(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

Social security number Sprouse's name Social security number Sprouse's	Submis	ssion Identification Number (SID)					
Sequests name Sequests section Sequests color Sequests S	Taxpaye	's name	Social secur	ity numl	per		
Part II Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)	PRAT	HYUSHA REDDY SADU	353-83	8-685	2		
Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Spouse's	name	Spouse's so	cial seci	urity num	ber	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	NEEI	ESH IDDIPILLA	685-46	5-017	9		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 3, 371. 4 Amount you want refunded to you 5 Amount you want refunded to you 1 Adjusted gross income 1 Adjusted gross income 1 Adjusted gross income 2 2 29, 084. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3, 3, 371. 5 Amount you want refunded to you 1 Adjusted gross income 2 Amount you want refunded to you 1 Adjusted gross income 2 Amount you want refunded to you 1 Adjusted gross income 2 Amount you want refunded to you 1 Adjusted gross income 2 Amount you want refunded to you 1 Adjusted gross income 2 Amount you want refunded to you 1 Adjusted gross income tax refurn (original or amended) I am now authorizing, a to the best of 1 Microglinal or amended) I am now authorizing. Consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) 1 to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the tax preparations software for any delay in processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury financial Agent to Intelled institution second indicated in the tax preparations of the payment, I must contact the U.S. Treasury financial Agent tal *Bae-338-4387* pwent 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 the payment institutions course in 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 the payment institutions involved in the precised must be precised any prior to the payment (settlement) date. I also authorize the financial institutions involved in	Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you	are au	thorizin	g.)	
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2 2 29,084. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 3 33,371. 4 Amount you want refunded to you . 4 4 4,287. 5 Amount you want refunded to you . 4 4 4,287. 5 Amount you want refunded to you . 4 4 4,287. 5 Amount you want refunded to you . 4 4 4,287. 5 Amount you want refunded to you . 4 4 4,287. 5 Amount you want refunded to you . 4 4 4,287. 5 Amount you want refunded to you . 4 4 4,287. 5 Amount you want refunded to you . 4 4 4,287. 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjun; 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 your year of the refunded of the penalties of perjun; I declare that it was an anount from the lincome tax return (original or amended) I am now authorizing, and to the best of your year 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 (circut feelby inthy to the financial institutions 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 (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the financial institutions involved in the present 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. The payment is the preparation of the transmission, (b) the reason for any payment of my federal taxes of the payment is the present and the present is a payment of the payment is the preparation of the payment is the present in a payment of the payment is the present in a payment of the payment is the present in a paym	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
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	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this re	turn in a	accordan	ice v	
	FDO!-	olomotives N					
	EKU'S	Signature ► Date ► ERO Must Retain This Form — See Instructions					

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

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the son is a child but not your depender	name of y	ed filing separately your spouse. If you		_		, ,	_			
Your first name	and m	iddle initial	Last na	me					You	ur so	cial securit	y number
PRATHYU	SHA :	REDDY	SADU	•					35	53-8	83-685	2
If joint return, s	pouse's	s first name and middle initial	Last na	ne					Spo	ouse'	s social sec	curity number
NEELESH			IDDI	PILLA					68	35-4	46-0179	9
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Pre	esider	ntial Election	on Campaign
11325 N	w 13	3RD STREET						11325	- 1		ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ate	ZIP	ode			0,	tly, want \$3 Checking a
PIEDMON'	Г				0	K	73	078		_	ow will not	•
Foreign country	y name		F	oreign province/state	e/coun	ty	Fore	ign postal coc	de you	ur tax	or refund.	Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	change, o	r otherwise acquire	e any	financial intere	est in	any virtual	curren	ıcy?	Yes	X No
Standard Deduction		eone can claim:	•			•						
Age/Blindness	S You	Were born before January 2,	1956	Are blind Sp	oouse	: Was bo	rn be	fore Januar	y 2, 19) 56	ls bli	nd
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸 i	f qualifi	ies for	(see instru	ctions):
If more	(1) F	irst name Last name		number		to you	.	Child tax		- 1		ner dependents
than four												
dependents, see instruction	s ——]		[
and check]		[
here ▶											[
	1	Wages, salaries, tips, etc. Attach	Form(s) \	V-2						1	19	92,897.
Attach Sch. B if	2a	Tax-exempt interest	2a		b 7	axable interes	t			2b		
required.	3a	Qualified dividends	3a		b (Ordinary divide	nds			3b		
	4a	IRA distributions	4a		b 7	axable amoun	nt.			4b		
	5a	Pensions and annuities	5a		b 7	axable amoun	nt.			5b		
Standard	6a	Social security benefits	6a		b 7	axable amoun	nt.		<u>·</u>	6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not red	quirec	l, check here		🕨		7		2,376.
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 total in	come					9	19	95,273.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
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 tot	al adjustments to	inco	me			•	10c	_	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	djusted gross inc	ome					11	19	95,273.
If you checked	12	Standard deduction or itemized	d deducti	ons (from Schedul	e A)					12	2	24,800.
any box under 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	_	24,800.
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	er -0				15	17	70,473.

