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.

Submission Identification Number (SID)

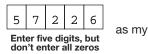
Тахрау	ver's name	Social security number
DIL	JP KOTTAM	708-35-7226
Spouse	s's name	Spouse's social security number
Par	t I Tax Return Information – Tax Year Ending December 31, (Ent	ter year you are authorizing.)
Enter	whole dollars only on lines 1 through 5.	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 79,590.
2	Total tax	2 10,569.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,188.
4	Amount you want refunded to you	4 1,619.
5	Amount you owe	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a copy of your return)
my kn	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I at original or amended) I am new authorizing I consent to allow my intermediate service provider trans-	pove are the amounts from the income tax

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

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN



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

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

		as my
er fiv n't er		

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 ►	
Practit	oner PIN Method Returns Only—continue below	
Part III Certification and Authentic	tion — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN for		2 7 8 6 1 9 8 9

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

ERO's signature Date							
	ERO Must Retain This Form — Se submit This Form to the IRS Unless						
For Denemory Deduction Act Nation	a very tex veture instructions	DEV 02/07/24 DBO	Earm 8879 (Bay, 01 2021)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/07/21 PRO

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	0	OMB No. 15	45-0074	IRS Use On	ıly—Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly under the n son is a child but not your dependent	, ,		,			. ,		, 0	low(er) (QW) he qualifying
Your first name	e and m	iddle initial	Last name						Your so	cial securi	ty number
DILIP			KOTTAM						708-	35-722	6
If joint return, s	spouse's	s first name and middle initial	Last name						Spouse	's social se	curity number
Home address		er and street). If you have a P.O. box, see ITH OK	instructions.				ŀ	Apt. no.	Check I	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete spaces b	elow.	Stat	te	ZIP co	ode			ntly, want \$3 Checking a
BELLEVU	E				WP	ł	980	07		ow will not	•
Foreign countr	y name		Foreign	province/state/	count	У	Foreiç	in postal code	e your ta	c or refund.	
At any time du	uring 20	020, did you receive, sell, send, exch	nange, or other	wise acquire	any f	financial inte	erest in a	iny virtual c	currency?		
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur] Your spous a dual-status			t				
Age/Blindnes	s You:	Were born before January 2, 1	956 🗌 Are I	olind Sp	ouse	: 🗌 Was b	orn befo	ore January	2, 1956	Is bl	lind
Dependent	s (see	instructions):	(2)	Social security	/	(3) Relation	ship	(4) 🖌 if	qualifies fo	r (see instru	uctions):
If more		irst name Last name		number		to you		Child tax			ther dependents
than four											
dependents,											
see instruction and check	5 —										
here 🕨 🗌											
	1	Wages, salaries, tips, etc. Attach F	orm(s) W-2						. 1		84,240.
Attach	2a	Tax-exempt interest	2a		b Ta	axable intere	est .		. 2b)	
Sch. B if	3a	Qualified dividends	3a			rdinary divid			3b	,	
required.	4a	IRA distributions	4a			axable amou			. 4b	,	
	5a	Pensions and annuities	5a		b Ta	axable amou	unt		. 5b	,	
Standard	6a	Social security benefits	6a		b Ta	axable amou	unt		. 6b	,	
Deduction for –	7	Capital gain or (loss). Attach Sched	dule D if require	ed. If not rea	uired.	check here		🕨			
 Single or Married filing 	8	Other income from Schedule 1, lin							. 8		-4,400.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a		our total inc	ome				► <u>9</u>		79,840.
\$12,400Married filing	10	Adjustments to income:			00						
jointly or	a	From Schedule 1, line 22				1	0a				
Qualifying widow(er),	b	Charitable contributions if you take					0b	21	50.		
\$24,800		Add lines 10a and 10b. These are							► 10	•	250.
 Head of household, 	с 11	Subtract line 10c from line 9. This	· · ·						► 11	_	79,590.
\$18,650If you checked	12	Standard deduction or itemized		•				· · · ·			12,400.
any box under	13	Qualified business income deduction	÷ ('						12,700.
Standard Deduction,			on. Allach POr	11 0993 UI FU	/111 0					-	12 100
see instructions.	14 15	Add lines 12 and 13 Taxable income. Subtract line 14	from line 11		· ·					1	<u>12,400.</u> 67,190.
		Act and Paperwork Reduction Act N				I - U-			. 15	_	n 1040 (2020)

