Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.

Submission Identification Number (SID)

Taxpayer's name

Taxpayer's name	Social security number
SRUJANA KODALI	676-31-8774
Spouse's name	Spouse's social security number
PRABHU K KODALI	APPLIED FOR
Part I Tax Return Information – Tax Year Ending December 31, 2020 (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	1 63,556.
2 Total tax	2 3,758.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 5,892.
4 Amount you want refunded to you	4 3,934.
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a copy of your return)
	l ana manu authoriaina, anal ta tha haat af

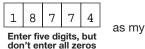
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax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



Enter five digits, but don't enter all zeros

as mv

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	Date 🕨
Practitioner PIN Method Ret	turns Only—continue below
Part III Certification and Authentication – Practitioner	^r PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig	it self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros

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 🕨							
EF Don't Sub								
For Denemicarly Deduction Act Nation and Ve	w tow wohners in obvisations	DEV/ 02/12/21 DDO	Earm 8879 (Pov. 01.2021)					

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾)2(OMB No.	1545-0074	IRS Use Only	∕—Do not wr	ite or staple	in this space.
Filing Status Check only one box.	lf yo	Single 🔀 Married filing jointly 🗌 u checked the MFS box, enter the n con is a child but not your dependent	- ame of y	d filing separa our spouse. If		· <u> </u>		ehold (HOH) / box, enter th		, ,	. , . ,
Your first name	and mi	iddle initial	Last nan	ne					Your soc	ial securi	ty number
SRUJANA			KODA	LI					676-3	81-877	4
lf joint return, s	pouse's	s first name and middle initial	Last nan						Spouse's	social se	curity number
PRABHU I			KODA	т.т					APPLIED FOR		
		er and street). If you have a P.O. box, see	-					Apt. no.			on Campaign
		REEK DRIVE,						1B	1	ere if you,	
		ce. If you have a foreign address, also co	mplete sp	aces below.		State	ZIP				ntly, want \$3
PERRYSB		,,	1			OH		551		this fund. w will not	Checking a
Foreign countr			F	oreign province/		-		ign postal code		or refund.	•
								.3. p	You Spous		
At any time du	ring 20	020, did you receive, sell, send, exch	nange, o	r otherwise ac	quire ar	ny financial ir	nterest in	any virtual cu	urrency?	Yes	No No
Standard Deduction	_	eone can claim:				as a depende ien	ent				
Age/Blindness	S You:	Were born before January 2, 1	956	Are blind	Spou	se: 🗌 Was	born be	fore January	2, 1956	🗌 ls bl	lind
Dependent	s (see	instructions):		(2) Social s	ecuritv	(3) Relati	onship	(4) 🖌 if a	ualifies for	(see instru	uctions):
If more		irst name Last name		numbe		to ye		Child tax c			her dependents
than four	BHU	JVAN P KODALI		APPLIED FOR Son							X
dependents,											
see instruction and check	s ——										
here											
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2					. 1		63,856.
Attach	2a		2a ິ		b	Taxable inte	erest		2b		
Sch. B if	3a	· –	3a			Ordinary di			3b		
required.	4a		4a	*		Taxable am			. 4b		
	5a		5a /		_	Taxable am			. 5b		
Standard	6a		6a			Taxable am			. 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			requir				. 8		
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a			, . I incon	 no			► <u>9</u>		63,856.
\$12,400Married filing	10		and b. H	hs is your tota		ne	• •		5		55,050.
jointly or		Adjustments to income:					100				
Qualifying widow(er),	a L	From Schedule 1, line 22					10a	20	0		
\$24,800		b Charitable contributions if you take the standard deduction. See instructions 10b 30 c Add lines 10a and 10b. These are your total adjustments to income								200	
 Head of household, 	C		·						► <u>10c</u>		300.
\$18,650	11	Subtract line 10c from line 9. This							► <u>11</u>		63,556.
 If you checked any box under 	12	Standard deduction or itemized		,		,					24,800.
Standard Deduction,	13	Qualified business income deducti	on. Atta	cn ⊢orm 8995	or ⊢orn						
see instructions.	14	Add lines 12 and 13	· · ·								<u>24,800.</u>
	15	Taxable income. Subtract line 14							. 15		38,756.
Ear Diselecture	Drivoo	Act and Paperwork Reduction Act N	ation on	o congrato inctr	untiona					Form	- 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	4,258.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,258.
	19	Child tax credit or credit for other dependents	19	500.
	20	Amount from Schedule 3, line 7	20	
	21	Add lines 19 and 20	21	500.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	3,758.
	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	3,758.
	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	5,892.
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	29	American opportunity credit from Form 8863, line 8		
combat pay, see instructions.	30	Recovery rebate credit. See instructions	1	
	31	Amount from Schedule 3, line 13	1	
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
	33	Add lines 25d, 26, and 32. These are your total payments	33	7,692.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,934.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,934.
Direct deposit?	►b	Routing number $X X X X X X X X X X X$ $respectively considered to the second data of th$	oou	575511
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	07			
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	ins	structions	below.	× No
C	De	signee's Phone Personal identii		
		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 our records.				ection PIN, enter it her
your records.		HOME MAKER (see	inst.) 🕨	
		one no. Email address		1
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2021 P0208:	2703	Self-employed
Use Only			ne no. (678)965-9522
	Fir	m's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN 🕨	
Go to <i>www.ir</i> s.go	ov/Form	n1040 for instructions and the latest information. BAA REV 03/13/21 PRO		Form 1040 (2020

