IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

. . . .

.

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social securit	y numb	er				
HAR	I SANTHOSH MANIKA MUKKA		698-57-	-7944	1			
Spouse	o's name		Spouse's social security number					
Par	Tax Return Information — Tax Year Ending December 31,	(Enter	year you ai	re aut	horizing.)			
Enter	whole dollars only on lines 1 through 5.							
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income			1	88,881.			
2	Total tax			2	12,615.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	15,324.			
4	Amount you want refunded to you			4	2,709.			
5	Amount you owe			5				

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpay	er's PIN: che	ck one bo	only									7	17	9	1			
X	I authorize	GLOBAL	TAXES	LLC			to enter or	gener	ate r	ny F	PIN					4	as	my
				ERO firm r			-									s, but zeros		
	signature or	the incon	ne tax ret	urn (origina	al or amend	ed) I am now	authorizing.											
	I will enter n	ny PIN as i	my signa	ture on the	income tay	x return (origi	nal or amende	ed) I a	ım no	ow a	auth	orizi	ng.	Ch	eck	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.		A 1		—													
Your sid	nature 🕨	N\. N	1\ m	fant	\sim			Date				0	2/2	28/2	202	21		
0		_														-		
Spouse	's PIN: chec	k one box	only										1	<u> </u>	-		1	
	I authorize						to enter or	gener	ate r	ny F	PIN						as	my
				ERO firm r	name		-									s, but		-
	signature or	i the incom	ne tax ret	urn (origina	al or amend	ed) I am now	authorizing.					do	n't e	nter	all z	zeros		
	I will enter n	ny PIN as i	my signa	ture on the	income ta	x return (origi	nal or amende	ed) I a	ım no	ow a	auth	orizi	ng.	Ch	eck	this	box	only
	if you are er	itering you	ur own Pl	N and you	ur return is f	filed using the	e Practitioner	PIN n	nethe	od.	The	ERC) m	ust	cor	nple	te Pa	rt III
	below.																	
Spouse	s signature	Þ						Date										
			Pra	ctitioner	PIN Metho	d Returns 0	nly—continu	ie be	low									
Part II	Certific	ation and	d Authe	ntication	 Practit 	ioner PIN N	lethod Only											
ERO's E	EFIN/PIN. En	ter your siz	x-digit EF	IN followe	d by your fiv	ve-digit self-s	elected PIN.	5	8	7	2	7	8	6	1	9	89	

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

ERO's signature >			
	RO Must Retain This Form — Se omit This Form to the IRS Unless		
For Demonstrate Deduction Act Nation and	and the sector and the stand of the sector o		Form 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Don't enter all zeros