16 Tax (see instructions, Check if any from Form(s): 1 8814 2 4972 3 16 29,084. 17	Form 1040 (2020))									Page 2
18		16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	29,084.
19		17	Amount from Schedule 2, lir	ne 3						17	
20		18	Add lines 16 and 17							18	29,084.
21		19	Child tax credit or credit for	other dependen	ts					19	
22 Subtract line 21 from line 18. If zero or less, enter -0- 22 29,084. 23 Other taxes, including self-employment tax, from Schedule 2, line 10 23 0. 24 Add lines 22 and 23. This is your total tax		20	Amount from Schedule 3, lin	ne 7						20	
23		21	Add lines 19 and 20							21	
24 Add lines 22 and 23. This is your total tax		22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	29,084.
25 Federal income tax withheld from: a Form(s) W2		23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				23	0.
a Form(s) W-2 b Form(s) 1099 25b 2,541 25c 30,830,830, 25b 2,541 25c Other form (see instructions) d Add lines 25a through 25c 260 add lines 25a through 25c 260 estimated tax payments and amount applied from 2019 return 26c 27 27 28 Jacobian Income credit (EIC) No. 27 28 Jacobian Income credit (EIC) No. 27 29 Jacobian Income credit (EIC) No. 27 29 Jacobian Income credit (EIC) No. 27 29 Jacobian Income credit (EIC) No. 29 20 Jacobian Income credit (EIC) No. 27 20 Jacobian Income credit (EIC) No. 27 21 Jacobian Income credit (EIC) No. 27 22 Jacobian Income credit (EIC) No. 27 23 Jacobian Income credit (EIC) No. 27 24 Jacobian Income credit (EIC) No. 27 25 Jacobian Income credit (EIC) No. 27 26 Jacobian Income credit (EIC) No. 27 27 Jacobian Income credit (EIC) No. 27 28 Jacobian Income credit (EIC) No. 27 29 Jacobian Income credit (EIC) No. 28 29 Jacobian Income credit (EIC) No. 29 20 Jacobian Income cr		24	Add lines 22 and 23. This is	your total tax					. ▶	24	29,084.
b Form(s) 1099		25	Federal income tax withheld	from:							
c C Other forms (see instructions) d Add lines 25a through 25c 226 2020 estimated tax payments and amount applied from 2019 return 28 28 28 29 2020 estimated tax payments and amount applied from 2019 return 29 27 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		а	Form(s) W-2				25a	30	830.		
c C Other forms (see instructions) d Add lines 25a through 25c 226 2020 estimated tax payments and amount applied from 2019 return 28 28 28 29 2020 estimated tax payments and amount applied from 2019 return 29 27 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		b	Form(s) 1099				25b	2	541.	7	
d Add lines 25a through 25c 2020 estimated tax payments and amount applied from 2019 return 26 2020 estimated tax payments and amount applied from 2019 return 27c 28d 33,371. 28d 27c 28d 28d 27c 28d 28d 27c 28d		С	Other forms (see instruction	s)			25c				
26 2020 estimated tax payments and amount applied from 2019 return 27 Earned income credit (EIC) . No 27 28 Add income to pay, see instructions. 30 Amount from Schedule 3, line 13 31 Amount from Schedule 3, line 13 32 Add lines 25t, 26, and 32. These are your total payments and refundable credits. ▶ 33 33 Add lines 25t, 26, and 32. These are your total payments and refundable credits. ▶ 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35a Amount of line 34 you want applied to your 2021 estimated tax. ▶ 36 Amount of line 34 you want applied to your 2021 estimated tax. ▶ 36 Amount You Owe For details on how to pay, see instructions. Third Party Designee Do you want to allow another person to discuss this return with the IRS? See Instructions. Designee's Phone Personal identification Instructions. Phone Personal identification Instructions. Phone Propagative Vour signature. If a joint return, both must sign. Date Your occupation If It Res sert your should be proved the payments and your overland in instructions. Phone Propagative Support Prop		d	·	,						25d	33,371.
Earned income credit (EIC) Additional child tax credit. Attach Schedule 8812 28 29 29 29 29 29 29 2	• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	19 return				26	
attach Sch. EtC. 28	qualifying child,						1 1				