5	Baid Preparer's Due Diligence Checklist					-0074		
Form		Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) a Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing S	nd tatus	2020				
	ent of the Treasury Revenue Service	 To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR Go to www.irs.gov/Form8867 for instructions and the latest informated information in the latest in the latest information in the latest in the lat		Attachment Sequence No. 70				
	r name(s) shown or			ification number				
SRU	JANA & PRAE	BHU K KODALI	676-31-8	774				
Enter pr	eparer's name and I	PTIN						
SYAN	A PRIYA RAM	I SAGAR GUPTA TALLAM	P0208270	3				
Part	Due Dili	gence Requirements						
		propriate box for the credit(s) and/or HOH filing status claimed on the return ned (check all that apply).		e the rel AOTC		arts I–V HOH		
1		blete the return based on information for tax year 2020 provided by the tained by you?	taxpayer or	Yes	No	N/A		
2	If credits are worksheets for AOTC workshe	claimed on the return, did you complete the applicable EIC and/or CTC und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions eet found in the Form 8863 instructions, or your own worksheet(s) that provide all related forms and schedules for each credit claimed?	s, and/or the	×				
3	the following.	/ the knowledge requirement? To meet the knowledge requirement, you mus						
	determine th	taxpayer, ask questions, and contemporaneously document the taxpayer's r at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.						
		mation to determine that the taxpayer is eligible to claim the credit(s) and/c of figure the amount(s) of any credit(s) \ldots \ldots \ldots \ldots \ldots \ldots		×				
4	information rea	nation provided by the taxpayer or a third party for use in preparing the asonably known to you, appear to be incorrect, incomplete, or inconsisten ons 4a and 4b. If "No," go to question 5.)			X			
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inforr	nation? .					
b	you asked, wh	emporaneously document your inquiries? (Documentation should include the norm you asked, when you asked, the information that was provided, and the d on your preparation of the return.)	e impact the					
5	keep a copy applicable wor 8867 and any	y the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a c ksheet(s), a record of how, when, and from whom the information used to p applicable worksheet(s) was obtained, and a copy of any document(s) pro- you relied on to determine eligibility for the credit(s) and/or HOH filing status	copy of any repare Form vided by the					
	the amount(s)			X				
	List those doc	uments provided by the taxpayer, if any, that you relied on:						
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate elig or HOH filing status and the amount(s) of any credit(s) claimed on the retu- red for audit?		X				
7		e taxpayer if any of these credits were disallowed or reduced in a previous ye	 ar?	X				
	•	e disallowed or reduced, go to question 7a; if not, go to question 8.)		<u>~ ~)</u>				
а		ete the required recertification Form 8862?						
8		is reporting self-employment income, did you ask questions to prepare a c						
		ule C (Form 1040)?				37 (2020)		

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 88	867 (2020)		Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Pa	art III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	s No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?		
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?		
Part		n CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		
Part			V.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	Yes	No
Part			VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax yea and provided more than half of the cost of keeping up a home for the year for a qualifying person?		No
Part	VI Eligibility Certification		
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or atoms on the nature of the terms of terms of the terms of t	HOH fili	ng
	status on the return of the taxpayer identified above if you:		
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of the credit(s);		
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for credit(s) claimed and HOH filing status, if claimed;	r any app	olicable
	C. Submit Form 8867 in the manner required; and		
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 in Document Retention.	structions	3 under
	1. A copy of this Form 8867.		
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.		
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eli credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).		
	A record of how, when, and from whom the information used to prepare this form and the applicable w obtained.		. ,
	5. A record of any additional information you relied upon, including questions you asked and the taxpaye determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s)		
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for comply related to a claim of an applicable credit or HOH filing status.	each failu	ıre to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	Yes	No
	REV 03/13/21 PRO	Form 88	67 (2020)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents.

