Form <b>8879</b>
(Rev. January 2021)
Department of the Treasury

Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Taxpay	er's name	Social sec	curity numb	ber
VAS	UDEVA REDDY MADDIRALA	697-'	78-0498	3
Spouse	's name	Spouse's	social secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2020 (Enter	year you	u are aut	thorizing.)
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	89,590.
2	Total tax		. 2	12,769.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	11,999.
4	Amount you want refunded to you		. 4	
5	Amount you owe		. 5	300.
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a c	opy of y	our return)

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 I authorize GLOBAL TAXES LLC to enter or generate my PI		- 5	2.
X I authorize GLOBAL TAXES LLC to enter or generate my PI	Ν		_

8	0	4	9	8	as mv
Ent dor	er fiv n't er	ve di nter a	gits, all ze	but ros	aomy

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

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 signat	ature 🕨 🛛 Da	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Ce	ertification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PI	IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		8 nter a	 	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 🕨	
Don't S	ERO Must Retain This Form — Seubmit This Form to the IRS Unless		
For Demonstrally Deskustion Act Nation			Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 04/02/21 PRO

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

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

Form 1040-V 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



# Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

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

(99)

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

#### VASUDEVA REDDY MADDIRALA

9451 LEE HIGHWAY 1012 FAIRFAX VA 22031

#### Enter the amount of your payment. 1555

300.

REV 04/02/21 PRO

INTERNAL REVENUE SERVICE P.O. BOX 931000

LOUISVILLE, KX 40293-1000

E <b>104(</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		(99) <b>urn</b>	202	20	OMB No. 1545	-0074	IRS Use (	Only-	–Do not w	rite or staple	in this space.
Filing Statu Check only one box.	lf yc	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of y	-	eparately use. If you					<i>.</i> .		, ,	
Your first name	e and m	iddle initial	Last na	me							Your so	cial securi	ty number
VASUDEV	A R	EDDY	MADE	IRALA							697-	78-049	8
If joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse'	s social se	curity number
9451 LE	E HI	er and street). If you have a P.O. box, see GHWAY ce. If you have a foreign address, also co			2.14	Sta	to		Apt. no. 1012		Check h	nere if you,	on Campaign or your htly, want \$3
	JUSLOIII	ce. Il you have a loreign address, also co	inplete s	paces bei	Jw.			220			0		Checking a
FAIRFAX								-	-	-		ow will not or refund.	•
Foreign countr	y name		1	-oreign pr	ovince/state	e/coun	ty	Foreig	n postal co	ae	your tax		
At any time du	uring 20	020, did you receive, sell, send, excł	nange, c	or otherw	ise acquir	e any	financial intere	 est in a	any virtual	cur	rrency?		
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are bli	nd Sp	oouse	: 🗌 Was bo	rn befo	ore Janua	ry 2	, 1956	🗌 ls bl	lind
Dependent	s (see	instructions):		(2) S	ocial securi	ty	(3) Relations	nip	(4) 🖌	if qu	alifies fo	r (see instru	ictions):
If more		irst name Last name			number	-	to you		Child ta				her dependents
than four													
dependents, see instruction	~												
and check	5												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							1		98,190.
Attach	2a	Tax-exempt interest	2a			bТ	axable interes	t.			2b		
Sch. B if required.	<u>3a</u>	Qualified dividends	3a			bС	Ordinary divide	nds .			3b		
	4a	IRA distributions	4a			bΤ	axable amour	t			4b		
	5a	Pensions and annuities	5a			bΤ	axable amour	t			5b		
Standard	6a	Social security benefits	6a			bΤ	axable amour	t			6b		
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Schee	dule D if	f required	I. If not red	quired	, check here		Þ		7		
Married filing	8	Other income from Schedule 1, lin	e9.								8		-8,300.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur total in	come					▶ 9		89,890.
<ul> <li>Married filing</li> </ul>	10	Adjustments to income:											
Jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard dec	luction. Se	e inst	ructions 10	b		300	).		
<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>tot</b>	al adjus	tments to	incor	me				► 10c	>	300.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted	gross inc	ome					▶ 11		89,590.
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (fror	n Schedul	e A)					12	:	12,400.
any box under <i>Standard</i>	13	Qualified business income deduction	ion. Atta	ach Form	8995 or F	orm 8	995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	, ente	er-0				15		77,190.
													1040 (

