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

Special State Special Sta	Submis	ssion Identification Number (SID)		•			_
Spouse's position Spouse's pilk check one box only Spouse's signature Spouse's	Taxpaye	's name	Social securi	y numb	er		_
RAPPLIED FOR Part Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)	ASHW	IN VALANDE	839-50	-2931	1		
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	Spouse's	name	Spouse's soo	ial secu	ırity numb	er	_
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Gross 1 Amount you want refunded to you 4 Depart III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perluy, 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 ray yearing to best of the perluy in the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason or any dealy in processing the return or refund, and (c) the date of estimated tax, and the financial institution account indicated the tax preparation software for 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 proprient. I must be resonated that the 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 proprient. I must be reparation in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a proprient. I must be reasonal continuous more and the financial institution account indicated in the tax preparation software for proprient. I must continue to put the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a major to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a major to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a tax acts to reason in full force and effect until I notify the U.S. Treasury Financial Agent to the minimate the authorization.	RADE	IKA NIKHIL KANGO	APPLIE	D FO	R		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total fax 2 Total fax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 9, 895. 4 Amount you want refunded to you 5 Amount you want refunded to you 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of periury, I declare that I have examined a copy of the income tax return (original or amended) 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) 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 activation (errect declare that the amounts in Part I above are the amounts from the income tax return (original or amended) 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 activate declare that the amounts in Part I above are the amounts from the income tax return (original or amended) am now authorizing, and to the best of the amounts in the IRS (a) and activate (errect declare that a service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an activate discrete declare that a service provider, transmitter, or electronic return to the IRS and to receive from the IRS (a) an activation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization of the payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization requests must be autho	Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you a	re aut	horizin	g.)	
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Amount you want refunded to you Amount you Amount you want refunded to you Amount y	1	Adjusted gross income		1	7	1,838.	
A mount you want refunded to you 5 Amount you owe 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your 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 (FRO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection for the transmission, (b) the reason for rejection and only the 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 intention account indication software for 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 to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must be received to the payment of the electronic payment of the financial institutions involved in the prevention. To revoke (cancel) a payment, I must be received to the payment of the electronic payment of the payment of the terminat	2	Total tax		2		5 , 248.	
Samount you owe Samount you Samount you Samount you Samount you Samount S	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		9 , 855.	_
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I authorize	return (control to send for any Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicate of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution atto remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and	ter, or electroction of the transcript as the tr	onic reteansmise on its cax preperently testion. The receivent the electric care acceptance of	urn origingsion, (b) designate paration so this ac or revoked no la ectronic pknowledge.	nator (ERC) the reaso d Financi oftware for count. The (cancel) ater than bayment of ge that the	O) on al or is a of ne
I authorize						7	
Spouse's PIN: check one box only 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 PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate my PIN 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. 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 Returns Only—continue below 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. 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.		•	nv PIN	2 9	9 3 1		V
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 ▶		ERO firm name	En ⁻				,
Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC Ito enter or generate my PIN Ito enter five digits, but don't enter all zeros		if you are entering your own PIN and your return is filed using the Practitioner PIN method					
Spouse's signature Certification and Authentication — Practitioner PIN Method Only 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. Total Pin mane signature Date Enter five digits, but don't enter all zeros	Your si	gnature ▶ Date ▶					_
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ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit 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							_
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	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this retu	ırn in a	ccordan		
	EDO's	cignature • Poto •					
FRO Must Retain This Form — See Instructions	LNU S	ERO Must Retain This Form — See Instructions					_