Internal Revenue Service	•		► See	e sepa	rate instruc	ctions.					
An IRS individual	tax	payer identification nu	ımber (ITIN) i	is for	U.S. feder	al tax purp	oses	only.	Applicat	ion ty	pe (check one box):
Before you begin	:	rm if you have, or are el						-	🗙 Ap	ply fo	or a new ITIN an existing ITIN
Reason vou're su	ıbmi	itting Form W-7. Read	the instructio	ons for	the box v	ou check.	Cauti	on: If vo	ou check b	ox b .	c. d. e. f. or a. vou
		al tax return with Form			-			-			o, o, o, o, o, o, o , j , j o
		required to get an ITIN to		-						-)-	
				y bene	111						
		filing a U.S. federal tax re		.							
		n (based on days presen									
d 🗌 Dependent o	of U.S	6. citizen/resident alien	lf d, enter rela	tionshi	ip to U.S. cit	tizen/residen	it alien	(see ins	tructions) 🕨		
		l									
e 🛛 Spouse of U	l.S. c	itizen/resident alien	lf d or e, enter SRUJANA			TIN of U.S. c	itizen/ı	resident	alien (see in		ions)► 76-31-8774
f 🗌 Namuraidamh	- 11	J								0	/0-31-0//4
_		student, professor, or res	-		ederal tax re	eturn or clain	ning ar	i except	on		
•	•	se of a nonresident alien h	olding a U.S. vi	Isa							
h 🗌 Other (see ir						,	<u> </u>				
Additional information	on for	a and f: Enter treaty cour	itry 🕨			and tre	aty art	icle num	ber 🕨		
Name	1a	First name		Midd	le name				name		
(see instructions)		PRABHU		KU	MAR			KOI	JALI		
Name at birth if	1b	First name		Midd	le name			Last	name		
different ►											
Applicant's	2	Street address, apartment	number, or rur	al rout	e number. If	you have a	P.O. I	box, see	separate i	nstruc	ctions.
Mailing		29133 FOX CREEK	DRIVE,	Apt	1B						
-		City or town, state or prov	ince, and count	try. Inc	lude ZIP co	de or postal	code	where ap	propriate.		
Address		City or town, state or province, and country. Include ZIP code or postal code where appropriate. PERRYSBURG OH UNITED STATES 43551									
	3		number or rur	al rout	e number D	on't use a F	-			_	
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address											
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth	4	Date of birth (month / day / ye	ear) Country of	birth		City and st	ate or	province	e (optional)	5 📐	Male
Information		08/16/1983	INDIA	2				p. e	(optional)	_	Female
	62	Country(ies) of citizenship		tav I [D. number (if	fany) 6c	Type	oflisy	isa (if anv) n		r, and expiration date
Other	va	INDIA	OD T OF CIGH		. nomber (ii			01 0.0. V	N74064		09/06/2021
Information	64			tur et al.	ationa) N		- 			-	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
									the United		
		Issued by: INDIA	No.: L5784	4943	Ex	p. date: 10	/31/	2023	(MM/DD/\	YYY):	:
	6e	Have you previously receiv	ved an ITIN or a	an Intei	rnal Revenue	e Service Nu	mber	(IRSN)?			
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?No/Don't know. Skip line 6f.										
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).										
	6f	Enter ITIN and/or IBSN ►	ITIN					SN		,	and
	0.										dife
		name under which it was	Issued	First	name	Mi	iddle n	ame			ast name
	C					1011		anc			ast hame
	7	Name of college/university	or company (s	see ins	tructions)						
		City and state				Ler	ngth of	stay 🕨			
Sign	Und	er penalties of perjury, I (a	oplicant/delegate	/accept	ance agent)	declare that	I have	examine	d this applic	ation,	including accompanying
- 1		mentation and statements,									
Here	infor	mation with my acceptance a	gent in order to p	erfect ti	his Form W-7,	Application fo	or IRS I	ndividual	laxpayer Ider	ntificati	on Number.
Keep a copy for		Signature of applicant (if	delegate, see ir	nstruct	ions)	Date (month	/ day /	/ year)	Phone num	nber	
your records.						, I	-	· ·			
your rooorus.		Name of delegate, if appl	licable (type or	nrint)		Delegate's r	relation	shin 🖌	Dewart		ourt oppointed and it is
		rame of delegate, if app	ioubic (type 0	Piniy		to applicant			_		ourt-appointed guardiar
		0						/ · · · · · · · · · · · · · · · · · · ·	Power o	t attor	ney
Acceptance		Signature				Date (month	1 / day /	year)	Phone		
Agent's									Fax		
Use ONLY		Name and title (type or p	rint)		Name of co	ompany		EIN		F	PTIN
USE UNLI					(Office of	code			

