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

OMB No. 1545-0074

Social security number

	ERO must of
Department of the Treasury	
Internal Revenue Service	Go to www.irs.

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

raxpayer 3 hame	Social security number							
UPENDER DANTALA	486-43-5302							
Spouse's name	Spouse's social security number							
SRIDURGA PANTHAM	851-15-6702							
Part I Tax Return Information – Tax Year Ending December 31, (Enter	year you are authorizing.)							
Enter whole dollars only on lines 1 through 5.								
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
<b>1</b> Adjusted gross income	<b>1</b> 210,213.							
<b>2</b> Total tax	<b>. 2</b> 30,658.							
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 29,188.							
4 Amount you want refunded to you	4							
5 Amount you owe	<b>5</b> 1,470.							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								

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

## Taxpayer's PIN: check one box only

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

3	5	3	0	2	
Ent don	er fiv i't er	ve di nter a	gits, all ze	but ros	as

my

as mv

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 ► D Upender

## Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC 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 signature 🕨 Sridurga Pantham	Da	te 🕨	• 0;	3/11	/20	21						
Practitioner PIN Method Returns Only—continue below												
Part III Certification and Authentication – Practitioner PIN Method (	Only											
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.										9	8	9
					Don	i't en	nter a	all ze	ros			

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

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

Date > 03/11/2021

to enter or generate my PIN

5

6 7

Enter five digits, but don't enter all zeros

0 2

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	-0074	IRS Us	e Only	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly unchecked the MFS box, enter the n son is a child but not your dependent	ame of y	-	separately ouse. If you					,		, 0	low(er) (QW) he qualifying
Your first name	and m	iddle initial	Last na	me							Your so	ocial securi	ty number
UPENDER			DANT	'ALA							486-	43-530	2
If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
SRIDURG	A		PANT	'HAM							851-	15-670	2
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ential Electi	on Campaign
218 UNI	ON A	VE NE				_,					1	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ate	ZIP co	ode				ntly, want \$3 Checking a
RENTON						W	A	980	)59		box be	low will not	t change
Foreign country	y name		F	oreign p	rovince/state	e/coun	ty	Foreig	n postal	code	your ta	x or refund	_
												You	Spouse
At any time du	iring 20	020, did you receive, sell, send, excl	nange, o	or otherw	vise acquir	e any	financial intere	est in a	any 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		•		_						
Age/Blindness	S You:	Were born before January 2, 1	956	Are bl	lind <b>S</b> p	ouse	: 🗌 Was bo	rn befo	ore Jani	uary 2	2, 1956	ls b	lind
Dependent	s (see			(2) S	Social securi	ty	(3) Relationsh	nip	(4)	/ if q	ualifies fo	or (see instru	,
If more	<b>(1)</b> F	irst name Last name			number		to you		Child	tax c	redit	Credit for ot	ther dependents
than four dependents,	SMA	AYA DANTALA		637	-99-05	45	Daughter			×			
see instruction	s ——												
and check										<u> </u>			
here 🕨 🔄													
Attach	1	Wages, salaries, tips, etc. Attach F	î ^	N-2 .	· · ·	• •		• •	• •	·	. 1		10,213.
Sch. B if	2a	'	2a				axable interes		• •	•	. <u>2</u> t		
required.	<u>3a</u>		3a				Ordinary divide		• •	•	. 3t		
	4a		4a				axable amoun		• •	·	. 4k		
	5a		5a				axable amoun		• •	•	. 5t		
Standard Deduction for –	6a	···· · · · · · · · · ·	6a				axable amoun	t	• •		. 6t		
<ul> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Scher						• •					
Married filing separately,	8	Other income from Schedule 1, lin						• •		·	. 8		10 010
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. I	nis is yc	our total in	come		• •		•	▶ 9	Z	10,213.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:					40	_					
Qualifying widow(er),	a							_			_		
\$24,800	b	Charitable contributions if you take						-				-	
<ul> <li>Head of household,</li> </ul>	C	Add lines 10a and 10b. These are Subtract line 10c from line 9. This	,							·	► <u>10</u>	_	10,213.
\$18,650	11		,	•	•						► <u>11</u>		
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized Qualified business income deduction		•		,	· · · ·						24,800.
Standard Deduction,	13 14	Add lines 12 and 13											21 800
see instructions.	14 15	Taxable income.       Subtract line 14											<u>24,800.</u> 85,413.
	10	Taxable Income. Subtract life 14		G I I. II 2		, ente				•	.   15	<b>,</b>	<u></u>