Filing Status X Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying on a box. Prove first name and middle initial Last name Your social security number HARI SANTHOSH MANIKA MUKKA Spouse's tirst name and middle initial Last name Your social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 10431. LEGAY HL Spouse's tirst name and middle initial Last name Providential Section Campaign 10431. LEGAY HL No state ZIP code Trx TR240 box bolew Will not chenge 2 regins country name Foreign province/state/country Foreign pastal code Your Spouse You Spouse iternizes on a separate return or you were a dual-status allen Age/Blindness Spouse: instructions; (I) First name Last name I Spouse No Standard Spouse: instructions; (I) First name Last name I Spouse I Spouse I Spouse I Spouse <t< th=""><th>E1040</th><th></th><th>artment of the Treasury-Internal Revenue Servi S. Individual Income Tax</th><th></th><th>⁽⁹⁹⁾ 20</th><th>20</th><th>OMB No. 1545</th><th>5-0074</th><th>IRS Use On</th><th>ly—Do not</th><th>write or staple</th><th>e in this space.</th></t<>	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use On	ly—Do not	write or staple	e in this space.	
HARI SANTHOSH MANIKA MUKKA 698-57-7944 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address fumber and street], If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, tewr, or post office. If you have a foreign address, also complete spaces below. State ZIP code Too code Foreign country name Foreign province/state/country Foreign postal code you tax or refund. You Spouse temizes on a separate return or you were a dual-status allen Dependents No Standard Someone can claim: You as a dependent You soure a dependent You soure a dependent Deduction Spouse temizes on a separate return or you were a dual-status allen Poreign postal code Postal code Deduction (I) First name Last name You Spouse: Was born before January 2, 1966 Is blind Dependents (See instructions): (I) Spouse temizes on a separate return or you were a dual-status allen Import the dual-status allen Import tempendent Attach 3a b Ordinary dividends 3b 1. 99,000. Attach Sa Ta	Check only	lf yc	ou checked the MFS box, enter the n	ame of	•	• •	, <u> </u>		· · ·		, 0	. , . ,	
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 10431 LEGAY HL Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Spouse if filing jointy, want S3 SAN ANTONIO Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Someone can claim: You as a dependent Your spouse as a dependent You Spouse it would will not change book	Your first name	and m	iddle initial	Last na	me					Your s	ocial secur	ity number	
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 10431 LEGAY HL Check here if you, or your Spouse if filing jointly, want S3 San ANTONIO Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent You resolve, seil, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Someone Someone Someone No Deduction Spouse itemizes on a separate return or you were a dual-status alien Check here issue itemizes on a separate return or you were a dual-status alien Check here issue itemizes on a separate return or you were a dual-status alien Check here issue itemizes on a separate return or you were a dual-status alien Immediate active issue itemizes on a separate return or you were a dual-status alien Age/Blindness You Ware born before January 2, 1956 Are bind Spouse: Was born before January 2, 1956 Immediate active issue is	HARI SA	NTHO	SH MANIKA	MUKK	A					698-	-57-794	14	
10431 LEGAY HL Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code SAN ANTONIO TX 78.240 box below will not change your tax or refund. Foreign country name Foreign province/state/country Foreign postal code you tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You repouse as a dependent You gouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name (2) Social security (3) Relationship (4) 4/// (f uulified for (eee instructions): If more than four dependents Inac exempt interest 2a Tax-exempt interest 2b 2b Sch. Bi if aquified dividends 3a 1. 99,000. 3b 1. 99,000. Standard Des Social security benefits Sa <td>lf joint return, s</td> <td>pouse's</td> <td>s first name and middle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td>Spous</td> <td>e's social se</td> <td>curity number</td>	lf joint return, s	pouse's	s first name and middle initial	Last na	me					Spous	e's social se	curity number	
Chy, Why, D Data built, in your have a bringin address, also bolingers packed balance. Sale 24 occer to go to this fund. Checking a box below with oc change your tax or refund. SAN ANTONIO TX 78240 box below with oc change your tax or refund. Foreign country name Foreign province/state/country Foreign province/state/country Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Dependents See instructions): (1) First name (2) Social security (2) Relationship (4) 4// if quillifies for (see instructions): If more (1) First name Last name Image and tax and the change and the c	10431 L	EGAY	HL						·	Check	here if you	i, or your	
Foreign country name Foreign province/state/county Foreign postal code Void Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Standard Someone can claim: You as a dependent Your saw Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (a) Relationship (a) V' if qualifies for (see instructions): If more (1) First name Last name Immetry number Immetry opu Child tax credit Credit for other dependents see instructions Immetry number Immetry opu			ce. If you have a foreign address, also co	mplete s	paces below.								
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Generation Generat								-	-	_		•	
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) V' if qualifies tor (see instructions): If more than four (1) First name Last name number (2) Social security (3) Relationship (4) V' if qualifies tor (see instructions): If more than four (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies tor (see instructions): If more than four (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies tor (see instructions): and check Image: set instructions and check 2a Tax-exempt interest 2a 2a b Taxable amount 2b Set instructions Set instr	Foreign country	y name		l F	Foreign province/s	state/cour	nty	Foreiç	n postal code	your ta			
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): If more than four (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): and check	At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acc	quire any	financial inter	est in a	any virtual c	urrency	? 🗌 Yes	X No	
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Image: Credit for other dependents see instructions and check here ▶ Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents and check here ▶ Image: Credit for other dependents Image: Credit for other dependents 3ad check here ▶ Image: Credit for other dependents Image: Credit for other dependents 3ad check here ▶ Image: Credit for other dependents Image: Credit for other dependents 3ad check here ▶ Image: Credit for other dependents Image: Credit for other dependents 3ad check here ▶ Image: Credit for other dependents Image: Credit for other dependents 3ad Qualified dividends > Saa Image: Credit for other dependents 4a IRA distributions > Saa Image: Credit for other dependents 5a Pensions and annuities > Saa Image: Credit for other dependents 5a Pensions and annuities > Saa <td></td> <td></td> <td></td> <td>•</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				•		•							
If more than four dependents, see instructions and check Last name number to you Child tax credit Credit for other dependents see instructions and check Image: see instructions and check Image: see instructions Image: see i	Age/Blindness	s You	: Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January	2, 1956	ls b	olind	
If More Implementation Implementation Implementation Implementation dependents, see instructions Implementation Implementation Implementation Implementation and check here Implementation Implementation Implementation Implementation Implementation Attach 2a Tax-exempt interest Implementation I	-							nip					