Don't Submit This Form to the IRS Unless Requested To Do So

1040-X ■

Amended U.S. Individual Income Tax Return

Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

(Hev. Ja	inuary 2020) GO to www.irs.gov/Formito	40x for instructions an	u uie	iatest iiiioiiiiatio		1	
	eturn is for calendar year 2019 2018	2017 2016				•	
	-	rear (month and year o	endec	d):	1		
Your fire	st name and middle initial	Last name	Your social security				
ASH		VALANDE			839-5		
	eturn, spouse's first name and middle initial	Last name			1 -		curity number
	HIKA NIKHIL	KANGO			APPLI)R
	home address (number and street). If you have a P.O. box, see instr	uctions.		Apt. no.	Your phone		101
	5 OLD DOVER BLVD			6	(857)	316-8	3184
	wn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces belo	w. See	instructions.			
	T WAYNE IN 46835 country name	Foreign province/stat	-0/00110	+,,	Fore	ign posta	ul codo
roreign	Country name	Foreign province/stat	.e/couri	ıy	lore	igii posta	ii code
chang	ded return filing status. You must check one box eding your filing status. Caution: In general, you can't confrom a joint return to separate returns after the due of gle ✓ Married filing jointly ✓ Married filing separ	change your filing late.	re	Full-year health 18 returns only turn, leave blank.	y, exempt See instru). If amount of the control of the c	nending a 2019
		* '					
	checked the MFS box, enter the name of spouse. If n is a child but not your dependent. ►	you checked the HO)H or	QW box, enter	tne child's	name	t the qualitying
-	Use Part III on the back to explain any	changes		A. Original amount reported or as previously adjusted	amount of ir	ncrease	C. Correct amount
Incor	ne and Deductions			(see instructions)	explain in l		
1	Adjusted gross income. If a net operating loss						
	included, check here		1	71,838.		0.	71,838.
2	Itemized deductions or standard deduction		2	12,400.	12,	400.	24,800.
3	Subtract line 2 from line 1		3	59,438.	-12,	400.	47,038.
4a	Exemptions (amended 2017 or earlier returns of complete Part I on page 2 and enter the amount from		4a				
b	Qualified business income deduction (amended 2018	or later returns only)	4b	0.		0.	0.
5	Taxable income. Subtract line 4a or 4b from line 3. or less, enter -0		5	59,438.	-12,	400.	47,038.
Tax L	iability						
6	Tax. Enter method(s) used to figure tax (see instruct	ions):				1	
	Table		6	8,864.	-3,	616.	5,248.
7	Credits. If a general business credit carryback is included	ded, check here ► 🗌	7	0.		0.	0.
8	Subtract line 7 from line 6. If the result is zero or less	s, enter -0	8	8,864.	-3,	616.	5,248.
9	Health care: individual responsibility (amended 201						
	only). See instructions		9	0.		0.	
10	Other taxes		10	0.		0.	0.
11	Total tax. Add lines 8, 9, and 10		11	8,864.	-3,	616.	5,248.
Paym 12	Federal income tax withheld and excess social secu	,					
40	tax withheld. (If changing, see instructions.)		12	9,855.		0.	9,855.
13	Estimated tax payments, including amount applied fro	•	13	0.		0.	0.
14 15	Earned income credit (EIC)		14	0.		0.	0.
	☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):		15	1,200.		0.	1,200.
16	Total amount paid with request for extension of tim tax paid after return was filed					16	0
17	Total payments. Add lines 12 through 15, column C,					17	0. 11,055.
	nd or Amount You Owe	, and line to	• •		· · · · ·	+17	11,000.
18	Overpayment, if any, as shown on original return or a	as previously adjusted	d by t	he IRS		18	2 101
19	Subtract line 18 from line 17. (If less than zero, see in					19	2,191. 8,864.
20	Amount you owe. If line 11, column C, is more than	-				20	0,004.
21	If line 11, column C, is less than line 19, enter the dif					21	3,616.
22	Amount of line 21 you want refunded to you					22	3,616.
23	Amount of line 21 you want retained to your (enter you			1 1			5,010.
	Table 1 mile 2 i you main applied to your teller ye	<i>,</i>					

Form 1040-X (Rev. 1-2020)

