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

IIILEIIIAI I	evenue del vice							
Submis	ssion Identification Number (SID)							
Taxpayer	's name	Social secur	ity numl	er				
SRAV	AN KUMAR DANDAMUDI	446-97-9226						
Spouse's		Spouse's so	cial secu	ırity nu	mber			
Part	, , ,	year you a	are au	thoriz	ing.)			
	hole dollars only on lines 1 through 5.							
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 -	l				
	Adjusted gross income		1			100.		
	Total tax		2			090.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			<u>817.</u>		
	Amount you want refunded to you		5		⊥,	<u>727.</u>		
Part			_	our r	eturi	n)		
	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)							
to send for any Agent to paymen authoriz paymen busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the public ferries of the Withdreval Consent.	ection of the faction of the faction of the faction to debit the faction to debit the faction at the faction of	ransmis and its of ax preperently ation. The ereceing the election at the elec	ssion, (designation to this orevolved no ectronic strongle)	(b) the ated F n softwaccouloke (cap later ic payiedge t	reason inancial vare for nt. This ancel) a than 2 ment of hat the		
	ic Funds Withdrawal Consent.							
	yer's PIN: check one box only	7	9 2	2 2	6			
×	I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	. Ei	ter five		but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all ze	ros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.							
Your si	gnature ▶ Date ▶							
Snous	e's PIN: check one box only							
Opous	I authorize to enter or generate	my PINI				as my		
	ERO firm name		ter five	diaits.		as my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all ze	ros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.		_			-		
Spouse	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part I	II 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 6	1 9	8 8	9		
	= invitint Enter your old digit Entrionerrou by your into digit con colocted that	Don't en						
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	itting this ret	urn in a	accord	anće v			
ERO's	signature ► Date ►							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To I	o So						

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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 son is a child but not your dependent	name of y	ed filing separately your spouse. If you	. ,	_		, ,	_			
Your first name	and m	iddle initial	Last na	me					Your	r soc	cial security	y number
SRAVAN I	KUMA	R	DAND	AMUDI					446	446-97-9226		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	Spouse's social security number		
Home address	,	er and street). If you have a P.O. box, se MONT LN	e instruction	ons.				Apt. no. 227	Che	ck h	ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also c	complete s	paces below.	Sta			code			0,	tly, want \$3 Checking a
ADDISON					T		_	5001	_		w will not	change
Foreign country	y name			Foreign province/state	coun/	ty	Fore	eign postal cod	le your	tax	or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	change, o	or otherwise acquire	any	financial intere	est in	any virtual	currenc	y?	Yes	⊠ No
Standard Deduction	_	eone can claim:	•			•						
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	fore Januar	y 2, 195	6	☐ Is blii	nd
Dependents	s (see	instructions):		(2) Social securit	ty	(3) Relationsh	nip	(4) 🗸 it	f qualifies	s for	(see instruc	ctions):
If more		irst name Last name		number to you		Child tax cre		credit	(Credit for oth	er dependents	
than four]			<u> </u>
dependents, see instruction	s ——]			
and check]	_		<u> </u>
here ►]	\perp		<u> </u>
A++	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2					.	1	2	23,100.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		.	2b		
required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds		.	3b		
	4a	IRA distributions	4a		b T	axable amoun	t.		.	4b		
	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		<u>.</u>	6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not rec	uired	, check here		▶	\sqcup	7		
Married filing	8	Other income from Schedule 1, line 9								8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	2	23,100.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you take	e the stan	dard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	inco	me			•	10c		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11	2	23,100.
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)				. [12	1	2,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm 8	8995-A			. [13	T	
Deduction, see instructions.	14	Add lines 12 and 13							. 「	14	1	2,400.
See monuctions.	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	er-O			. [15	1	0,700.

Form 1040 (2020	0)									Page 2
	16	Tax (see instructions). Check it	f any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	1,090.
	17	Amount from Schedule 2, line	3						17	
	18	Add lines 16 and 17							18	1,090.
	19	Child tax credit or credit for o	ther dependent	ts					19	
	20	Amount from Schedule 3, line	97						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0					22	1,090.
	23	Other taxes, including self-en	nployment tax,	from Schedule	2, line 10 .				23	0.
	24	Add lines 22 and 23. This is y	our total tax					. •	24	1,090.
	25	Federal income tax withheld f	from:							
	а	Form(s) W-2				25a	2,	817.		
	b	Form(s) 1099				25b			1	
	С	Other forms (see instructions)				25c			1	
	d	Add lines 25a through 25c .							25d	2,817.
	26	2020 estimated tax payments							26	,
 If you have a l qualifying child, 	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit. Att				28			1	
If you have nontaxable	29	American opportunity credit f				29			1	
combat pay, see instructions.	30	Recovery rebate credit. See in		-		30			1	
	31	•				31			1	
	32	Amount from Schedule 3, line 13								
	33	Add lines 25d, 26, and 32. Th	,						32	2,817.
	34	If line 33 is more than line 24,	-					<u> </u>	34	1,727.
Refund	35a	Amount of line 34 you want re				-	=	 ▶ □	35a	1,727.
Direct deposit?	⊳ b	Routing number 1 1 1	ooa	1,727.						
See instructions.	▶d	Account number 2 9 0			▶ c Type:	Check	(iiig 0	avings		
	36	Amount of line 34 you want a			nd tay	36	Γ'			
Amount									37	
You Owe	37	Subtract line 33 from line 24.		-					31	
For details on		Note: Schedule H and Sche 2020. See Schedule 3, line 12								
how to pay, see instructions.	38	Estimated tax penalty (see ins	•			38	[
Third Party Designee		you want to allow another structions	•				Yes. Cor	nolete k	relow.	X No
Designee		signee's		Phone		•		al identi		
		me ►		no.				r (PIN)		
Sign		der penalties of perjury, I declare th								
Here	be	ief, they are true, correct, and comp	lete. Declaration	of preparer (other	than taxpayer) is b	ased on	all information	of which	ı prepar	er has any knowledge.
TICIC	Yo	ur signature		Date Your occupation						nt you an Identity
					COETWADE	ת אוריים אינים	מששו		ection P inst.) ▶	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, b o	ath must sign	Date	SOFTWARE Spouse's occupa		NEEK	,		nt your spouse an
Keep a copy for	Sp	ouse's signature. If a joint return, b o	our must sign.	Date	Spouse's occupa	lion				ection PIN, enter it here
your records.								(see	inst.) ►	
	Ph	one no.		Email address						
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM :	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/2	28/2021 F	0208	2703	Self-employed
Preparer	Fir	m's name ▶ GLOBAL TAX	ES LLC					Phor	ne no. (678)965-9522
Use Only								's EIN ▶	· · · · · · · · · · · · · · · · · · ·	
Go to www.irs.a		n1040 for instructions and the lates			BAA	REV	04/16/21 PRO			Form 1040 (2020)
- 3						-	~			, , ,





