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

Submission Identification Number (SID)						
Taxpayer's name	Social security	y number				
SANJAY MARRU	889-45-4664					
Spouse's name	Spouse's soci	al security nu	mber			
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter	⊥ er year you aı	re authoriz	ing.)			
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	14,147.			
2 Total tax		2	164.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	715.			
4 Amount you want refunded to you		4	2,351.			
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy	y of your i	return)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institut authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in thaxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	mitter, or electro- jection of the tra J.S. Treasury ar dicated in the ta ion to debit the te the authoriza quests must be e processing of payment. I furti	nic return or ansmission, nd its design ax preparatio entry to this tion. To revo- received no the electron her acknowle	(b) the reason ated Financial in software for account. This oke (cancel) a b later than 2 ic payment of edge that the			
Taxpayer's PIN: check one box only	5	4 6 6	1			
X I authorize GLOBAL TAXES LLC to enter or generate ERO firm name signature on the income tax return (original or amended) I am now authorizing.	e my PIN └── Ent	er five digits, n't enter all ze				
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.						
Your signature ► Date ►	06/30	/2021				
Spouse's PIN: check one box only	_					
☐ I authorize to enter or generate	my PIN		as my			
ERO firm name	Ent	er five digits,				
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all ze	ros			
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.						
Spouse's signature ▶ Date ▶						
Practitioner PIN Method Returns Only—continue below	V					
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 6 1 9	9 8 9			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in accord	ance with the			
ERO'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. 1545-0074

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	iddle initial	Last na	me					,	Your so	cial securi	ity number
SANJAY			MARR	RU						889-45-4664		
If joint return, s	pouse's	s first name and middle initial	Last na	me					;	Spouse'	s social se	ecurity number
								- 1	Presidential Election Campaign			
									Check here if you, or your spouse if filing jointly, want \$3			
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code	1	to go to	this fund.	. Checking a
Morrisv			Ι,	Faraian pravince/atata	N			7560			ow will not cor refund	•
Foreign country	y name			Foreign province/state	e/coun	ity	FO	reign postal o	ode 1	your tax	You	Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquire	e any	financial in	nterest i	n any virtua	al curr	ency?	Yes	⊠ No
Standard Deduction		eone can claim:	•			•	ent					
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sr	ouse	e: Was	s born b	efore Janu	ary 2,	1956	☐ Is b	olind
Dependents			_	(2) Social securi		(3) Relat			•		r (see instru	uctions):
If more		irst name Last name		number	-,	to y		1	tax cre	- 1		ther dependents
than four												
dependents,												
see instruction and check	S —											
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1		14,147.
Attach	2a	Tax-exempt interest	2a		b 7	Taxable int	erest			2b		
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary di	vidends			3b		
required.	4a	IRA distributions	4a		b 7	axable an	ount .			4b		
	5a	Pensions and annuities	5a		b 7	Taxable an	ount .			5b		
Standard	6a	Social security benefits	6a		b 7	Taxable an	ount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D if	f required. If not red	quirec	l, check he	ere .		▶ □	7		
 Single or 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 total in	come				. ▶	9		14,147.
 Married filing 	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard deduction. Se	e inst	ructions	10b					
• Head of	С	Add lines 10a and 10b. These are	your tot	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		14,147.
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedul	e A)					12		12,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A .				13		
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		1,747.