Part I	Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

arriori	aning your zoro or i	ator rotarry.						
CAUTION	Fill in all other ap	18 or later returns only, plicable lines. rms 1040 and 1040-SI eing amended. See als	R, or Form 1040A, ins	tructions		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	dependent, you	oouse. Caution: If s can't claim an exempti rn, leave line blank .	on for yourself. If ame	nding your	24			
25	Your dependent	children who lived with		25				
26	•	nildren who didn't live w	•		26			
27	•	S			27			
28		exemptions. Add lines rn, leave line blank .	0.	28				
29	amount shown amending. Enter	per of exemptions clain in the instructions for the result here and on 018 or later return, leav	ar you are this form. If	29				
30	List ALL depende	ents (children and other	rs) claimed on this am	ended return	. If mo	ore than 4 depen	dents, see inst. a	and ✓ here ► 🗌
Depen	dents (see instruction	ons):				(d) ✓ if c	structions):	
(a)	First name	Last name	(b) Social security number	(c) Relation to you		Child tax cred		ther dependents or later returns only)
Part		al Election Campai	<u> </u>					
	•	ncrease your tax or red	•					
	•	didn't previously want	•					
		s a joint return and you	· · · · · · · · · · · · · · · · · · ·					
Part	<u> </u>	on of Changes. In th					1040-X.	
	•	upporting documents a EXPLAINATION A	•	orms and sch	nedule	es.		

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign F	Here
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		IT
Your signature	Date	Your occupation
•		HOMEMAKER
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
Paid Preparer Use Only		
SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature	04/08/2021 Date	GLOBAL TAXES LLC Firm's name (or yours if self-employed)
SYAM PRIYA RAM SAGAR GUPTA TALLAM Print/type preparer's name		2530 Pebble Creek Ln Cumming GA 30041 Firm's address and ZIP code
P02082703 PTIN	Check if self-	If-employed (678) 965-9522 30-1017196 Phone number EIN

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the reson is a child but not your dependen	ame of y									
Your first name	and mi	iddle initial	Last nar	ne					١	our so	cial securi	ity number
ASHWIN			VALA	NDE					8	339-	50-293	1
If joint return, s	pouse's	s first name and middle initial	Last nar	ne					5	Spouse'	s social se	curity number
RADHIKA	NIK	HIL	KANG	0					1	APPL	IED FC)R
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	F	reside	ntial Electi	ion Campaign
5615 OLD DOVER BLVD 6 Ch							nere if you					
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	ite	ZIF	code				ntly, want \$3 Checking a
FORT WA	YNE				I	N	4 (6835			ow will not	
Foreign country	y name		F	oreign province/stat	e/coun	ty	For	eign postal o			or refund	•
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, o	r otherwise acquir	e any	financial ir	nterest in	any virtua	al curr	ency?	Yes	⊠ No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur		•		•	ent					
Age/Blindness	s You:	Were born before January 2, 1	956	Are blind S	pouse	e: 🗆 Was	s born b	efore Janua	arv 2.	1956	☐ Is b	lind
Dependent	-			(2) Social secur		(3) Relat					r (see instru	
If more	,	irst name Last name		number	ity	to y		Child t				ther dependents
than four												
dependents,								Ī				Ħ
see instruction and check	s											$\overline{\Box}$
here ▶ □												
	. 1	Wages, salaries, tips, etc. Attach I	Form(s) V	V-2		٠				1		80,633.
Attach	2a		2a 🗎		bΤ	axable int	erest			2b		
Sch. B if	3a	Qualified dividends	3a			Ordinary di				3b		
required.	4a	IRA distributions	4a			axable an				4b		
	5a	Pensions and annuities	5a		b T	axable an	ount .			5b	,	
Standard	6a	Social security benefits	6a		bΤ	axable an	ount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quirec	l, check he	ere .		▶ 🗌	7		-117.
 Single or Married filing 	8	Other income from Schedule 1, lin	ie 9		٠					8		-8,678.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come				. ▶	9		71,838.
 Married filing 	10	Adjustments to income:		•								
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. Se	e inst	ructions	10b					
• Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	inco	me			. ▶	100	2	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	djusted gross in	come				. ▶	11		71,838.
If you checked	12	Standard deduction or itemized	deducti	ons (from Schedu	le A)					12		24,800.
any box under Standard	13	Qualified business income deduct	ion. Atta	ch Form 8995 or F	orm 8	3995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		24,800.
	15	Taxable income. Subtract line 14	from line	e 11. If zero or less	s, ente	er -0				15		47,038.