REV 03/13/21 PRO

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual

Rev. August 2019)	Taxpayer I	dentificati	on Number			OMB No. 1545-0074			
Department of the Treasury For use by individuals who are not U.S. citizens or permanent residents.									
Internal Revenue Service	taxpayer identification number (ITIN) is	<u> </u>		only	Application	type (check one box):			
Before you begin				, y .		for a new ITIN			
	is form if you have, or are eligible to get, a	a U.S. social sec	urity number (SSN	V).	Rene	w an existing ITIN			
-	ubmitting Form W-7. Read the instruction	•				b, c, d, e, f, or g, you			
_	ederal tax return with Form W-7 unless		of the exceptions	s (see in	structions).				
	alien required to get an ITIN to claim tax treaty	/ benefit							
	alien filing a U.S. federal tax return t alien (based on days present in the United	States) filing a LLS	S federal tax return						
	of U.S. citizen/resident alien) If d , enter relat	, 0		see instr	uctions) 🕨 SC	DN			
·		·	·	4					
e 🗌 Spouse of U	I.S. citizen/resident alien		IN of U.S. citizen/re	sident al	lien (see instru	ctions) ► 676-31-8774			
f 🗌 Nonresident	alien student, professor, or researcher filing a	U.S. federal tax re	turn or claiming an	exceptio	n				
• _ ·	spouse of a nonresident alien holding a U.S. vis								
h U Other (see in	nstructions) ► on for a and f : Enter treaty country ►								
Name	1a First name	Middle name	and treaty artic	Last na					
(see instructions)	BHUVAN	PRAJWAL		KOD					
Name at birth if	1b First name	Middle name		ame					
Applicant's	2 Street address, apartment number, or rura	al route number. If	you have a P.O. be	ox, see s	separate instr	ructions.			
Mailing		Apt 1B							
Address	City or town, state or province, and count PERRYSBURG		OH	UNITI	ED STATES	43551			
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.								
U.S.) Address (see instructions)	City or town, state or province, and count	ry Include postal	code where approp	riate					
Birth	4 Date of birth (month / day / year) Country of	birth	City and state or p	rovince ((optional) 5	X Male			
Information	04/29/2016 INDIA					Female			
Other	6a Country(ies) of citizenship 6b Foreign INDIA	tax I.D. number (if	any) 6c lype o H4	t U.S. vis	a (if any), numb N7406419	per, and expiration date 09/06/2021			
Information		instructions)	Passport	Driver's					
	USCIS documentation Other								
					Date of entry the United Sta				
	Issued by: INDIA No.: S0649	722 Exp	o. date: 03/26/2	2023	(MM/DD/YYY	Y):			
	6e Have you previously received an ITIN or a	n Internal Revenue	e Service Number (II	RSN)?					
	 No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than c 	ne list on a sheet	and attach to this f	orm (see	instructions)				
	6f Enter ITIN and/or IRSN ► ITIN		IRS		instructions).	and			
	name under which it was issued ▶								
		First name	Middle na	me		Last name			
	6g Name of college/university or company (s	ee instructions) ►							
	City and state ►		Length of s						
Sign	Under penalties of perjury, I (applicant/delegate/ documentation and statements, and to the best	1 0 /				, , , , ,			
Here	information with my acceptance agent in order to pe	erfect this Form W-7,	Application for IRS Inc	dividual Ta	axpayer Identific	ation Number.			
Keep a copy for your records.	Signature of applicant (if delegate, see in	structions)	Date (month / day / y	year) F	Phone number				
	Name of delegate, if applicable (type or p	orint)	Delegate's relations to applicant	hip	Parent	Court-appointed guardian			
Acceptance	Signature		Date (month / day / y	year) F	Phone				
Agent's	Name and title (type or print)	Nome of			Fax	DTIN			
	Name and title (type or print)	Name of co	nipaliy	EIN		PTIN			