Form 1040 (2020	0)							Page 2	
	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		. 16	174.	
	17	Amount from Schedule 2, line 3					. 17		
	18	Add lines 16 and 17						174.	
	19	Child tax credit or credit for other depender	nts				. 19		
	20	Amount from Schedule 3, line 7					. 20	10.	
	21	Add lines 19 and 20					. 21	10.	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				. 22	164.	
	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	164.	
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	71	L5.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					. 25d	715.	
If you have a	26	2020 estimated tax payments and amount a	applied from 20)19 return			. 26		
qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule			28				
nontaxable combat pay,	29	American opportunity credit from Form 886	3, line 8		29				
see instructions.	30	Recovery rebate credit. See instructions .	Recovery rebate credit. See instructions						
	31	Amount from Schedule 3, line 13			31				
	32	Add lines 27 through 31. These are your tot	tal other paym	ents and refund	able credits		▶ 32	1,800.	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				▶ 33	2,515.	
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amou	nt you overp a	aid .	. 34	2,351.	
riciana	35a	Amount of line 34 you want refunded to yo	u. If Form 8888	3 is attached, che	ck here .	🕨	35a	2,351.	
Direct deposit?	►b	Routing number 0 5 1 0 0 0 0			Checking	☐ Savii	ngs		
See instructions.	►d	Account number 4 3 5 0 4 0 6	0 7 9 3	3 1					
	36	Amount of line 34 you want applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe	now			▶ 37		
You Owe		Note: Schedule H and Schedule SE filers,	, line 37 may r	not represent all	of the taxes	you owe	for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and its insti	ructions for det	ails.					
instructions.	38	Estimated tax penalty (see instructions) .		🕨	38				
Third Party		you want to allow another person to dis							
Designee	ins	structions					ete below		
		signee's me ▶	Phone no. ▶			Personal i number (F	dentification	¹	
Ciana		der penalties of perjury, I declare that I have examin		d accompanying sol				ost of my knowledge and	
Sign		lief, they are true, correct, and complete. Declaration							
Here	Yo	ur signature	Date	Your occupation		1	If the IRS s	ent you an Identity	
		m.sanjav	00/00/04					PIN, enter it here	
Joint return?		<u> </u>	06/30/21	SOFTWARE :			(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	tion			ent your spouse an otection PIN, enter it here	
your records.							(see inst.) ▶		
	Ph	one no. (571)723-0715	Email address	MARRUSANJA	7143@GMATT	.COM			
	Pre	eparer's name Preparer's signa	ature		Date	PTI	N	Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	06/25/20	21 PO	2082703	Self-employed	
Preparer		m's name ► GLOBAL TAXES LLC				<u> </u>		(678)965-9522	
Use Only		m's address ▶ 2530 Pebble Creek 1	Ln Cummin	g GA 30041			Firm's EIN	· · · · · · · · · · · · · · · · · · ·	
Go to www ire or		n1040 for instructions and the latest information.		BAA	REV 05/29/2	1 PRO		Form 1040 (2020)	
		and the latest the lat		200	30,23/2			(2020)	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. **03** Your social security number

SAN	JAY MARRU 8	389-45-4	1664				
Pai	t I Nonrefundable Credits						
1	Foreign tax credit. Attach Form 1116 if required	1					
2	Credit for child and dependent care expenses. Attach Form 2441	. 2					
3	Education credits from Form 8863, line 19	. 3					
4	Retirement savings contributions credit. Attach Form 8880	. 4	10.				
5	Residential energy credits. Attach Form 5695	. 5					
6	Other credits from Form: a \square 3800 b \square 8801 c \square	6					
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line		10.				
Par	t II Other Payments and Refundable Credits						
8	Net premium tax credit. Attach Form 8962	. 8					
9	9 Amount paid with request for extension to file (see instructions)						
10	Excess social security and tier 1 RRTA tax withheld	. 10					
11	Credit for federal tax on fuels. Attach Form 4136	. 11					
12	Other payments or refundable credits:						
а	Form 2439						
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202						
С	Health coverage tax credit from Form 8885						
d	Other: 12d						
е	Deferral for certain Schedule H or SE filers (see instructions) . 12e						
f	Add lines 12a through 12e	. 12f					
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line	31 13					
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 05/29/21 PRO	Sched	ule 3 (Form 1040) 2020				

Form **8880**

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form8880 for the latest information. OMB No. 1545-0074

2020

Attachment
Sequence No. 54

Name(s) shown on return
SANJAY MARRU

Your social security number 889-45-4664

A

You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2003; (b) is claimed as a dependent on someone else's 2020 tax return; or (c) was a student (see instructions).

