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

Secial security number Secial security nu	Submis	ssion Identification Number (SID)	•						
Part I 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 filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Taxpayer	's name	Social security numb	er					
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	NIHA	NTH REDDY GONGULLA	147-53-0961						
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Spouse's	name	Spouse's social secu	rity number					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1		<u> </u>	year you are aut	horizing.)					
Adjusted gross income 1		·							
2 10al tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099									
Amount you want refunded to you In 2xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			1						
Amount you want refunded to you 5 Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 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 my knowledge and belief, it is true, correct, and complete. I further declare that the amounts from 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 from the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my return to the IRS and to necewor from the IRS (a) an acknowledgement of receptor preason for rejection, 6) 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 regularity of the transitions, 6) 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 in the IRS (a) and acknowledgement of restinated tax and the financial signation of the transitions, (6) 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 financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury financial Agent to terminate the authorization. To revoke (cancel) a payment, I must be received to the payment of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve Issuers and the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing. □ I authorize GLOBAL TAXES LLC □ I authorize ERO firm name signature									
Part II				15,601.					
Part II									
Under penalties of perjuy, I declare that II have examined a copy of the income tax return (original or amended), am now authorizing, and to the best of my knowledge and belief, it is true, correct, and compilet. I further declare that the amounts in Bert I above 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 retion of the transmission, (b) the reson for any delay in processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial suthorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminated 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 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 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 account into a count in 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 that 2 payment of the payment (settlement) date, 1 also authorized to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PN) below in my signature for 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		Amount you owe							
my knowledge and belief, it is true, correct, and complete. I further declare that the ampuins 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 intermediate as and the internacial institution account indicated in the tax preparation software for payment of internation and account in the payment of the payment of the internation and the payment of the tax preparation software for authorization. To revoke (cancel) a submirate to the transmission of the payment of the tax preparation software for the authorization in the tax preparation software for the internation and the payment of the tax preparation software for the authorization. To revoke (cancel) a submirate to the transmission of the payment of the electronic payment of the transmission of the electronic payment of the payment of t			1 1 1 1						
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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. Your signature ▶ Date ▶ Spouse's PIN: check one box only I authorize 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 ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros 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.									
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<u>_</u>	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this return in a	ccordance with the					
<u>_</u>	EDO's	cianaturo N							
	ENU S	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. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly under the none of the MFS box, enter the none is a child but not your dependen	ame of y								
Your first name	and m	ddle initial	Last na	me				You	Your social security number		
NIHANTH	RED	ΟY	GONG	ULLA				14	7-5	3-096	1
If joint return, s	pouse's	first name and middle initial	Last na	me				Spo	use's	social sec	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pres	siden	tial Election	on Campaign
8337 GOV	/ERN	OR RUN								ere if you,	,
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	State	ZIF	code				itly, want \$3
ELLICOT	r CI	ГҮ			MD	2	1043			w will not	Checking a change
Foreign country	/ name		F	oreign province/state/c	county	Foi	reign postal cod			or refund.	•
										You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	nange, c	r otherwise acquire	any financial	interest in	n any virtual	currenc	y?	Yes	X No
Standard Deduction		eone can claim:	•		•	dent					
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	use: Wa	s born b	efore Januar	v 2. 19	56	☐ Is bl	ind
Dependents			_	(2) Social security		tionship	_			see instru	
If more		rst name Last name	number					credit			her dependents
than four						7			\top		
dependents,											<u> </u>
see instructions and check	s ——				·]		[
here ▶ □										[
	1	Wages, salaries, tips, etc. Attach F	Form(s) \	N-2					1	10	06,017.
Attach	2a	Tax-exempt interest	2a		b Taxable in	terest			2b		
Sch. B if required.	3a	Qualified dividends	3a	5.	b Ordinary of	lividends			3b		5.
required.	4a	IRA distributions	4a		b Taxable a	mount .			4b		
	5a	Pensions and annuities	5a		b Taxable a	mount .		. [5b		
Standard	6a	Social security benefits	6a		b Taxable a	mount .		. [6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired, check h	ere .	•		7		703.
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.					. [8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inco	me			▶	9	10	06,725.
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b					
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to ir	ncome .			▶	10c		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	djusted gross inco	me			•	11	10	06,725.
If you checked	12	Standard deduction or itemized	deducti	ons (from Schedule	A)				12		12,400.
any box under Standard	13	Qualified business income deduct	ion. Atta	ch Form 8995 or For	m 8995-A			. [13		
Deduction, see instructions.	14	Add lines 12 and 13						. [14		12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less,	enter -0				15	9	94,325.