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020	))											Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2 497	72 <b>3</b>	; 🗆 –			16	12,	769.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	12,	769.
	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	12,	769.
	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	12,	769.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	11	,999.			
	b	Form(s) 1099				. [	25b					
	С	Other forms (see instruction	s)			. [	25c					
	d	Add lines 25a through 25c								25d	11,	999.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return .					26		
qualifying child,	27	Earned income credit (EIC)			. <sub>.</sub> No	. [	27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		. [	28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		. [	29					
see instructions.	30	Recovery rebate credit. See	instructions .			. [	30		470.			
	31	Amount from Schedule 3, lir	ne 13			. L	31					
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refu	undab	le cred	its	. 🕨	32		470.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	12,	469.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the ar	nount	you <b>ov</b>	erpaid		34		
Horana	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attached,	check	here			35a		
Direct deposit?	►b	Routing number X X X	X X X X	X X	► c Type:	C	Checkin	g 🗌 S	Savings			
See instructions.	►d	Account number X X X	X X X X	X X X Z	x x x x	Х	X X					
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax		36					
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now				. 🕨	37		300.
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represent	all of	the tax	es you d	we for			
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.			-				
instructions.	38	Estimated tax penalty (see in	nstructions) .				38					
Third Party		you want to allow another	person to disc	cuss this retu	rn with the II	RS? S	See				_	
Designee	ins	structions				· ·		Yes. Co	mplete l	below.	× No	
		signee's me ►		Phone no.					nal identi er (PIN) 🖡			
0.			hat I have evening						. ,			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupati	ion			If the	e IRS sei	nt you an Iden	titv
				Duito							IN, enter it her	
Joint return?					SOFTWAR	E EN	IGINE	ER	(see	inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occ	upatior	ı				nt your spouse	
your records.	,									inst.) 🕨	ection PIN, en	
	Ph	one no.		Email address					(	- ,,		
		eparer's name	Preparer's signat				Date		PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מוזסיים האדי		04/12	/2021	P0208	2702	Self-em	ploved
Preparer				TAUAN UAGAR	OUFIA IALI	וייהים		/ 2021				
Use Only		m's name ► GLOBAL TA m's address ► 2530 Pebb		n Cummin	a CJ 200	41					(678)965- ► 30-101	
					-	цт				's EIN ▶		
ດບ ເບ <i>WWW.Ir</i> s.go	Jv/⊢Orn	n1040 for instructions and the late	si mormation.		BAA		KEV 04	/02/21 PRO			Form IU	40 (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# Additional Income and Adjustments to Income

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

	Attachment Sequence No. <b>01</b>
Your soc	ial security number
697-78	-0498

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

Part I	Additional	Income
Iall	Additional	

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	-8,300.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,	9	0 000
Par	line 8	9	-8,300.
10		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		18a	
b	Recipient's SSN		
с			
19		19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 04/02/21 PRO		1 (Form 1040) 2020

