# 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

Subm	ission Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	per	
PRA:	BU SALEM BALASUBRAMANIA	780-37	-581	5	
Spouse	's name	Spouse's soo	ial seci	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Ente	r vear vou a	re au	thorizing	1)
	whole dollars only on lines 1 through 5.	i year year	iic au	tilonzing	)· <i>)</i>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1 1	38	3,025.
2	Total tax		2		2,878.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		1,712.
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 cop	y of y	our retu	ırn)
my know return of to send for any Agent of payme authori payme busines taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended powledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboron (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmathy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income for the deviation of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed days prior to the payment (settlement) date. I also authorize the financial institutions involved in the corrective confidential information necessary to answer inquiries and resolve issues related to the page of the payment (settlement) below is my signature for the income tax return (original or amended) I are funded Withdrawal Consent.	ve are the am nitter, or electro ection of the to I.S. Treasury a licated in the to on to debit the e the authoriza uests must be processing of payment. I fur	ounts for the counts of the co	from the inturn original sion, (b) to designate control sector this according to the control of	ncome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	nic Funds Withdrawal Consent.  Nyer's PIN: check one box only				l
X		my DINI 7	5 8	8   1   5	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.				
Yours	signature ▶ Date ▶				
Snous	se's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name	-	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7  Don't ent	8 6 er all <i>ze</i>		3 9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income t zed 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 <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of I	ax return (orig nitting this retu	inal or urn in a	amended) accordanc	
ERO's	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

# **£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	middle initial Last name									Your social security number			
PRABU			SALE	M BALASUBRA	MAN	IA				780-37-5815				
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse'	s social se	ecurity number		
Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.				ion Campaign		
11 LATO					_						nere if you, if filing ioi	, or your ntly, want \$3		
	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code			0,	. Checking a		
NEWARK					D:		_	9702			ow will not	•		
Foreign country	y name			Foreign province/state	coun	ty	Foi	reign 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 in	terest i	n any virtua	al curi	rency?	Yes	X No		
Standard Deduction		eone can claim:	•				nt							
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ouse	e: Was	born b	efore Janu	ary 2,	1956	☐ Is b	olind		
Dependents	s (see	instructions):		(2) Social securit	ty	(3) Relation	onship	(4) V	if qua	alifies for	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	5 —													
here ▶ □														
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1		38,025.		
Attach	2a	Tax-exempt interest	2a		b T	axable inte	rest			2b				
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary div	ridends			3b				
	4a	IRA distributions	4a		<b>b</b> T	axable am	ount .			4b				
	5a	Pensions and annuities	5a		<b>b</b> T	axable am	ount .			5b				
Standard	6a	Social security benefits	6a		bΤ	axable am	ount .			6b				
• Single or	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not rec	uired	l, check hei	e .		<b></b>	7				
Married filing	8	Other income from Schedule 1, lin	ne 9 .							8				
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total inc</b>	come				. •	9		38,025.		
Married filing	10	Adjustments to income:					1							
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	$\perp$	38,025.		
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedul	e A)					12	$\bot$	12,400.		
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A .				13	$\perp$			
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	1	25,625.		

