### **£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 u checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you		_			_	-		
Your first name	and m	iddle initial	Last na	me					Your social security number			number
RAKESH			VAIL	ΟΥA					295	295-87-2824		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	Spouse's social security number		
	,	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	Chec	k her	re if you, c	•
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta	ate	ZIP				0,	ly, want \$3 Checking a
CENTREV					V.		-	120	box b	oelow	will not c	•
Foreign country	y name			Foreign province/state	e/coun	ty	Fore	ign postal cod	le your	tax o	r refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial intere	est in	any virtual	currency	/? [	Yes	X 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, 1950	3	Is blir	nd
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸 it	f qualifies	alifies for (see instructions):		tions):
If more		irst name Last name		number to you		·	Child tax cred		- 1		er dependents	
than four									]			
dependents, see instruction									]			]
and check									]			<u>]</u>
here ▶									]	Ш,		]
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	N-2						1	7	5,923.
Attach Sch. B if	2a	Tax-exempt interest	2a		b 7	axable interes	t			2b		
required.	3a	Qualified dividends	3a	32.	<b>b</b> (	Ordinary divide	nds		. [	3b		32.
	4a	IRA distributions	4a		b 7	axable amoun	ıt.			4b		
	5a	Pensions and annuities	5a		b 7	axable amoun	ıt.		-	5b		
Standard	6a	Social security benefits	6a		b 7	axable amoun	ıt.			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quirec	l, check here		🕨		7		-20.
Married filing	8	Other income from Schedule 1, li	ne 9 .							8		6,500.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				<b></b>	9	6	9,435.
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 the standard deduction. See instructions  Add lines 10a and 10b. These are your <b>total adjustments to income</b>										
Head of	С									I0c		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				<b>•</b>	11	6	9,435.
If you checked	12	Standard deduction or itemize	d deduct	ions (from Schedul	e A)				. [	12	1	2,400.
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or F	orm 8	3995-A			. [	13		
Deduction, see instructions.	14	Add lines 12 and 13							. [	14	1	2,400.
550 monuotions.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er -0				15	5	7,035.

Form 1040 (2020	))							Page <b>2</b>
	16	Tax (see instructions). Check if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	8,336.
	17	Amount from Schedule 2, line 3				-	17	
	18	Add lines 16 and 17					18	8,336.
	19	Child tax credit or credit for other dependen	ts				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	8,336.
	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	8,336.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	765		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c		7	
	d	Add lines 25a through 25c					25d	9,765.
	26	2020 estimated tax payments and amount a					26	27:000
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule			28		-	
If you have nontaxable	29	American opportunity credit from Form 8863			29		-	
combat pay, see instructions.	30	Recovery rebate credit. See instructions .	,		30		-	
see manuchons.	31	Amount from Schedule 3, line 13			31		-	
	32	Add lines 27 through 31. These are your <b>total</b>	32					
	33	Add lines 25d, 26, and 32. These are your to	33	9,765.				
	34					<b>▶</b>	34	1,429.
Refund	3 <del>4</del> 35а	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>\rightarrow</b>						1,429.
Direct deposit?	> b	Routing number 0 5 1 0 0 0 0 1 7						1,429.
See instructions.	►d	Account number 4 3 5 0 3 4 4 2 7 3 7 6						
	36	Amount of line 34 you want applied to your			36			
Amount	37	Subtract line 33 from line 24. This is the amo			-		37	
You Owe	31							
For details on		<b>Note:</b> Schedule H and Schedule SE filers, 2020. See Schedule 3, line 12e, and its instr						
how to pay, see instructions.	38	Estimated tax penalty (see instructions) .						
Third Party		you want to allow another person to disc			38			
Designee		structions			. $\square$	Complete	below.	X No
Doorgrioo		signee's	Phone			sonal iden		
-		me ►	no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare that I have examine						
Here	bel	ief, they are true, correct, and complete. Declaration			ased on all informat			,
	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here
laint vatuus?				   SOFTWARE	ENGINEED		e inst.) ▶	IN, enter it nere
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat		`		nt your spouse an
Keep a copy for	J Gp	oudo o digitatator it a joint totatti, <b>2011</b> titudet digiti						ection PIN, enter it here
your records.						(se	e inst.) 🕨	
	Ph	one no. (703)470-8765	Email address	VAIDYARAKES	SH50@GMAIL.C	OM		
Paid	Pre	eparer's name Preparer's signat	ture		Date	PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	09/16/2021	P0208	32703	Self-employed
Preparer	Fire	m's name ▶ GLOBAL TAXES LLC				Pho	one no. (	(678)965-9522
Use Only	Fir	m's address ▶ 2530 Pebble Creek I	n Cummin	g GA 30041		Fire	n's EIN ▶	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 07/28/21 PR	0		Form <b>1040</b> (2020)
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## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

RAKESH VAIDYA

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

► 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
295-87-2824

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	-6,500.
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 9		C 500
Par	t II Adjustments to Income	9	-6,500.
		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 D (Form 1040)

#### **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► 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.

Name(s) shown on return Your social security number 295-87-2824 RAKESH VAIDYA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) 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 28. -20. 8. 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 . . . . . . . . . . . . . . . . . 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 -20. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 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 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -20. • 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. 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 20.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

#### Sales and Other Dispositions of Capital Assets

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

Attachment

OMB No. 1545-0074

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

Sequence No. 12A

Name(s) shown on return RAKESH VAIDYA

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number 295-87-2824

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 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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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.

