

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|                                |  |
|--------------------------------|--|
| Taxpayer's name<br>RAHUL YADAV | Social security number<br>339-17-0963          |
| Spouse's name<br>ANJU YADAV    | Spouse's social security number<br>322-97-7817 |

## 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 | 68,834. |
| 2 Total tax . . . . .   | 2 | 4,388.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 3,319.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 2,531.  |
| 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 | 0 | 9 | 6 | 3 |
|---|---|---|---|---|

 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 ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

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

 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 [ ] Single [X] 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

Form fields for personal information: Your first name and middle initial (RAHUL), Last name (YADAV), Your social security number (339-17-0963), Spouse's social security number (322-97-7817), Home address (7169 SILVER CREEK DR), City (PERRYSBURG), State (OH), ZIP code (43551).

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 for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes entry for ISHITA YADAV, Daughter.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and final Taxable income calculation (line 15) resulting in 44,034.

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  | 4,888. |
| 17 | Amount from Schedule 2, line 3  | 17  |        |
| 18 | Add lines 16 and 17   | 18  | 4,888. |
| 19 | Child tax credit or credit for other dependents   | 19  | 500.   |
| 20 | Amount from Schedule 3, line 7  | 20  |        |
| 21 | Add lines 19 and 20   | 21  | 500.   |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0-   | 22  | 4,388. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.     |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 4,388. |
| 25 | Federal income tax withheld from:   |     |        |
| a  | Form(s) W-2   | 25a | 3,319. |
| b  | Form(s) 1099  | 25b |        |
| c  | Other forms (see instructions)  | 25c |        |
| d  | Add lines 25a through 25c   | 25d | 3,319. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |        |
| 27 | Earned income credit (EIC) <b>NO</b>  | 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  | 3,600. |
| 31 | Amount from Schedule 3, line 13   | 31  |        |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  | 3,600. |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 6,919. |

Refund

|     |   |     |        |
|-----|---|-----|--------|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34  | 2,531. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,531. |
| b   | Routing number 044000037  |     |        |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |        |
| d   | Account number 691958455  |     |        |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |

Amount You Owe

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <b>Note:</b> 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<br>IT EMPLOYEE   | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date          | Spouse's occupation<br>HOMEMAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no.   | Email address |                                  |   |

Paid Preparer Use Only

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>05/13/2021 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522<br>Firm's EIN 30-1017196   |

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

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status*

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
▶ **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

RAHUL & ANJU YADAV

Taxpayer identification number

339-17-0963

Enter preparer's name and PTIN

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|  | Yes                                 | No                                  | N/A                      |
|--|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| <b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . . | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
  - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of this Form 8867.
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
    3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
    5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

|   |                                     |                          |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | Yes                                 | No                       |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



05 13 21

Check here if this is an amended return. Include the Ohio IT RE. Do NOT include a copy of the previously filed return.

Check here if claiming an NOL carryback. Include Schedule IT NOL.

Primary taxpayer's SSN (required) 339 17 0963 If deceased check box Spouse's SSN (if filing jointly) 322 97 7817 If deceased check box School district # (see instructions) SD# 8708

First name RAHUL M.I. Last name YADAV

Spouse's first name (only if married filing jointly) ANJU M.I. Last name YADAV

Address line 1 (number and street) or P.O. Box 7169 SILVER CREEK DR

Address line 2 (apartment number, suite number, etc.) APT 2A

City PERRYSBURG State OH ZIP code 43551 Ohio county (first four letters) WOOD

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary. Filing Status - Check one (as reported on federal income tax return). Ohio Nonresident Statement - See instructions for required criteria.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Row 1: Federal adjusted gross income 68834 00. Row 2: Additions 00. Row 3: Deductions 00. Row 4: Ohio adjusted gross income 68834 00. Row 5: Exemption amount 6450 00. Row 6: Ohio income tax base 62384 00. Row 7: Taxable business income 00. Row 8: Line 5 minus line 6 62384 00.



MM-DD-YY Code

2020 Ohio IT 1040 Individual Income Tax Return



SSN 339 17 0963

Table with 2 columns: Description (lines 7a-26g) and Amount. Includes sub-rows for line 26 (a-f) and line 27 (REFUND/YOUR REFUND).