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	2,878.
	17	Amount from Schedule 2, line 3				<del>-</del> .	. 17	
	18	Add lines 16 and 17					. 18	2,878.
	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	2,878.
	23	Other taxes, including self-employment tax,	from Schedule	e 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:						
	а	Form(s) W-2			25a	4,71	2.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	4,712.
	26	2020 estimated tax payments and amount a						
<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	1,20		
see instructions.	31	Amount from Schedule 3. line 13			31	1,20		
	32	Add lines 27 through 31. These are your <b>tot</b> :					▶ 32	1,200.
	33	Add lines 25d, 26, and 32. These are your to		5,912.				
	34	If line 33 is more than line 24, subtract line 2	. 34	3,034.				
Refund	3 <del>4</del> 35а	Amount of line 34 you want <b>refunded to you</b>	. 34 35a	3,034.				
Direct deposit?	> b	Routing number 0 3 1 1 0 0 8		3,034.				
See instructions.	►d	Account number 3 1 6 8 1 4 7		▶ c Type: 🛛	Checking [	_ Savir	iys	
	36	Amount of line 34 you want <b>applied to your</b>		ad tov	36			
Amount	37	·			-		▶ 37	
You Owe	31	Subtract line 33 from line 24. This is the amo	-					
For details on		<b>Note:</b> Schedule H and Schedule SE filers, 2020. See Schedule 3, line 12e, and its instr	for					
how to pay, see instructions.	38	Estimated tax penalty (see instructions) .			38			
-								
Third Party Designee		you want to allow another person to disc structions				Compl	ete below.	× No
Designee		signee's	Phone				dentification	
		me ►	no. ▶			ımber (P		
Sign		der penalties of perjury, I declare that I have examine						
Here	bel	ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all inform	ation of		,
11010	Yo	ur signature	Date	Your occupation				nt you an Identity
1				IT			(see inst.) ►	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	tion		· ,	nt your spouse an
Keep a copy for	Ор	ouse's signature. If a joint return, <b>boar</b> must sign.	Date	opouse 3 occupat	iion			ection PIN, enter it here
your records.							(see inst.) ▶	
	Ph	one no. (302)981-5299	Email address	PRABU.SIB	I@GMAIL.C	MC		
Doid	Pre	eparer's name Preparer's signat	ture		Date	PTII	N	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	09/24/202	1   P02	2082703	Self-employed
Preparer	Fir	m's name ► GLOBAL TAXES LLC					Phone no. (	678)965-9522
Use Only	Fir	m's address ▶ 2530 Pebble Creek I	n Cummin	g GA 30041			Firm's EIN	30-1017196
Go to www.irs.ad	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 08/30/21 F	PRO		Form <b>1040</b> (2020)
3				<b>.</b> .				, , ,

#### DF-8453

### DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2020

DO NOT MAIL!

SPOUSE'S SOCIAL SECURITY NUMBER YOUR SOCIAL SECURITY NUMBER 780375815 FIRST NAME(S) AND INITIAL(S) PRABU LAST NAME SALEM BALASUBRAMANIA HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE)  $11\ \mathrm{LATOUR}\ \mathrm{LN}$ city, town or post office, state & zip code  $_{\ensuremath{\mathrm{NEWARK}}}$ DE 19702 DAYTIME TELEPHONE NUMBER (302)981-5299 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY) PART 1 TOTAL DELAWARE ADJUSTED GROSS INCOME (FORM 200-01, LINE 1 or FORM 200-02, LINE 37\_\_\_\_\_ 1 38025 2 TOTAL DELAWARE TAX (FORM 200-01, LINE 8 or FORM 200-02, LINE 42)...... 1284 DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 17 or FORM 200-02, LINE 48)..... 3 1585 NET REFUND (FORM 200-01, LINE 28 or FORM 200-02, LINE 59)...... 392 4 NET BALANCE DUE (FORM 200-01, LINE 27 or FORM 200-02, LINE 58)..... 5 PART 2 Direct Deposit of Refund (Optional - See instructions.) 0 3 1 1 Routing number Type of Account Checking Savings 6. 3 8 1 4 7 3 1 6 8. Account number Is this refund going to or through an account that is located outside of the United States? 9. Yes X No **DECLARATION OF TAXPAYER** PART 3 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. THAVE 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 ERO'S SIGNATURE DATE EIN. SSN. OR PTIN.