SRAVAN KUMAR

DANDAMUDI

16400 LEDGEMONT LN APT 227

ADDISON TX 75001

SSN - You DAND		446979226	Vendor ID	1555	X	хххх ¬
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	23100.	Withholding (VA) - You	I	19A.	1141.
Additions	2.		Withholding (VA) - Spo	ouse	19B.	
Subtotal	3.	23100.	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 of	r EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC		24.	
Subtractions	7.		Credits - Schedule CR		25.	
Subtotal Subtractions	8.		Total Payments / Cred	its	26.	1141.
Total VA Adj Gross Income (VAGI)	9.	23100.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	382.
Standard Deduction	11.	4500.	Overpayment Credited	to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / Al	BLEnow	30.	
Deductions	13.		VAC - Other Contribut	ons	31.	
Subtotal (Deductions & Exemptions)) 14.	5430.	Addition to Tax, Penalt	y & Interest	32.	
VA Taxable Income	15.	17670.	Sales and Use Tax		33.	
Amount of Tax	16.	759.	Amount You Owe			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit (Your Refund	Card N	1	382.
VAGI - Spouse	17A.		D 1 D (; #			111000614
Net Amount of Tax	18.	759.	Bank Routing #		C 200175	111000614
L			Bank Account #		290175	2 <i>2</i> U

__LAR __DLAR __DTD __LTD \$_____

Page 1 of 2





•			

1										
Filing Status, Age &	License Info	rmation			Additional Filing Information					
Filing Status		:	1		Locality		059			
Federal Head of Ho	usehold					Name or Filing Status Change				
DOB - You		072	7199	0		Address Change				
VA Driver's License	ID - You					VA Return Not Filed Last Year				
VA Driver's License	- Iss. Date - Yo	ou				Dependent on Another's Return	1			
Spouse Name (Filin	ig Status 3 Onl	y)				Farmer / Fisherman / Merchant	Seaman			
DOD 0						Amended				
DOB - Spouse						Reason Code				
VA Driver's License	•					Overseas on Due Date				
VA Driver's License						Federal EIC & Amount				
Exemptions (A) You	1	Exemptions (B) 65 & Over - You				Deceased Indicator				
Spouse		65 & Over - Spouse				No Sales & Use Tax Due Indica	tor	X		
Dependents		Blind - You				Obtain Electronic 1099G				
Total (A)	1	Blind - Spouse				ID Theft PIN				
		Total (B)								
, ,,	leclare under pena	, ,			•	(our) knowledge, it is a true, correct & rided is for a domestic account within the				
Signature - You			Date		Pho	ne - You		4699968670		
Signature - Spouse			Date		Pho	ne - Spouse				
Signature - Preparer _SY	YAM PRIYA RAM	I SAGAR GUPTA TALLAM	Date	042821	Pho	ne - Preparer		6789659522		
The Tax Department ma	y discuss my/c	our return with my/our pr	eparer.		Pre	parer Information	7	P02082703		
				GT 0.D.7						

GLOBAL TAXES LLC

CUMMING

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

1555 REV 04/06/21 PRO

File by May 1, 2021 Include Page 1, Page 2 and all

supporting 760CG documents.

2020 Schedule INC/CG

446979226

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

SRAVAN KUMAR

DANDAMUDI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.		
Γ					コ		
446979226	W	1141.	205207587	30205207587F001	23100.		

 Total VA Withholding
 SSN
 VA Withholding

 You
 446979226
 1141.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879
Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2020

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

Virgir	nia Submission Identification Number (SID)							
Your	Name	B Your Social Sec	curity Number					
SRAV	AN KUMAR DANDAMUDI	446-97-92	26					
	se's Name	A Spouse's Socia	Security Number					
Part		A Spouse	B Yourself					
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		23100.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		23100.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		17670.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		759.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		1141.					
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)		382.					
Part								
Returnumb filling liable Virgir refund of the signa	Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending 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 filling 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.							
Taxp	ayer's e-File PIN: check one box only							
X	I authorize the ERO named below to enter my e-File PIN 7 9 2 2 6 as my signature on my 2020 e-file Do not enter all zeros	ed Virginia individual inc	ome tax return.					
	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 box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN					
Your	Your Signature Date							
Spou	se'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-filed Virginia individual income tax return. Do not enter all zeros							
	ERO Firm Name							
Spou	se'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 6	1 9 8 9						
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.								
ERO'	s Signature Date04-2	8-21						