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

Form **1040** (2020)

Form 1040 (2020)			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗎	16	16,687.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	16,687.
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	16,687.
	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	24	16,687.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099	47	
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	15,601.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
If you have	28	Additional child tax credit. Attach Schedule 8812		
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8	4	
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	32	15 601
	33	Add lines 25d, 26, and 32. These are your total payments	33	15,601.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow Routing number X X X X X X X X X	35a	
See instructions.	►b ►d	Routing number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2021 estimated tax > 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	1,086.
You Owe	0.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		·
For details on		2020. See Schedule 3, line 12e, and its instructions for details.		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	structions	elow.	X No
		signee's Phone Personal identif		
		number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity
	k.	Prote		N, enter it here
Joint return?	—	BOITWING ENGINEER	inst.) 🕨	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.) ▶	
	Ph	one no. Email address		
D-1-1	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/25/2021 P02082	2703	Self-employed
Preparer	Fir	m's name ► GLOBAL TAXES LLC Phor	ie no. (678)965-9522
Use Only	Fire		s EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/13/21 PRO		Form 1040 (2020)
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SCHEDULE D (Form 1040)

Capital Gains and Losses

► 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.

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

NIHANTH REDDY GONGULLA

Your social security number 147-53-0961

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 (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. line 2, column (g) with column (g) 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 ,264 1,696. 432. 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 7 432. 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 Box D checked 1,858. 2,129. 271. 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 271. 15

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 703. • 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? X 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 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see 19 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? X 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 qualified 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.

Form **8949**

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

147-53-0961

NIHANTH REDDY GONGULLA

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.

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. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (see instructions) combine the result (Mo., day, yr.) in the separate (a) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD SECURITIES LLC 04/22/19 03/16/20 1,696 1,264. 432. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include 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.

1,696.

432.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

1,264.

REV 03/13/21 PRO

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NIHANTH REDDY GONGULLA

Social security number or taxpayer identification number 147-53-0961

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

∑ (D) Long-term transactions☐ (E) Long-term transactions	•	` '	•	•		,	9)
(F) Long-term transactions	-		_	is wash t report	ed to the ir	10	
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). carate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	10/26/18	03/16/20	2,129.	1,858.			271.
	4						
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above	al here and inc	lude on your					

Note: If you checked Box D 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.

2,129.

1,858.