	IEDULE E Supplemental Income and Loss								OMB	No. 154	5-0074					
(Form 1	rm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								etc.)	9	· <b>M</b> 2	, O				
Departm	ent of the Treasury				Attach to Form	,			,					Attac	hment	
-	Prnal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.											Sequ	ence No			
( )	shown on return													al securi	-	er
-	DEVA REDD			RALA	eal Estate and	Deve		Nat						8-049		
Part					are an individual	-			-				- ·	•		, use
	you make any			-											Yes D	
	Yes," did you o														Yes [	
<u>1a</u>					reet, city, state									• 🗆		
A					ANA IN 500		,000)									
В																
С																
1b	Type of Prop	perty	2	For each re	ental real estate	prope	rty lis	sted		Fai	r Rental	Pe	rsona	l Use	C	λη
	(from list be	elow)		above rep	ort the number	of fair i	renta	land			Days		Day	S	QUV	
Α	3			if you meet	se days. Check t the requirement	nts to f	ile as	a a	Α		365			0	[	
В				qualified jo	int venture. See	e instru	ction	IS.	В						[	
С									С						[	
	of Property:															
	gle Family Resid				Short-Term Rer						-Rental					
	ti-Family Reside	ence	4	Commerci			Roy	alties		8 Oth	er (describe			1		
Incom	-				Properti		-		Α	0		В			С	
3							3			550.						
4		ived .					4									
Expen 5							5									
6	Auto and trave						5 6									
7					 		7		1	150.						
8							8		⊥,	150.						
9						-	9									
10						-	<del>3</del> 10									
11	-	-				-	11			900.						
12	0				(see instruction		12			500.						
13							13									
14						-	14		2.	650.						
15							15			070.						
16	Taxes					-	16									
17	Utilities					.	17		2,	080.						
18	Depreciation e	xpense	e or de	epletion		. [	18								-	
19	Other (list) 🕨						19									
20	Total expenses	s. Add	lines	5 through 1	9		20		8,	850.						
21	Subtract line 2	0 from	line 3	3 (rents) and	d/or 4 (royalties	s). If										
	result is a (loss	s), see	instru	ictions to fi	nd out if you m	nust										
	file Form 6198	<b>.</b> .					21		-8,	300.						
22					r limitation, if a											
				,			22 (		-8,3	300.			)	(		
23a	Total of all amo					-		• •		23a		5	50.			
b	Total of all amo									23b						
c								• •		23c						
d					8 for all proper			• •		23d		0				
e					0 for all proper					23e		8,8	350.			
24 25					n on line 21. <b>D</b> e			-				 ro	24	(		200
25					and rental real e								25	1	8,	300.
26					income or (los											
					on page 2 do wise, include th								26		-8	,300.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020







VASUDEVA RE MADI	IRALA		
9451 LEE HIGHWAY AF	т 1012		
FAIRFAX	VA 22031		
SSN - You MADD	697780498	Vendor ID 1555	XXXXX
SSN - Spouse			
Fed Adj Gross Income (FAGI) 1.	89590.	Withholding (VA) - You	19A. 5173.
Additions 2.		Withholding (VA) - Spouse	19B.
Subtotal 3.	89590.	Estimated Payments	20.
Age Deduction - You 4A.		2019 Overpayment	21.
Age Deduction - Spouse 4B.		Extension Payments	22.
Soc Sec & Tier 1 Railroad 5.		Credit - Low-Income or EIC	23.
State Income Tax Overpayment 6.		Credit - Schedule OSC	24.
Subtractions 7.		Credits - Schedule CR	25.
Subtotal Subtractions 8.		Total Payments / Credits	26. 5173.
Total VA Adj Gross Income (VAGI) 9.	89590.	Tax You Owe	27.
Itemized Deductions - VA Sch A 10.		Tax Overpayment	28. 591.
Standard Deduction 11.	4500.	Overpayment Credited to Next Year	29.
Exemptions 12.	930.	VAC - Virginia 529 / ABLEnow	30.
Deductions 13.		VAC - Other Contributions	31.
Subtotal (Deductions & Exemptions) 14.	5430.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income 15.	84160.	Sales and Use Tax	33.
Amount of Tax 16.	4582.	Amount You Owe Will Pay by Credit/Debit Card N	
Spouse Tax Adjustment (STA) 17.		Your Refund	591.
VAGI - Spouse 17A.		Bank Routing #	C 121000358
Net Amount of Tax 18.	4582.	-	325056929713
L		Bank Account #	22020227122

]

REV 04/06/21 PRO

697780498





I									
Filing Status,	, Age & License In	formation		Additional Filing Information	Г				
Filing Statu	IS	1	L	ocality	059				
Federal He	ad of Household		Ν	lame or Filing Status Change					
DOB - You		05201980	Α	Address Change					
VA Driver's	License ID - You	C66038810	٧	/A Return Not Filed Last Year					
VA Driver's	License - Iss. Date -	You 07222020	C	Dependent on Another's Return					
Spouse Na	me (Filing Status 3 C	Dnly)	F	Farmer / Fisherman / Merchant Seaman					
			A	Amended					
DOB - Spor			F	Reason Code					
	License ID - Spouse		C	Dverseas on Due Date					
	License - Iss. Date -		F	Federal EIC & Amount					
Exemptions ( You	(A) 1	Exemptions (B) 65 & Over - You	C	Deceased Indicator					
Spouse		65 & Over - Spouse	Ν	No Sales & Use Tax Due Indicator	Х				
Dependent	S	Blind - You	С	Dbtain Electronic 1099G					
Total (A)	1	Blind - Spouse	I	D Theft PIN					
		Total (B)							