Form 1040 (2020))								Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	5,248.	
	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	5,248.	
	19	Child tax credit or credit for	other dependent	ts				19		
	20	Amount from Schedule 3, lir	ne 7					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	5,248.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax				▶	24	5,248.	
	25	Federal income tax withheld	d from:							
	а	Form(s) W-2				25a	855.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	9,855.	
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20)19 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See				30 1	,200.			
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27 through 31. Th	ese are your tot a	al other paym	ents and refunda	able credits .	▶	32	1,200.	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			•	33	11,055.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,807.	
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	▶ 🗌	35a	5,807.	
Direct deposit?	▶b	Routing number 0 1 1 0 0 0 1 3 8 ▶ c Type: X Checking Savings								
See instructions.	►d	Account number 0 0 4 6 6 1 1 2 8 9 7 4								
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36				
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe	now		▶	37		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
For details on how to pay, see		2020. See Schedule 3, line								
instructions.	38	Estimated tax penalty (see i	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	r person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				. > Yes. C	omplete l	below.	X No	
		signee's		Phone			onal identi			
		ne ►		no. ►			ber (PIN)			
Sign		der penalties of perjury, I declare in items in								
Here		ur signature		Date	Your occupation				nt you an Identity	
	,	ar signature		Date	Tour occupation				IN, enter it here	
Joint return?					IT		(see	inst.) ▶		
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an	
Keep a copy for your records.	,				IIOMEMAKED		I .	inst.) ▶	ection PIN, enter it here	
•				Farail address	HOMEMAKER		(300	11131.)		
-		one no. eparer's name	Preparer's signat	Email address		Data	PTIN		Check if:	
Paid		•	' '		רווחת החרוזיים	Date		2702	Self-employed	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		NAM SAGAK	GUPTA TALLAM	04/08/2021	P0208			
Use Only									(678) 965-9522	
				ıı Cummın			Firm	ı's EIN ▶		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/25/21 PR	0		Form 1040 (2020)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

ASHWIN VALANDE & RADHIKA NIKHIL KANGO

► 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

839-50-2931

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	-8,678.
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, line 8	9	0 670
Par	t II Adjustments to Income	9	-8,678.
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	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR or 1040-NR line 10a	22	

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

ASHWIN VALANDE & RADHIKA NIKHIL KANGO

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number

839-50-2931

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 1,765. 1,882. -117. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -117. Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

12

13

14

15

Schedule D (Form 1040) 2020 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -117.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 117.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

839-50-2931

ASHWIN VALANDE & RADHIKA NIKHIL KANGO

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss.

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	See the separate instructions.		Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Crypto LLC	05/08/20	06/02/20	1,765.	1,882.			-117.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	1,765.	1,882.			-117.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

2020

Attachment

Department of the Treasury Internal Revenue Service (99)

Attach to Porm 1040, 1040-NR, 10 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. **13**

Name(s) shown on return Your social security number 839-50-2931 ASHWIN VALANDE & RADHIKA NIKHIL KANGO Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α 101 HARI HERITAGE, LATUR MAHARASHTRA MAHARASHTRA IN 400001 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a (from list below) **Days Days** Α 365 Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 450. 4 Royalties received 4 Expenses: Advertising 5 5 500. 6 Auto and travel (see instructions) . . . 6 900. 7 Cleaning and maintenance . . . 7 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 2,112. 2,316. 15 15 Supplies . Taxes 16 16 17 1,720. 17 18 Depreciation expense or depletion . . 18 1,580. Other (list) ----19 19 Total expenses. Add lines 5 through 19 9,128. 20 20 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must file Form 6198 21 -8,678. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -8,678.) 450. 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 1,580. 23e 9,128. Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 8,678. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -8,678. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ ASHWIN VALANDE f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name RADHIKA NIKHIL KANGO (see instructions) Middle name 1b First name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 5615 OLD DOVER BLVD Apt 6 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** FORT WAYNE 46835 USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male Birth 09/29/1993 Information TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other ATOMT Information **6d** Identification document(s) submitted (see instructions) X Passport ☐ Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: U3204325 Exp. date: 02/13/2030 Issued by: INDIA (MM/DD/YYYY): 06/16/2016 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 IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code