above is checked), or line 10 (if Box F above is checked) ▶



MARYLAND **FORM EL101**

e-File DECLARATION FOR ELECTRONIC FILING



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

NIHANTH REDDY		GONGULLA	147530961	
First Name	MI	Last Name	SSN/Taxpayer Identif	ication Number
1 5 5				
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Identif	ication Number
Part I Tax Return Information (whole doll	ars onl	y)		
1. Amount of overpayment to be applied to 2021	estima	ted tax	1	·
2. Amount of overpayment to be refunded to you	1		REFUND 2.	137.
3. Total amount due (Pay in full by April 15, 202	1. See i	nstructions.)		·_
Part II Taxpayer Declaration and Signature	Autho	rization		
Under penalties of perjury, I declare that I have that I provided to my Electronic Return Original agree with the amounts shown on the correspondance and belief, my return is true, correct statements, be sent to the Maryland Revenue Ad software provider.	tor (ERC nding ling and co	D) or entered on-line and than nes of my 2020 Maryland elec omplete. I consent that my re	t the name(s) and amounts des ctronic income tax return. To the turn, including accompanying s	scribed above ne best of my schedules and
Your PIN: check one box only				
X I authorize GLOBAL TAXES LLC		to enter or gene		nter five digits. Oo not enter all
ERO firm name as my signature on my tax year 2020 electro	nically f			zeros.
I will enter my PIN as my signature on my ta entering your own PIN and your return is file			The ERO must complete Part III	
Your signature			Date	
I authorize ERO firm name as my signature on my tax year 2020 electron	onically f	to enter or gene		nter five digits. Oo not enter all zeros.
I will enter my PIN as my signature on my ta entering your own PIN and your return is file		•		
Spouse's signature			Date	
Pra	ctitione	er PIN Method Returns Only	,	
Part III Certification and Authentication - Pre ERO's EFIN/PIN. Enter your six-digit EFIN follow		-	[[0 7 2 7 0 6 1 0 0 0]	Do not enter
ERO'S EFIN/PIN. Eliter your six-digit EFIN follow	veu by y	rour rive-aigit seir-selectea Pin	1. 5 6 7 2 7 6 6 1 9 6 9	all zeros.
I certify this numeric entry is my PIN, which is my taxpayer(s). I confirm that I am submitting this re Maryland MeF Handbook for Authorized e-file Prov	eturn in			
ERO's signature			Date 03252021	
			T MAIL	

MARYLAND FORM 502

Place your W-2 wage and tax statements and ATTACH HERE

RESIDENT INCOME TAX RETURN



2020

	OR FISCAL YEAR BEGI	NNING	2020, END	ING				
	147530961							
	Your Social Security Numb	er Snouse's S	ocial Security Number					
_	•	ci Spouse's S	ociai occurrey ivamber					
Black Ink Only	NIHANTH REDDY Your First Name							(15)33(E)
Ink	GONGULLA	112	Does your name match the name on your social securi				化学生元体 表	(Misselli)
ack	Your Last Name		 card? If not, to ensure you get credit for your persona 					
or Bl			exemptions, contact SSA a					ыЩPC III III
ne	Spouse's First Name		1-800-772-1213 or visit www.ssa.gov .					
lg Bl	.,							
Print Using Blue or	Spouse's Last Name		-					
rint	8337 GOVERNOR	RUN						
Δ.			nd Street Name or PO Box)					
			E	LLICOTT	CITY	MD	21043	
	Current Mailing Address Li	ne 2 (Apt No., Sui		ty or Town	0211		ZIP Code + 4	
	_							
	REQUIRED: Mar	vland Physical	address of taxing area a	as of Decei	mher 31 2020	or last day of the ta	axable vear fo	or fiscal year
ے 2			Part-year residents se			or last day or the t	ixable year re	n niscar year
der P								
Y O	1400		HOWARD					
r to	4 Digit Political Subdiv	rision Code (See Ins	truction 6) Maryland Poli	tical Subdivisi	on (See Instruction	6)		
orn	8337 GOVERN	OR RUN						
eck Seck	Maryland Physical Add	lress Line 1 (Street	No. and Street Name) (No PO I	Box)				
not attach check or money order to check or money order to Form PV								
ttac	Maryland Physical Add	lress Line 2 (Apt No	., Suite No., Floor No.) (No PO I	Box)	, i			
her!	ELLICOTT CI	TY		MD_	21043	HOWARD		
20 4	City			State	ZIP Code + 4	Maryland County		
staple. Do	ETI THE STATUS							
sta 02	FILING STATUS	. X Single	(If you can be claimed	on another	person's tax re	eturn, use Filing St	atus 6.)	
one in 5	CHECK ONE 2	Marrie	d filing joint return or s	pouse had	no income			
ş ţ	See Instruction 3.	Marrie	d filing separately, Spot	use SSN		_		
	1 if you are	Head o	of household					
	required to file. 5.	. Qualify	ving widow(er) with dep	endent chi	ld			
l	6.	. Depen	dent taxpayer (Enter 0	in Exempti	on Box (A) - S	ee Instruction 7.)		
		· · · · · · · · · · · · · · · · · · ·	· · · · ·	<u> </u>	`_`_`_			
	PART-YEAR D	ates of Maryla	and Residence (MM D	D YYYY) I	ROM	то		
	RESIDENT	ther state of re	sidence:					
	See Instruction 26.	you began or	ended legal residence in	Maryland	in 2020 place a	${f P}$ in the box		▶
	М	ILITARY: If yo	ou or your spouse has n	on-Maryla	and military ind	come, place an M in	ı the box	🕨 🔼
	Er	nter Military I	ncome amount here:					
		X Yourse	f Spouse	. Enter numl	ber checked 1	See Instruction 10	A. \$	<u> 1600</u>
	See Instruction 10. Check appropriate							
	box(es). NOTE: If B .	65 or ov	er ▶ 65 or over					
	you are claiming							
	dependents, you must attach the	▶ Blind	▶ Blind	. Enter numl	ber checked	X \$1,000	B.\$	
	Dependents'							
	Information Form 502B to this	► Enter number	from line 3 of Dependent F	Form 502B .		See Instruction 10	C. \$	·
	form to receive		•				-	
	the applicable exemption amount	Enter Total Ex	emptions (Add A, B and	C.)		Total Amount	.D.\$	1600.