Use ONLY

Office code

03 23 2000000 Sequence No. Check here if this is an <u>amended</u> return. Include the Ohio IT RE. Do MOI include a copy of the previously filed return. Check here if claiming an NOL carryback. Include Schedule IT NOL Do MOI include a copy of the previously filed return. Primary taxpayer's SSN (required) If deceased 676 Spouse's SSN (if filing jointly) If deceased 676 School district # (see instructions). Primary taxpayer's SSN (required) If deceased 676 App I IE FOR Check hox SD# IV 8708 First name M.I. Last name SRUJANA KODALI Check hox SD# IV 8708 Spouse's first name (only if married filing jointly) M.I. Last name K KODALI Check hox SD# IV 8708 Address line 1 (number and street) or P.O. Box 29133 FOX CREEK DRIVE , Address line 2 (apartiment number, suite number, etc.) Apr I IB City State ZIP code Ohio county (first four letters) PERRYSBURG OH 43551 WOOD Foreign country (if the mailing address is outside the U.S.) Foreign postal code. Single, head of household or qualifying widow(er) * Resident Part-year Nonresident You Single, head of household or qualifying widow(er) * R		Do not staple or paper clip. 0098	2020 Ohio Individual Income					
DNMT include a copy of the previously field return. Primary transports SN (regured) >> if deceased Socues's SN (if filing jointly) APP IE FOR Check box Sthold district # (see instructions), check box Sthold district # (see instructions), check box First name ML Last name Check box Sthold district # (see instructions), check box Spouse's first name ML Last name Check box Sthold district # (see instructions), check box Spouse's first name K KODALI K KODALI Address line 1 (number and street) or PO. Box 29133 Spouse's first name (only if marited filing jointly) ML Last name Check box State ZP code Oho county (first four letters) Address line 2 (apartment number, suite number,		ļ	Use only black ink/UPP	ERCASE letters.		20000198 Sequenc	e No. 1	
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Check box SD# >> 8708 SD# >> 8708 Check box Check box		Primary taxpayer's SSN (required)	ceased Spouse's SSN (if t		If deceased			
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a the right if the amount is less than zero	or pap	2a. Additions – Ohio Schedule A, line 10 (INCLUDE	SCHEDULE)	2a	a.		00	
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		6. Taxable business income – Ohio Schedule IT Bl	JS, line 13 (INCLUDE SCHE	DULE)6	Э.		00	
MM-DD-YY Code		7. Line 5 minus line 6 (if less than zero, enter zero)		ī	7.	57106	00	
					MM	I-DD-YY Code		