							(a) Yo	ou	(b) Your spouse	
1			•	SLE account contribut	•	_				
_	•	•		0. Do not include rollover contributions						
2				mployer plan, volunta for 2020 (see instruct		2		20.		
3	Add lines 1 an	id 2				3		20.		
4	Certain distrib	outions receiv	ed after 2017 and	before the due dat	te (includina					
				ns). If married filing jo	, ,					
	both spouses	' amounts in b e	oth columns. See inst	tructions for an except	tion	4				
5	Subtract line 4	from line 3. If	zero or less, enter -0-			5		20.		
6	In each colum	n, enter the sn	naller of line 5 or \$2,0	00		6		20.		
7	Add the amou	nts on line 6. If	zero, stop; you can	t take this credit				7	20.	
8	Enter the amo	unt from Form	1040, 1040-SR, or 10	040-NR, line 11*	8		14,147			
9	Enter the appl	icable decimal	amount from the tab	e below.						
	If line 8 is— And your filing status is—									
		But not	Married	Head of	Single, Marı	ried filii	ng			
	Over-	over—	filing jointly	household	separate	,				
				ı line 9—	Qualifying v	vidow(er)			
		\$19,500	0.5	0.5	0.5					
	\$19,500	\$21,250	0.5	0.5	0.2					
	\$21,250	\$29,250	0.5	0.5	0.1			9	x 0 .5	
	\$29,250	\$31,875	0.5	0.2	0.1					
	\$31,875	\$32,500	0.5	0.1	0.1					
	\$32,500	\$39,000	0.5	0.1	0.0)				
	\$39,000	\$42,500	0.2	0.1	0.0)				
	\$42,500	\$48,750	0.1	0.1	0.0)				
	\$48,750	\$65,000	0.1	0.0	0.0)				
	\$65,000		0.0	0.0	0.0)				
		Note:	f line 9 is zero, stop ;	you can't take this cre	dit.					
10	Multiply line 7	,						10	10.	
11				from the Credit Limit \				11	174.	
12				utions. Enter the sma						
	and on Sched	ule 3 (Form 10	40), line 4					12	10.	

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

CHECK IF SELF-EMPLOYED

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2020

DO NOT MAIL! YOUR SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER 889454664 FIRST NAME(S) AND INITIAL(S) SANJAY LAST NAME MARRU HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) $4407\,$ HOPSON ROAD, APT. $7201\,$ CITY, TOWN OR POST OFFICE, STATE & ZIP CODE ${\tt MORRISVILLE}$ NC 27560 DAYTIME TELEPHONE NUMBER (571)723-0715TAX RETURN INFORMATION (WHOLE DOLLARS ONLY) PART 1 TOTAL DELAWARE ADJUSTED GROSS INCOME (FORM 200-01, LINE 1 or FORM 200-02, LINE 37_____ 1 14147 2 TOTAL DELAWARE TAX (FORM 200-01, LINE 8 or FORM 200-02, LINE 42)...... 303 DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 17 or FORM 200-02, LINE 48)..... 3 450 NET REFUND (FORM 200-01, LINE 28 or FORM 200-02, LINE 59)...... 4 257 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 5 1 0 Routing number Type of Account Checking Savings 6. 5 4 Ω 6 0 9 3 n 3 8. Account number Is this refund going to or through an account that is located outside of the United States? No 9. Yes **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) 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 NR

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

Present Home Address (Number and Street) Apt.# 4407 HOPSON ROAD 7201

Check if FILING STATUS (MUST CHECK ONE) City State 7in Code **FULL-YEAR** Single, Divorced, 3 Married & Filing Separate MORRISVILLE NC 27560 X Non-resident Widow(er) Forms

Jr Sr III etc

Form DE2210 If you were a part-year resident in 2020, give the dates you resided in 2020 in Delaware. Head of Household 2 Joint 5 2020 to

