## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)				
Taxpay	er's name	Social securit	y numbe	r	
SUN	AYAN DOLI	061-41-	-2769		
Spouse	o's name	Spouse's soc	ial securi	ty number	
Par	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you a	re auth	orizing.)	)
Enter	whole dollars only on lines 1 through 5.				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	29	,313.
2	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4	,500.
4	Amount you want refunded to you		4	4	,500.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and l	eep a cop	y of yo	ur retur	n)
return to sen for any Agent payme author payme busine taxes persor Electro	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indigent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the pala identification number (PIN) below is my signature for the income tax return (original or amended) I applied to the particle of the particle of the particle of the pala identification of the consent.	itter, or electro- ection of the tr S. Treasury ar cated in the ta in to debit the the authoriza- uests must be processing of ayment. I furt	anic returnation returnation its de la preparation. To a receive the electrical receive the ackr	rn origination, <b>(b)</b> the signated I ration soft this according revoke (cd no late stronic paynowledge	or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the
Taxpa	ayer's PIN: check one box only	1	2 7	6 9	
Σ	I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.	my PIN └─ Ent	2 7 er five di n't enter a		as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.	od. The ERC			
Your	signature ► Date ►	4/02/2021			
Snou	se's PIN: check one box only				
Г	I authorize to enter or generate	my PINI			as my
	ERO firm name	_	er five di	aits. but	asiny
	signature on the income tax return (original or amended) I am now authorizing.		't enter a		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO'	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't ente		1 9 8 os	9
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to dized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in ac	cordance	
FRO'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

## **£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	S 🔀 🤅	Single Married filing jointly	Marrie	d filing separately	MFS)	Head of	hous	sehold (HOH)		Quali	ifying wide	ow(er) (QW)	
Check only one box.	If yo	ou checked the MFS box, enter the son is a child but not your dependen	name of y										
Your first name	and m	iddle initial	Last nar	ne					You	ır soc	cial securit	y number	
SUNAYAN			DOLI	DOLI								9	
If joint return, s	pouse's	s first name and middle initial	Last nar	ne					Spo	Spouse's social security number			
Home address 3015 ORI	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.			ntial Election	on Campaign	
		ce. If you have a foreign address, also c	omplete st	naces helow	Sta	te	7IP	code	spo	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.			
ROANOKE	,03t 0111	oc. II you have a loreigh address, also c	ompicte sp	baccs below.	V			1017	· ·				
Foreign country	v name		F	oreign province/state			+	eign postal cod					
	,			0.0.g.: p.000, 0.0.0		-,		5.g., poota, 000				Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, o	r otherwise acquire	any	financial inter	est in	any virtual	curren	су?	☐ Yes	<b>⊠</b> No	
Standard Deduction		eone can claim:  You as a d Spouse itemizes on a separate retu	•										
Age/Blindness	You	: Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore Januar	y 2, 19	56	☐ Is bli	ind	
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relations	hip	(4) 🗸 i	f qualifie	es for	(see instru	ctions):	
If more		irst name Last name		number		to you		Child tax	credit		Credit for oth	ner dependents	
than four									]		[		
dependents, see instruction									]		[		
and check	·								]		[		
here ▶									]		[		
	_1_	Wages, salaries, tips, etc. Attach	Form(s) V	V-2						1	3	30,964.	
Attach Sch. B if	2a	Tax-exempt interest	2a		<b>b</b> T	axable interes	st		.	2b			
required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divide	ends		.	3b			
	4a	IRA distributions	4a		<b>b</b> T	axable amour	nt.		.	4b			
	5a	Pensions and annuities	5a		<b>b</b> T	axable amour	nt.		.	5b			
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amour	nt.			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not rec	uired	, check here		🕨		7	-	-1,651.	
Married filing	8	Other income from Schedule 1, li	ne 9							8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total inc</b>	ome				▶	9	2	29,313.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	)a						
widow(er), \$24,800	b	Charitable contributions if you take	e the stan	dard 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			•	10c	:		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your <b>a</b>	djusted gross inc	ome				<b>•</b>	11	2	29,313.	
If you checked	12	Standard deduction or itemized	d deducti	ons (from Schedul	e A)				. [	12	1	L2,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm 8	8995-A			. [	13			
Deduction, see instructions.	14	Add lines 12 and 13								14		L2,400.	
	15	Taxable income. Subtract line 14	4 from line	e 11. If zero or less	, ente	er -0			.	15	1	L6,913.	