RESIDENT INCOME TAX RETURN



202	O
Page	2

NAME <u>NIHANTH</u>	REDDY GONGULLA SSN 147530961							
MARYLAND HEALTH CARE COVERAGE	Check here ► ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ►							
See Instruction 3.	Check here ► If your spouse does not have health care coverage DOB (mm/dd/yyyy) ►							
	Check here I authorize the Comptroller of Maryland to share information from this tax returned Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health of E-mail address ▶							
	1. Adjusted gross income from your federal return	106725						
INCOME	1a. Wages, salaries and/or tips							
See Instruction 11.	1b . Earned income							
	1c. Capital Gain or (loss)							
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d							
	1e. Place a "Y" in this box if the amount of your investment income is more than \$3,650							
ADDITIONS	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.							
TO INCOME	3. State retirement pickup							
See Instruction 12.	4. Lump sum distributions (from worksheet in Instruction 12.)							
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ 5.							
	6. Total additions to Maryland income (Add lines 2 through 5.)							
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)7.	<u>106725</u>						
SUBTRACTIONS	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8							
ROM INCOME	9. Child and dependent care expenses							
	10a. Pension exclusion from worksheet (13A) Yourself ▶ Spouse ▶ ▶ 10a							
	10b. Pension exclusion from worksheet (13E) Yourself ▶ Spouse ▶ ▶ 10b.	•						
	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.	· -						
	12. Income received during period of nonresidence (See Instruction 26.) ▶ 12.							
	13. Subtractions from attached Form 502SU	• • •						
	14. Two-income subtraction from worksheet in Instruction 13 ▶ 14.							
	15. Total subtractions from Maryland income (Add lines 8 through 14.) ▶ 15.	100705						
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	106725						
	All taxpayers must select one method and check the appropriate box.							
DEDUCTION	STANDARD DEDUCTION METHOD (Enter amount on line 17.)							
METHOD See Instruction 16.	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)							
see mstruction 10.	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a							
	17b. State and local income taxes (See Instruction 14.) ▶ 17b	·						
	Subtract line 17b from line 17a and enter amount on line 17.	2200						
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).) ▶ 17.							
	18. Net income (Subtract line 17 from line 16.)	1600						
	19. Exemption amount from Exemptions area (See Instruction 10.)	10000						
	20. Taxable net income (Subtract line 19 from line 18.)	1020						
	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	<u>4839</u>						
MARYLAND	22. Earned income credit (EIC)(See Instruction 18.) ▶ 22.	•						
TAX	Check this box if you are claiming the Maryland Earned Income Credit,							
COMPUTATION	but do not qualify for the federal Earned Income Credit.							
	23. Poverty level credit (See Instruction 18.)							
	24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) 24.	•						
	25. Business tax credits You must file this form electronically to claim business tax cr	edits on Form 500CI						
	26. Total credits (Add lines 22 through 25.)	·_						
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0 27.							