Attached Month Day Month Day

37. DELAWARE ADJUSTED GROSS INCOME (Begin return on Page 2, Line 1, then enter the amount from Line 30B, Column 1 here> (a) If you elect the STANDARD DEDUCTION check here 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...... 38 3250 00

(Not allowed with Itemized Deductions - see instructions) ADDITIONAL STANDARD DEDUCTIONS

CHECK BOX(ES) If SPOUSE was 65 or over and/or blind If YOU were 65 or over and/or blind 30 TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here 40 3250 00 40

TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount 41 10897 00 41

Tax Liability Computation **Proration Decimal** Tax Liability from Tax Rate (See instructions, Page 10) Table/Schedule Amount A Line 30 A 14147 00

B Line 30 B 14147 00 = 1 . 0 0 0 0 303 00 42 303 00

) and enter total here

PERSONAL CREDITS (If Filing Status 3, see instructions on page 10)

Enter number of exemptions listed on Federal return 1 X \$110 = Multiply this amount by the proration decimal on Line 42 (X 1.0000) and enter total here 43a

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 =

43b Multiply this amount by the proration decimal on Line 42 (X (Must attach copy of DE Sch I and other state return) Tax imposed by state of 00 44 (Part-Year Residents Only. See instructions, page 11)

00 45 Other Non-Refundable Credits (see instructions, page 11) ...

46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45 110 00 BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero) 47 193 00

48. Delaware Tax Withheld (Attach W-2s/1099s) 48 450

Estimated Tax Paid & Payments with Extensions 49 00 49 49 S Corp Payments and Refundable Business Credits (See Instructions, Page 12) 50 50 00 50

51. Capital Gains Tax Payments (Attach Form 5403) 00 51 TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50 and 51 52. 52 450 00

53

If Line 52 is greater than Line 47, subtract 47 from 52 and enter hereOVERPAYMENT 54. 257 00

CONTRIBUTIONS TO SPECIAL FUNDS 55.

AMOUNT OF LINE 54 TO BE APPLIED TO 2021 ESTIMATED TAX ACCOUNT ENTER 56 57

PENALTIES AND INTEREST DUE. If Line 53 is greater than \$400, see estimated tax instructions '..... ENTER

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

Х

Home Phone Business Phone: (571)723-0715Email Address Signature of Paid Preparer Address of Paid Preparer

SYAM PRIYA RAM SAGAR GUPTA TALLAM 0 6 2 5 2 1 2530 PEBBLE CREEK LN CUMMING GA 30041

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

SYAM@GTAXFILE.COM



DO NOT WRITE OR STAPLE IN THIS AREA

14147 00

110 00

257 00

DF20320011555

45.