2020 Individual PFC Letter

Dear Taxpayer:

Your 2020 Indiana Individual Income Tax return indicates a total tax amount of \$ 686.00 is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 15, 2021. Any portion not paid by that date will be subject to penalties and interest.

You can take care of this obligation by doing one of the following:

- 1. Pay online via eCheck or credit card by visiting https://www.in.gov/dor/4340.htm. At this site you can either pay in full or make partial payments by selecting "Individual" and "Tax Return Payment" options. Have your SSN ready for identification purposes. If paying by credit card, a fee will be charged by the credit card processor based on the amount you are paying. If paying by electronic check, a fee of \$1 will be charged by the bank. You can make partial payments, but must still pay the entire amount by April 15, 2021 to avoid penalty and interest.
- 2. Pay by check or money order using the coupon at the bottom of this letter. If you did not electronically file your state return and will submit the payment with your tax return, then do not include the payment coupon below. If you are sending in your return separately from your payment, then mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue". DO NOT SEND CASH.

Remember, ou must take action on this debt no later than April 15, 20 o avoid penalty and interest.

Sincerely,

Indiana Department of Revenue 317-232-2240

/ `ıı+	OD	lino	hotoro	mailina
Gut	OH		DEIDIE	mailing

REV 03/24/21 PRO

POST FILING COUPON

PFC 0912

1030

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

Mail and make check payable to INDIANA DEPARTMENT OF REVENUE P.O. BOX 1674 INDIANAPOLIS, IN 46206-1674

ASHWIN VALANDE RADHIKA NIKHIL KANGO 5615 OLD DOVER BLVD 6 Amount Due:

686.00

Form **IT-40**State Form 154

2020

Indiana Full-Year Resident Individual Income Tax Return

Due April 15, 2021

(R19 / 9-20)	If filing for a fisc	cal year, enter the dates (see instructions	s) (MM/DD/YYY		Place "X" in box
	from	to:				f amending
Your Social Security Number	839 50		e's Social ity Number	APP I	E F	OR
Your first name	Place "X" in box if	f applying for ITIN Initial Last name		Place "X" ir	box if apply	ing for ITIN Suffix
ASHWIN		VALANI)E			
If filing a joint return	, spouse's first name	Initial Last name				Suffix
RADHIKA	NIKHIL	KANGO				
Present address (no	umber and street or rura	al route)			Place "Y"	in box if you are
	5615 OLD DOVE	ER BLVD 6				ling separately.
City			State	Zip/	Postal code	
FORT	WAYNE		IN		46835	
worked on January County where			f Schedule CT- County where spouse lived	Cou	inty where use worked	02
-	l adjusted gross income	e from your federal 040-SR, line 11		Federal AGI		nd all entries 71838.00
		nd enclose Schedule 1		na Add-Backs	2	.00
3. Add line 1 and line	e 2				3	71838.00
4. Enter amount from	n Schedule 2, line 12, a	and enclose Schedule 2 _	Indiar	na Deductions	4	.00
5. Subtract line 4 fro	m line 3					71838.00
-		nount from Schedule 3, lir		a Exemptions	6	2000.00
	m line 5oss income tax: multiply	Indi	ana Adjusted	Gross Income	7	69838.00
(if answer is less	than zero, leave blank) county tax due from So			2256.	00	
	than zero, leave blank)		9	1034.	00	
10. Other taxes. Ente	r amount from Schedule	e 4, line 4 (enclose sch.)	10	•	00	
11. Add lines 8, 9 and				Indiana Taxes	11	3290.00