dependents, see instructions and check here Image: set of the se		(1)										<u> </u>	
and check here image: state interest inte	· · · ·												
here Image: Standard Deduction for - Single or Married filing jointly or Gapital gain or (loss). Attach Schedule D if required. If not required. If		s —											
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a 1. b Ordinary dividends 3b 1. Yequired. 4a IRA distributions 4a b Ordinary dividends 3b 1. Standard Pensions and annuities 5a 6a b Taxable amount 4b Standard Ga Social security benefits 5a 6a b Taxable amount 5b Standard Ga Social security benefits 6a b Taxable amount 5b Single or Maried filing separately, 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income b Taxable amount 6b 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income b 7 -2, 570. 8 From Schedule 1, line 22 . . 10a 10b 250. 9 89, 1.31. 10 Add lines 10a and 10b. These are your total adjustments to income 10c 250. 14 Standard Deduction or itemized ded												$\overline{\square}$	
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a 1. b Ordinary dividends 3b 1. Yequired. 4a IRA distributions 4a b Ordinary dividends 3b 1. Standard Pensions and annuities 5a 6a b Taxable amount 4b Standard Ga Social security benefits 5a 6a b Taxable amount 5b Standard Ga Social security benefits 6a b Taxable amount 5b Single or Maried filing separately, 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income b Taxable amount 6b 7 -2, 570. 8 Orther income from Schedule 1, line 9 Social security benefits 9 89, 131. 9 89, 131. 10 Adjustments to income: 10b 250. 10c 250. 10 Adjustments to income: 10b 250. 11 88, 881. 11 Subtract line 10c from line 9. Th		1	Wages, salaries, tips, etc, Attach F	orm(s)	N-2				<u>_</u>		1	99,000.	
Sch. B if required. 3a 1. b Ordinary dividends 3b 1. 4a IRA distributions 4a b Dratable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 6a Social security benefits 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 -2,570. 8 Other income from Schedule 1, line 9 . . 8 -7,300. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . > 9 89,131. 10 Adjustments to income: a From Schedule 1, line 22 . 10a 10b 250. 9 Add lines 10a and 10b. These are your total adjustments to income . 11 88,881. • Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income . 11 88,881. • If you checked any box under Standard Gualifying Wox under Stand	Attach	2a		1.1		b]	Faxable interes	t .		2			
Vertequired. 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 -2,570. Married filing separately, sit2,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 -2,570. 8 -7,300. • Married filing pointly or Qualifying widow(en, \$24,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 89,131. • Head of household, \$18,650 10 Add lines 10a and 10b. These are your total adjustments to income 10b 250. • Head of household, \$18,660 11 Subtract line 10c from line 9. This is your adjusted gross income 11 88,881. • If you checked any box under Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 14 12,400. 15 76,481. 15 76,481. 15 76,481.		3a	· -	3a	1.					3	b	1.	
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule 1, line 9 7 -2,570. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -7,300. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 89,131. 10 Adjustments to income: 10a 9 89,131. 10 Adjustments to income: 10b 250. 9 Charitable contributions if you take the standard deduction. See instructions 10b 250. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 88,881. 12 12,400. 12 12,400. 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 14 12,400. 15 76,481.	required.	4a	IRA distributions	4a			-			. 4	b		
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -2,570. • Single or Married filing separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -7, 300. • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 10a and 10b. These are your total adjustments to income 10a 10b 250. • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 10c 250. • If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 12 12,400. 14 12,400. 14 12,400. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 76,481.		5a	Pensions and annuities	5a		b	Faxable amour	nt		. 5	b		
 Single or Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A Qualified business income deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the second deduction or itemized deduction deduction or itemized deduction or itemized deduction deduction or itemized deduction deduction deduction d	Standard	6a	Social security benefits	6a		b	Faxable amour	nt		. 6	b		
Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -7,300 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 89,131 Married filing jointy or Qualifying widow(er), \$24,800 10 Adjustments to income: 9 89,131 0 Adjustments to income: 10a 9 89,131 0 Adjustments to income: 10a 10a 9 89,131 0 Adjustments to income: 10a 10b 250 9 89,131 0 Charitable contributions if you take the standard deduction. See instructions 10a 10b 250 0 Add lines 10a and 10b. These are your total adjustments to income 10c 250 11 88,881 11 88,881 13 Subtract line 10c from line 9. This is your adjusted gross income 11 12 12,400 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400 14 12,400 14 12,400 15 76,481		7	Capital gain or (loss). Attach Sche	dule D if	required. If not	t required	d, check here		🕨		7	-2,570.	
\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 89, 131. • Married filing jointy or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointy or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10b 250. • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, lin	e9.						. 8	3	-7,300.	
 Married filing jointy or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A Qualified business income deduction. Attach Form 8995 or Form 8995-A Add lines 12 and 13 Add lines 12 and 13 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your tota	l income	•			▶ 9	3	89,131.	
Qualifying widow(er), \$24,800 a From Schedule 1, line 22		10	Adjustments to income:										
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 250. • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income . <td></td> <td>а</td> <td>From Schedule 1, line 22</td> <td></td> <td></td> <td></td> <td> 10</td> <td>а</td> <td></td> <td></td> <td></td> <td></td>		а	From Schedule 1, line 22				10	а					
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions. Add lines 12 and 13	widow(er),	b	Charitable contributions if you take	the star	dard deduction	. See inst	tructions 10	b	25	50.			
\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 88,681. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 Add lines 12 and 13 13. 14 12,400. 14 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 76,481.		с	Add lines 10a and 10b. These are	your tot	al adjustments	s to inco	me			▶ 10	C	250.	
 If you checked any box under Standard deduction or itemized deductions (from Schedule A) Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A Ia Add lines 12 and 13 Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- If you checked any box under Standard deduction or itemized deductions (from Schedule A) Ia 12 12,400. Ib 12 12,400. 		11	Subtract line 10c from line 9. This	is your a	adjusted gross	income				▶ 1	1	88,881.	
Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 Deduction, see instructions. 14 Add lines 12 and 13 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 76,481.	 If you checked 	12	Standard deduction or itemized	deduct	i ons (from Sche	edule A)				. 1	2	12,400.	
see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduction	usiness income deduction. Attach Form 8995 or Form 8995-A					. 1	3			
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14								4			
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or	less, ente	er-0			. 1	5		