ATTACH LABEL HERE

Federal

Delaware Source

2020 NR

DELAWARE NON-RESIDENT FORM 200-02, PAGE 2



SEC	CTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN		COLUMN 1			COLUMN 2	
1.	Wages, salaries, tips, etc.	1	14147	7 00		14147	
2.	Interest	2					
3.	Dividends	3					
4.	State refunds, credits or offsets of state & local income taxes	4					
5.	Alimony received	5					
6.	Business income or (loss) (See instructions on page 6)	6					
7a.	Capital gain or (loss)	7a					
7b.	Other gains or (losses)	7b					
8.	IRA distributions	8					
9.	Taxable pensions and annuities	9					
10.	Rents, royalties, partnerships, S corps, estates, trusts, etc.	10					
11.	Farm income or (loss)	11					
12.	Unemployment compensation (insurance)	12					
13.	Taxable Social Security benefits	13					
14.	Other income (state nature and source)	14					
15.	Total income. Add Lines 1 through 14	15	14147			14147	
16.	Total Federal Adjustments (see instructions on Page 6)	16		00			
17.	Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15	17	14147	7 00		14147	
	CTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)	.,	COLUMN 1			COLUMN 2	
18.	Interest received on obligations of any state other than Delaware	18	0020111111			0020	
19.	Fiduciary adjustment, oil depletion						
20.	TOTAL - Add Lines 18 & 19	19					
21.	Add Lines 17 & 20	20 21	14147			14147	
	TION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)	21	COLUMN 1	00		COLUMN 2	
	Interest received on U.S. obligations	22	OOLOMIN 1			OOLOMIN 2	
22. 23.	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7)	22					
23. 24.	Delaware State tax refund	23					
	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	24					
25.		25 26					
26.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	20 27					
27.	TOTAL - Add lines 22 through 26	28					
28.		29	14147	00		14147	
29.	Exclusion for certain persons 60 and over or disabled (see instructions on Page 8)	25					
30A	Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income			30A		14147	
30B	Enter on front side Line 42, Box A						
JUD		30B	14147	7 00			
050			00111111114				
	TION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)		COLUMN 1				
31.		31					
32.	Enter Foreign Taxes Paid (See instructions on Page 8)	32					
33.	Enter Charitable Mileage Deduction (See instructions on Page 8)	33					
34.	TOTAL - Add Lines 31, 32, and 33	34					
35.	Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)	35					
36.	Subtract Line 35 from Line 34. Enter here and on front, Line 38	36					
	TION E - DIRECT DEPOSIT INFORMATION						
If you	u would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. Se	e instruc	ctions for details.				
	a. Routing Number 0 5 1 0 0 0 0 1 7	b.	Type: Chec	king	X	Savings	
		d.	Is this refund goir	ng to o	r throu	gh an account th	at
	c. Account Number 4 3 5 0 4 0 6 0 7 9 3 1	is l	located outside of	the U	nited s	tates?	
				Yes		No	
N.	OTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and maile	d to th	o addross on		r rot	rn.	

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

Form 760-PMT 2020 Payment Coupon (DOC ID 761) Please do not staple
To Be Used For Payments On Previously

Your Social Security Number 889454664

Spouse's Social Security Number

8894546647 7611555 120006

Filed 2020 Individual Income Tax Returns Only

Name(s) and Address
SANJAY MARRU

4407 HOPSON ROAD APT # 7201 MORRISVILLE NC 27560 If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Amount of Payment

113.00

Daytime Phone Number: 571-723-0715

REV 04/06/21 PRO

$\begin{array}{c} \textbf{2020 VA760CG} \\ \textbf{Individual Income Tax Return} \end{array} \textbf{Page 1} \hspace{0.1cm} \Big[$





SANJAY MARRU

4407 HOPSON ROAD APT 7201

MORRISVILLE NC 27560

SSN - You MARR	2	889454664	Vendor ID	1555		XXXXX	┐
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	14147.	Withholding (VA) - \	You	19A.		
Additions	2.		Withholding (VA) - S	Spouse	19B.		
Subtotal	3.	14147.	Estimated Payment	ts	20.		
Age Deduction - You	4A.		2019 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payment	S	22.		
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	e or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OS	SC	24.		193.
Subtractions	7.		Credits - Schedule C	CR	25.		
Subtotal Subtractions	8.		Total Payments / Cr	redits	26.		193.
Total VA Adj Gross Income (VAGI)	9.	14147.	Tax You Owe		27.		113.
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		
Standard Deduction	11.	4500.	Overpayment Credit	ted to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 /	ABLEnow	30.		
Deductions	13.		VAC - Other Contrib	outions	31.		
Subtotal (Deductions & Exemptions	s) 14.	5430.	Addition to Tax, Pen	alty & Interest	32.		
VA Taxable Income	15.	8717.	Sales and Use Tax		33.		
Amount of Tax	16.	306.	Amount You Owe	el Ocal			113.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Deb Your Refund	oit Card N	1		
VAGI - Spouse	17A.		Deals Deather #		_		
Net Amount of Tax	18.	306.	Bank Routing # Bank Account #				
L							

