | Mortgage interest pai    | id to banks, etc. (see instructions)         | 12  |            |         |           |             |              |                |          |  |  |  |
| 13           | Other interest           |  | 13  |            |         |           |             |              |                |          |  |  |  |
| 14           | Repairs                  |  | 14  |            | 1,      | 200.      |             |              |                |          |  |  |  |
| 15           | Supplies                 |  | 15  |            | 1,      | 000.      |             |              |                |          |  |  |  |
| 16           | Taxes                    |  | 16  |            |         |           |             |              |                |          |  |  |  |
| 17           | Utilities                |  | 17  |            | 2,      | 500.      |             |              |                |          |  |  |  |
| 18           | Depreciation expense     | e or depletion                               | 18  |            |         |           |             |              |                |          |  |  |  |
| 19           | Other (list)             |  | 19  |            |         |           |             |              |                |          |  |  |  |
| 20           | Total expenses. Add      | lines 5 through 19                           | 20  |            | 6,      | 000.      |             |              |                |          |  |  |  |
| 21           | Subtract line 20 from    | line 3 (rents) and/or 4 (royalties). If      |   |            |         |           |             |              |                |          |  |  |  |
|              |                          | instructions to find out if you must         |   |            |         |           |             |              |                |          |  |  |  |
|              | file <b>Form 6198</b>    |  | 21  |            | -5,     | 350.      |             |              |                |          |  |  |  |
| 22           |                          | I estate loss after limitation, if any,      |   |            |         |           |             |              |                |          |  |  |  |
|              | on Form 8582 (see in     | •  | 22  | [(         | -5,3    | 350.)     | (           |              | )(             |          |  |  |  |
| 23a          |                          | eported on line 3 for all rental proper      |   |            |         | 23a       |             | 6            | 50.            |          |  |  |  |
| b            |                          | eported on line 4 for all royalty properties |   |            |         | 23b       |             |              |                |          |  |  |  |
| С            |                          | eported on line 12 for all properties        |   |            |         | 23c       |             |              |                |          |  |  |  |
| d            |                          | eported on line 18 for all properties        |   |            |         | 23d       |             |              |                |          |  |  |  |
| е            |                          | eported on line 20 for all properties        |   |            |         | 23e       |             | 6,0          | 00.            |          |  |  |  |
| 24           | ·                        | e amounts shown on line 21. <b>Do no</b>     |   | -          |         |           |             |              | 24             |          |  |  |  |
| 25           | , ,                      | sses from line 21 and rental real estate     |   |            |         |           |             |              | 25 (           | 5,350.   |  |  |  |
| 26           |                          | ate and royalty income or (loss).            |   |            |         |           |             |              |                |          |  |  |  |
|              |                          | V, and line 40 on page 2 do not a            |   |            |         |           |             |              |                | F 356    |  |  |  |
|              | Schedule 1 (Form 104     | 40), line 5. Otherwise, include this ar      | tioun'  | ι in the t | otal on | ııne 41   | on page 2   |              | 26             | -5,350   |  |  |  |

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





RAVITEJA

PASHAPU

3711 MEDICAL DR APT 712

SAN ANTONIO

TX 78229

| SSN-You PASH                       |       | 692796007 | Vendor ID                             | 1555           |       | ххххх     |
|------------------------------------|-------|-----------|---------------------------------------|----------------|-------|-----------|
| SSN - Spouse                       |       |           |                                       |                |       |           |
| Fed Adj Gross Income (FAGI)        | 1.    | 78532.    | Withholding (VA) - Yo                 | Du             | 19A.  | 4228.     |
| Additions                          | 2.    |           | Withholding (VA) - Sp                 | pouse          | 19B.  |           |
| Subtotal                           | 3.    | 78532.    | 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 CF                 | ₹              | 25.   |           |
| Subtotal Subtractions              | 8.    |           | Total Payments / Cre                  | edits          | 26.   | 4228.     |
| Total VA Adj Gross Income (VAGI)   | 9.    | 78532.    | Tax You Owe                           |                | 27.   |           |
| Itemized Deductions - VA Sch A     | 10.   |           | Tax Overpayment                       |                | 28.   | 282.      |
| 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) | ) 14. | 5430.     | Addition to Tax, Pena                 | Ity & Interest | 32.   |           |
| VA Taxable Income                  | 15.   | 73102.    | Sales and Use Tax                     |                | 33.   |           |
| Amount of Tax                      | 16.   | 3946.     | Amount You Owe                        |                |       |           |
| Spouse Tax Adjustment (STA)        | 17.   |           | Will Pay by Credit/Debit  Your Refund | t Card N       |       | 282.      |
| VAGI - Spouse                      | 17A.  |           |                                       |                | _     |           |
| Net Amount of Tax                  | 18.   | 3946.     | Bank Routing #                        |                | С     | 121000358 |
| L                                  |       |           | Bank Account #                        |                | 32505 | 54989043  |