X (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

(C) Short-term transactions	not reported	to you on F	orm 1099-B				
(a) Description of property	(b) Date so	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) 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 Securities LLC	03/13/20	05/12/20	8.	28.			-20.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be placed on the line 2 (if Box A).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	g	28			-20

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**

Department of the Treasury

(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.

Attachment

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return

Sequence No. 13

Your social security number RAKESH VAIDYA 295-87-2824 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 BRAHMINWARD, ASIFABAD HYDERABAD TELANGANA IN 504293 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** 365 0 Α Α qualified joint venture. See instructions. В В С C 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 . 3 650. 4 Royalties received . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,350. 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 14 Repairs. . . . . . . . 14 1,800. 15 1,800. 15 Supplies . Taxes . . . . . 16 16 17 2,200. 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 7,150. 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 -6,500.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . -6,500.) 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 23c **c** Total of all amounts reported on line 12 for all properties 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 7,150. 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 6,500. 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 -6,500.

# 





RAKESH

VAIDYA

#### 5046 GREENHOUSE TERRACE

CENTREVILLE

VA 20120

SSN-You VAID	ı	295872824	Vendor ID	1555	XXX	ххх ¬
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	69435.	Withholding (VA) - Yo	ou	19A.	3796.
Additions	2.		Withholding (VA) - Sp	oouse	19B.	
Subtotal	3.	69435.	Estimated Payments		20.	
Age Deduction - You	4A.		2019 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments		22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.	
Subtractions	7.		Credits - Schedule CF	3	25.	
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	3796.
Total VA Adj Gross Income (VAGI)	9.	69435.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	373.
Standard Deduction	11.	4500.	Overpayment Credite	d to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLEnow	30.	
Deductions	13.		VAC - Other Contribu	itions	31.	
Subtotal (Deductions & Exemptions	s) 14.	5430.	Addition to Tax, Pena	Ity & Interest	32.	
VA Taxable Income	15.	64005.	Sales and Use Tax		33.	
Amount of Tax	16.	3423.	Amount You Owe Will Pay by Credit/Debit	: Card N		
Spouse Tax Adjustment (STA)	17.		Your Refund	Calu IV	1	373.
VAGI - Spouse	17A.		Bank Routing #		<b>_</b>	051000017
Net Amount of Tax	18.	3423.	Bank Account #		43503442	
L			Daile Account #		±3303442	0 1 0 1 0
				^		D 4

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

Page 1 of 2





ng Status, Age	& License Inf	ormation	Additional Filing Information	on
Filing Status		1	Locality	600
Federal Head of I	Household		Name or Filing Status Change	
DOB - You		09101994	Address Change	
VA Driver's Licens	se ID - You	B65324641	VA Return Not Filed Last Year	
VA Driver's Licens	se - Iss. Date - \	ou 12312019	Dependent on Another's Return	
Spouse Name (Fi	iling Status 3 Or	lly)	Farmer / Fisherman / Merchant Seaman	
DOD 0			Amended	
DOB - Spouse	ID 0		Reason Code	
VA Driver's Licen			Overseas on Due Date	
VA Driver's Licens			Federal EIC & Amount	
emptions (A) You	1	Exemptions (B) 65 & Over - You	Deceased Indicator	
Spouse		65 & Over - Spouse	No Sales & Use Tax Due Indicator	Σ
Dependents		Blind - You	Obtain Electronic 1099G	
Total (A)	1	Blind - Spouse	ID Theft PIN	
		Total (B)		
	C	Contact Information		

Signature - You	Date		Phone - You		7034708765
Signature - Spouse	Date		Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date	091621	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pr	eparer.		Preparer Information	7	P02082703

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN CUMMING

GA 30041

Page 2 of 2

Include Page 1, Page 2 and all supporting 760CG documents.

#### 2020 Schedule INC/CG

295872824

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

RAKESH

VAIDYA



Your/ Spouse SSN	Withholding Type			• •	
Г					٦
295872824	W	3796.	540856778	30540856778F001	75923.

**Total VA Withholding** SSN **VA Withholding** 3796. 295872824 Spouse Total # of W-2s,1099s & VK-1s 01

You

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!

Virgii	nia Submission Identification Number (SID)						
Your	Name	B Your Social Sec	curity Number				
RAKI	SH VAIDYA	295-87-28	24				
	se's Name	A Spouse's Socia					
D4	I. Too Determ Information	A Chaves	D. Voursolf				
Part		A Spouse	B Yourself				
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		69435.				
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		69435.				
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		64005.				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3423.				
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3796.				
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)		373.				
Part	II Declaration of Taxpayer and Signature Authorization  repenalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so						
Returnumb filing liable Virgir refund of the signa	December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
Тахр	ayer's e-File PIN: check one box only						
X	I authorize the ERO named below to enter my e-File PIN 7 2 8 2 4 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	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						
	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				
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					
above Electi	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 Date Date	б-21					