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

Form **1040** (2020)

Form 1040 (2020))										Pag	e 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	12,615	
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	12,615	
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		_
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	12,615	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0	
	24	Add lines 22 and 23. This is	your total tax						. 🕨	▶ 24	12,615	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	15	,324			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	15,324	
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)			N	٩ö	27					_
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	8, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refunda	able cr	edits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	15,324	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is tl	he amoui	nt you	overpaid		34	2,709	
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attacl	hed, cheo	ck here	ə		35 a	2,709	
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► c Ty	rpe: 🗙	Chec	king	Saving	s		_
See instructions.	►d	Account number 4 8 8	0 6 2 5	6 9 2 !	5 3							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37		
You Owe		Note: Schedule H and Sch	edule SE filers.	line 37 may r	not repre	sent all o	of the	taxes vou	owe fo	or 🗌		
For details on how to pay, see		2020. See Schedule 3, line 1			•			, ,				
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	he IRS?	See					
Designee	ins	tructions						Yes. Co	omplet	e below.	× No	
		signee's		Phone						ntification		
		ne 🕨		no. 🕨					oer (PIN	/		_
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your ocd	•					nt you an Identity	
				Duito	100.000	apation					IN, enter it here	
Joint return?					SOFT	WARE B	EMPL(OYEE	(s	ee inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse'	s occupati	ion				nt your spouse an	
your records.	,									eniity Prot ee inst.) 🕨	ection PIN, enter it h	ere T
	Ph	one no.		Email address						,,		
		parer's name	Preparer's signat				Date		PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GIIDTA	тат.т.ам		26/2021		82703	Self-employed	ł
Preparer		n's name GLOBAL TA		TTTTT DAGAN	JULIA	ייארריצי	04/	20/2021			678)965-952	
Use Only		n's address > 2530 Pebb		n Cummin	a CI î	30041				rm's EIN		
Co to union inc.					-			00/04/04 05 5		III S EIN	Form 1040 (2)	
GO 10 WWW.IIS.go	JV/FOM	1040 for instructions and the late	SUITIOTTIALION.		B/	AA	KE/	02/21/21 PRC	,		FORM IVAU (2)	J2U)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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

