# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submission Identification Number (SID)   |  |  | -  |  |  |  |
|--|--|--|--|--|--|--|
| Taxpayer's name  |  | Social securit   | y number   |  |  |  |
| NAGARJUNA CHILAKA  | 675-08-4137  |  |  |  |  |  |
| Spouse's name  |  | Spouse's soc   | ial securit  | ty number  |  |  |
| Part I Tax Return Information — Tax Year Ending December 31,   | 2020 (Enter  | year you a   | re auth  | orizing.)  | )  |  |
| 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  | 8  | ,105.  |  |
| 2 Total tax  |  |  | 2  |  | 0.   |  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |  |  | 3  | 1  | ,507.  |  |
| 4 Amount you want refunded to you  |  |  | 4  | 3  | ,307.  |  |
| 5 Amount you owe   |  |  | 5  |  |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure  | e you get and k  | eep a cop  | y of yo  | ur retur   | <u>n) </u>   |  |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receip for any delay in processing the return or refund, and (c) the date of any refund. If applicable Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issue personal identification number (PIN) below is my signature for the income tax return (original transfer of the i | ot or reason for reject, I authorize the U.S. itution account indicate financial institution. Agent to terminate the cancellation requires involved in the passinvolved to the passinvolved to the passinvolved to the passinvolved in the passinvolve | ction of the tr.  S. Treasury are ted in the tanto debit the the authorizates must be processing of ayment. I furt | ansmissind its destand its destand entry to ation. To the electand entry the electand entry the electand entry acknowless. | on, <b>(b)</b> the signated I ration soft this accorevoke (cd no late tronic paylowledge | e reason<br>Financial<br>tware for<br>unt. This<br>cancel) a<br>r than 2<br>yment of<br>that the |  |
| Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only   |  |  |  |  |  |  |
|  | nter or generate n   | 8 BINI 8   | 4 1  | 3 7  | 00 1001  |  |
| ERO firm name signature on the income tax return (original or amended) I am now author   | · ·  | Ent  | ter five diç<br>n't enter a  |  | as my  |  |
| I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practibelow.  | amended) I am no<br>titioner PIN metho   |  |  |  |  |  |
| Your signature ►   | Date ▶   |  |  |  |  |  |
| Spouse's PIN: check one box only   |  |  |  |  |  |  |
| ☐ I authorize to e   | nter or generate n   | ny PIN   |  |  | as my  |  |
| ERO firm name  |  |  | er five dig  |  |  |  |
| signature on the income tax return (original or amended) I am now author   | •  |  | n't enter a  |  |  |  |
| I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Pract below.   |  |  |  |  |  |  |
| Spouse's signature ▶   | Date <b>▶</b>  |  |  |  |  |  |
| Practitioner PIN Method Returns Only—  | continue below   |  |  |  |  |  |
| Part III Certification and Authentication — Practitioner PIN Method  | d Only   |  |  |  |  |  |
| EDO's EFIN/DIN Enter your six digit EFIN followed by your five digit self selected   | d PIN. 5 8   | 7 2 7  | 8 6 1  | L 9 8  | 9  |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected   | u Pin. [5   6 ]  | Don't ente   |  |  | ] ]  |  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic ir authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confir requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS 6   | rm that I am submi   | k return (origii<br>tting this retu  | nal or am<br>Irn in acc  | nended) I<br>cordance  |  |  |
| ERO's signature ▶  | Date ►   |  |  |  |  |  |
| ERO Must Retain This Form — See Don't Submit This Form to the IRS Unless R   |  | o So   |  |  |  |  |

## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

| Filing Status<br>Check only<br>one box. | If yo    | Single  Married filing jointly<br>we checked the MFS box, enter the<br>son is a child but not your depende | name of           | ed filing separately<br>your spouse. If you |            | _            |            | •                            | _           |                           |              | . , , ,                     |
|---|----------|--|-------------------|---|------------|--------------|------------|------------------------------|-------------|---------------------------|--------------|-----------------------------|
| Your first name                         | and m    | iddle initial  | Last na           | me  |            |              |            |                              | Your        | soc                       | ial security | y number                    |
| NAGARJUI                                | ΝA       |  | CHIL              | JAKA  |            |              |            |                              | 675         | 675-08-4137               |              |                             |
| If joint return, s                      | pouse's  | s first name and middle initial  | Last na           | me  |            |              |            |                              | Spor        | ıse's                     | social sec   | urity number                |
| Home address                            | •        | er and street). If you have a P.O. box, se   | ee instruction    | ons.  |            |              |            | Apt. no.                     | Ched        | ck he                     | ere if you,  | •                           |
| City, town, or p                        | ost offi | ce. If you have a foreign address, also o  | complete s        | paces below.                                | Sta        |              |            | code                         |             |                           | 0,           | tly, want \$3<br>Checking a |
| SAN JOS                                 |          |  |                   | CA   9                                      |            |              |            | 95127 bo                     |             | box below will not change |              |                             |
| Foreign country                         | y name   |  |                   | Foreign province/state                      | e/coun     | ty           | For        | Foreign postal code your tax |             |                           | or refund.   | Spouse                      |
| At any time du                          | ring 20  | 020, did you receive, sell, send, ex   | change, c         | or otherwise acquir                         | e any      | financial ir | nterest ir | n any virtual                | currenc     | y?                        | Yes          | <b>⊠</b> No                 |
| Standard<br>Deduction                   | _        | eone can claim:  | •                 |   |            |              | ent        |                              |             |                           |              |                             |
| Age/Blindness                           | You:     | Were born before January 2,  | 1956              | Are blind S                                 | oouse      | : Was        | born be    | efore Januar                 | y 2, 195    | 6                         | ☐ Is blii    | nd                          |
| Dependents                              | s (see   | instructions):   |                   | (2) Social securi                           | ty         | (3) Relati   | onship     | (4) 🗸 i                      | f qualifies | s for                     | (see instruc | ctions):                    |
| If more                                 |          | irst name Last name  |                   | number                                      |            | to you       |            | Child tax credi              |             | - 1                       |              | er dependents               |
| than four                               |          |  |                   |   |            |              |            |                              |             |                           |              |                             |
| dependents,<br>see instruction          |          |  |                   |   |            |              |            |                              |             |                           |              | ]                           |
| and check                               |          |  |                   |   |            |              |            |                              | ]           |                           |              | <u>]</u>                    |
| here ▶                                  |          |  |                   |   |            |              |            |                              | ]           |                           |              | ]                           |
|   | 1        | Wages, salaries, tips, etc. Attach   | Form(s)           | W-2   |            |              |            |                              |             | 1                         | 1            | 2,105.                      |
| Attach<br>Sch. B if                     | 2a       | Tax-exempt interest  | 2a                |   | b T        | axable inte  | erest      |                              |             | 2b                        |              |                             |
| required.                               | 3a       | Qualified dividends  | 3a                |   | <b>b</b> ( | Ordinary div | vidends    |                              |             | 3b                        |              |                             |
|   | 4a       | IRA distributions  | 4a                |   | <b>b</b> T | axable am    | ount .     |                              |             | 4b                        |              |                             |
|   | 5a       | Pensions and annuities   | 5a                |   | <b>b</b> T | axable am    | ount .     |                              |             | 5b                        |              |                             |
| Standard                                | 6a       | Social security benefits   | 6a                |   | b T        | axable am    | ount .     |                              | <u>.</u>    | 6b                        |              |                             |
| Deduction for— Single or                | 7        | Capital gain or (loss). Attach Sch   | edule D if        | required. If not red                        | quirec     | , check he   | re .       | •                            | · 🗆 📙       | 7                         |              |                             |
| Married filing                          | 8        | Other income from Schedule 1, li   | ne 9 .            |   |            |              |            |                              |             | 8                         |              |                             |
| separately,<br>\$12,400                 | 9        | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7   | , and 8. T        | his is your <b>total in</b>                 | come       |              |            |                              | <b>•</b>    | 9                         | 1            | 2,105.                      |
| Married filing                          | 10       | Adjustments to income:   |                   |   |            |              |            |                              |             |                           |              |                             |
| jointly or<br>Qualifying                | а        | From Schedule 1, line 22   |                   |   |            |              |            |                              | 00.         |                           |              |                             |
| widow(er),<br>\$24,800                  | b        | Charitable contributions if you take the standard deduction. See instructions 10b                          |                   |   |            |              |            |                              |             |                           |              |                             |
| Head of                                 | С        | Add lines 10a and 10b. These are   | e your <b>tot</b> | al adjustments to                           | inco       | me           |            |                              | <b>•</b>    | 10c                       |              | 4,000.                      |
| household,<br>\$18,650                  | 11       | Subtract line 10c from line 9. This  | s is your a       | adjusted gross inc                          | ome        |              |            |                              | •           | 11                        |              | 8,105.                      |
| If you checked                          | 12       | Standard deduction or itemized   | d deduct          | ions (from Schedu                           | le A)      |              |            |                              | . [         | 12                        | 1            | 2,400.                      |
| any box under<br>Standard               | 13       | Qualified business income deduc  | ction. Atta       | ach Form 8995 or F                          | orm 8      | 8995-A .     |            |                              | . [         | 13                        |              |                             |
| Deduction, see instructions.            | 14       | Add lines 12 and 13  |                   |   |            |              |            |                              | . [         | 14                        | 1            | 2,400.                      |
| 550 monuotions.                         | 15       | Taxable income. Subtract line 1  | 4 from lin        | e 11. If zero or less                       | s, ente    | er -0        |            |                              | . [         | 15                        |              | 0.                          |