### **Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You	Date	Phone - You		6383043012
Signature - Spouse	Date	Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date 041221	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pre	eparer.	Preparer Information	7	P02082703
File by May 1, 2021	GLOBA	L TAXES LLC		1
Include Page 1, Page 2 and all supporting 760CG documents.	2530 CUMMI	PEBBLE CREEK LN NG	GA 30	041 Page 2 of 2

1555 REV 04/06/21 PRO

## **2020 Schedule INC/CG** 697780498

Report all W-2s, 1099s & VK-1s with VA Withholding

VASUDEVA RE MADDIRALA



Your/ Spouse SSN	Withholding VA Type Withholding		Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
697780498	W	5173.	201152918	30201152918F001	98190.

Total VA Withholding	SSN	VA Withholding
You	697780498	5173.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

.

# Virginia Individual Income Tax e-File Signature Authorization

## DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. **IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)								
Your Name	B Your Social Sec	curity Number						
VASUDEVA REDDY MADDIRALA	697-78-04	3						
Spouse's Name	A Spouse's Socia							
Part I Tax Return Information	A Spouse	B Yourself						
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		89590.						
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		89590.						
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		84160.						
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4582.						
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		5173.						
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)								
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		591.						
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying								
December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.  Taxpayer's e-File PIN: check one box only  I authorize the ERO named below to enter my e-File PIN 8 0 4 9 8 as my signature on my 2020 e-filed Virginia individual income tax return.								
Do not enter all zeros								
GLOBAL TAXES LLC ERO Firm Name								
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this be and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are entering	your own e-File PIN						
Your Signature Date								
Spouse's e-File PIN: check one box only								
I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e- Do not enter all zeros	iled Virginia individual inc	ome tax return.						
ERO Firm Name								
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this be and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are entering	your own e-File PIN						
Spouse's Signature Date								
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 Do not enter a								
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual incom above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method an Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, me or computer software program.	e tax return for the taxpay d Virginia's publication Ha	andbook for						
ERO's Signature Date04-	12-21							
1555 REV 04/06/21 PRO	Farms \	10 9970 (DEV 10/20)						

	IEDULE E Supplemental Income and Loss								OMB	No. 154	5-0074					
(Form 1	rm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								etc.)	9	· <b>M</b> 2	, O				
Departm	ent of the Treasury				Attach to Form	,			,					Attac	hment	
-	Prnal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.											Sequ	ence No			
( )	shown on return													al securi	-	er
-	DEVA REDD			RALA	eal Estate and			Nat						8-049		
Part					are an individual	-			-				- ·	•		, use
	you make any			-											Yes D	
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С																
1b	Type of Prop	perty	2	For each re	ental real estate	prope	rty lis	sted		Fai	r Rental	Pe	rsona	l Use	C	λη
	(from list be	elow)		above rep	ort the number	of fair i	renta	land			Days		Day	S	QUV	
Α	3			if you meet	se days. Check t the requirement	nts to f	ile as	a a	Α		365			0	[	
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12	0				(see instruction		12			500.						
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14						-	14		2.	650.						
15							15			070.						
16	Taxes					-	16									
17	Utilities					.	17		2,	080.						
18	Depreciation e	xpense	e or de	epletion		. [	18								-	
19	Other (list) 🕨						19									
20	Total expenses	s. Add	lines	5 through 1	9		20		8,	850.						
21	Subtract line 2	0 from	line 3	3 (rents) and	d/or 4 (royalties	s). If										
	result is a (loss	s), see	instru	ictions to fi	nd out if you m	nust										
	file Form 6198	<b>.</b> .					21		-8,	300.						
22					r limitation, if a											
				,			22 (		-8,3	300.			)	(		
23a	Total of all amo					-		• •		23a		5	50.			
b	Total of all amo									23b						
c								• •		23c						
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e					0 for all proper					23e		8,8	350.			
24 25					n on line 21. <b>D</b> e			-				 ro	24	(		200
25					and rental real e								25	1	8,	300.
26					income or (los											
					on page 2 do wise, include th								26		-8	,300.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020