	Attachment Sequence No. 01							
Your social security number								
698-57	-7944							

Department of the Treasury Internal Revenue Service

Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR
HARI SANTHOSH	MANIKA MUKKA
Part I Additi	onal Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,300.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
	line 8	9	-7,300.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
F . P	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/21/21 PRO	Schedu	le 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

HARI SANTHOSH MANIKA MUKKA

Your social security number 698-57-7944

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting	g your gain	or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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	91,298.	95,978.	2,1	10.	-2,570.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	-2,570.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	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			
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	. ,	12 13			
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15				

For Paperwork Reduction Act Notice, see your tax return instructions.

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-2,570.
	• 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 line 22.			
	• 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.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(2,570.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	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.			

REV 02/21/21 PRO

Schedule D (Form 1040) 2020

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► 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.

or lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

Name(s) shown on retain	boolar security number of taxpayer identification number
HARI SANTHOSH MANIKA MUKKA	698-57-7944

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.

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate 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)	
ROBINHOOD SECURITIES LLC	06/24/20	08/06/20	91,298.	95,978.	EW	2,110.	-2,570.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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) ►		91,298.	95,978.		2,110.	-2,570.		

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Departme	ent of the Treasury	Attach to Form 1040							Attac	hment	
Internal F	Revenue Service (99)	► Go to www.irs.gov/ScheduleE fo	or inst	tructions	and th	e latest	information.		Sequ	ence No. 1	
. ,	shown on return									ty number	
	SANTHOSH MANIF	-						698-5			
Part		s From Rental Real Estate and Ro	-		-			• •	•		ISE
		instructions. If you are an individual, rep									
		ents in 2020 that would require you to		. ,						Yes 🛛	No
B If "	Yes," did you or will y	ou file required Form(s) 1099?							. 🗆 `	Yes 🗌	No
1a	Physical address of each property (street, city, state, ZIP code)										
Α	GANDHI NAGAR H	NDHI NAGAR HYDERABAD TELANGANA IN 500046									
В											
С		1									
1b	Type of Property						Rental	Personal Use		QJV	
	(from list below)	above, report the number of fa	QJV box only			Days		Day	s		
Α	3	personal use days. Check the if you meet the requirements to	o file as a A				365		0		
В		qualified joint venture. See inst	ructio								
С					С						
	of Property:						_				
-	le Family Residence	3 Vacation/Short-Term Rental				7 Self-					
	ti-Family Residence		6 Rc	oyalties		8 Othe	er (describe)		1		
Incom		Properties:			Α		В			С	
3			3			450.					
_ 4			4								
Expen			_								
5			5								
6		nstructions)	6								
7		nance	7			900.					
8			8								
9			9 10								
10 11		egal and other professional fees				200					
12		11 12		, ⊥ ,	200.						
13		id to banks, etc. (see instructions)	13								
14			14		1	500.					
15			15			200.					
16			16								
17	Utilities	17		1,	950.						
18		e or depletion	18								
19	Other (list)		19								
20	Total expenses. Add	lines 5 through 19	20		7,	750.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see	instructions to find out if you must									
	file Form 6198		21		-7,	,300.					
22	Deductible rental rea on Form 8582 (see in	l estate loss after limitation, if any,	22	(7	200)	(١	(`
23a	,	nstructions)		1		300.) 23a	\	450.	\)
zsa b		reported on line 4 for all royalty prop			• •	23a		150.			
c		eported on line 12 for all properties				23c					
d		reported on line 18 for all properties				23d					
e		reported on line 20 for all properties				23e		7,750.			
24		e amounts shown on line 21. Do no						. 24			
2 4 25		e amounts shown on me 21. Do no					al losses here		(7,30	00)
		ate and royalty income or (loss).							\	.,50)
26		IV, and line 40 on page 2 do not									
		40), line 5. Otherwise, include this ar						. 26		-7,3	300.

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

2020