| Form 1040 (2020                                     | ))       |  |                       |                    |                  |            |             |                         |             |                           | Р            | Page 2 |
|---|----------|--|-----------------------|--------------------|------------------|------------|-------------|-------------------------|-------------|---------------------------|--------------|--------|
|   | 16       | Tax (see instructions). Check  | if any from Form      | n(s): <b>1</b> 881 | 4 <b>2</b> 4972  | 3 🗌        |             |                         | 16          |                           |              | 0.     |
|   | 17       | Amount from Schedule 2, lin  | ne 3                  |                    |                  |            |             |                         | 17          |                           |              |        |
|   | 18       | Add lines 16 and 17  |                       |                    |                  |            |             |                         | 18          |                           |              | 0.     |
|   | 19       | Child tax credit or credit for   | other dependen        | ts                 |                  |            |             |                         | 19          |                           |              |        |
|   | 20       | Amount from Schedule 3, lin  | ne 7                  |                    |                  |            |             |                         | 20          |                           |              |        |
|   | 21       | Add lines 19 and 20  |                       |                    |                  |            |             |                         | 21          |                           |              |        |
|   | 22       | Subtract line 21 from line 18  |                       |                    |                  |            |             |                         | 22          |                           |              | 0.     |
|   | 23       | Other taxes, including self-e  |                       |                    |                  |            |             |                         | 23          |                           |              | 0.     |
|   | 24       | Add lines 22 and 23. This is   | your <b>total tax</b> |                    |                  |            |             | . ▶                     | 24          |                           |              | 0.     |
|   | 25       | Federal income tax withheld  |                       |                    |                  |            |             |                         |             |                           |              |        |
|   | а        | Form(s) W-2  |                       |                    |                  | 25a        | 1           | ,507                    |             |                           |              |        |
|   | b        | Form(s) 1099   |                       |                    |                  | 25b        |             | •                       |             |                           |              |        |
|   | С        | Other forms (see instructions  |                       |                    |                  | 25c        |             |                         |             |                           |              |        |
|   | d        | Add lines 25a through 25c  | ,                     |                    |                  |            |             |                         | 25d         |                           | 1,50         | 07.    |
|   | 26       | 2020 estimated tax payment   |                       |                    |                  |            |             |                         | 26          |                           |              |        |
| <ul> <li>If you have a qualifying child,</li> </ul> | 27       | Earned income credit (EIC)   |                       |                    |                  | 27         |             |                         |             |                           |              |        |
| attach Sch. EIC.  If you have                       | 28       | Additional child tax credit. A   |                       |                    |                  | 28         |             |                         |             |                           |              |        |
| nontaxable  | 29       | American opportunity credit  |                       |                    |                  | 29         |             |                         |             |                           |              |        |
| combat pay, see instructions.                       | 30       | Recovery rebate credit. See  |                       | •                  |                  | 30         | 1           | ,800                    | _           |                           |              |        |
|   | 31       | Amount from Schedule 3, lin  |                       |                    |                  | 31         |             | 7000                    | •           |                           |              |        |
|   | 32       | Add lines 27 through 31. The   |                       |                    |                  |            | dits        | . •                     | 32          |                           | 1,80         | 00.    |
|   | 33       | Add lines 25d, 26, and 32. T   | •                     |                    |                  |            |             |                         |             |                           | 3,30         |        |
| D. C I  | 34       | If line 33 is more than line 24  |                       |                    |                  |            |             |                         | 34          |                           | 3,30         |        |