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			. 16	1,834.
	17	Amount from Schedule 2, lin	ie3						. 17	
	18	Add lines 16 and 17							. 18	1,834.
	19	Child tax credit or credit for	other dependen	ts					. 19	
	20	Amount from Schedule 3, lin	ie 7						. 20	1,834.
	21	Add lines 19 and 20							. 21	1,834.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	0.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				. 23	0.
	24	Add lines 22 and 23. This is			•			1	24	0.
	25	Federal income tax withheld	•							
	а	Form(s) W-2				25a	4	.500	). l	
	b	Form(s) 1099				25b		<u> </u>		
	c	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	•						. 25d	4,500.
	26	2020 estimated tax payment								1,300.
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27		•	. 20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		-		30			-	
see instructions.	31	Amount from Schedule 3. lin	-							
	32	Add lines 27 through 31. The				31	odito.		32	
	33	Add lines 25d, 26, and 32. T	•							4,500.
		If line 33 is more than line 24								4,500.
Refund	34					-	-	▶ [	. 34	
Direct deposit?	35a	Amount of line 34 you want r Routing number 0 3 1	35a	4,500.						
Direct deposit? See instructions.	►b	Account number 3 8 3	gs							
	► d					36				
Amarint	36	Amount of line 34 you want a				_			27	
Amount You Owe	37	Subtract line 33 from line 24	37							
For details on		Note: Schedule H and Sch	or							
how to pay, see	00	2020. See Schedule 3, line 1	•			38	I			
instructions.	38	Estimated tax penalty (see in								
Third Party Designee		you want to allow another					Yes. C	omple	te helow	X No
Designee		signee's		Phone				•	entification	K NO
		ne ▶		no.				ber (PII		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	accompanying sch	hedules a	and stateme	nts, and	d to the bes	at of my knowledge and
	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (other	r than taxpayer) is b	ased on	all informati	on of w	hich prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
	<b>k</b>				N				rotection P see inst.) ▶	IN, enter it here
Joint return? See instructions.	0-			Dete	NETWORK E		SER	- + `		
Keep a copy for	Sp	ouse's signature. If a joint return, t	oth must sign.	Date	Spouse's occupat	LION				nt your spouse an ection PIN, enter it here
your records.									see inst.) 🕨	
	Ph	one no.		Email address						
- · · ·	Pre	eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 04/0	03/2021	P020	082703	Self-employed
Preparer		m's name ▶ GLOBAL TAX				1				678)965-9522
Use Only		m's address ▶ 2530 Pebb		n Cummin	g GA 30041				ïrm's EIN ▶	
Go to www ire an		n1040 for instructions and the late			BAA	RE\/	03/25/21 PR			Form <b>1040</b> (2020)
	5111	io ioi mondono and the late.			DVV	I\LV	JUIZUIZI FIX	_		. 5 10 10 (2020)

### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

Your social security number

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. **03** 

OMB No. 1545-0074

SUN	AYAN DOLI			061-4	11-27	769	
Pai	t I Nonrefundable Credits						
1	Foreign tax credit. Attach Form 1116 if required				1		
2	Credit for child and dependent care expenses. Attach Form 2441				2		
3	Education credits from Form 8863, line 19				3	1,83	34.
4	Retirement savings contributions credit. Attach Form 8880				4		
5	Residential energy credits. Attach Form 5695		5				
6	Other credits from Form: a 3800 b 8801 c		6				
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or				7	1,83	34.
Par	t II Other Payments and Refundable Credits						
8	Net premium tax credit. Attach Form 8962		8				
9	Amount paid with request for extension to file (see instructions) .		9				
10	Excess social security and tier 1 RRTA tax withheld		10				
11	Credit for federal tax on fuels. Attach Form 4136				11		
12	Other payments or refundable credits:						
а	Form 2439	12a					
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b					
С	Health coverage tax credit from Form 8885						
d	Other:	12d					
е	Deferral for certain Schedule H or SE filers (see instructions) .						
f	Add lines 12a through 12e				12f		
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, o	ne 31	13				

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### **SCHEDULE D** (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 061-41-2769 SUNAYAN DOLI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2, column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . . . . 4,989. 7,398. 758. -1,651. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . -1,651. 7 Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

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Schedule D (Form 1040) 2020 Page 2

## Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,651. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,651.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 Attachment Sequence No. 12A

