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)

Taxpayer's name	Social security number
AKSHITA CHOWDARY TRIPURANENI	396-49-5724
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	<b>1</b> 74,887.
<b>2</b> Total tax	<b>2</b> 9,535.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 12,612.
4 Amount you want refunded to you	<b>4</b> 3,077.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	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	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

9	5	7	2	4	
	er fiv n't er				as

my

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

to	enter	or	generate	my	PIN

as mv 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.

Spouse's signature									
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	 	 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 >	Date 🕨	
	Aust Retain This Form — See Instructions This Form to the IRS Unless Requested To Do S	so
For Denominant's Deduction Act Nation and vous t	DEV/ 02/01/24 DBO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO

Filing Status       Note Single       Married filing particle (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 midow(er) (QW)       Prove frame and middle initial       Lati nume       Your social security number         AKSHITA CHOWDARY       TRIPURANENI       Spouse's first name and middle initial       Lati nume       Spouse's cocial security number         Home address (number and street). If you have a Dreign address, also complete spaces below.       State       2/P cocial security number         4206       EASTGATE       DR       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign postal coci       You       Spouse filing jointly, want 33         Foreign country name       Foreign province/state/county       Foreign postal coci       You       Spouse       You       Spouse         Foreign country name       Foreign powince/state/county       Foreign postal coci       You       Spouse       You       Spouse         Begelinding       Someone can claim:       You as a dependent       You       You       Spouse       You       Spouse         Begelinding       If First name       Last name <t< th=""><th>E<b>1040</b></th><th></th><th>artment of the Treasury-Internal Revenue Servi S. Individual Income Tax</th><th></th><th>(99) <b>urn</b></th><th>202</th><th>20</th><th>OMB No. 1545</th><th>5-0074</th><th>IRS U</th><th>se Only</th><th>—Do not v</th><th>vrite or staple</th><th>in this space.</th></t<>	E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	5-0074	IRS U	se Only	—Do not v	vrite or staple	in this space.
AKSHITA CHOWDARY       TRIPURANENI       396-49-5724         If joint return, spoule's first name and middle initial       Last name       Spoule's social security number         Home address furnber and street). If you have a P.O. box, see instructions.       Apt. no.       TRIPURANENI         4206 E ASTGATE DR       13.17       Chock here if you, or your       Spouse's social security number         ORLANDO       FL       32839       box below will not change your tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Standard       Someone can claim:       You as a dependent       You repouse as a dependent       You for refund.         Dependents       (see instructions):       (P) residentiates to any virue during country or refund.       Spouse'       Nos         Age/Bindness You:       Ware born before January 2, 1956       Are blind       Spouse:       Nos         Dependents       (see instructions):       (P) social security       (S) Relationship       (A) If qualifies for ise instructions):         If more than four dependents, see instructions:       (I) First name       Last name       Immediates       Immediates         If any complet theres I       2a       D       D travale amount.       4b       Immediates         If any	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-						'		, 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.       1317         4206 EASTGATE DR       1317         City, town, or poor office. If you have a foreign address, also complete spaces below.       State       22839         ORLANDO       FL       32839         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Standard       Someone can claim:       You spouse as a dependent       You spouse as a dependent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Image: space itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Wages, salaries, tips, etc. Attach Form(s) W-2       Image: space itemizes on a separate return or you were a dual-status alien         ad check       Image: space itemizes on a separate return or you were a dual-status alien       Image: space itemizes on a separate return or you were a dual-status alien         Attach       Spouse itemizes on a separate return or you were a dual-status alien       Image: space itemizes on a separate return or you were a dual-status alien         Attach       Tar-exempt interest       2       Image: space itemizes on a separate return or you were a dual-st	Your first name	and m	iddle initial	Last na	ime							Your so	ocial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         42.06       EASTGATE DR       1317       Check here if you, or your spouse if filing jointly, want S3         ORLANDO       FL       328.39       spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign postal code       you below will not change your it as or refund.         You       Spouse itemizes on a separate return or you were a dual-status alien       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 itemizes on a separate return or you were a dual-status alien         Age/Blindness       You       Wages, salaries, tips, etc. Attach Form(s) W-2       Iterate it	AKSHITA	CHO	WDARY	TRIE	PURANE	INI						396-	49-572	4
4206 EASTGATE DR       1317       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       spouse if filling jointly, wart \$3         ORLANDO       FL       32839       box below will not change       your tax or refund. Checking a box below will not change         Foreign country name       Foreign province/statk/country       Foreign postal code       your tax or refund. Checking a box below will not change         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         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) 4' if qualifies for (see instructions):       Check here       2b         If more       (1) First name       Last name       in umber       in taxable amount       2b         see instructions       in taxable       in taxable       in taxable       in taxable         and check       a	If joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Chi, Wan, or Dock miker, Your have a holegin address, also compare spaces below.       State       20 - Code       to go to this fund. Checking a box below.       to go to this fund. Checking a box below.       to go to this fund. Checking a box below.       to go to this fund. Checking a box below.       You       Space         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         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       (1) First name       Last name       (2) Social security       (3) Relationship       (4) <sup>4</sup> If qualifies for (see instructions):       (4) <sup>4</sup> If qualifies for (see instructions):         if more       (1) First name       Last name       b       b       Tax-exempt interest       2a       b       b       Tax-bit and the dependents         see instructions       1       75, 133.       3a       Child tax credit       1       75, 133.         Attach       2a       b       Taxable amount       5b <td></td> <td></td> <td></td> <td>instructi</td> <td>ons.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Check</td> <td>here if you,</td> <td>or your</td>				instructi	ons.							Check	here if you,	or your
ORLANDO       FL       32839       box below will not change         Foreign pound       Foreign province/state/county       Foreign postal code       your tox or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       A dual-status alien       Image: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       A re blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Opendents, see instructions):       (I) First name       Immediation in the province/status alien       Immediation in the province/status alien       Immediation in the province/status alien         Attach       2a       Tax-exempt interest       2a       Immediation interest       2b       Immediation in the province/status alien         Standard       2a       Tax-exempt interest       5a       Immediation in the province/status areadiation in the provincolatable amount       Sb <t< td=""><td>City, town, or p</td><td>ost offi</td><td>ce. If you have a foreign address, also co</td><td>mplete s</td><td>paces be</td><td>ow.</td><td>Sta</td><td>te</td><td>ZIP co</td><td>ode</td><td></td><td></td><td></td><td></td></t<>	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	ow.	Sta	te	ZIP co	ode				