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



2020 Page 3

NIHANTH	_	DDY GONGULLA SSN 147530961	
	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	2000
OCAL TAX		your local tax rate .0 <u>0320</u> or use the Local Tax Worksheet	3290
COMPUTATION		Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	
	30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
	31.	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
	32.	Total credits (Add lines 29 through 31.)	
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	3290
	34.	Total Maryland and local tax (Add lines 27 and 33.)	8129
		Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	
CONTRIBUTIONS	36.	Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	
see Instruction 20.	37.	Contribution to Maryland Cancer Fund	
	38.	Contribution to Fair Campaign Financing Fund ▶ 38.	
	39.	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	8129
	40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	
		and attach if MD tax is withheld.)	8266
	41.	2020 estimated tax payments, amount applied from 2019 return, payment made	
		with an extension request, and Form MW506NRS	
	42.	Refundable earned income credit (from worksheet in Instruction 21)	
	43.	Refundable income tax credits from Part CC, line 8 of Form 502CR	
		(Attach Form 502CR. See Instruction 21.)	
	44.	Total payments and credits (Add lines 40 through 43.)	8266
	45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	
		See Instruction 22.)	
	46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46.	137
	47.	Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX ▶ 47.	
	48.	Amount of overpayment TO BE REFUNDED TO YOU	
EFUND		(Subtract line 47 from line 46.) See line 51	137
	49.	Check hereif you are attaching Form 502UP. Enter interest charges from line 18	
		of Form 502UP or for late filing ▶ 49.	
AMOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)	
AMOUNT DUE		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV	

FORM **502**

RESIDENT INCOME TAX RETURN



205020212

2020 Page 4

NAME NIHANTH REDDY GONGULLA SS	SN 147530961
DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure	the account information is correct. For Splitting Direct Deposit, use
Form 588. To comply with banking and NACHA (National Au	tomated Clearing House Association) rules, if this refund will go
to an account outside of the United States, place "Y" in this bo	or if you authorize the State of Maryland to direct deposit
your refund, check this box ▶ and complete the following	ng information clearly and legibly.
51a. Type of account: ▶ ☐ Checking ☐ Savings	51b. Routing Number (9-digits) ▶
51c. Account Number ▶	
51d. Name(s) as it appears on the bank account	
▶ 5854138848	~
Daytime telephone no. Home telephone no.	CODE NUMBERS (3 digits per line)
Check here if you authorize your preparer to discuss this	return with us. Check here if you authorize your paid preparer
	eive your 1099G Income Tax Refund statement electronically (See
,	erve your 1099G Income Tax Returns statement electronically (See
Instruction 24.)	
	s return, including accompanying schedules and statements and to applete. If prepared by a person other than taxpayer, the declaration is edge.
Your signature Date	Spouse's signature Date
GLODAL WAYING LLG	OF 20 PERPIT OPERA IN
GLOBAL TAXES LLC	2530 PEBBLE CREEK LN
Printed name of the Preparer / or Firm's name	Street address of preparer or Firm's address
SYAM PRIYA RAM SAGAR GUPTA TALLAM	CUMMING GA 30041
Signature of preparer other than taxpayer (Required by Law)	City, State, ZIP Code + 4
	6789659522 ► p02082703
	Telephone number of preparer Preparer's PTIN (Required by Law)

For returns filed without payments, mail your completed return to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888