Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social security number

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

Submission Identification Number (SID)

Taxpaver's name

DILEEP K PARVATHA REDDY	790-01-5273
Spouse's name	Spouse's social security number
BHARGAVI IRUGU	973-90-1819
Part I Tax Return Information – Tax Year Ending December 31, (E	nter 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 62,399.
2 Total tax	· · · · . 2 4,114.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · · 3 2,021.
4 Amount you want refunded to you	4
5 Amount you owe	5 893.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy of your return)

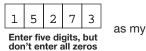
Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax 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.

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

Date



9

as mv

0 1 8 1

Enter five digits, but don't enter all zeros

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

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.

Spouse's signature ►	D	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Certification and A	uthentication — Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-di	igit EFIN followed by your five-digit self-selected PIN.	5	8	 	_	6 all ze	 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 🕨	s signature Date Date										
	ERO Must Retain This F Don't Submit This Form to the I	orm — See Instructions RS Unless Requested To D	o So								
Fee Demonstrate Deduction As	t Nation and communications		Form 8870 (Day 01 0001)								

THEN use this address to send in your payment						
Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214						
Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000						
Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501						
Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303						

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2020

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service

2020

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

(99)

Enter the amount

of your payment . 1555 893.

REV 02/21/21 PRO

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KX 40543-7000

DILEEP K PARVATHA REDDY BHARGAVI IRUGU 212 DELMAR CT WARSAW IN 46582

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ Jrn 20)2(o. 1545-0	074 IRS Use	Only-	–Do not wi	rite or staple	in this space.			
Filing Status Check only one box.	s ∶ If yc] Marrie ame of y	ed filing separa		,		busehold (HO	H)	Qual	ifying wid	low(er) (QW)			
Your first name	e and m	iddle initial	Last nar	me						Your so	cial securi	ty number			
DILEEP 1	К		PARV	ATHA REDI	DY					790-01-5273					
		s first name and middle initial	Last nar							Spouse's	s social se	curity number			
BHARGAV	-		IRUG	ŢŢ					973-90-1819						
		er and street). If you have a P.O. box, see						Apt. no.				on Campaign			
212 DEL											ere if you,				
		ce. If you have a foreign address, also co	mplete si	oaces below.		State	Z	ZIP code	٦			ntly, want \$3			
WARSAW		,,	1			IN		46582				Checking a			
Foreign countr	v name		F	oreign province/	/state/c			oreign postal c	ode	box below will not change your tax or refund.					
	,										You	Spouse			
At any time du	uring 20	020, did you receive, sell, send, exch	nange, o	r otherwise ac	quire a	any financial	interest	: in any virtua	al cui	rrency?	Yes	X No			
Standard Deduction		eone can claim:	•		•	as a deper Ilien	ident								
Age/Blindnes	s You	Were born before January 2, 1	956	Are blind	Spo	use: 🗌 W	as born	before Janua	ary 2	, 1956	🗌 ls b	lind			
Dependent	s (see	instructions):		(2) Social s	ecurity	(3) Rel	ationship	(4) 🗸	if qu	ualifies for	(see instru	ictions):			
lf more		irst name Last name		numbe		to	you	Child t				her dependents			
than four															
dependents,															
see instruction and check	s —														
here															
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2						. 1		68,049.			
Attach	2a	- · · · · ·	2a ິ			b Taxable i	nterest			2b					
Sch. B if	3a	· –				b Ordinary				3b					
required.	- 4a		4a			b Taxable a				4b					
	5a		5a			b Taxable a				5b					
Standard	6a		6a			b Taxable a				6b					
Deduction for –	7	Capital gain or (loss). Attach Scher		required. If no					· . ▶ [7					
 Single or Married filing 	8	Other income from Schedule 1, line		required. If the	riequi							-5,400.			
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a		his is your tot	al inco	 mo				9		<u> </u>			
\$12,400Married filing	10	Adjustments to income:										52,017.			
jointly or	a	From Schedule 1, line 22					10a								
Qualifying widow(er),	b	Charitable contributions if you take					10a		250						
\$24,800		Add lines 10a and 10b. These are										250.			
 Head of household, 	С 11			•								62,399.			
\$18,650	11	Subtract line 10c from line 9. This Standard deduction or itemized							. '	 11 12 					
 If you checked any box under 	12			,		,			• •			24,800.			
Standard Deduction.	13	Qualified business income deducti	on. Atta	CH FORM 8995	or For				• •	13	-	24 000			
see instructions.	14	Add lines 12 and 13	••••						• •	14		<u>24,800.</u> 37,599.			
	15	Taxable income. Subtract line 14								15		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	4,114.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,114.
	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	4,114.
	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	4,114.
	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	2,021.
K	26	2020 estimated tax payments and amount applied from 2019 return	26	
If you have a L qualifying child,	27	Earned income credit (EIC)		·
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812		
nontaxable	29	American opportunity credit from Form 8863, line 8	7	
combat pay, see instructions.	30	Recovery rebate credit. See instructions	-	
	31	Amount from Schedule 3, line 13	-	
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,200.
	33	Add lines 25d, 26, and 32. These are your total payments	33	3,221.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	57221.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	► b	Routing number $X X X X X X X X X X X$ Construction of the set o	554	
	►d	$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
	36	Amount of line 34 you want applied to your 2021 estimated tax \blacktriangleright 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	893.
You Owe	57		01	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
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		structions	celow.	× No
5	De	signee's Phone Personal identi	fication	
	na	ne 🕨 no, 🕨 number (PIN) 🕽	•	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
	Yo			nt you an Identity IN, enter it here
Joint return?			inst.) 🕨	
See instructions.	Sp		IRS se	nt your spouse an
Keep a copy for	/			ection PIN, enter it here
your records.		HOUSE WIFE (see	inst.) 🕨	
		one no. Email address		1
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAN	IPRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2021 P0208	2703	Self-employed
Use Only	Fir	m's name ► GLOBAL TAXES LLC Phot	ne no.	(678)965-9522
	Fir	m's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN 🖡	► <u>30-1017196</u>
Go to <i>www.ir</i> s.go	ov/Forr	n1040 for instructions and the latest information. BAA REV 02/21/21 PRO		Form 1040 (2020