12.	Enter credits from Schedule 5, line 10 (enclose schedule)	12	2604.00		
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	.00		
14.	Add lines 12 and 13		Indiana Credits	14	2604.00
15.	Enter amount from line 11		Indiana Taxes	15	3290.00
16.	If line 14 is equal to or more than line 15, subtract line 15 from I	line 14	1 (if smaller, skip to line 23)	16	.00
17.	Enter donations from Schedule IN-DONATE (enclose schedule); canr	not be greater than line16	17	.00
18.	Subtract line 17 from line 16		Overpayment	18	.00
19.	Amount from line 18 to be applied to your 2021 estimated tax a	nt (see instructions).			
	Enter your county code county tax to be applied _\$	а	.00		
	Spouse's county code county tax to be applied _\$	b	.00		
	Indiana adjusted gross income tax to be applied\$	С	.00		
	Total to be applied to your estimated tax account (a + b + c; car	nnot be	e more than line 18)	19d	.00
20.	Penalty for underpayment of estimated tax from Schedule IT-22	210 or	IT-2210A		.00
21.	fund: Line 18 minus lines 19d and 20. Note: If less than zero	o, see	line 23 Your Refund	21	.00
22.	Direct Deposit (see instructions)				
	a. Routing Number				
	b. Account Number				
	c. Type: Checking Savings Hoosier Works M	МС			
	d. Place an "X" in the box if refund will go to an account outsid	e the	United States		
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add (see instructions)		s any amount on line 20	23	686.00
24.	Penalty if filed after due date (see instructions)			24	.00
25.	Interest if filed after due date (see instructions)			2	.00
26.	ount Due: Add lines 23, 24 and 25			2	686.00
Sigr	and date this return after reading the Authorization stateme	ent on	n Schedule 7. You must ei	nclose Sched	lule 7.
Your	Signature Date	Sp	pouse's Signature		Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Schedule 3 Form IT-40, State Form 53997 (R11 / 9-20)

Schedule 3: Exemptions

2020

Name(s) shown on Form IT-40	Your cial	ur cial Security Number			
ASHWIN VALANDE & RADHIKA NIKHIL KANGO	839	50	2931		
Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 bel	ow.	F	Round all ent	ries	
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000			2(000.00	
Enter the number of dependents listed on Schedule IN-DEP, Box 6 You MUST enclose Schedule IN-DEP. x \$1000)			.00	
 3. You may claim an additional exemption for each qualifying dependent child: who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom legal guardian, who was under the age of 19 by Dec. 31, 2020, or a full-time student who was under the age of 24 by Dec. 31, 2020, and who you are eligible to claim as a dependent on line 2 above. 	ı you are a				
Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500		3		.00	
4. Place "X" in box(es) below if, by December 31, 2020					
You were age 65 or older and/or blind Spouse was 65 or older and/or blind					
Total number of boxes with Xs x \$1000		4		.00	
5. If age 65 or older, enter amount from Form IT-40, line 1. If this amount is less than \$40,000, place "X" in box(es) below if:					
You were age 65 or older					
Spouse was 65 or older					
Total number of boxes with Xs x \$500		5		.00	
6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 Total	Exemptions	6	20	00.00	

Schedule 5 / Schedule IN-DONATE Form IT-40, State Form 53998 (R11 / 9-20)

Schedule 5: Credits

2020

Name(s) shown on Form IT-40	Your Social	Security N	Number	per		
ASHWIN VALANDE & RADHIKA NIKHIL KANGO	839	50	2931			
		F	Round all entri	ies		
1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding	ng amounts	1	26	04.00		
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withhe	olding amounts	2		.00		
3. Estimated tax paid for 2020: include any extension payment made with Form	n IT-9			.00		
4. Unified tax credit for the elderly		4		.00		
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line	A-3			.00		
6. Lake County residential income tax credit				.00		
7. Economic development for a growing economy credit. Enter amount from Sc	chedule IN-EDGE,					
line 19 (enclose schedule)				.00		
Schedule IN-EDGE-R, line 19 (enclose schedule)		8		.00		
9. eadquarters relocation credit (refundable portion - see instructions)				.00		
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12	Total Credits	10	26	04.00		
Schedule IN-DONAT Important. The amount on line 2 cannot exceed the amount		PNR, line [,]	16.			
1. Donations: List fund name, 3-digit code and amount to be donated (see instr	ructions)					
a. Enter fund name	code no.	1a		.00		
b. Enter fund name	code no.	1b		.00		
c. Enter fund name	code no.	1c		00		
2 Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR lines	17 Total Donations	2				

