

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name PRABU SALEM BALASUBRAMANIA | Social security number 780-37-5815 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|--|----------|----------------|
| 1 Adjusted gross income | 1 | 38,025. |
| 2 Total tax | 2 | 2,878. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 4,712. |
| 4 Amount you want refunded to you | 4 | 3,034. |
| 5 Amount you owe | 5 | |

Part II 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 (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 5 | 8 | 1 | 5 |
|---|---|---|---|---|

 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.

Your signature ▶  Date ▶ 9/24/2021

Spouse's PIN: check one box only

I authorize _____ to enter or generate 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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: PRABU
Last name: SALEM BALASUBRAMANIA
Your social security number: 780-37-5815
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
11 LATOUR LN
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
NEWARK
State: DE
ZIP code: 19702
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction
Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with columns for line numbers and amounts. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with bullet points for filing status options.

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

| | | | |
|----|---|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 2,878. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 2,878. |
| 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 | 2,878. |
| 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 | 2,878. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 4,712. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 4,712. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) No | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,200. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,200. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 5,912. |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

| | | | |
|-----|---|---|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,034. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,034. |
| b | Routing number 031100869 | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number 3168147340 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

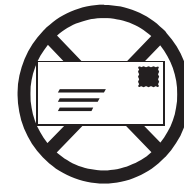
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|------------------------------|---|
| Your signature | Date | Your occupation IT | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|---------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 09/24/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | (678)965-9522 | 30-1017196 |



2020

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2020

DO NOT MAIL!

YOUR SOCIAL SECURITY NUMBER 780375815

SPOUSE'S SOCIAL SECURITY NUMBER

FIRST NAME(S) AND INITIAL(S) PRABU

LAST NAME SALEM BALASUBRAMANIA

HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) 11 LATOUR LN

CITY, TOWN OR POST OFFICE, STATE & ZIP CODE NEWARK

DE 19702

DAYTIME TELEPHONE NUMBER (302)981-5299

STATE OF DELAWARE

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

Table with 5 rows: 1. TOTAL DELAWARE ADJUSTED GROSS INCOME... 38025; 2. TOTAL DELAWARE TAX... 1284; 3. DELAWARE INCOME TAX WITHHELD... 1585; 4. NET REFUND... 392; 5. NET BALANCE DUE... 5.

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Type of Account X Checking Savings 7. Routing number 031100869
8. Account number 3168147340
9. Is this refund going to or through an account that is located outside of the United States? Yes X No

PART 3 DECLARATION OF TAXPAYER

10. X I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I do not want direct deposit of my refund or am not receiving a refund.

I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct Debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements and the disclosure of all information pertaining to my use of the system and software, and to the transmission of my tax return electronically to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN HERE

SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN THE "2020 DELAWARE INDIVIDUAL MEF E-FILE HANDBOOK FOR SOFTWARE DEVELOPERS, TRANSMITTERS, AND EROs WHO FILE DELAWARE INDIVIDUAL INCOME TAX RETURNS" AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

30-1017196

SIGN HERE

ERO'S SIGNATURE

DATE

EIN, SSN, OR PTIN.

GLOBAL TAXES LLC

ERO

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)

CHECK IF ALSO PREPARER

CHECK IF SELF-EMPLOYED

2530 PEBBLE CREEK LN CUMMING

GA 30041

(678)965-9522

ADDRESS (STREET, CITY, STATE & ZIP CODE)

Business phone #

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN

30-1017196

HERE

PREPARER'S SIGNATURE

DATE

EIN, SSN, OR PTIN

SYAM PRIYA RAM SAGAR GUPTA TALLAM

PAID PRE-PARER

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)

CHECK IF SELF-EMPLOYED

2530 PEBBLE CREEK LN CUMMING

GA 30041

ADDRESS (STREET, CITY, STATE & ZIP CODE)

For Fiscal year beginning and ending Your Social Security No. Spouse's Social Security No.