Foreign country name       Foreign province/state/county       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       Yeur spouse as a dependent         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):       (2) Social security       (a) Relationship       (d) If its credit for other dependents         see instructions       Image: space sp	ORLANDO						F	L	328	339				0
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         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) If qualifies for (see instructions):         If more than four       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       number       1       (2) Social security       (3) Relationship       (4) If qualifies or (see instructions):         and check       Image: than four       <	Foreign country	y name			Foreign pi	rovince/state	/coun	ty	Foreig	gn postal	code			•
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Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       4.         8       Other income from Schedule 1, line 9       .       .       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       >       9         9       Add lines 10a and 10b. These are your total adjustments to income       .       >       10a       10a         9       Charitable contributions if you take the standard deduction. See instructions       10b       250.       250.       10c       250.         9       Standard       Cadd lines 10a and 10b. These are your total adjustments t											$\overline{\Box}$			
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       4.         8       Other income from Schedule 1, line 9       .       .       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       >       9         9       Add lines 10a and 10b. These are your total adjustments to income       .       >       10a       10a         9       Charitable contributions if you take the standard deduction. See instructions       10b       250.       250.       10c       250.         9       Standard       Cadd lines 10a and 10b. These are your total adjustments t		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1	1	75,133.
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4a       IRA distributions       4a       b       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,400       Other income from Schedule 1, line 9       5       7       4.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       •       9       75,137.         10       Adjustments to income:       a       into       10a       10b       250.         •       From Schedule 1, line 22       .       .       •       10c       250.         •       Add lines 10a and 10b. These are your total adjustments to income       .       •       10c       250.         •       Had of household, \$18,650       Subtract line 10c from line 9. This is your adjusted gross income       .       •       11       74,887.         •       11       74,887.       12       12,400.       12       12,400.         •       Standard deduction or itemized deductions (from Schedule A)       <		3a	· -								•	3t	<b>)</b>	
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 D if required. If not required, check here       *       7       4.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       *       8       *         • Married filing jointly or Qualifying widow(er), \$24,800       *       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       *       *       11       74,887.         • If you checked ary box under 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.	required.	4a	IRA distributions	4a								. 4k	<b>)</b>	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       4.         • Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       75, 137.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       75, 137.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Add lines 10a and 10b. These are your total adjustments to income       10b       250.         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       74,887.         • If you checked any box under Standard Deduction, see instructions, see instructions, see instructions,       12       12,400.       12       12,400.         14       Add lines 12 and 13       •       •       14       12,400.		5a	Pensions and annuities	5a			bТ	axable amour	ıt			. 5k	<b>)</b>	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Ino</li> <li< td=""><td>Standard</td><td>6a</td><td>Social security benefits</td><td>6a</td><td></td><td></td><td>bТ</td><td>axable amour</td><td>ıt</td><td></td><td></td><td>. 6t</td><td><b>)</b></td><td></td></li<></ul>	Standard	6a	Social security benefits	6a			bТ	axable amour	ıt			. 6t	<b>)</b>	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       75, 137.         Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       75, 137.         b       Charitable contributions if you take the standard deduction. See instructions       10a       10a       10a         •       9       75, 137.       10a       10a       250.       10a         •       •       0       Adjustments to income:       10b       250.         •       •       10c       250.       10c       250.         •       •       10c       250.       11       74, 887.         •       11       74, 887.       11       74, 887.         •       12       12, 400.       13       14       12, 400.		7	Capital gain or (loss). Attach Sche	dule D i	f required	d. If not rec	uired	, check here				7		4.
\$12,400       9       Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income       9       75, 137.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly 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		
Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income: a       10a       10a         b       From Schedule 1, line 22       10a       10b       250.         b       Charitable contributions if you take the standard deduction. See instructions       10b       250.         From Schedule 1, line 22       10b       250.       10c       250.         Head of household, \$18,650       C       Add lines 10a and 10b. These are your total adjustments to income       10c       250.         11       74,887.       11       74,887.       11       74,887.         If you checked any box under Standard Deduction, see instructions.       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       12       12       12,400.         14       Add lines 12 and 13       14       12,400.       14       12,400.		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. 1	This is yo	ur <b>total in</b> d	ome					▶ 9		75,137.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         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       .       .       .       .       .       .       10c       250.         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       .       .       .       .       .       .       .       11       74,887.         • If you checked any box under Standard       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       . </td <td></td> <td>10</td> <td></td>		10												
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       .		а	From Schedule 1, line 22					10	a					
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>	widow(er),	b	Charitable contributions if you take	the star	ndard de	duction. Se	e inst	ructions 10	b		25	0.		
\$18,650       11       74,887.         \$18,650       12       Subtract line 10c from line 9. This is your adjusted gross income       1         • If you checked any box under Standard       13       Standard deduction or itemized deductions (from Schedule A)       1       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13       14       12,400.		с	Add lines 10a and 10b. These are	your <b>to</b> f	tal adjus	tments to	inco	me				▶ 10	с	250.
<ul> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>14 Add lines 12 and 13</li></ul>		11	Subtract line 10c from line 9. This	is your a	adjusted	l gross inc	ome					► <u>1</u> 1		74,887.
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 131412,400.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (fro	m Schedul	e A)					. 12	2	12,400.
Deduction, see instructions.         14         Add lines 12 and 13         12,400.		13	Qualified business income deduction	ion. Atta	ach Form	1 8995 or F	orm 8	995-A				. 13		
15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14											1	12,400.
		15	Taxable income. Subtract line 14	from lin	ne 11. lf z	ero or less	, ente	er-0				. 15	5	62,487.