__LAR __DLAR __DTD __LTD \$_____

Page 1 of 2





Filing Status, Age	& License	Information		Additional Filing Information					
Filling Status, Age	& License	illomation		Additional Filling Information	ווכ				
Filing Status			1	Locality	600				
Federal Head of I	Household			Name or Filing Status Change					
DOB - You		030719	94	Address Change					
VA Driver's Licens	se ID - You		VA Return Not Filed Last Year						
VA Driver's Licens	se - Iss. Dat	te - You		Dependent on Another's Return					
Spouse Name (Fi	iling Status	3 Only)		Farmer / Fisherman / Merchant Seaman					
DOD Craws				Amended					
DOB - Spouse	no ID. Snow	100		Reason Code					
VA Driver's Licens	•			Overseas on Due Date					
VA Driver's Licens	se - Iss. Dai			Federal EIC & Amount					
Exemptions (A) You	1	Exemptions (B) 65 & Over - You		Deceased Indicator					
Spouse		65 & Over - Spouse		No Sales & Use Tax Due Indicator	Х				
Dependents		Blind - You		Obtain Electronic 1099G					
Total (A)	1	Blind - Spouse		ID Theft PIN					
		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 m. Sanjay	Date ()	6/30/21	Phone - You		5717230715
Signature - Spouse	Date		Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date	062521	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pro	eparer.		Preparer Information	7	P02082703

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN CUMMING

GA 30041

Page 2 of 2

File by May 1, 2021 Include Page 1, Page 2 and all

supporting 760CG documents.

2020 Schedule OSC/CG

Enclose other state tax returns when filing





889454664

Credit Computation State 1
If Claiming border state

1.	Filing Status - other state's return	1	6.	Other State Abbreviation	DE	
2.	Person Claiming the Credit	1	7.	Virginia Income Tax		306.
3.	Qualifying Taxable Income - other state	10897.	8.	Income percentage	100.0	
4.	Virginia Taxable Income	8717.	9.	Virginia Ratio of Income Tax		306.
5.	Qualifying Tax Liability - other state	193.	10.	Credit Allowed		193.

Credit Computation State 2

11. Filing Status - other state's return	16.	Other State Abbreviation
12. Person Claiming the Credit	17.	Virginia Income Tax
13. Qualifying Taxable Income - other state	18.	Income percentage
14. Virginia Taxable Income	19.	Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20.	Credit Allowed

Credit Computation State 3

Credit Computation State 3			
21. Filing Status - other state's return	26.	Other State Abbreviation	
22. Person Claiming the Credit	27.	Virginia Income Tax	
23. Qualifying Taxable Income - other state	28.	Income percentage	
24. Virginia Taxable Income	29.	Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30.	Credit Allowed	
	31.	Total Credit Claimed	

31. Total Credit Claimed 193.

Enclose other state tax returns when filing your Virginia tax return.

VA-8879
Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2020

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgir	nia Submission Identification Number (SID)				
Your	Name	B Your Social Sec	urity Number		
SANJ	VAY MARRU	889-45-46	54		
Spou	se's Name	A Spouse's Social			
Part	I Tax Return Information	A Spouse	B Yourself		
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	71 opouse	14147.		
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		14147.		
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		8717. 306.		
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		300.		
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		113.		
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		113.		
Part					
December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 5 4 6 6 4 as my signature on my 2020 e-filed Virginia individual income tax return.					
	Do not enter all zeros				
	GLOBAL TAXES LLC ERO Firm Name				
	I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box and your return is filed using the Psactitioner PIN method. The ERO must complete Part III below.	ox only if you are entering your own e-File PIN			
Your	Signature _ MSan/aV Date06/30	Date 06/30/2021			
Spouse's e-File PIN: check one box only					
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Do not enter all zeros				
	ERO Firm Name				
	I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN		
Spouse's Signature Date					
Part	III Certification and Authentication – Practitioner PIN Method Only				
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9					
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
ERO'	ERO's Signature Date				