7 8 0 3 7 5 8 1 5

Your Last Name SALEM BALASUBRAMANIA First Name and Middle Initial PRABU Jr., Sr., III, etc. Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.



ATTACH LABEL HERE

Present Home Address (Number and Street) Apt. #

11 LATOUR LN

City NEWARK State DE Zip Code 19702

FILING STATUS (MUST CHECK ONE) 1. X Single, Divorced, Widow(er) 2. Joint 3. Married & Filing Separate Forms 4. Head of Household

Form DE2210 If you were a part-year resident in 2020, give the dates you resided in Delaware. From 2020 to 2020

Table with columns for Line number, Description, and Amount. Includes rows for DELAWARE ADJUSTED GROSS INCOME, DEDUCTIONS, TAXABLE INCOME, and various credits.

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct, and complete. Your Signature Date Spouse's Signature (if filing joint) Date

Home Phone: Business Phone: (302) 981-5299 Email Address: Signature of Paid Preparer Date Address of Paid Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM 0924212530 PEBBLE CREEK LN CUMMING GA 30041

Business Phone (678) 965-9522 Email Address SYAM@GTAXFILE.COM EIN, SSN, or PTIN 301017196





DF20320021555

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

Table with 4 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows include Wages, salaries, tips, etc. (38025), Interest, Dividends, State refunds, Alimony received, Business income, Capital gain, Other gains, IRA distributions, Taxable pensions, Rents, royalties, Farm income, Unemployment compensation, Taxable Social Security benefits, Other income, Total income, Total Federal Adjustments, Federal Adjusted Gross Income.

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

Table with 4 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows include Interest received on obligations of any state other than Delaware, Fiduciary adjustment, oil depletion, TOTAL - Add Lines 18 & 19, Add Lines 17 & 20.

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows include Interest received on U.S. obligations, Pension/Retirement Exclusions, Delaware State tax refund, Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion, TOTAL - Add lines 22 through 26, Subtract Line 27 from Line 21 and enter here, Exclusion for certain persons 60 and over or disabled, Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on front side Line 42, Box A, Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on front side Line 37 and Line 42, Box B.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)

Table with 4 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows include Enter total Itemized Deductions (If Filing Status 3, See instructions on Page 8), Enter Foreign Taxes Paid, Enter Charitable Mileage Deduction, TOTAL - Add Lines 31, 32, and 33, Enter Form 700 Tax Credit Adjustment, Subtract Line 35 from Line 34. Enter here and on front, Line 38.

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number 0 3 1 1 0 0 8 6 9

b. Type: Checking X Savings

c. Account Number 3 1 6 8 1 4 7 3 4 0

d. Is this refund going to or through an account that is located outside of the United states? Yes No X

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58): DELAWARE DIVISION OF REVENUE P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59): DELAWARE DIVISION OF REVENUE P.O. BOX 8710, WILMINGTON, DE 19899-8710

ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE P.O. BOX 8711, WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: PRABU
Last name: SALEM BALASUBRAMANIA
Your social security number: 780-37-5815
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
11 LATOUR LN
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
NEWARK
State: DE
ZIP code: 19702
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction
Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include descriptions of income and deductions, sub-rows (a, b, c), and final amounts. Total income is 38,025. Adjusted gross income is 38,025. Standard deduction is 12,400. Taxable income is 25,625.

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

| | | | |
|----|---|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 2,878. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 2,878. |
| 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 | 2,878. |
| 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 | 2,878. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 4,712. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 4,712. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) No | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,200. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,200. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 5,912. |

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,034. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,034. |
| b | Routing number 031100869 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3168147340 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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

| | | | |
|---|------|------------------------------|---|
| Your signature | Date | Your occupation IT | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|-----------|---|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 09/24/2021 | P02082703 | |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | | (678)965-9522 |
| Firm's EIN | | | | 30-1017196 |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.