Form 1040 (2

Form 1040 (2020))			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	10,569.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,569.
	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	10,569.
	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	10,569.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	12,188.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812		
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8		
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	
	33	Add lines 25d, 26, and 32. These are your total payments	33	12,188.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,619.
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,619.
Direct deposit?	►b	Routing number X X X X X X X X X X X ► c Type: Checking Savings		
See instructions.	►d	Account 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		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.		
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		
		ne ► no. ► number (PIN) ►		
Sign	Un bel	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	the bes	t of my knowledge and er has any knowledge
Here				nt you an Identity
	. 10			N, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.) 🕨	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.	*		ity Prote inst.) 🕨	ection PIN, enter it here
,			HSL.)	
		one no. Email address		
Paid		Preparer's name Preparer's signature Date PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/16/2021 P02082		Self-employed
Use Only				678)965-9522
			s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/07/21 PRO		Form 1040 (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 10 ► Go to www.irs.gov/Form1040 for instructions and

040-NR.	
the latest information.	Attach Seque

2020	
Attachment Sequence No. 01	

OMB No. 1545-0074

Internal Revenue Service Form1040 for instructions and the latest information.						
	Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number		
	DILIP KOTTAM		708-35	-7226		
	DILIP KOTTAM		708-35	-7226		

Part I Additional 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	-4,400.
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	-4,400.
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 on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa		Schedu	ile 1 (Form 1040) 2020

Deperture	ent of the Treasury	Attach to Form 1040), 1040-SR, 104	10-NR, d	or 1041.				
	levenue Service (99)	► Go to www.irs.gov/ScheduleE f	or instructions	and the	e latest i	nformation.		Attac	hment ence No. 13
	shown on return	U U					Your so		ty number
. ,	P KOTTAM							35-722	•
Part		ss From Rental Real Estate and Ro	valties Note	• If you	are in th	a husiness of			
rart		e instructions. If you are an individual, rep	-	-				•	
		nents in 2020 that would require you to	. ,						
		you file required Form(s) 1099?						•	Yes 🗌 No
<u>1a</u>		of each property (street, city, state, ZIF	code)						
<u>A</u>	HYD HYDERABAI	D IN							
B									
С									
1b	Type of Property	2 For each rental real estate prop	perty listed			Rental		nal Use	QJV
	(from list below)	above, report the number of fa personal use days. Check the	ar rental and O.IV box only.		C	ays	Da	iys	
Α	3	if you meet the requirements to qualified joint venture. See inst	o file as a	Α		365		0	
В		qualified joint venture. See inst	tructions.	В					
С				С					
Туре с	of Property:								
1 Sing	le Family Residence	e 3 Vacation/Short-Term Rental	5 Land		7 Self-l	Rental			
2 Mult	i-Family Residence	4 Commercial	6 Royalties		8 Othe	r (describe)			
Incom	e:	Properties:		Α		В			С
3	Rents received .		3		300.				
4	Royalties received		4						
Expen						>			
5	Advertising		5						
6	Auto and travel (see	e instructions)	6						
7	Cleaning and maint	enance	7		600.				
8	Commissions		8						
9	Insurance		9						
10	Legal and other pro	ofessional fees	10						
11	Management fees		11		800.				
12	-	paid to banks, etc. (see instructions)	12						
13	Other interest.		13						
14			14	1,	100.				
15	Supplies		15		000.				
16			16						
17			17	1,	200.				
18	Depreciation expen		18						
19	Other (list)		19						
20	Total expenses. Ad	d lines 5 through 19	20	4,	700.				
21	Subtract line 20 fro	m line 3 (rents) and/or 4 (royalties). If							
		e instructions to find out if you must							
	file Form 6198 .		21	-4,	400.				
22	Deductible rental re	eal estate loss after limitation, if any,							
	on Form 8582 (see		22 (-4,4	.00.)	()()
23a		s reported on line 3 for all rental prope			23a	,	300.		,
b		s reported on line 4 for all royalty prop			23b			-	
c		s reported on line 12 for all properties			23c				
d		reported on line 18 for all properties			23d				
e		s reported on line 20 for all properties			23e	4	4,700.		
24		tive amounts shown on line 21. Do no					. 24		
25		losses from line 21 and rental real estate			nter tota	l losses here			4,400.)
		state and royalty income or (loss).							_,, /
26		, IV, and line 40 on page 2 do not							
		040), line 5. Otherwise, include this ar					. 26	;	-4,400.

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

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