

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

Personal information section including: Your first name and middle initial (SAI SAMAIAK), Last name (KALLA), Your social security number (873-17-1484), Spouse's social security number (978-95-3971), Home address (2304 HICKORY CREEK CIRCLE), City (HENRICO), State (VA), ZIP code (23294).

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.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation (Total income 75,300, Adjusted gross income 75,300, Standard deduction 24,800, Taxable income 50,500).

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	5,668.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,668.
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	5,668.
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	5,668.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,812.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,812.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	1,800.
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	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	11,612.

• 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 <b>overpaid</b>	34	5,944.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,944.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 8 0 5 8 3 1 0 1 2 8		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

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	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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (224) 434-6500	Email address	SAMAIAK.KALLA05@GMAIL.COM	

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	09/16/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			(678) 965-9522
GLOBAL TAXES LLC	Firm's EIN			30-1017196
Firm's address				2530 Pebble Creek Ln Cumming GA 30041

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.  
► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ► \_\_\_\_\_
- e  Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►  
SAI SAMAIA KALLA 873-17-1484
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ► \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ► \_\_\_\_\_ and treaty article number ► \_\_\_\_\_

<b>Name</b> (see instructions) Name at birth if different . . . ►	<b>1a</b> First name NAVYA	Middle name	Last name CHEDUDUPU
	<b>1b</b> First name	Middle name	Last name

**Applicant's Mailing Address**

**2** Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**  
2304 HICKORY CREEK CIRCLE Apt 4A

City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
HENRICO VA USA 23294

**Foreign (non-U.S.) Address**  
(see instructions)

**3** Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include postal code where appropriate.

<b>Birth Information</b>	<b>4</b> Date of birth (month / day / year) 12 / 23 / 1993	Country of birth INDIA	City and state or province (optional)	<b>5</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
--------------------------	---	---------------------------	---------------------------------------	--

**Other Information**

**6a** Country(ies) of citizenship: INDIA

**6b** Foreign tax I.D. number (if any)

**6c** Type of U.S. visa (if any), number, and expiration date

**6d** Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.  
 USCIS documentation  Other \_\_\_\_\_

Issued by: INDIA No.: L6290805 Exp. date: 11 / 21 / 2023 Date of entry into the United States (MM/DD/YYYY): 10 / 03 / 2019

**6e** Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?  
 **No/Don't know.** Skip line 6f.  
 **Yes.** Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

**6f** Enter ITIN and/or IRSN ► **ITIN** \_\_\_\_\_ **IRSN** \_\_\_\_\_ and name under which it was issued ► \_\_\_\_\_  
 First name Middle name Last name

**6g** Name of college/university or company (see instructions) ► \_\_\_\_\_  
 City and state ► \_\_\_\_\_ Length of stay ► \_\_\_\_\_

**Sign Here**  
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Keep a copy for your records.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

**Acceptance Agent's Use ONLY**

Signature	Date (month / day / year)	Phone	Fax
Name and title (type or print)	Name of company	EIN	PTIN
		Office code	



SAI SAMAIK KALLA  
 NAVYA CHEDUDUPU  
 2304 HICKORY CREEK CIRCL APT 4A  
 HENRICO VA 23294

SSN - You	┌	KALL	873171484	Vendor ID	1555	XXXXXX	┐
SSN - Spouse		CHED	978953971				
Fed Adj Gross Income (FAGI)	1.		75300.	Withholding (VA) - You	19A.	3737.	
Additions	2.			Withholding (VA) - Spouse	19B.		
Subtotal	3.		75300.	Estimated Payments	20.		
Age Deduction - You	4A.			2019 Overpayment	21.		
Age Deduction - Spouse	4B.			Extension Payments	22.		
Soc Sec & Tier 1 Railroad	5.			Credit - Low-Income or EIC	23.		
State Income Tax Overpayment	6.			Credit - Schedule OSC	24.		
Subtractions	7.			Credits - Schedule CR	25.		
Subtotal Subtractions	8.			Total Payments / Credits	26.	3737.	
Total VA Adj Gross Income (VAGI)	9.		75300.	Tax You Owe	27.		
Itemized Deductions - VA Sch A	10.			Tax Overpayment	28.	289.	
Standard Deduction	11.		9000.	Overpayment Credited to Next Year	29.		
Exemptions	12.		1860.	VAC - Virginia 529 / ABLEnow	30.		
Deductions	13.			VAC - Other Contributions	31.		
Subtotal (Deductions & Exemptions)	14.		10860.	Addition to Tax, Penalty & Interest	32.		
VA Taxable Income	15.		64440.	Sales and Use Tax	33.		
Amount of Tax	16.		3448.	<b>Amount You Owe</b>			
Spouse Tax Adjustment (STA)	17.			Will Pay by Credit/Debit Card	IN		
VAGI - Spouse	17A.			<b>Your Refund</b>			289.
Net Amount of Tax	18.		3448.	Bank Routing #	C	111000025	
				Bank Account #		488058310128	





**Filing Status, Age & License Information**

**Additional Filing Information**

Filing Status 2  
 Federal Head of Household  
 DOB - You 11051993  
 VA Driver's License ID - You  
 VA Driver's License - Iss. Date - You  
 Spouse Name (Filing Status 3 Only)  
 DOB - Spouse 12231993  
 VA Driver's License ID - Spouse  
 VA Driver's License - Iss. Date - Spouse

Locality 087  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman  
 Amended  
 Reason Code  
 Overseas on Due Date  
 Federal EIC & Amount  
 Deceased Indicator  
 No Sales & Use Tax Due Indicator X  
 Obtain Electronic 1099G  
 ID Theft PIN

**Exemptions (A)**

**Exemptions (B)**

You 1 65 & Over - You  
 Spouse 1 65 & Over - Spouse  
 Dependents Blind - You  
 Total (A) 2 Blind - Spouse  
 Total (B)

**Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date \_\_\_\_\_ Phone - You 2244346500  
 Signature - Spouse \_\_\_\_\_ Date \_\_\_\_\_ Phone - Spouse \_\_\_\_\_  
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 091621 Phone - Preparer 6789659522  
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

**File by May 1, 2021**

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

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN  
 CUMMING

GA 30041

**2020 Schedule INC/CG**

873171484

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



SAI SAMAIAK KALLA

NAVYA CHEDUDUPU

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
873171484	W	3737.	814143307	30814143307F001	75300.

Total VA Withholding	SSN	VA Withholding
You	873171484	3737.
Spouse		

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

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**