### **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single  Married filing jointly [ ou checked the MFS box, enter the loon is a child but not your depender	name of y									
Your first name	and m	iddle initial	Last na	me					,	Your so	cial securi	ity number
RAVINDRA	ABAB	U	JAYA	MANGALA						686-69-1295		
If joint return, s	pouse's	s first name and middle initial	Last na	me					:	Spouse'	s social se	curity number
	,	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	- 1		ntial Electi	ion Campaign
5942 RI			amanlata a	naga halaw	Cto	.to	710	code				ntly, want \$3
		ce. If you have a foreign address, also c	ompiete s	paces below.	Sta					_		Checking a
VIRGINIZ		АСП	Ι,	Tavaian nyayinaa/atata	V.		_	3464			ow will not	•
Foreign country	y name			Foreign province/state	/coun	ty	For	eign postal o	code	your tax or refund.  You Spouse		
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquire	any	financial int	erest in	n any virtua	al curr	ency?	Yes	⊠ No
Standard Deduction		eone can claim:  You as a despouse itemizes on a separate retu	•			•	nt					
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ouse	: Was	born b	efore Janu	ary 2,	1956	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securi	tv	(3) Relation	nship	(4)	if qua	alifies fo	r (see instru	uctions):
If more	•	irst name Last name	number			to yo		1	tax cre	- 1		ther dependents
than four												
dependents,												
see instruction and check	S —											
here ▶ □												
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1		70,321.
Attach	2a	Tax-exempt interest	2a		<b>b</b> T	axable inte	rest			2b		
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary div	dends			3b		
required.	4a	IRA distributions	4a			axable amo			4b			
	5a	Pensions and annuities	5a		b T	axable amo	ount .			5b		
Standard	6a	Social security benefits	6a		b T	axable amo	ount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	ne 9 .							8		-6,750.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total inc</b>	ome				. ▶	9		63,571.
<ul> <li>Married filing</li> </ul>	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 standard deduction. See instructions 10b										
• Head of	С	Add lines 10a and 10b. These are	your <b>tot</b>	tal adjustments to	inco	me			. ▶	100	•	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross inc	ome				. ▶	11		63,571.
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedul	e A)					12		12,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	, ente	er -0				15	.	51,171.