and merican opportunity credit from Form 8863, line 8. 29 Recovery rebate credit. See instructions							28			1	
Sombar pay, see instructions 30 Recovery rebate credit. See instructions 31 Amount from Schedule 3, line 13 32 Add lines 27 through 31. These are your total other payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35b Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 36 Amount of line 34 you want applied to your 2021 estimated tax 37 Subtract line 33 from line 24. This is the amount you owe now 38 Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. 38 Estimated tax penalty (see instructions) 39 Do you want to allow another person to discuss this return with the IRS? See instructions 20 Designee's Phone no. 20 Designee's signature. 20 Designee's Phone no.	nontaxable	29	American opportunity credit	from Form 8863	8. line 8 . .		29			7	
31 Amount from Schedule 3, line 13 32 Add lines 27 through 31. These are your total other payments and refundable credits . ▶ 32 33 Add lines 25d, 26, and 32. These are your total payments . ▶ 33 34 Add lines 25d, 26, and 32. These are your total payments . ▶ 33 35a Add lines 25d, 26, and 32. These are your total payments . ▶ 34 4 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . 34 4, 287. See instructions. P Bouting number 3 0 3 1 8 5 8 1 3 ▶ c Type: ★ Checking ★ Savings ★ Account number 0 0 6 6 1 6 2			,		•					_	
32 Add lines 27 through 31. These are your total other payments and refundable credits . ▶ 32 33 Add lines 25d, 26, and 32. These are your total payments . ▶ 33 33, 371. Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . 34 4, 287. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35a 4, 287. Direct deposit? See instructions. P b Routing number 3 0 3 1 8 5 8 1 3			•							_	
Refund 34								dits	. •	32	
Refund 34			ŭ	•							33.371.
Sign Here Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Date Preparer's name Preparer's signature Date Prin Check if:									• -		· ·
Direct deposit? See instructions Pub Routing number 3 0 3 1 8 5 8 1 3	Refund						-	-	▶ □		
See instructions. ▶ d Account number 0 0 6 6 1 6 2 Amount You Owe For details on how to pay, see instructions. Third Party Designee Sign Here Joint return? See instructions. Sopouse's signature Phone no. Phone no. Email address Preparer' Sagnature Preparer Use Only Account number 0 0 6 6 1 6 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Direct deposit?								_	OGG	1,20,1
Amount You Owe For details on how to pay, see instructions. Third Party Designee Sign Here Joint return? See instructions. Joint return? See instructions. Sopoure For the yare true, correct, and complete. Declaration of preparer (other than taxpayer) for your records. Phone no. Preparer's name Preparer Use Only Amount of line 34 you want applied to your 2021 estimated tax . ▶ 36 Subtract line 33 from line 24. This is the amount you owe now								9 🗀 🤆	aviilgo		
Amount You Owe For details on, hote: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. **Third Party Designee** **Designee** Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name ▶ Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name ▶ Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name ▶ Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name ▶ Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶ No Personal identification number (PIN) ▶ Do you want to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ Date Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ Date Phone no. Email address Phone no. Email address Preparer's name Preparer's signature SYM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/24/2021 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LLC Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196						vet b	36				