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (419) 377-2556
Spouse's signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



# 2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

339 17 0963



20350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 2027 00

### Part B - W-2s

|        |                                    |   |                                     |
|--------|------------------------------------|---|-------------------------------------|
| 1. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        | P 980429806                        | 68834 00                                | 3319 00                             |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        | 52650229                           | 68834 00                                | 2027 00                             |
| 2. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 3. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 4. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 5. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 6. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 7. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |





# 2020 Schedule of Ohio Withholding

Primary taxpayer's SSN  
339 17 0963



20350298

Sequence No. 12

## Part C - 1099-Rs

|                              |                                     |                    |                            |
|------------------------------|-------------------------------------|--------------------|----------------------------|
| 1. P/S Payer's TIN           | Box 1 - Gross distribution          | Total distribution | Box 7 - Distribution code  |
|                              | 00                                  |                    |                            |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld |                    | Box 14 - Ohio tax withheld |
|                              | 00                                  |                    | 00                         |
| 2. P/S Payer's TIN           | Box 1 - Gross distribution          | Total distribution | Box 7 - Distribution code  |
|                              | 00                                  |                    |                            |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld |                    | Box 14 - Ohio tax withheld |
|                              | 00                                  |                    | 00                         |
| 3. P/S Payer's TIN           | Box 1 - Gross distribution          | Total distribution | Box 7 - Distribution code  |
|                              | 00                                  |                    |                            |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld |                    | Box 14 - Ohio tax withheld |
|                              | 00                                  |                    | 00                         |
| 4. P/S Payer's TIN           | Box 1 - Gross distribution          | Total distribution | Box 7 - Distribution code  |
|                              | 00                                  |                    |                            |
| Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld |                    | Box 14 - Ohio tax withheld |
|                              | 00                                  |                    | 00                         |

## Part D - W-2Gs

|                                  |                              |                                     |
|----------------------------------|------------------------------|-------------------------------------|
| 1. P/S Payer's federal ID number | Box 1 - Reportable winnings  | Box 4 - Federal income tax withheld |
|                                  | 00                           | 00                                  |
| Box 13 - Ohio state ID number    | Box 14 - Ohio state winnings | Box 15 - Ohio income tax withheld   |
|                                  | 00                           | 00                                  |
| 2. P/S Payer's federal ID number | Box 1 - Reportable winnings  | Box 4 - Federal income tax withheld |
|                                  | 00                           | 00                                  |
| Box 13 - Ohio state ID number    | Box 14 - Ohio state winnings | Box 15 - Ohio income tax withheld   |
|                                  | 00                           | 00                                  |
| 3. P/S Payer's federal ID number | Box 1 - Reportable winnings  | Box 4 - Federal income tax withheld |
|                                  | 00                           | 00                                  |
| Box 13 - Ohio state ID number    | Box 14 - Ohio state winnings | Box 15 - Ohio income tax withheld   |
|                                  | 00                           | 00                                  |

## Part E - 1099-NECs

|                             |                                  |                                     |
|-----------------------------|----------------------------------|-------------------------------------|
| 1. P/S Payer's TIN          | Box 1 - Nonemployee compensation | Box 4 - Federal income tax withheld |
|                             | 00                               | 00                                  |
| Box 6 - Payer's Ohio number | Box 7 - State income             | Box 5 - Ohio tax withheld           |
|                             | 00                               | 00                                  |
| 2. P/S Payer's TIN          | Box 1 - Nonemployee compensation | Box 4 - Federal income tax withheld |
|                             | 00                               | 00                                  |
| Box 6 - Payer's Ohio number | Box 7 - State income             | Box 5 - Ohio tax withheld           |
|                             | 00                               | 00                                  |



# Ohio Schedule J Dependents



20230198

Use only black ink/UPPERCASE letters.

05 13 21

Tax Year  
**2020**

Primary taxpayer's SSN  
339 17 0963

Sequence No. **9**

**Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule.** Use this schedule to claim dependents. Complete all fields for each dependent you list. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if there are not enough boxes to spell it out completely.

|                    |  |                                 |
|--------------------|--|---------------------------------|
| 1. Dependent's SSN | Dependent's date of birth (MM-DD-YYYY) | Dependent's relationship to you |
| 964 94 1236        | 01 01 2018                             | DAUGHTER                        |

|                        |      |                       |
|------------------------|------|-----------------------|
| Dependent's first name | M.I. | Dependent's last name |
| ISHITA                 |      | YADAV                 |

|                    |  |                                 |
|--------------------|--|---------------------------------|
| 2. Dependent's SSN | Dependent's date of birth (MM-DD-YYYY) | Dependent's relationship to you |
|--------------------|--|---------------------------------|

|                        |      |                       |
|------------------------|------|-----------------------|
| Dependent's first name | M.I. | Dependent's last name |
|------------------------|------|-----------------------|

|                    |  |                                 |
|--------------------|--|---------------------------------|
| 3. Dependent's SSN | Dependent's date of birth (MM-DD-YYYY) | Dependent's relationship to you |
|--------------------|--|---------------------------------|

|                        |      |                       |
|------------------------|------|-----------------------|
| Dependent's first name | M.I. | Dependent's last name |
|------------------------|------|-----------------------|