Internal Revenue Service Name(s) shown on return SUNAYAN DOLI

Department of the Treasury

Social security number or taxpayer identification number

061-41-2769

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>★ (A) Short-term transactions</li><li>★ (B) Short-term transactions</li><li>★ (C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	10/29/20	11/18/20	4,989.	7,398.	W	758.	-1,651.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	4,989.	7,398.		758.	-1,651.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

# Form **8863**

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

SUNAYAN DOLI

# Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment Sequence No. 50

Your social security number 061-41-2769

CAUTION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Par	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro at least three places)			6	
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the conditions described in the instructions, you <b>can't</b> take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from				
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	13,800.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	69,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		00.010		
	the amount to enter	14	29,313.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	39,687.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•	,	18	2,000.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3			19	1,834.

Name(s) shown on return

SUNAYAN DOLI

061-41-2769



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

D		
Par		
20	Student name (as shown on page 1 of your tax return) SUNAYAN	21 Student social security number (as shown on page 1 of your tax return)
	DOLI	061-41-2769
22	Educational institution information (see instructions)	
а	. Name of first educational institution	b. Name of second educational institution (if any)
	UNIVERSITY OF THE CUMBERLANDS	
- (	1) Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.O. box). City, town or
,	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If a foreign address, see instructions.
	6178 COLLEGE STATION DR	
	WILLIAMSBURG KY 40769	
(	2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2020?
(	Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☐ No 7 checked?
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(EIN) if you're claiming the American opportunity credit of
	61-0470593	
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	No - <b>Stop!</b> Go to line 31
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	Yes — <b>Stop!</b> So to line 31 for this Student.  No — Go to line 26.
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	
CAUT	you complete lines 27 through 30 for this student, don't o	ifetime learning credit for the <b>same student</b> in the same year. If complete line 31.
	American Opportunity Credit	
27	Adjusted qualified education expenses (see instructions). Don	n't enter more than \$4,000 27
28	Subtract \$2,000 from line 27. If zero or less, enter -0	
29		29
	If line 28 is zero, enter the amount from line 27. Otherwise, a	
30		
	enter the result. Skip line 31. Include the total of all amounts for	from all Parts III, line 30, on Part I, line 1 .   30
	Lifetime Learning Credit	
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10	

# 





SUNAYAN

DOLI

3015 ORDWAY DR NW APT E

ROANOKE VA 24017

SSN-You DOLI		061412769	Vendor ID	1555		ххххх		
SSN - Spouse								
Fed Adj Gross Income (FAGI)	1.	29313.	Withholding (VA) - Yo	ou	19A.	1608.		
Additions	2.		Withholding (VA) - Sp	oouse	19B.			
Subtotal	3.	29313.	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	C	24.			
Subtractions	7.		Credits - Schedule CF	₹	25.			
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	1608.		
Total VA Adj Gross Income (VAGI)	9.	29313.	Tax You Owe		27.			
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	492.		
Standard Deduction	11.	4500.	Overpayment Credite	d to Next Year	29.			
Exemptions	12.	930.	VAC - Virginia 529 / A	BLEnow	30.			
Deductions	13.		VAC - Other Contribu	tions	31.			
Subtotal (Deductions & Exemptions	) 14.	5430.	Addition to Tax, Pena	Ity & Interest	32.			
VA Taxable Income	15.	23883.	Sales and Use Tax		33.			
Amount of Tax	16.	1116.	Amount You Owe	0 1 27				
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	Card N		492.		
VAGI - Spouse	17A.					021202004		
Net Amount of Tax	18.	1116.	Bank Routing #		C 031202084			
L			Bank Account #	30301	383012883754			
		LARD	LARDTD _	LTD \$		Page 1 of 2		