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Page 1 of 2





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|--|---------------|-----------------------------------|------|--------|-----|--|------------|--|--|--|--|
| Filing Status, Age &                     | License In    | formation                         |      |        |     | Additional Filing Inform   | mation     |  |  |  |  |
| Filing Status                            |               |                                   |      | 1      |     | Locality   | 810        |  |  |  |  |
| Federal Head of Ho                       | ousehold      |                                   |      |        |     | Name or Filing Status Change   |            |  |  |  |  |
| DOB - You                                |               | 0505                              | 5199 | 1      |     | 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 (Filin                       | ng Status 3 O | nly)                              |      |        |     | Farmer / Fisherman / Merchant Seaman   |            |  |  |  |  |
| DOD Coores                               |               |                                   |      |        |     | Amended  |            |  |  |  |  |
| DOB - Spouse                             | ID Spausa     |                                   |      |        |     | Reason Code  |            |  |  |  |  |
| VA Driver's License                      |               |                                   |      |        |     | Overseas on Due Date   |            |  |  |  |  |
| VA Driver's License - Iss. Date - Spouse |               |                                   |      |        |     | Federal EIC & Amount   |            |  |  |  |  |
| Exemptions (A) You                       | 1             | Exemptions (B)<br>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               |      |        |     |  |            |  |  |  |  |
| . ,                                      | -             | • , ,                             |      |        |     | y (our) knowledge, it is a true, correct & complete retuivided is for a domestic account within the territorial ju |            |  |  |  |  |
| Signature - You                          |               |                                   | Date |        | Pho | one - You  | 7815260102 |  |  |  |  |
| Signature - Spouse                       |               |                                   | Date |        | Pho | one - Spouse   |            |  |  |  |  |
| Signature - Preparer _S                  | YAM PRIYA R   | AM SAGAR GUPTA TALLAM             | Date | 091821 | Pho | one - Preparer   | 6789659522 |  |  |  |  |

File by May 1, 2021

The Tax Department may discuss my/our return with my/our preparer.

Include Page 1, Page 2 and all supporting 760CG documents.

2530 PEBBLE CREEK LN CUMMING

GLOBAL TAXES LLC

Preparer Information

GA 30041

7

Page 2 of 2

P02082703

### 2020 Schedule INC/CG

692796007

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

RAVITEJA

PASHAPU



| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|-----------------------------|
| Г                   |                     |                   |                  |                      | ٦                           |
| 692796007           | M                   | 4228.             | 274131205        | 30274131205F001      | 83882.                      |

 Total VA Withholding
 SSN
 VA Withholding

 You
 692796007
 4228.

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

VA-8879 Virginia Department of Taxation

1555

Virginia Submission Identification Number (SID)