**HERE** GLOBAL TAXES LLC

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) CHECK IF ALSO PREPARER **CHECK IF SELF-EMPLOYED ERO** 2530 PEBBLE CREEK LN CUMMING GA (678)965-952230041

ADDRESS (STREET, CITY, STATE & ZIP CODE)

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

PREPARER'S SIGNATURE EIN. SSN. OR PTIN DATE HERE SYAM PRIYA RAM SAGAR GUPTA TALLAM

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

2530 PEBBLE CREEK LN CUMMING 30041 GA PRE-PARER ADDRESS (STREET, CITY, STATE & ZIP CODE)

1555 REV 04/06/21 PRO (Revised 04/2020)

2020 NF

For Fiscal year beginning
Your Social Security No.

and ending
Spouse's Social Security No.

7 8 0 3 7 5 8 1 5

Your Last Name First Name and Middle Initial Jr., Sr., III, etc.

SALEM BALASUBRAMANIA PRAB

Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.



Present Home Address (Number and Street) Apt. #

11 LATOU	R LN									
City		State	Zip Code		Check if			FILING STATU	JS (MUST	CHECK ONE)
NEWARK		DE	19702		FULL-YEAR Non-resident	1.	Х	Single, Divorced, Widow(er)	3.	Married & Filing Separate Forms
Form DE2210	If you were a part-year residence	resided	in 2020			(5.)				
	in Delaware. From	2020 t	0	2020	X	2.		Joint	5.	Head of Household

	m DE2210 If you were a part-year resident in 2020, give the dates you resided in 2020		Forms	
1 01	in Delaware.		Head of Hou	sehold
,	From 2020 to 2020 X 2. Julii J. uttached <b>Month Day Month Day</b>			
	DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the amount from Line 30B, Column 1 here	>	37	38025 00
38.	(a) If you elect the STANDARD DEDUCTION check here		O1	30023
50.	Filing Statuses 1, 3, & 5 - \$3250 Filing Status 2 - \$6500			
	(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36 b.		38	3250 00
39.	ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - see instructions)			
	CHECK BOX(ES) If SPOUSE was 65 or over and/or blind If YOU were 65 or over and/or blind		39	
40.	TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here		40	3250 00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount		41	34775 00
42.	Tax Liability Computation Proration Decimal Tax Liability from Tax Rate			
	A Line 30 A 31623 00 (See instructions, Page 10 ) Table/Schedule Amount			
	B Line $30B$ $38025 00 = 0 . 8 3 1 6 x 1544 00$		42	1284 00
43.	PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)			
	Enter number of exemptions listed on Federal return 1 X \$110 = 110			
	Multiply this amount by the proration decimal on Line 42 (X 0.8316 ) and enter total here		43a	91 00
43b	CHECK BOX(ES) Spouse 60 or over (if filing status 2) Self 60 or over			
	Enter number of boxes checked on Line 43b X \$110 =			
	Multiply this amount by the proration decimal on Line 42 (X ) and enter total here		43b	
44.	Tax imposed by state of (Must attach copy of DE Sch I and other state return)		44	
	(Part-rear Residents Only, See Instructions, page 11)			
45.	outer from frontable create (coo metablete), page 11)		•	01.00
46.	Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45		46	91 00 1193 00
47. 48.	BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)		47	1193 00
	,			
49. 50.				
51.				
52.	TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50 and 51		52	1585 00
53.				00
54.	If Line 52 is greater than Line 47, subtract 47 from 52 and enter here	>	00	392 00
55.	CONTRIBUTIONS TO SPECIAL FUNDS			372
00.		>	55	
56.	AMOUNT OF LINE 54 TO BE APPLIED TO 2021 ESTIMATED TAX ACCOUNT	>	56	
57.	PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions ' ENTER	>	57	
58.	NET BALANCE DUE. Enter the amount due (Line 53 plus Lines 55 and 57) and pay in full		58	
59.	NET REFUND. Subtract Lines 55, 56, and 57 from Line 54 <b>ZERO DUE/TO BE REFUNDED</b>	>	59	392 <sup>00</sup>
Llad	ar populties of parium. I dealers that I have examined this return including accompanying school-less and statements, and believe it is true correct, and social	mnlo	ato.	