You Owe Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. Now to pay, see instructions. 38 Estimated tax penalty (see instructions) Image: see instructions instructions instructions instructions. Image: see instructions instructions instructions instructions. Image: see instructions instructions instructions. Image: see instructions instructions instructions instructions instructions. Image: see instructions instructions instructions instructions. Image: see instructions instructions instructions instructions. Image: see instructions instructions instructions. Image: see instructions instructions. Image: see instru	Amount		•						_	37	
Sign Here Doyour signature Date Software Date Software Date Software		31			•					0,	
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's Phone Personal identification number (PIN) ▶ Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation For parer is signature. If a joint return, both must sign. Phone no. Preparer's name Preparer's signature Phone no. Preparer's name Preparer's signature Preparer's name Sym PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/24/2021 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196				·	•		of the ta	axes you c	we for		
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions		20	·	-			20				
Designee's name Designee's											
Designee's name ► no. ► Personal identification number (PIN) ►			•	•				Yes. Co	molete	helow	X No
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation From the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ Spouse's signature. If a joint return, both must sign. Software Developer II Software Dev	Designee								•		
Here belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date			• .								
Here Joint return? See instructions. Keep a copy for your records. Phone no. Phone no. Preparer's name Preparer's signature P	Sign										
Joint return? See instructions. Keep a copy for your records. Phone no. Preparer's name Preparer's name Preparer's signature P	•	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on a	II information	n of whic	h prepar	er has any knowledge.
Joint return? See instructions. Keep a copy for your records. Phone no. Preparer's name Preparer's name Preparer's signature Preparer's signature SOFTWARE DEVELOPER II (see inst.) ▶	11010	Yo	ur signature		Date	Your occupation					, ,
See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Phone no. Preparer's name Preparer's signature Preparer's signature Spouse's signature Preparer's name Preparer's signature Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/24/2021 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196						COETWADE	DEXTEL	ODED T			IN, enter it nere
Keep a copy for your records. Phone no. Preparer's name Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer Use Only Check if: Proparer's signature Date PTIN Check if: Proparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/24/2021 P02082703 Self-employed Pose PTIN Pose PTIN Check if: Proparer Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/24/2021 P02082703 Self-employed Pose PTIN P		Sn	ouse's signature. If a joint return.	anth must sign	Date			OPER I.			nt vour spouse an
Phone no. Email address Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/24/2021 P02082703 □ Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address ≥ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ≥ 30-1017196	Keep a copy for	Sp.	ouse's signature. If a joint return, i	Jour must sign.	Date	opouse s occupa	ilon				
Preparer's name	your records.					SOFTWARE	DEVEL	OPER I	[(see	inst.) ►	
Paid Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/24/2021 P02082703 Self-employed Firm's name ► GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		Ph	one no.		Email address						
Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/24/2021 P02082/03 Self-employed	Deid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address ≥ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN > 30-1017196		SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 03/2	4/2021	P0208	2703	Self-employed
Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196	•	Fir	m's name ▶ GLOBAL TA	XES LLC					Pho	ne no. (678)965-9522
1010	Use Uniy	Fir			n Cummin	g GA 30041					•
	Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 0)3/13/21 PRO			Form 1040 (2020)