17       Amount from Schedule 2, line 3       17         18       Add lines 16 and 17       18       7,049         19       Child tax credit or credit for other dependents       19         20       Amount from Schedule 3, line 7       20         21       Add lines 19 and 20       21         22       Subtract line 21 from line 18. If zero or less, enter -0-       22       7,049         23       Other taxes, including self-employment tax, from Schedule 2, line 10       23       0         24       Add lines 22 and 23. This is your total tax       ▶       24       7,049         25       Federal income tax withheld from:       a Form(s) W-2       25a       8,759       8,759         b Form(s) 1099       25b       25b       25c       25c	Form 1040 (2020	0)						Page <b>2</b>
17 Amount from Schedule 2, line 3 18 Add lines 16 and 17 19 Child tax credit or credit for other dependents 20 Amount from Schedule 3, line 7 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 10 24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from: 26 Form(s) W-2 27 Ederal income tax withheld from: 28 Form(s) W-2 29 Cother forms (see instructions) 29 Cother forms (see instructions) 20 Cother forms (see instructions) 21 Cother forms (see instructions) 22 Cother forms (see instructions) 23 Cother forms (see instructions) 24 Add lines 25 at through 25c 25c 26 Cother forms (see instructions) 27 Cother forms (see instructions) 28 Add lines 25d through 31. These are your total payments and refundable credits 29 American opportunity credit from Form 8863, line 8 29 Amount form Schedule 3, line 13 20 Add lines 25d, 26, and 32. These are your total payments 28 Add lines 25d, 26, and 32. These are your total payments 29 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here		16	Tax (see instructions). Check if any from Form(s): 1 8814	<b>2</b> 4972	3 🗌		16	7,049.
19		17	Amount from Schedule 2, line 3				17	
20 Amount from Schedule 3, line 7		18	Add lines 16 and 17				18	7,049.
21 Add lines 19 and 20		19	Child tax credit or credit for other dependents				19	
22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 10 24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from:  a Form(s) W-2 25 Federal income tax withheld from:  a Form(s) W-2 26 Other forms (see instructions)  d Add lines 25 at hrough 25c 25c  Other forms (see instructions)  d Add lines 25 at hrough 25c 25c  25d 27,049  24 7,049  25 Federal income tax withheld from:  a Form(s) W-2 25b  Cother forms (see instructions)  d Add lines 25 at hrough 25c 25c  25d 27,049  25b  Cother forms (see instructions)  d Add lines 25a through 25c 25c  25d 27,049  26 (37,049  27 (37,049  28 (37,049  28 (37,049  29 (37,049  20 (37,04)  20 (37,04)  20 (37,049  20 (37,04)  20 (37,04)  20 (37,04)  20 (37,049  20 (37,04)  20 (37,04)  20 (37,04)  20 (37,04)  20 (37,04)  20 (37,04)  20 (37,04)  20 (37,04)  20 (37,04)  20 (37,04)  20 (3		20	Amount from Schedule 3, line 7				20	
23 Other taxes, including self-employment tax, from Schedule 2, line 10		21	Add lines 19 and 20				21	
24 Add lines 22 and 23. This is your total tax		22	Subtract line 21 from line 18. If zero or less, enter -0				22	7,049.
24 Add lines 22 and 23. This is your total tax		23	Other taxes, including self-employment tax, from Schedule 2	, line 10			23	0.
a Form(s) W-2		24	Add lines 22 and 23. This is your <b>total tax</b>			. •	24	7,049.
b Form(s) 1099		25	Federal income tax withheld from:					
C Other forms (see instructions)   25c		а	Form(s) W-2		<b>25a</b> 8,	759.		
d Add lines 25a through 25c		b	Form(s) 1099		25b			
d Add lines 25a through 25c		С	Other forms (see instructions)		25c			
If you have a qualifying child, attach Sch. EIC.   Earned income credit (EIC)   SNO   27		d	·				25d	8,759.
qualifying child, attach Sch. EIC. If you have nontaxable combat pay, see instructions.  30 Recovery rebate credit. See instructions		26	•				26	,
Additional child tax credit. Attach Schedule 8812					1 1			
Amount from Schedule 3, line 13  29 Add lines 27 through 31. These are your total other payments and refundable credits					28			
30 Recovery rebate credit. See instructions	nontaxable							
31 Amount from Schedule 3, line 13								
32 Add lines 27 through 31. These are your total other payments and refundable credits ▶ 32  33 Add lines 25d, 26, and 32. These are your total payments		'	•					
33 Add lines 25d, 26, and 32. These are your total payments			,			. •	32	
Refund  34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid			, , , ,				_	8.759
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ ☐  35a 1,710  Direct deposit? See instructions.  ▶ b Routing number 0 5 1 0 0 0 0 1 7			• • • • • • • • • • • • • • • • • • • •			<u> </u>	+	
Direct deposit? See instructions.       ▶ b Account number 0 5 1 0 0 0 0 1 7	Refund							
See instructions.       ▶ d       Account number	Direct deposit?			004	1,710.			
Amount of line 34 you want applied to your 2021 estimated tax						zvirigo		
Amount 37 Subtract line 33 from line 24. This is the amount you owe now					36			
Vou Owe	Amount		-				37	
Note: Schedule H and Schedule SE tilers line 3/ may not represent all of the tayes you owe for		31	-	01				
For details on 2020. See Schedule 3, line 12e, and its instructions for details.			•					
how to pay, see instructions.  38 Estimated tax penalty (see instructions)					20			
Third Party Do you want to allow another person to discuss this return with the IRS? See instructions			· · · · · · · · · · · · · · · · · · ·			nplete b	pelow.	X No
Designee's Phone Personal identification	Doolgiloo				_	•		
name ▶ no. ▶ number (PIN) ▶								
Sign  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a	Sian							
Here belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		bel	ef, they are true, correct, and complete. Declaration of preparer (other th			,		
Your signature Date Your occupation If the IRS sent you an identity	11010	Yo	r signature Date Y	our occupation			, ,	
Joint return? Protection PIN, enter it here (see inst.) ▶ See inst.) ▶	l-i-t0			א אאאדעפיי		- 1		IN, enter it here
Joint return?  See instructions.  Spouse's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation  If the IRS sent your spouse an		Sn		•	<u> </u>		nt vour spouse an	
Keep a copy for Identity Protection PIN, enter it h	Keep a copy for	Ор	bac 3 signature. If a joint retain, <b>both</b> must sign.	pouse s occupation	<i>7</i> 11			
your records. (see inst.) ▶	your records.			(see	inst.) 🕨			
Phone no. (216)206-9019 Email address JRB443@GMAIL.COM		Ph	ne no. (216)206-9019 Email address 5	JRB443@GMA	IL.COM			
Preparer's name Preparer's signature Date PTIN Check if:	Poid	Pre	parer's name Preparer's signature		Date	PTIN		Check if:
Paid  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 07/08/2021 P02082703 Self-employed		SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GU	JPTA TALLAM	07/08/2021 F	0208	2703	Self-employed
Preparer   Iso Only   Firm's name ► GLOBAL TAXES LLC   Phone no. (678)965-952.	•	Fire	n's name ► GLOBAL TAXES LLC			Phor	ne no. (	678)965-9522
Use Only    Firm's address   2530 Pebble Creek Ln Cumming GA 30041   Firm's EIN   30-101719	Use Only	Fire	n's address ▶ 2530 Pebble Creek Ln Cumming	GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.gov/Form1040 for instructions and the latest information.  BAA REV 05/29/21 PRO Form 1040 (20)	Go to www.irs.g	ov/Forn	1040 for instructions and the latest information.	BAA	REV 05/29/21 PRO			Form <b>1040</b> (2020)

## SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020 Attachment Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

RAVINDRABABU JAYAMANGALA

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

Sequence No. 01
Your social security number
686-69-1295

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,750.
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	<i>C</i> 750
Par	t II Adjustments to Income	9	-6,750.
		40	
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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

### **SCHEDULE E**

Department of the Treasury

Internal Revenue Service (99)

(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

Sequence No. 13

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

Attachment

Name(s) shown on return Your social security number RAVINDRABABU JAYAMANGALA 686-69-1295 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 1-34, RAMALAYAM ST VADDIGUDEM ANDHRA PRADESH IN 534437 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 (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 0 Α 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 . 650. 3 4 Royalties received . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 375. 7 Cleaning and maintenance . . . 7 300. 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 75. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. . . . . . . . . 13 6,000. 14 Repairs. . . . . . . . 14 400. 15 15 Supplies . Taxes . . . . . . 16 16 17 250. 17 18 Depreciation expense or depletion . . 18 Other (list) 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 7,400. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -6,750. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . -6,750.) 650 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 23e Total of all amounts reported on line 20 for all properties 7,400. 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 6,750. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -6,750.

## 





RAVINDRABABU JAYAMANGALA

5942 RIVIERA ARCH

VIRGINIA BEACH VA 23464

SSN-You JAYA		686691295	Vendor ID	1555		XXXXX	$\neg$
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	63571.	Withholding (VA) - Yo	ou	19A.	3	3474.
Additions	2.		Withholding (VA) - Sp	pouse	19B.		
Subtotal	3.	63571.	Estimated Payments	i	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 OS	С	24.		
Subtractions	7.		Credits - Schedule Cl	R	25.		
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	3	3474.
Total VA Adj Gross Income (VAGI)	9.	63571.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		388.
Standard Deduction	11.	4500.	Overpayment Credite	ed to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLEnow	30.		
Deductions	13.		VAC - Other Contribu	utions	31.		
Subtotal (Deductions & Exemptions)	) 14.	5430.	Addition to Tax, Pena	alty & Interest	32.		
VA Taxable Income	15.	58141.	Sales and Use Tax		33.		
Amount of Tax	16.	3086.	Amount You Owe				
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	t Card N			388.
VAGI - Spouse	17A.		D 1 D " "			0.51.0	00017
Net Amount of Tax	18.	3086.	Bank Routing #		C 43505		00017
L			Bank Account #		43505	0987816	)
				4			D 4 . ( 0