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)

Home Phone: Business Phone: (302)981-5299 Email Address: Signature of Paid Preparer Date Address of Paid Preparer

s Syam priya ram Sagar gupta tallam 0 9 2 4 2 1 2530 pebble creek ln cumming ga 30041

Business Phone (678) 965 – 9522 EIN, SSN, or PTIN 301017196

SYAM@GTAXFILE.COM



Date

Federal

Delaware Source

## 2020 NR

#### DELAWARE NON-RESIDENT FORM 200-02, PAGE 2



SECTION	DF20320021555 NA - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN	•	Federal COLUMN 1		Income/Loss COLUMN 2	
	ges, salaries, tips, etc.	1	38025 00		31623	
	erest	2				
3. Divi	idends	3				
4. Stat	te refunds, credits or offsets of state & local income taxes	4				
	nony received	5				
	siness income or (loss) (See instructions on page 6)	6				
7a. Cap	pital gain or (loss)	7a				
	er gains or (losses)	7b				
8. IRA	distributions	8				
	able pensions and annuities	9				
10. Ren	nts, royalties, partnerships, S corps, estates, trusts, etc.	10				
	m income or (loss)	11				
	employment compensation (insurance)	12				
	able Social Security benefits	13				
	er income (state nature and source)	14				
	al income. Add Lines 1 through 14	15	38025 00		31623	
	al Federal Adjustments (see instructions on Page 6)	16	00		51025	
	leral Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15	17	38025 00		31623	
	N B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)		COLUMN 1		COLUMN 2	
	erest received on obligations of any state other than Delaware	18				
	uciary adjustment, oil depletion	19				
	TAL - Add Lines 18 & 19	20				
	J Lines 17 & 20	21	38025 00		31623	
	N C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)	21	COLUMN 1		COLUMN 2	
	rest received on U.S. obligations	22	00			
	sion/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7)	23				
	aware State tax refund	23 24				
	uciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	25				
	able Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	26				
	FAL - Add lines 22 through 26	27				
	otract Line 27 from Line 21 and enter here	28	38025		31623	
	lusion for certain persons 60 and over or disabled (see instructions on Page 8)	29	36025		31023	
	umn 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income					
	er on front side Line 42, Box A		30A	١	31623	
	umn 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income					
	er on front side Line 37 and Line 42, Box B	30B	38025			
	I D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)		COLUMN 1			
	er total Itemized Deductions (If Filing Status 3, See instructions on Page 8)	31	00			
	er foreign Taxes Paid (See instructions on Page 8)					
	er Charitable Mileage Deduction (See instructions on Page 8)	32 33				
	FAL - Add Lines 31, 32, and 33	34				
J <del>4</del> . 101	Inc Add Lilles 31, 32, alld 33	34				
35. Ente	er Form 700 Tax Credit Adjustment (See instructions on Page 9)	35				
	stract Line 35 from Line 34. Enter here and on front, Line 38	36				
	VE - DIRECT DEPOSIT INFORMATION	00				
	III like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below.	See ins	tructions for details.			
-	Routing Number 0 3 1 1 0 0 8 6 9		b. Type: Checking	Х	Savings	
			d le thic refund reins to	or throu	ah an assaurt II	hot
	account Mumbas		d. Is this refund going to is located outside of the			ıdl
c. A	ccount Number 3 1 6 8 1 4 7 3 4 0				No	У
			Yes		INO	Δ.