0098

SSN 676 31 8774

2020 Ohio IT 1040



Individual Income Tax Return

		20000298 Sequenc	ce No. Z
7a. Amount from line 7 on page 1	7a.	57106	00
8a. Nonbusiness income tax liability on line 7a (see instructions	for tax tables)8a	a. 1374	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14	4 (INCLUDE SCHEDULE)81	Э.	00
8c. Income tax liability before credits (line 8a plus line 8b)	80	c. 1374	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line	34 (INCLUDE SCHEDULE)	э. О	00
10. Tax liability after nonrefundable credits (line 8c minus line 9;	if less than zero, enter zero)10	o. 1374	00
11. Interest penalty on underpayment of estimated tax (include	Ohio IT/SD 2210)1	1.	00
12. Use tax due on internet, mail order or other out-of-state purc	hases (see instructions)12	2.	00
13. Total Ohio tax liability before withholding or estimated payr	nents (add lines 10, 11 and 12)13	3. 1374	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, pa	art A, line 1 (INCLUDE SCHEDULE)14	4. 1886	00
15. Estimated and extension payments (from Ohio IT 1040ES ar from last year's return			00
			00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCL	UDE SCHEDULE)16	3.	00
17. <u>Amended return only</u> – amount previously paid with origina	l and/or amended return17	7.	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)		3. 1886	00
19. <u>Amended return only</u> – overpayment previously requested	on original and/or amended return19	Э.	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amo	ount is less than zero20	D. 1886	00
If line 20 is MORE THAN line 13, skip to line 24. OT	HERWISE, continue to line 21.		
21. Tax liability (line 13 minus line 20). If line 20 is negative, igno	re the "-" and add line 20 to line 132	1.	00
22. Interest due on late payment of tax (see instructions)		2.	00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio (if amended return) and make check payable to "Ohio T	o IT 40P (if original return) or IT 40XP reasurer of State" AMOUNT DUE ▶ 23	3.	00
24. Overpayment (line 20 minus line 13)	24	4. 512	00
25. <u>Original return only</u> – amount of line 24 to be credited towar 26. <u>Original return only</u> – amount of line 24 to be donated:		5.	00
a. Ohio History Fund b. State nature preserves	c. Breast/Cervical Cancer		
d. Wishes for Sick Children e. Wildlife species	f. Military injury relief	i.	00
00 00	00		
27. REFUND (line 24 minus lines 25 and 26g)		7. 512	00
Sign Here (required): I have read this return. Under penalties of po and belief, the return and all enclosures are true, correct and complete.	erjury, I declare that, to the best of my knowledge	If your refund is \$1.00 or less, no refund will b If you owe \$1.00 or less, no payment is nec	
Primary signature	_ Phone number(419)932-1922	NO Payment Included – Mail I	to:
Spouse's signature	_ Date (MM/DD/YY)	Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	
Check here to authorize your preparer to discuss this return with the	Payment Included – Mail to		
Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUP</u> Preparer's TIN	$\begin{array}{c} - \text{Phone number} (678)965 - 9522 \\ \text{PTIN} P02082703 \end{array}$	Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057	
•	02002/03	00.000,000 10210 2001	



2020 Schedule of Ohio Withholding



20350198

1886 00

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

676 31 8774

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401.

<u>Part B -</u> 1. P/S	<u>W-2s</u> Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		
P. 170	980429806	56189 00	4992 00		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax		
	526502299	56189 00	1647 00		
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		
Р	205658378	7667 00	900 00		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax		
	54152582	7667 00	239 00		
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		
		00	00		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax		
		00	00		
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		
		00	00		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax		
		00	00		
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		
		00	00		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax		
		00	00		
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld		

Box 15 - Employer's Ohio ID number

Box 15 - Employer's Ohio ID number

7. P/S Box b - EIN 00

Box 16 - Ohio wages, tips, etc.

00

Box 1 - Wages, tips, other compensation

00

Box 16 - Ohio wages, tips, etc.

00



00

Box 17 - Ohio income tax

00

Box 2 - Federal income tax withheld 00



Part C - 1099-Rs 1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Payer's TIN 2. P/S

Box 15 - Payer's Ohio number

Payer's TIN 3. P/S

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

2020 Schedule of Ohio Withholding

Primary taxpayer's SSN 676 31 8774

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00 Box 14 - Ohio state winnings

00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00

Box 1 - Nonemployee compensation 00

00

Box 7 - State income



20350298

Sequence No. 12

Box 7 -Distribution code distribution Box 14 - Ohio tax withheld

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 0.0

Total distribution

Total

distribution

Total

Total

distribution

Box 14 - Ohio tax withheld 00

Box 7 -

Distribution code

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

Box 5 - Ohio tax withheld

00

Pres. 8/25/20. Schedule of Withholding - page 2 of 2 REV 03/16/21 PRO



Ohio Department Taxation	Use only black ink/UPPERCASE letters	20200100
0.2 0.2 0.1	Tax Year Primary taxpayer's SSN 2020 676 31 8774	
03 23 21	LULU 676 31 8774 buse (if filing jointly) as dependents on this schedule.	Sequence No. 9
for each dependent you list. If you have	more than 15 dependents, complete additional copies of this to you" if there are not enough boxes to spell it out complete	is schedule and include them with your income tax return.
1. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
989 94 8525	04 29 2016	SON
Dependent's first name	M.I. Dependent's last name	
BHUVAN	P KODALI	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
	5 KARANGAN, MANANAN KANANAN KANAN Karangan Kanangan Kan	