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_\_

Page 1 of 2





I				
Filing Status	Ane &	l icense	Informa	tion

VA Driver's License ID - Spouse

Filing Status, Age & License Information	Additional Filing Information

Filing Status 1 Locality 810

Federal Head of Household Name or Filing Status Change

DOB - You 08011993 Address Change

VA Driver's License ID - You VA Return Not Filed Last Year

VA Driver's License - Iss. Date - You Dependent on Another's Return

Spouse Name (Filing Status 3 Only)

Farmer / Fisherman / Merchant Seaman

DOB - Spouse

Reason Code

Overseas on Due Date VA Driver's License - Iss. Date - Spouse

Federal EIC & Amount

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You Deceased Indicator

Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator X

Dependents Blind - You Obtain Electronic 1099G

Total (A) 1 Blind - Spouse ID 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 2162069019

Signature - Spouse \_\_\_\_\_ Date Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 070821 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

GLOBAL TAXES LLC

Include Page 1, Page 2 and all 2530 PEBBLE CREEK LN

supporting 760CG documents. CUMMING GA 30041 Page 2 of 2

File by May 1, 2021

### 2020 Schedule INC/CG

686691295

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

RAVINDRABABU JAYAMANGALA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
686691295	W	3474.	371660433	30371660433F001	70321.

 Total VA Withholding
 SSN
 VA Withholding

 You
 686691295
 3474.

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

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

# 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!

You	r Na	ame															B Your Social Se	ecurity Number
RAV	IN	DRAI	BABU	JAYA	AMAN(	GALA											686-69-12	295
Spo	use	's Na	me															al Security Number
Par	t I	Ta	x Ret	urn In	forma	tion											A Spouse	B Yourself
1.	F	edera	l Adjust	ted Gros	ss Incor	ne (For	m 760C	CG, Lir	ne 1; 76	0PY,	Line 1,	column	s A & B;	Fo	orm 763, Line 1)	)		63571.
2.	V	irginia	Adjust	ed Gros	s Incon	ne (For	m 760C	G, Lin	ne 9; 760	PY, L	ine 10,	columr	ns A & B	; Fc	orm 763, Line 9	9)		63571.
3.	T	axable	e Incom	ne (Form	1760C0	G, Line	15; 760	PY, Li	ine 16, c	olumı	ns A &	B; Form	n 763, Lir	ne 1	17)			58141.
4.	V	irginia	Incom	e Tax (F	orm 76	0CG, L	ine 1 <b>8</b> ;	760P	Y, Line 1	7, co	lumns A	4 & B; F	orm 763	l Lir	ne 18)			3086.
5.	V	/ithhol	lding (F	orm 760	OCG, Li	ne 1 <b>9</b> a	& 19b;	760P\	/, Lines	1 <b>9</b> a 8	19b; F	orm 76	3, Lines	198	a & 19b)			3474.
6.	Α	moun	t you O	we (For	m 7600	G, Line	e 3 <b>5</b> ; Fo	orm 76	0PY, Lir	ne 3 <b>5</b> ;	Form 7	763, Lin	ie 3 <b>5</b> )					
7.	R	efund	(Form	760CG	Line 3	6; 760F	Y, Line	3 <b>6</b> ; F	orm 763	, Line	36)							388.
Par	-								ture Au									
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.																		
<u>Σ</u>	Taxpayer's e-File PIN: check one box only  I authorize the ERO named below to enter my e-File PIN 9 1 2 9 5 as my signature on my 2020 e-filed Virginia individual income tax return.  Do not enter all zeros																	
	_	GLO:	BAL	TAXE	S LL	<u> </u>						EDO Eli	m Name					
	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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.																	
Your	Your Signature Date																	
Spo	use'	's e-Fi	ile PIN:	check	one bo	x only												
	_										E	RO Fi	m Name	—— Э				
	I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.																	
Spouse's Signature Date																		
Par	t III	Ce	rtifica	ation a	ınd Aı	uthen	ticatio	n – F	Practiti	ione	r PIN	Metho	od Only	y				
ERO	's E	FIN/P	N: En	iter your	six-dig	it EFIN	followe	d by y	our five	digit s	elf-sele	ected PI	N. 5	5	8 7 2 7	8 6	1 9 8 9	
abov Elector co	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.																	
ERU	55	ignatt	пе <u> —</u>												Date .	07-08	) - Z T	