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): <b>1</b> 🗌 881	4 2 🗌	4972	3			16	9,535.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	9,535.
	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	9,535.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 🕨	▶ 24	9,535.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	12	,612		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	12,612.
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	)19 return					26	
qualifying child,	27	Earned income credit (EIC)			No	<u>?</u> .	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 8863	3, 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 <b>tot</b> a	al other paym	ents and r	refunda	ble cr	edits	. )	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 1	33	12,612.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the	e amour	nt you	overpaid		34	3,077.
Refutio	35a	Amount of line 34 you want					•	-		35a	3,077.
Direct deposit?	►b	Routing number 0 6 3			► c Type		Chec		Saving	s	
See instructions.	►d	Account number 2 2 9						ľ	0		
	36	Amount of line 34 you want				. ►	36	T .			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe	now .				. •	37	
You Owe		Note: Schedule H and Sch		-						or 📃	
For details on		2020. See Schedule 3, line 1			•			taxoo you	0110 10		
how to pay, see 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 the	e IRS?	See				
Designee		structions	•					Yes. C	omplet	e below.	X No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					oer (PIN	,	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here							iseu on				nt you an Identity
	, TO	ur signature		Date	Your occu	pation					IN, enter it here
Joint return?					SOFTW	ARE D	DEVE	LOPER	(s	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	occupati	on				nt your spouse an
Keep a copy for your records.	,										ection PIN, enter it here
your rocordo.									(S	ee inst.) 🕨	
		one no.	During	Email address					יידט		Objects 11
Paid		eparer's name	Preparer's signat		a		Date	10/0000	PTIN	00505	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA T	ALLAM	03/	10/2021		82703	Self-employed
Use Only		m's name GLOBAL TA									(678)965-9522
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3(	0041			Fi	rm's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	4	REV	/ 03/01/21 PRO	)		Form <b>1040</b> (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

AKSHITA CHOWDARY TRIPURANENI

Your social security number

396-49-5724

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting 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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	rom art 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 <b>Box A</b> checked	81.	77.			4.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> 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				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	() 2	, ,	7	4.

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	<b>(g)</b> Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	15					

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 4.
	• If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>	
	□ 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 ( )
	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 03/01/21 PRO	Schedule D (Form 1040) 2020

	0100	
Form	0343	

# **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12A

Name(s) shown on return		Social security number or taxpayer identification number			
AKSHITA CHOWDARY	TRIPURANENI	396-49-5724			

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

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</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 <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	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.		Gain or (loss). Subtract column (e)
					(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	03/18/20	04/27/20	81.	77.			4.
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) ►			81.	77.			4.

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