# 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!

| You   | Nan   | ne                        |       |         |        |                |                   |                |           |                 |                |          |                |              |               |                      | <b>B</b> Your Social  | l Securi  | ty Number         |
|---|---|---------------------------|-------|---------|--------|----------------|-------------------|----------------|-----------|-----------------|----------------|----------|----------------|--------------|---------------|----------------------|-----------------------|-----------|-------------------|
| RAV   | ITE   | JA P.                     | ASH   | APU     |        |                |                   |                |           |                 |                |          |                |              |               |                      | 692-79-               | -6007     |                   |
| Spo   | use's   | Name                      |       |         |        |                |                   |                |           |                 |                |          |                |              |               |                      | A Spouse's S          | ocial S   | ecurity Number    |
|   |   |                           |       |         |        |                |                   |                |           |                 |                |          |                |              |               |                      |                       |           |                   |
| Par   |   | Tax Re                    |       |         |        |                |                   |                |           |                 |                |          |                |              |               |                      | A Spouse              | <b>,</b>  | B Yourself        |
| 1.  |   | •                         |       |         |        | •              |                   |                |           |                 |                |          |                |              | orm 763, Line | •                    |                       |           | 78532.            |
| 2.  | Virç  | ginia Adju                | sted  | Gross I | Incom  | e (For         | m 760C            | G, Lir         | ne 9; 760 | PY, L           | ine 10,        | columr   | is A & B;      | Fc           | orm 763, Line | 9)                   |                       |           | 78532.            |
| 3.  | Tax   | kable Inco                | ome ( | Form 7  | 60CG   | , Line         | <b>15</b> ; 760   | PY, L          | ine 16, c | olumi           | ns A & I       | B; Form  | 763, Lir       | ne î         | 17)           |                      |                       |           | 73102.            |
| 4.  | Virç  | ginia Inco                | me T  | ax (For | m 760  | OCG, L         | ine 18;           | 760P           | Y, Line 1 | 7, co           | lumns <i>A</i> | 4 & B; F | orm 763        | Lir          | ne 18)        |                      |                       |           | 3946.             |
| 5.  | Wit   | hholding                  | (Forn | n 760C  | G, Lir | ie <b>19</b> a | & 19b;            | 760P\          | Y, Lines  | 1 <b>9</b> a 8  | 19b; F         | orm 76   | 3, Lines       | 198          | a & 19b)      |                      |                       |           | 4228.             |
| 6.  | Am  | ount you                  | Owe   | (Form   | 760C   | G, Line        | e 3 <b>5</b> ; Fo | orm 76         | 0PY, Lir  | ne 3 <b>5</b> ; | Form 7         | 763, Lin | e 3 <b>5</b> ) |              |               |                      |                       |           |                   |
| 7.  | Ref   | fund (For                 | m 760 | OCG, Li | ine 36 | ; 760F         | PY, Line          | 3 <b>6</b> ; F | orm 763   | , Line          | 36)            |          |                |              |               |                      |                       |           | 282.              |
| Par   |   | Declar                    |       |         |        |                |                   |                |           |                 |                |          |                |              |               |                      |                       |           |                   |
| Dece<br>Retu<br>numl<br>filing<br>liable<br>Virgi<br>refur<br>of the<br>signa | 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 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 filling 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 |                           |       |         |        |                |                   |                |           |                 |                |          |                |              |               |                      |                       |           |                   |
| X   |   |                           |       |         |        |                |                   |                |           |                 |                |          |                |              |               |                      |                       |           |                   |
|   | G   | LOBAL                     | TA    | XES     | LLC    | -              |                   |                |           |                 |                | -DO F:   | NI             |              |               |                      |                       |           |                   |
|   |   | ill enter m<br>d your ret |       |         |        |                |                   |                |           |                 | ginia in       | dividua  |                | tax          |               | eck this box         | only if you are ente  | ering you | ur own e-File PIN |
| Your  | Signa   | ature                     |       |         |        |                |                   |                |           |                 |                |          |                |              | Date          |                      |                       |           |                   |
| Spo   | use's   | e-File Pl                 | N: ch | eck or  | ne bo  | x only         |                   |                |           |                 |                |          |                |              |               |                      |                       |           |                   |
|   | l au  | uthorize th               | ne ER | RO nam  | ned be | elow to        | enter m           | ny e-F         | ile PIN   |                 | Do             | o not e  | as my          | _            | ,             | y 20 <b>20</b> e-fil | ed Virginia individua | al incom  | e tax return.     |
|   |   |                           |       |         |        |                |                   |                |           |                 | E              | RO Fir   | m Name         | <del>.</del> |               |                      |                       |           |                   |
|   |   | ill enter m<br>d your ret |       |         |        |                |                   |                |           |                 |                |          |                |              |               | eck this box         | only if you are ente  | ering you | ur own e-File PIN |
| Spot  | ıse's S   | Signature                 |       |         |        |                |                   |                |           |                 |                |          |                |              | Dat           | te                   |                       |           |                   |
| Par   | i III   | Certifi                   | catio | on and  | d Au   | then           | ticatio           | n – F          | Practit   | ione            | r PIN          | Metho    | d Only         | y            |               |                      |                       |           |                   |
| ERO   | 's EF   | IN/PIN: I                 | Enter | your si | x-digi | EFIN           | followe           | d by y         | our five  | digit s         | elf-sele       | cted PI  | N. 5           | 5            | 8 7 2         | 7 8 6                | 1 9 8 9               |           |                   |
| abov<br>Elect<br>or co  | 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.   |                           |       |         |        |                |                   |                |           |                 |                |          |                |              |               |                      |                       |           |                   |
| EKU   | s sig   | nature _                  |       |         |        |                |                   |                |           |                 |                |          |                |              | Date          | 9 09-1               | 0-77                  |           |                   |