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Your social security number

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

► 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.

Attachment Sequence No. **12**

PRI	THYUSHA REDDY SADU & NEELESH IDDIPILLA			353-	-83-	6852
_	ou dispose of any investment(s) in a qualified opportunity s," attach Form 8949 and see its instructions for additiona	•	•	_		
Par	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This f	nstructions for how to figure the amounts to enter on the below. orm may be easier to complete if you round off cents to edollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.					
	Totals for all transactions reported on Form(s) 8949 with Box A checked		6 000			540
2	Box A checked	7,457.	6,978. 40,446.		70.	1,827.
	Totals for all transactions reported on Form(s) 8949 with Box C checked	·				
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324	4	
	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions				6	
	Net short-term capital gain or (loss). Combine lines 1a		 mn (h). If vou have		0	,
	term capital gains or losses, go to Part II below. Otherwise				7	2,376.
Par	Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	instructions)
lines	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	orm may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum		combine the result with column (g)
	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.					
	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
	Totals for all transactions reported on Form(s) 8949 with Box F checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat			. ,	12	
	Capital gain distributions. See the instructions				13	
					14	()
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III	15	

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 2,376. 16 Combine lines 7 and 15 and enter the result 16 • 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 • (\$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

2020
Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

353-83-6852

PRATHYUSHA REDDY SADU & NEELESH IDDIPILLA

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.

Part I 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.

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 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.

(A) Short-term transactions (B) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•	e)
(C) Short-term transactions	not reported	to you on F	orm 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	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) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
ROBINHOOD SECURITIES LLC	03/24/20	03/25/20	5,524.	5,251.	W	70.	343.
PAYCOM SOFTWARE INC	08/19/20	10/07/20	684.	586.			98.
CUSIP: 70432V102	11/18/20	12/03/20	413.	380.			33.
CUSIP: 70432V102	11/18/20	12/14/20	836.	761.			75.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6)	al here and inc is checked), lir	lude on your ne 2 (if Box B	7,457.	6,978.		70.	549.

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.

REV 03/13/21 PRO

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

2020
Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

353-83-6852

PRATHYUSHA REDDY SADU & NEELESH IDDIPILLA

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.

Part I 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.

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 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.

☐ (A) Short-term transactions☒ (B) Short-term transactions		٠,,	•			•	e)
(C) Short-term transactions	not reported	to you on F	orm 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note 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	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PAYCOM SOFTWARE INC	10/22/20	10/23/20	9,905.	9,811.			94.
CUSIP: 70432V102	11/24/20	12/14/20	11,076.	10,412.			664.
PAYCOM SOFTWARE INC	11/24/20	12/08/20	11,349.	10,412.			937.
CUSIP: 70432V102	10/22/20	10/23/20	9,943.	9,811.			132.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 1b (if Box A above	al here and inc	lude on your					

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.

42,273.

1,827.

above is checked), or line 3 (if Box C above is checked)

40,446.



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511NR.

See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC.