Schedule 7 Form IT-40, State Form 54000 (R11 / 9-20)

Schedule 7: Additional Required Information 2020

Name(s) shown on Form IT-40	Your Social Security Number
ASHWIN VALANDE & RADHIKA NIKHIL KANGO	50 2931
1. Federal filing information Are you filing a federal income tax return for 2020? Place "X" in ap	
	filing a joint return) received any salary, wage, tip and/or commission isconsin. Enter two-digit code number from the back of Schedule CT-40
State where you worked Your income	State where spouse worked Spouse's income
\$. 00 3. Extension of time to file a. Place "X" in box if you have filed a federal extension of time to	
·	e to file, Form IT-9, or made an Indiana extension payment online.
4. Farm / Fishing income Place "X" in box if at least two-thirds of your gross income was ma Important: If you placed an "X" in the box, you MUST attach Scheo	
5. MFJ filers. If you are eligible for a refund and you do not want ior to another debt of your spouse to which the state tax refund ma	
6. Date of death If any individual listed at the top of the IT-40 died <i>during</i> 2020, er	nter date of death (MM/DD).
Taxpayer's date of death 2020 S	Spouse's date of death 2020
plete and correct. I understand that if this is a joint return, any refu taxes due under this return. Also, my request for direct deposit of i Revenue to furnish my financial institution with my routing number	tement. hments and to the best of my knowledge and belief, it is true, com- and will be made payable to us jointly and each of us is liable for all any refund includes my authorization to the Indiana Department of account number, account type and Social Security number to ensure and to contact the Social Security Administration to confirm that the
7. our daytime our t lephone number mail a	address ASHWINVALANDE76@GMAIL.
I authorize the Department to discuss my return with my personal representative.	Paid Preparer: Firm's Name (or yours if self-employed)
Yes No If yes, complete the information below.	GLOBAL TAXES LLC
Personal Representative's Name (please print)	IN-OPT on file with paid preparer if not filing electronically
	PTINP02082703
Telephone number	Address 2530 PEBBLE CREEK LN
Address	City CUMMING
City	State GA Zip Code 30041
State Zip Code	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA

Schedule CT-40 Form IT-40, State Form 47907 (R19 / 9-20)

County Tax Schedule for Full-Year Indiana Residents

2020

Name(s) shown on Form IT-40 Your Social S			Security Number		
ASHWIN VALANDE & RADHIKA NIKHIL KANGO	839	50 2	931		
Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructio	Column A - Yourself 1A 69838.00		B - Spouse's		
Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2020	2A .0148000	2B .			
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero	a) 3A 1034.00	0 3 B	.00		
4. Add lines 3A and 3B. Enter the total here. Note: Perry County	-				
County and worked in the Kentucky counties of Breckinrid complete lines 5 and 6. Otherwise, enter the total here and on		4	1034.00		
5. Enter the amount of income that was taxed by certain Kentucky	localities (see instructions)		.00		
6. Multiply line 5 by .0181 and enter total here		6	.00		
7. Enter total of line 4 minus line 6. Enter this amount on line 9 of	Form IT-40	_	1034.00		