Form R					Fiscal Ye	ars Fill in Dates	i
	2020 INC	TOLEDO CITY		2020	Beginning		
File by	THIS RETURN MUST BE FI	LED BY EVERYONE REQU	AX REIURN ZUZU Ending RYONE REQUIRED TO SUBMIT A DECLARATION And File Within 4 Mo CLARATION WAS ACCURATE AND PAID IN FULL. of Ending Date				\$
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY	1					Yes	No
INDICATE SOLE PROPRIETOR	SHIP		ARE YOU A RESIDE	NT? • • • •		🛛 🗙	
WHETHER EMPLO		1	DID YOU FILE A RE	TURN FOR 2019)?		
ACCOUNT NUMBER	ACCOUNT TYPE	SSN	HAS INTERNAL REV INCOME TAX LIABIL	ENUE SERVIC		IR	
		676-31-8774 Spouse SSN	IF SO, HAS AN AME				
Date moved in			BEEN FILED?				
SRUJANA KODALI		APPLIED FOR	YOUR LOCAL PHON				
PRABHU K KODALI 29133 FOX CREEK DR	RIVE, APT 1B			e For Tax O	ffice Use Only		
PERRYSBURG		ОН 43551				*	
Your Name, Address and Social Securit On Our Records. Make Corrections Whe Missing. Attach Copy of Federal Return Otherwise, Returns Will Be Questioned	y Number/Federal ID Number Are Prir ere Necessary. Add Social Security Nu And Schedules in Lieu of Page 2 Sch if all lines Applicable to Taxpayer Are	ted Above As They Appear Imber/Federal ID Number If edules C, E, and H. Not Completed.					
Enter Employer's Name, Wi	here Employed, And 2020 (Gross Wages, Salaries	s, Bonuses, Commis e Employed		Etc. Attach C Withheld	.,	
Employer's Name (Attack	13	City where	e Employed		1264	Wages, Etc	; 6189
TATA CONSULTANCE S	ERVICES LIMITED				1204	5	0109
	above is fully taxable and					5	6189
	COME: FROM PAGE 2 COME (TOTAL OF LINES 1 A					F	<u></u>
	T DEDUCTIBLE (FROM LIN					5	6189
	T TAXABLE (FROM LINE L						
ADJUST- MENTS TO C DIFFERENCE	E BETWEEN LINES 4a and b TO B	E ADDED TO OR SUBTRA	CTED FROM LINE 3. (+ O	R -)			
INCOME 5a ADJUSTED	O NET INCOME (Line 3 plus	or minus Line 4c if Sch	edule X is used)			5	6189
	Line 5a Allocable (rom step 5 Schedule	,			
			·				<u> </u>
	SUBJECT TO TOLEDO CITY TAX RATE 2.2		ME TAX (Line 5a OR	DD LESS LII	NE 50)		6189 1264
TOTIDO	a Tax withheld by employe		a above		1264		1204
ALLOWABLE	b Payments and credits on						
CREDITS	c Earned income taxes paid City of		(Resident individuals only)				
		TOTAL CREDITS ALL		l	►		1264
9 BALANCE OF TAX DU	E (Line 7 Less Line 8) Make	e Remittance Payable	to City and Attach W	Vhen Filing	►		
	MED (If Line 8 Exceeds Line		•		0		
Enter Amount of line 10		ur 2021 Estimated Tax					
DECLARATION OF ESTIMAT			· · · · · ·				
11 Total Income Subject to		x	[⊗]		. 11 \$		
 Estimated Tax Withheld Total Estimated Tax (Lir 	ne 11 - Line 12)				· 12 \$ · 13 \$		
					. 13 Ş		
15 Net Estimated Tax Due (Line 13 - Line 14) 15 \$							
	nated Payment Due (1/4 of L	,					
	turn (Add Lines 9 and 16) .						
I CERTIFY I HAVE EXAMINED THIS RI IT IS TRUE, CORRECT AND COMPLE			FOR FEDERAL INCOME TA	X PURPOSES.	DGE AND BELIEF	OHYB9901 ()9/27/16
SYAM PRIYA RAM SAG			GNATURE OF TAXPAYER O	R AGENT			DATE
GLOBAL TAXES LLC							
2530 PEBBLE CREEK		4 7					
CUMMING ADDRESS OR NAME AND ADDRESS	GA 3004 OF FIRM OR EMPLOYER		GNATURE OF SPOUSE				DATE
If this return was prepared by a tax p	practitioner, may we contact your pr	actitioner directly with quest	ions regarding the prepara	tion of this retu	rn? YES	NO	