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	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	32,658.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	32,658.
	19	Child tax credit or credit for	other dependen	ts					19	2,000.
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	30,658.
	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 <b>total tax</b>					. 🕨	24	30,658.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	29,	188.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	29,188.
• If you have a	26	2020 estimated tax payment							26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin	e13			31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refund	able cred	lits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				. 🕨	33	29,188.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	unt you <b>ov</b>	erpaid		34	
neruna	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	eck here			35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Checkin	g 🗌 Sa	vings		
See instructions.	►d	Account number X X X	X X X X	X X X Z	X X X X X	x x x				
	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	1,470.
You Owe		Note: Schedule H and Sch		-						
For details on how to pay, see		2020. See Schedule 3, line 1			•		,			
instructions.	38	Estimated tax penalty (see ir	structions) .		🕨	38				
Third Party	Do	you want to allow another				? See				
Designee		structions				. 🕨 🗌	Yes. Com	nplete b	elow.	🗙 No
		signee's		Phone				al identifi		
		me 🕨		no. 🕨				r (PIN) 🕨		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature	piete. Declaration	Date	Your occupation		internation			nt you an Identity
	, 10	ur signature		Dale	Four occupation					N, enter it here
Joint return?	L	D Upender		03/11/2021	SOFTWARE	ENGINE	ER	(see ii	nst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
Keep a copy for your records.	/									ection PIN, enter it here
your rooorao.		ridurga Pantham		03/11/2021	SENIOR SOF	TWARE E	NGINEER	(see ii	nst.) 🕨	
		one no.	Duan and 1	Email address		Dut				
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer				RAM SAGAR	GUPTA TALLAN	1 03/09	/2021   P	02082		Self-employed
Use Only		m's name ► GLOBAL TA		~ '	~~~~~					678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 30041			Firm's	s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	<b>REV 03</b>	/01/21 PRO			Form 1040 (2020)

BAA

Form	8889
Depar	tment of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

Name(s) shown on		Social security number of HSA
. ,		beneficiary. If both spouses
SRIDURGA	PANIHAM	have HSAs, see instructions ► 851-15-6702

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.	ouon	00040	
	See instructions	Sel	f-only	× Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		7,100.
9	Employer contributions made to your HSAs for 2020			//2001
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,525.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,575.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part		arate H	ISAs,	complete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
с	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional</b> <b>20% Tax</b> (see instructions), check here			
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21		

1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box For Paperwork Reduction Act Notice, see your tax return instructions.

_	<b>8867</b> Paid Preparer's Due Diligence Checklist					
Form		Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) ar Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing St	nd atus	2	02	0
	nent of the Treasury Revenue Service	<ul> <li>To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PI</li> <li>Go to www.irs.gov/Form8867 for instructions and the latest information</li> </ul>	ion.		ence No.	70
Тахрауе	er name(s) shown or	return	Taxpayer identif		umber	
		JA & SRIDURGA PANTHAM	486-43-5	302		
Enter pr	eparer's name and	PTIN				
		I SAGAR GUPTA TALLAM	P0208270	3		
Part		gence Requirements				
		propriate box for the credit(s) and/or HOH filing status claimed on the return and (check all that apply).	•	the rel		arts I–V HOH
1	Did you comp	blete the return based on information for tax year 2020 provided by the	taxpayer or	Yes	No	N/A
	reasonably ob	tained by you?		X		
2	worksheets fo AOTC workshe	claimed on the return, did you complete the applicable EIC and/or CTC/ und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions set found in the Form 8863 instructions, or your own worksheet(s) that provide and all related forms and schedules for each credit claimed?	, and/or the es the same	X		
3		/ the knowledge requirement? To meet the knowledge requirement, you mus		×		
	determine th	taxpayer, ask questions, and contemporaneously document the taxpayer's reat the taxpayer is eligible to claim the credit(s) and/or HOH filing status.				
		mation to determine that the taxpayer is eligible to claim the credit(s) and/op figure the amount(s) of any credit(s)		×		
4	information re	nation provided by the taxpayer or a third party for use in preparing the asonably known to you, appear to be incorrect, incomplete, or inconsistent ons 4a and 4b. If <b>"No,"</b> go to question 5.)	t? (If <b>"Yes,"</b>		×	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inform	nation? .			
b	you asked, wh	emporaneously document your inquiries? (Documentation should include th nom you asked, when you asked, the information that was provided, and the	impact the			
		d on your preparation of the return.)				
5	keep a copy applicable wo 8867 and any	y the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a c rksheet(s), a record of how, when, and from whom the information used to pr applicable worksheet(s) was obtained, and a copy of any document(s) prov you relied on to determine eligibility for the credit(s) and/or HOH filing status	copy of any repare Form vided by the			
	the amount(s)	of the credit(s)		X		
	List those doc	uments provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate eligi or HOH filing status and the amount(s) of any credit(s) claimed on the retu ted for audit?	rn if his/her	X		
7	Did you ask th	e taxpayer if any of these credits were disallowed or reduced in a previous yea	ar?	X		
	(If credits we	e disallowed or reduced, go to question 7a; if not, go to question 8.)				
а		ete the required recertification Form 8862?				
8	If the taxpayer	is reporting self-employment income, did you ask questions to prepare a coule C (Form 1040)?	omplete and			
						7 (0000)

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 8	867 (2020)			Page <b>2</b>
Part	<b>II Due Diligence Questions for Returns Claiming EIC</b> (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim (	CTC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			×
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC	, go to	Part V	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go t	o Part '	√I.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH filir	ıg
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	<ul><li>C. Submit Form 8867 in the manner required; and</li><li>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 <i>Document Retention.</i></li></ul>	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligit	oility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ea	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correc complete?		Yes X	No

REV 03/01/21 PRO

Form 8867 (2020)