2020 Form 511EF

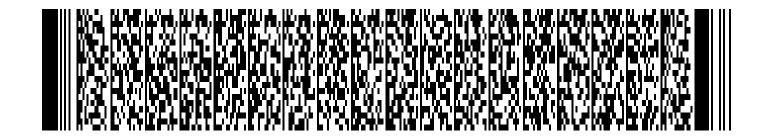
See instructions on rage 2 to determine it yo	d are required to seria i										
Your first name and middle initial	Last name	Your social security number	3	5	3	8	3	6	8	5	2
PRATHYUSHA REDDY SADU	Lastrana	_									
If a joint return, spouse's first name and middle initial	Last name	Spouse's social									
NEELESH IDDIPII	Δ.Τ.Δ	security number	6	8	5	4	6	0	1	7	9
Mailing address (number and street, including apartment		_									
	•						F	ilinç	g stat	tus	2
11325 NW 133RD STREET City, State, ZIP	11325										
City, State, ZIP			Tota	ıl nu	mbei	of e	exen	nptio	ons		2
PIEDMONT	OK 73078										
Part One - Tax Return Informatio	n (whole dollars o	nly)	-								
1 Oklahoma Adjusted Gross Income (511, Line 3	7) or										
Adjusted Gross Income: All Sources (511NF	R, Line 7)			1					195	273	00
2 Oklahoma Income Tax and Use Tax (511, Line	e 22 or 511NR. Line 26)			2						674	
3 Oklahoma Income Tax Payments and Credits			-	3							
1 -		•	-						8	505	
4 Refund (511, Line 38 or 511NR, Line 39)				4							00
5 Balance Due (511, Line 43 or 511NR, Line 44)	•		L							169	00
For a balance due return with an electronic pay											
balance due return with a non-electronic payme Internal Revenue Code (IRC) of the IRS provides timely. If the due date falls on a weekend or lega	s for a later due date, your pay	ment may be made b	y the	later	due	date	and v	will b	be co		
Part Two - Declaration of Taxpay	er										
6a I consent that my refund be directly dep	posited as designated in the elec	etronic portion of my 20	20 O	klaho	ma in	come	e tax	retur	rn		
If I have filed a joint return, this is an irre								rotai			
I authorize the Oklahoma State Treasur											
entry to the financial institution account											
and/or a payment of estimated tax. I als receive confidential information necess.						electro	onic t	Jayır	ient o	Ttaxe	es to
If I have filed a balance due return, I understand that if	the Oklahoma Tax Commission					payn	nent (of m	y tax I	iabilit	y, I
will remain liable for the tax liability and all applicable in	•						-	4	: - D	- 4	
Under penalties of perjury, I declare I have compared the Originator (ERO), and the amounts described in Part Otax return. To the best of my knowledge and belief, my panying schedules and statements, be sent to the OTC	one above, agree with the amou return is true, correct, and comp	nts shown on the corre	spon	ding l	ines c	of my	2020	Okl	lahom	a inc	ome
In addition, by using a computer system and software to Commission of all information pertaining to my use of the	o prepare and transmit my retur							: Okla	ahoma	a Tax	
Commission of all information pertaining to my use of the	ne system and software and to t	ne dansinission of fily	ιαλι	tuiii	eiecil	UIIIC	шу.				
Sign											
Here: Your Signature	Date Spouse	s Signature (If joint re	eturn	, bot	h mus	st sig	jn)		Date		
Dort Three Declaration of Floats	rania Datura Origio	ootor (EDO) o	ام ما	Da	: a r) was					
Part Three - Declaration of Electi							-				
I declare I have reviewed the above taxpayer's return an collectors are not responsible for reviewing the taxpayer'											
obtained the taxpayer's signature on Form 511EF and I h											
followed all other requirements described in Pub. 1345, H	Handbook for Electronic Filers of	Individual Income Tax F	Returr	ns (Ta	x Yea	r 202	20). If	I am	also a	a Paid	d
Preparer, under penalties of perjury I declare I have exar knowledge and belief, they are true, correct, and comple:										est o	f my
ERO Use	te. This Faid Freparci deciaration	1 13 basea on an imorni	ation	OI WIII	1011111	avc	ally Ki	IOWIC	cage.		
Only	03/2	24/2021									
ERO or Paid Preparer's Signature	Date	PTII	N								
Paid Preparer											
Use Only	03/2 Date	24/2021 P02	082	703							
Paid Preparer Signature Firm name (or yours if self-employed), SYAM PRIYA			14								
address and ZIP 2530 PEBBLI											
Phone number (678) 965-9522										