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

# **£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	middle initial Last name									Your social security number			
PRABU			SALE	M BALASUBRA	MAN	IA				780-37-5815				
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse'	s social se	ecurity number		
Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.				ion Campaign		
11 LATO					_						nere if you, if filing ioi	, or your ntly, want \$3		
	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code			0,	. Checking a		
NEWARK					D:		_	9702			ow will not	•		
Foreign country	y name			Foreign province/state	coun	ty	Foi	reign 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 in	terest i	n any virtua	al curi	rency?	Yes	X No		
Standard Deduction		eone can claim:	•				nt							
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ouse	e: Was	born b	efore Janu	ary 2,	1956	☐ Is b	olind		
Dependents	s (see	instructions):		(2) Social securit	ty	(3) Relation	onship	(4) V	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	5 —													
here ▶ □														
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1		38,025.		
Attach	2a	Tax-exempt interest	2a		b T	axable inte	rest			2b				
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary div	ridends			3b				
	4a	IRA distributions	4a		<b>b</b> T	axable am	ount .			4b				
	5a	Pensions and annuities	5a		<b>b</b> T	axable am	ount .			5b				
Standard	6a	Social security benefits	6a		bΤ	axable am	ount .			6b				
• Single or	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not rec	uired	l, check hei	e .		<b></b>	7				
Married filing	8	Other income from Schedule 1, lin	ne 9 .							8				
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total inc</b>	come				. •	9		38,025.		
Married filing	10	Adjustments to income:					1							
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	$\perp$	38,025.		
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedul	e A)					12	$\bot$	12,400.		
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A .				13	$\perp$			
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	1	25,625.		

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	2,878.
	17	Amount from Schedule 2, line 3				<del>-</del> .	. 17	
	18	Add lines 16 and 17					. 18	2,878.
	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	2,878.
	23	Other taxes, including self-employment tax,	from Schedule	e 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:						
	а	Form(s) W-2			25a	4,71	2.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	4,712.
	26	2020 estimated tax payments and amount a						
<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	1,20		
see instructions.	31	Amount from Schedule 3. line 13			31	1,20		
	32	Add lines 27 through 31. These are your <b>tot</b> :					▶ 32	1,200.
	33	Add lines 25d, 26, and 32. These are your to		5,912.				
	34	If line 33 is more than line 24, subtract line 2	. 34	3,034.				
Refund	3 <del>4</del> 35а	Amount of line 34 you want <b>refunded to you</b>	. 34 35a	3,034.				
Direct deposit?	> b	Routing number 0 3 1 1 0 0 8		3,034.				
See instructions.	►d	Account number 3 1 6 8 1 4 7		▶ c Type: 🛛	Checking [	_ Savir	iys	
	36	Amount of line 34 you want <b>applied to your</b>		ad tov	36			
Amount	37	·			-		▶ 37	
You Owe	31	Subtract line 33 from line 24. This is the amo	-					
For details on		<b>Note:</b> Schedule H and Schedule SE filers, 2020. See Schedule 3, line 12e, and its instr	for					
how to pay, see instructions.	38	Estimated tax penalty (see instructions) .			38			
-								
Third Party Designee		you want to allow another person to disc structions				Compl	ete below.	× No
Designee		signee's	Phone				dentification	
		me ►	no. ▶			ımber (P		
Sign		der penalties of perjury, I declare that I have examine						
Here	bel	ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all inform	ation of		,
11010	Yo	ur signature	Date	Your occupation				nt you an Identity
1				IT			(see inst.) ►	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	tion		· ,	nt your spouse an
Keep a copy for	Ор	ouse's signature. If a joint return, <b>boar</b> must sign.	Date	opouse 3 occupat	iion			ection PIN, enter it here
your records.							(see inst.) ▶	
	Ph	one no. (302)981-5299	Email address	PRABU.SIB	I@GMAIL.C	MC		
Doid	Pre	eparer's name Preparer's signat	ture		Date	PTII	N	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	09/24/202	1   P02	2082703	Self-employed
Preparer	Fir	m's name ► GLOBAL TAXES LLC					Phone no. (	678)965-9522
Use Only	Fir	m's address ▶ 2530 Pebble Creek I	n Cummin	g GA 30041			Firm's EIN	30-1017196
Go to www.irs.ad	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 08/30/21 F	PRO		Form <b>1040</b> (2020)
3				<b>.</b> .				, , ,