|                    |  |                                 |
|--------------------|--|---------------------------------|
| 4. Dependent's SSN | Dependent's date of birth (MM-DD-YYYY) | Dependent's relationship to you |
|--------------------|--|---------------------------------|

|                        |      |                       |
|------------------------|------|-----------------------|
| Dependent's first name | M.I. | Dependent's last name |
|------------------------|------|-----------------------|

|                    |  |                                 |
|--------------------|--|---------------------------------|
| 5. Dependent's SSN | Dependent's date of birth (MM-DD-YYYY) | Dependent's relationship to you |
|--------------------|--|---------------------------------|

|                        |      |                       |
|------------------------|------|-----------------------|
| Dependent's first name | M.I. | Dependent's last name |
|------------------------|------|-----------------------|

|                    |  |                                 |
|--------------------|--|---------------------------------|
| 6. Dependent's SSN | Dependent's date of birth (MM-DD-YYYY) | Dependent's relationship to you |
|--------------------|--|---------------------------------|

|                        |      |                       |
|------------------------|------|-----------------------|
| Dependent's first name | M.I. | Dependent's last name |
|------------------------|------|-----------------------|

|                    |  |                                 |
|--------------------|--|---------------------------------|
| 7. Dependent's SSN | Dependent's date of birth (MM-DD-YYYY) | Dependent's relationship to you |
|--------------------|--|---------------------------------|

|                        |      |                       |
|------------------------|------|-----------------------|
| Dependent's first name | M.I. | Dependent's last name |
|------------------------|------|-----------------------|



Form R  
File by

2020 TOLEDO CITY INCOME TAX RETURN 2020  
THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates  
Beginning  
Ending  
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY . . . . .  
INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER  
ACCOUNT NUMBER ACCOUNT TYPE SSN Spouse SSN  
Date moved in . . . . .  
Date moved out . . . . .  
ARE YOU A RESIDENT? . . . . .  
DID YOU FILE A RETURN FOR 2019? . . . . .  
HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? . . . . .  
IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED? . . . . .  
YOUR LOCAL PHONE NUMBER . . . . . (419) 377-2556

RAHUL YADAV  
ANJU YADAV  
7169 SILVER CREEK DR APT 2A  
PERRYSBURG OH 43551

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

Enter Employer's Name, Where Employed, And 2020 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

| Employer's Name (Attach Copy of W-2 Form(s)) | City Where Employed | City Tax Withheld | Wages, Etc |
|--|---------------------|-------------------|------------|
| TATA CONSULTANCY SERVICES LIMITED            |                     | 1549              | 68834      |
| TATA CONSULTANCY SERVICES LIMITED            |                     |                   | 68834      |
| TATA CONSULTANCY SERVICES LIMITED            |                     |                   |            |

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) . . . . . 1549 137668  
INCOME 2 OTHER INCOME: FROM PAGE 2 . . . . .  
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) . . . . . 137668  
ADJUSTMENTS TO INCOME 4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) . . . . . ADD  
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) . . . . . DEDUCT  
c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -) . . . . .  
5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) . . . . . 137668  
b Amount of Line 5a Allocable ( % from step 5 Schedule Y) . . . . .  
c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule) . . . . .  
TAX 6 AMOUNT SUBJECT TO TOLEDO CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) . . . . . 137668  
7 TOLEDO CITY TAX RATE 2.250% . . . . . 3098  
ALLOWABLE CREDITS 8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above . . . . . 1549  
b Payments and credits on 2020 Declaration of Estimated Tax . . . . .  
c Earned income (Resident individuals only) taxes paid City of . . . . .  
TOTAL CREDITS ALLOWABLE . . . . . 1549  
9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing . . . . . 1549  
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right) . . . . .  
Enter Amount of line 10 You Want: Credited to your 2021 Estimated Tax . . \$  
Refunded . . . . . \$

DECLARATION OF ESTIMATED TAX FOR 2021

|  |    |    |      |
|--|----|----|------|
| 11 Total Income Subject to Tax \$ x % . . . . .                        | 11 | \$ |      |
| 12 Estimated Tax Withheld . . . . .                                    | 12 | \$ |      |
| 13 Total Estimated Tax (Line 11 - Line 12) . . . . .                   | 13 | \$ |      |
| 14 Credit From Line 10 . . . . .                                       | 14 | \$ |      |
| 15 Net Estimated Tax Due (Line 13 - Line 14) . . . . .                 | 15 | \$ |      |
| 16 First Quarter 2021 Estimated Payment Due (1/4 of Line 15) . . . . . | 16 | \$ |      |
| 17 Total Due With This Return (Add Lines 9 and 16) . . . . .           | 17 | \$ | 1549 |

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 05/13/2021  
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES  NO