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN











Oklahoma Resident Income Tax Return

Your Social Security Number Social Security Number Place an 'X' in this box if this taxpayer is deceased → Social Security Number Place an 'X' in this box if this taxpayer is deceased → Social Security Number Place an 'X' in this box if this taxpayer is deceased → Social Security Number Place an 'X' in this box if this taxpayer is deceased → Social Security Number Place an 'X' in this box if this taxpayer is deceased → Social Security Number Place an 'X' in this box if this taxpayer is deceased → Social Security Number Place an 'X' in this box if this taxpayer is deceased → Social Security Number Place an 'X' in this box if this taxpayer is deceased → Social Security Number Place an 'X' in this box if this taxpayer is deceased → Social Security Number Place an 'X' in this box this is an amended 511 Social Number of deceased → Social Security Number Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Should secure Place an 'X' in this box this is an amended 511 Place an 'X' in this box this is an amended 511 Place an 'X' in this box this is an amended 511 Place an 'X' in this box this is an amended 511 Place an 'X' in this box this is an amended 511 Place an 'X' in this box this is an amended 5	1. See
Your first name Middle initial Last name If a joint return, spouse's first name Middle initial Last name PRATHYUSHA REDDY SADU NEELESH IDDIPILLA Mailing address (number and street, including apartment number, rural route or PO Box) City State ZIP 1325 NW 133RD STREET, APT. 11325 PIEDMONT OK 73078 * Note: If claiming Special Exemption, see instructions on page 9 of 51 Single 2 X Married filing joint return (even if only one had income) * Note: If claiming Special Exemption, see instructions on page 9 of 51 Spouse 1 + Special Blind Yourself 1 Spouse 1 + Special Spouse	
PRATHYUSHA REDDY Mailing address (number and street, including apartment number, rural route or PO Box) 11325 NW 133RD STREET, APT. 11325 PIEDMONT * Note: If claiming Special Exemption, see instructions on page 9 of 51 Single 2 X Married filing joint return (even if only one had income) * Note: If claiming Special Exemption, see instructions on page 9 of 51 * Spouse	
Mailing address (number and street, including apartment number, rural route or PO Box) City State ZIP 11325 NW 133RD STREET, APT. 11325 PIEDMONT * Note: If claiming Special Exemption, see instructions on page 9 of 51 Single ZX Married filing joint return (even if only one had income) * Note: If claiming Special Exemption, see instructions on page 9 of 51 Yourself Spouse *	
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1 Single 2 X Married filing joint return (even if only one had income) * Note: If claiming Special Exemption, see instructions on page 9 of 51 Yourself Spouse 1	
1 Single 2 X Married filing joint return (even if only one had income) * Note: If claiming Special Exemption, see instructions on page 9 of 51 Yourself 1 + Hell Spouse 1 +	11 Packet.
2 X Married filing joint return (even if only one had income) Spouse 1 + +	
2 X Married filing joint return (even if only one had income) Spouse 1 Spouse 1	1
Married filing separate (If spouse is also filing, list name and SSN in the boxes	(a)
w 3 Married filing separate (If spouse is also filing, list name and SSN in the hoves	(b)
Married filing separate (If spouse is also filing, list name and SSN in the boxes Name SSN Add the Totals from boxes (a), (b) and (c).	(c)
Add the Totals from boxes (a), (b) and (c).	
Enter the TOTAL here: \blacksquare 2	
4 Head of household with qualifying person Note: If you may be claimed as a dependent on another return, en Total box for your regular exemption.	nter "0" in the
5 Qualifying widow(er) with dependent child	
Please list the year spouse died in box at right: Age 65 or Older? (Please see instructions) Yourself	Spouse
PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME Round to Nearest	t Whole Dollar
1 Federal adjusted gross income (from Federal 1040 or 1040-SR)	195273 00
2 Oklahoma Subtractions (provide Schedule 511-A)	00
3 Line 1 minus line 2	195273 00
4 Out-of-state income, except wages. Describe (4a)	00
(Provide Federal schedule with detailed description; see instructions)	00 195273 00
6 Oklahoma Additions (provide Schedule 511-B)	195273 00
	195273 00
(If line 7 is different than line 1, provide a copy of your Federal return.)	., 52, 6
PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS	
8 Oklahoma Adjustments (provide Schedule 511-C)	00
9 Oklahoma income after adjustments (line 7 minus line 8)	195273 00
10 Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction	
(Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 •	12700 00
Head of Household: \$9,350)	2000 00
	14700 00
13 Oklahoma Taxable Income (line 9 minus line 12)	180573 00
(a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	
(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14	
Oklahoma Income Tax (line 14a plus line 14b)	8674 00
STOP AND READ: If line 7 is equal to or larger than line 1, complete lines 15 and 16. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.	33,1,30
15 Oklahoma child care/child tax credit (see instructions)	00
16 Oklahoma earned income credit (see instructions)	00
17 Credit for taxes paid to another state (provide Form 511TX)	00
18 Form 511CR - Other Credits Form. List 511CR line number claimed here:	8674 00
19 Income Tax (line 14 minus lines 15-18) Do not enter less than zero	