▼ Attach W-2 Forms Here ▼

Indiana Individual Income Tax **DECLARATION OF ELECTRONIC FILING**

Do Not Mail This

State Form 53399 In	come Tax for the Tax \	∕ear January 1 -	December 3	1, 2020	Form To D	OR
(R16 / 9-20)	Submission ID					
First Name and Middle Initial ASHWIN	Last Name VALANDE		Your Social Se	ecurity Number 2931	Spouse's Social Security APP IE FOR	Numbe
Spouse's First Name and Middle	Spouse's Last Name		Street Addres	S	_ !	
Initial RADHIKA NIKHIL	KANGO		5615 OLD	DOVER BI	LVD 6	
City		.101	State	Zip Code	Daytime Telephone Num	ıber
FORT WAYNE			IN	46835	857 316 8184	
Part	I Tax Return Inform	mation (See Ins	tructions on	Next Page)		
1. Federal Adjusted Gross Income						7183
2. Indiana Adjusted Gross Income						6983
3. Total Indiana Tax						329
4. Total State Tax Withheld				4.		260
5. Total County Tax Withheld6. Total Indiana Tax Credits				0		260
7. Refund				6.		
8. mount You Owe				8.		68
o. Mount rou ovo	Part I		sit	- V.		
		•				
9. Routing number	No.	ote: The first two d	igits of the rol	iting number	must be 01 - 12 or 21 - 32.	•
0. ccount number					Do Not Mail	
I1. Type of account: ☐ Checking	☐ Savings ☐ Hoosi	er Works MC			This Form	
2. Place an "X" in the box if refund w	rill go to an account outside	the United States.			To DOR	
My request for direct deposit of my re	fund includes my authoriza	tion for the Indiana D	epartment of R	evenue to furn	nish my financial institution	
with my routing number, account nun	iber, account type, and Soc	ial Security number t	o ensure my re	fund is properl	ly deposited.	
	Part III D	eclaration of Ta	axpayer			
Under penalties of perjury, I declare corresponding lines of the electronic complete. I consent to my ERO send using a computer system and softwa pertaining to my use of the system and and/or transmitter an acknowledgem reason(s) for the rejection. If the procreason(s) for the delay of when the respective constant is the procreason of the system and the respective constant is the procreason of the system of the delay of when the respective constant is the procreason of the system of the	portion of my income tax ret ding my return, this declarat re to prepare and transmit n nd software and to the trans ent of receipt of transmission ressing of my return or refur	curn. To the best of m tion, and accompany ny return electronical mission of my return n and an indication o	y knowledge are ring schedules lly, I consent to electronically. If whether or no	nd belief, my 20 and statement the disclosure I also consent of my return is a	020 return is true, correct at ts to the DOR. In addition, let to the DOR of all information to the DOR sending my ER accepted, and, if rejected, the	nd by on RO he
Taxpayer's PIN: check one box only	,					
☑ Lauthorize GLOBAL TAXES	LLC to enter my PIN 0	2 9 3 1			0000 - I tu i II - fi I	
income tax return.	to critci illy i liv	do not enter all zeros	as my signature	on my tax yea	ar 2020 electronically filed	N
☐ I will enter my PIN as my signatu					only if you are entering your	r F
own PIN and your return is filed u	sing the Practitioner PIN m	ethod. The ERO mus	st complete par	t IV below.		
Taxpayer's signature ▶		Date				ı
Spouse's PIN: check one box only						A
☑ I authorize GLOBAL TAXES	LLC to optor my DIN		ne my eignature	on my tay yaa	ar 2020 electronically filed	N
income tax return. I will enter my PIN as my signatuown PIN and your return is filed	re on my tax year 2020 elec	ctronically filed incom	ne tax return. C	heck this box o		
Spouse's signature ▶		Date				
	oner Certification an		n - Practitio	ner PIN Me	ethod ONLY	
ERO's EFIN/PIN. Enter your six-digit				2 7 8	6 1 9 8 9	
I certify that the above numeric entry	is my PIN, which is my sign	ature for the tax year	r 2020 electron		me tax return for the	
taxpayer(s) indicated above. I confirm	that I am submitting this re	eturn in accordance v	vith the require	ments of the Pi	ractitioner PIN method.	

1030 REV 03/24/21 PRO

____ Date

ERO's Signature ▶ __