•								
Filing Status, Age & License Inform	nation	Additional	Additional Filing Information					
Filing Status	1	Locality		161				
Federal Head of Household		Name or Filing Status Chan	Name or Filing Status Change					
DOB - You	04221991	Address Change	Address Change					
VA Driver's License ID - You	В69761539	VA Return Not Filed Last Yea	VA Return Not Filed Last Year					
VA Driver's License - Iss. Date - You	06072019	Dependent on Another's Ref	turn					
Spouse Name (Filing Status 3 Only)		Farmer / Fisherman / Merch	ant Seaman					
DOD 0		Amended						
DOB - Spouse		Reason Code	Reason Code					
VA Driver's License ID - Spouse		Overseas on Due Date						
VA Driver's License - Iss. Date - Spor		Federal EIC & Amount						
	emptions (B) 65 & Over - You	Deceased Indicator	Deceased Indicator					
Spouse	65 & Over - Spouse	No Sales & Use Tax Due Inc	No Sales & Use Tax Due Indicator X					
Dependents	Blind - You	Obtain Electronic 1099G						
Total (A) 1	Blind - Spouse	ID Theft PIN						
	Total (B)							
I (We), the undersigned, declare under penalty	tact Information  r of law that I (we) have examined this return & to the be mation on your return, you are certifying that the informa							
Signature - You	Date	Phone - You						
Signature - Spouse	Date	Phone - Spouse						
Signature - Preparer <u>SYAM PRIYA RAM S</u>	AGAR GUPTA TALLAM Date 040321	Phone - Preparer		6789659522				
The Tax Department may discuss my/our	return with my/our preparer.	Preparer Information	7	P02082703				

GLOBAL TAXES LLC

CUMMING

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

1555 REV 03/24/21 PRO

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

supporting 760CG documents.

## 2020 Schedule INC/CG

061412769

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

SUNAYAN

DOLI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					٦
061412769	W	1608.	813222921	30813222921F001	30964.

Total VA Withholding

You

061412769

1608.

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	r Na	ame															B Your Social Se	ecurity Number
SUN	AY.	AN I	OOLI														061-41-25	769
Spo	use	's Na	me														A Spouse's Soci	al Security Number
																		<del>_</del>
Par	t I	Ta	x Retu	urn In	forma	tion											A Spouse	B Yourself
1.	F	ederal	l Adjust	ed Gros	ss Incor	ne (Fo	rm 760C	CG, Lir	ne 1; 76	0PY,	Line 1,	columr	ns A & B;	; Fc	orm 763, Line	1)		29313.
2.	V	'irginia	Adjust	ed Gros	ss Incon	ne (Foi	rm 760C	G, Lir	ne 9; 760	PY, L	ine 10	colum	ns A & B	; F	orm 763, Line	9)		29313.
3.	3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)											23883.						
4.	V	'irginia	Incom	e Tax (I	orm 76	oCG,	Line 1 <b>8</b> ;	760P	Y, Line 1	7, co	lumns <i>i</i>	4 & B; F	orm 763	3 Li	ne 18)			1116.
5.	V	Vithhol	ding (F	orm 76	OCG, Li	ne 1 <b>9</b> a	& 19b;	760P	Y, Lines	<b>19</b> a 8	k 19b; F	orm 76	3, Lines	19	a & 19b)			1608.
6.	Α	moun	t you O	we (For	m 7600	CG, Lin	e 3 <b>5</b> ; Fo	orm 76	0PY, Lir	ne 3 <b>5</b> ;	Form	763, Lir	ne 3 <b>5</b> )					
7.	R	Refund	(Form	760CG	, Line 3	<b>6</b> ; 760l	PY, Line	36; F	orm 763	, Line	36)							492.
Par	-								ture Au								•	
Dece Retu num filing liable Virgi refur of th	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																		
	_	GLO	BAL '	TAXE	S LL	<u>C</u>												
											ginia ir	ndividua		ta)	x return. Cheo	ck this box	only if you are entering	g your own e-File PIN
Your	Sig	ınature													Date			
Spo	use	's e-Fi	ile PIN:	check	one bo	x only	1											
	1	author	rize the	ERO n	amed b	elow to	enter n	ny e-F	ile PIN		D	o not e	as my enter all	_		/ 20 <b>20</b> e-file	ed Virginia individual in	come tax return.
	_										ı	ERO Fi	rm Nam	<u>е</u>				
															x return. Cheo III below.	ck this box	only if you are entering	g your own e-File PIN
Spot	ıse'	s Sign	ature .												Dat	te		
Par	t III	Ce	rtifica	ation a	and Au	uthen	ticatio	n – I	Practit	ione	r PIN	Metho	od Onl	y				
ERO	's E	FIN/P	<b>IN</b> : En	iter youi	six-dig	it EFIN	I followe	d by y	our five	digit s	self-sele	ected Pl	IN.	5	8 7 2	7 8 6	1 9 8 9	
abov Elector 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.																	
ERU	55	ignatu	ne												Date	04-0	3-7T	