2020 Form 511 - Resident Income Tax Return - Page 2
The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

on Form 511: PRATHYUSHA REDDY SADU & NEELESH IDDIPILLA	Your Socia Security N	al lumber: 353–83–6852
PART THREE: TAX, CREDITS AND PAYMENTS		
20 Total from line 19		20 8674 00 21 00
44.50 5 1.05	×	21 00
22 Balance (add lines 20 and 21)		22 8674 00
	05 00	8674 00
24 2020 estimated tax payments	00	
25 2020 payment with extension	00	
26 Low Income Property Tax Credit (provide Form 538-H)	00	
27 Sales Tax Relief Credit (provide Form 538-S)	00	
28 Natural Disaster Tax Credit (provide Form 576)	00	
29 Credits from Form	00	
30 Amount paid with original return plus additional paid after it was filed		
(amended return only)	00	
31 Payments and credits (add lines 23-30)		31 8505 00
32 Overpayment, if any, as shown on original return and/or prior amended return(s) or		
as previously adjusted by Oklahoma (amended return only)		00
Total payments and credits (line 31 minus 32)		8505 00
PART FOUR: REFUND		
If line 33 is more than line 22, subtract line 22 from line 33. This is your overpayment		34 0 00
Amount of line 34 to be applied to 2021 estimated tax (original return only)	00	
(For further information regarding estimated tax, see page 5 of the 511 Packet.) 35	00	
Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahor organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give		
more than one organization, put a "99" in the box. Provide Schedule 511-H		
36 Donations from your refund (total from Schedule 511-H)	00	
37 Total deductions from refund (add lines 35 and 36)		37 00
38 Amount to be refunded to you (line 34 minus line 37)		
		38 0.00
Direct Deposit Note: → Is this refund going to or through an account that is located outside of the country		38 0 00
	f the Uni	
Verify your account and routing numbers Deposit my refund in my:	f the Uni	tod States?
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct checking account Checking	f the Uni	tod States?
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. Deposit my refund in my: checking account Routing Number:	f the Uni	tod States?
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct checking account Checking C	f the Uni	tod States?
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a <u>debit card</u> . See the 511 Packet for direct deposit and debit card information. Deposit my refund in my: checking account Number: Account Number:	f the Uni	tod States?
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information. Deposit my refund in my: checking account Number: Account Number:		ted States? Yes N No
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a <u>debit card</u> . See the 511 Packet for direct deposit and debit card information. Deposit my refund in my: checking account Number: Account Number: PART FIVE: AMOUNT YOU OWE 39 If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due		ted States? Yes N No 39 169 00
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information. PART FIVE: AMOUNT YOU OWE If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due		Yes N No 39 169 00 40a 00
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information. PART FIVE: AMOUNT YOU OWE If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due		Yes N No 39 169 00 40a 00 40b 00
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information. PART FIVE: AMOUNT YOU OWE If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due		Yes N No 39 169 00 40a 00 40b 00
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information. PART FIVE: AMOUNT YOU OWE If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due)	Yes N No 39 169 00 40a 00 40b 00
Deposit my refund in my: are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information.)	39 169 00 40a 00 41 00
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information. PART FIVE: AMOUNT YOU OWE If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due)	39 169 00 40a 00 41 00
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Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information.	on	39 169 00 40a 00 41 00 42 00 43 169 00 sture Date GIPTA TALLAM 03/24/2021