	Additional Income and Adjustments to Income	F	OMB No. 1545-0074							
	Internet of the Treasury Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.		2020 Attachment Sequence No. 01							
	Name(s) shown on Form 1040, 1040-SR, or 1040-NRYour soDILEEP K PARVATHA REDDY & BHARGAVI IRUGU790-0									
Par	t I Additional Income									
1	Taxable refunds, credits, or offsets of state and local income taxes	1								
2a	Alimony received	2a	1							
b	Date of original divorce or separation agreement (see instructions)									
3	Business income or (loss). Attach Schedule C									
4	Other gains or (losses). Attach Form 4797	4								
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedu	ile E 5	-5,400.							
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-line 8		-5,400.							
Par	t II Adjustments to Income	•	5,100.							
10	Educator expenses	10								
11	Certain business expenses of reservists, performing artists, and fee-basis governm									
	officials. Attach Form 2106	11								
12	Health savings account deduction. Attach Form 8889	12	2							
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	8							
14	Deductible part of self-employment tax. Attach Schedule SE	14	<u>ا</u>							
15	Self-employed SEP, SIMPLE, and qualified plans	15	5							
16	Self-employed health insurance deduction	16	5							
17	Penalty on early withdrawal of savings	17	,							
18a	Alimony paid		a							
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									
22	Add lines 10 through 21. These are your adjustments to income. Enter here a on Form 1040, 1040-SR, or 1040-NR, line 10a	and								

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

Schedule 1 (Form 1040) 2020

SCHE (Form 1	DULE E	(Erom	ronta		upplementa yalties, partnersl					tructe DEM	Cs atc)	OMB	No. 1545-0074
(,	(FIOIII	renta				-				05, etc.)	2	020
	ent of the Treasury				hch to Form 1040					formation		Attack	nment
	evenue Service (99) shown on return			Go to www.irs.g	gov/ScheduleE f	orinsi	ructions	s and the	latest	niormation.	Your socia		ence No. 13
()			יחחםי		AT TRUCH								-
	EP K PARVA					valtia					790-0	-	-
Part					Estate and Ro an individual, rep	-		•			÷ .		
					Id require you to								
	res," dia you o	or will yo		required Form	(s) 1099?	· ·						· 🗆 '	res 🗌 No
<u>1a</u>				property (street	t, city, state, ZIF	- code	e)						
	HYD HYDER	ABAD	IN										
<u> </u>									E a la	Dental	Description		
1b	Type of Prop		2	For each renta	l real estate prop the number of fa	perty l	listed			Rental	Personal		QJV
	(from list be	elow)		personal use d	lavs. Check the	QJV k	oox onlv		L	Days	Days		
A	3			if you meet the	e requirements to venture. See inst	o file a	as a	A		365		0	
B				quaimed joint v		Inuctio	115.	В					
С								С					
	of Property:												
-	le Family Resid				rt-Term Rental				Self-				
	i-Family Reside	ence	4	Commercial		6 Rc	yalties	8	3 Othe	r (describe)			
Incom	-				Properties:			<u> </u>		В			С
3	Rents received					3			0.				
4	Royalties recei	ived.				4							
Expen	ses:												
5	-					5							
6		-		ctions)		6							
7	-					7		-	700.				
8	Commissions.					8							
9	Insurance					9							
10	Legal and othe	er profe	ssion	al fees		10							
11	Management f	ees .				11		8	300.				
12	Mortgage inter	rest pai	d to b	banks, etc. (see	e instructions)	12							
13	Other interest.				<u>.</u>	13							
14	Repairs				• • • •	14		1,2	250.				
15	Supplies					15		1,3	350.				
16	Taxes					16							
17	Utilities					17		1,3	300.				
18	Depreciation e	expense	e or d	epletion		18							
19	Other (list) 🕨					19							
20	Total expenses	s. Add I	lines	5 through 19 .		20		5,4	100.				
21	Subtract line 2	0 from	line 3	3 (rents) and/or	4 (royalties). If								_
	result is a (loss	s), see i	instru	ictions to find o	out if you must								
	file Form 6198	3				21		-5,4	400.				
22	Deductible ren	ntal real	esta	te loss after lin	nitation, if any,								
	on Form 8582	(see in	struc	tions)		22	(-5,4	00.)	()	()
23a	Total of all amo	ounts re	eport	ed on line 3 for	all rental prope	rties			23a		0.		
b	Total of all am	ounts re	eport	ed on line 4 for	all royalty prop	erties			23b				
с					or all properties				23c				
d	Total of all am	ounts re	eport	ed on line 18 fc	or all properties				23d				
е	Total of all amo	ounts re	eport	ed on line 20 fc	or all properties				23e		5,400.		
24					n line 21. Do no						. 24		
25					rental real estate				nter tota	al losses here	e. 25	(5,400.)
26					ome or (loss).								
					bage 2 do not								
					e, include this a						. 26		-5,400.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020