| Refund  | 35a      | Amount of line 34 you want   |                       |                    |                  | -          | -           | ▶ □                     |             |                           | 3,30         |        |
| Direct deposit?                                     | ▶b       | Routing number 1 2 1   |                       |                    |                  | Checkir    |             | Savings                 |             |                           | <del> </del> |        |
| See instructions.                                   | ▶d       | Account number 3 2 5   |                       |                    |                  |            | .9 L        | ouvinge                 |             |                           |              |        |
|   | 36       | Amount of line 34 you want a   |                       |                    |                  | 36         | i           |                         |             |                           |              |        |
| Amount  | 37       | Subtract line 33 from line 24  |                       |                    |                  |            |             |                         | 37          |                           |              |        |
| You Owe   | 01       | Note: Schedule H and Sch   |                       | -                  |                  |            |             |                         |             |                           |              |        |
| For details on                                      |          | 2020. See Schedule 3, line 1   | ·                     | •                  | •                | or the ta. | xes you     | owe lo                  |             |                           |              |        |
| how to pay, see instructions.                       | 38       | Estimated tax penalty (see in  | *                     |                    |                  | 38         |             |                         |             |                           |              |        |
| Third Party   |          | you want to allow another  |                       |                    |                  |            |             |                         |             |                           |              |        |
| Designee  |          | structions   | •                     |                    |                  |            | Yes. C      | omplete                 | below.      | X No                      |              |        |
| 3   | Des      | signee's   |                       | Phone              |                  |            | Pers        | onal ider               | ntification |                           |              |        |
|   | nar      | me 🕨   |                       | no. ▶              |                  |            | num         | oer (PIN)               | <u> </u>    |                           |              |        |
| Sign  |          | der penalties of perjury, I declare t ief, they are true, correct, and com |                       |                    |                  |            |             |                         |             |                           |              |        |
| Here  | You      | ur signature   |                       | Date               | Your occupation  |            |             |                         |             | nt you an I               |              |        |
|   | <b>k</b> |  |                       |                    |                  |            |             | - 1                     |             | IN, enter it              | here         |        |
| Joint return?<br>See instructions.                  | 0=       |  | 44                    | D-t-               | S                |            |             | i                       | e inst.)    |                           |              |        |
| Keep a copy for                                     | Spo      | ouse's signature. If a joint return, I                                     | ootn must sign.       | Date               | Spouse's occupat | ion        |             |                         |             | nt your spo<br>ection PIN |              |        |
| your records.                                       |          |  |                       |                    |                  |            |             |                         | e inst.) 🕨  |                           | T            |        |
|   | Pho      | one no.  |                       | Email address      | ı                |            |             |                         |             |                           |              |        |
|   | Pre      | eparer's name  | Preparer's signat     | ture               |                  | Date       |             | PTIN                    |             | Check if:                 |              |        |
| Paid  | SYAM     | PRIYA RAM SAGAR GUPTA TALLAM   | SYAM PRIYA            | RAM SAGAR          | GUPTA TALLAM     | 03/22      | 2/2021      | P020                    | 82703       | Self                      | -emplo       | yed    |
| Preparer  |          | m's name ▶ GLOBAL TAX  |                       |                    |                  |            |             | Phone no. (678)965-9522 |             |                           |              |        |
| Use Only  |          | m's address ▶ 2530 Pebb  | n Cummin              | g GA 30041         |                  |            |             | m's EIN ▶               | . ,         | L017                      |              |        |
| Go to www.irs.au                                    |          | n1040 for instructions and the late  |                       |                    | BAA              | REV 03     | 3/13/21 PRO |                         |             |                           |              | (2020) |
|   |          |  |                       |                    | <b>2</b> /1/1    |            |             |                         |             |                           |              | /      |

# SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

NAGARJUNA CHILAKA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► 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

675-08-4137

| Par | t 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   |        |
| 6   | Farm income or (loss). Attach Schedule F  | 6   |        |
| 7   | Unemployment compensation   | 7   |        |
| 8   | Other income. List type and amount ▶  |     |        |
| 9   | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,                                      | 8   |        |
|     | line 8  | 9   |        |
| 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  | 4,000. |
| 22  | Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and                             |     |        |
|     | on Form 1040, 1040-SR, or 1040-NR, line 10a   | 22  | 4,000. |

# Form **8917**(Rev. January 2020)

Department of the Treasury

Internal Revenue Service

**Tuition and Fees Deduction** 

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **60** 

Name(s) shown on return NAGARJUNA CHILAKA Your social security number 675-08-4137



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

#### Before you begin:

- ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
  - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
    - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
    - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

|   | the Instructions for Forms 1040 and 1040   | io-sr.  |
|---|--|---|
| 1 | (a) Student's name (as shown on page 1 of your tax return)  First name  Last name  | (b) Student's social security number (as shown on page expenses (see 1 of your tax return) (c) Adjusted qualified expenses (see instructions) |
|   | NAGARJUNA CHILAKA  | 675-08-4137 13,605  |
|   |  |   |
| 2 | Add the amounts on line 1, column (c), and enter the total   | <b>2</b> 13,605   |
| 3 | Enter the amount from your "total income" line of Form 1040 1040-SR  | 40 or . 3 12,105.   |
| 4 | <ul> <li>For 2018: Enter the total of the amounts on your 2018 Schedule (Form 1040), lines 23 through 33, plus any write-in adjustments yentered on the dotted line next to Schedule 1 (Form 1040), line 30</li> <li>For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus an write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.</li> </ul> | 36.<br>19   |
|   | • For later years: See <a href="https://www.irs.gov/Form8917">www.irs.gov/Form8917</a> to find out if the line references above for 2019 have changed  |   |
| 5 | Subtract line 4 from line 3.* If the result is more than \$80,000 (\$ stop; you can't take the deduction for tuition and fees  |   |
|   | * If you're filing Form 2555, 2555-EZ, or 4563, or you're excludin<br>Effect of the Amount of Your Income on the Amount of Your Dec<br>amount to enter on line 5.  |   |
| 6 | <b>Tuition and fees deduction.</b> Is the amount on line 5 more that filling jointly)?   | han \$65,000 (\$130,000 if married  |
|   | Yes. Enter the smaller of line 2, or \$2,000.  No. Enter the smaller of line 2, or \$4,000.  |   |

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.