## 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

illerial nevertide Service								
Submission Identification Number (SID)								
Taxpayer's name	Social secur	ity numb	er					
KARTHIK AKULA	724-58	8-8649	ı					
Spouse's name	Spouse's so	Spouse's social security number						
	Enter year you	are aut	norizing	.)				
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 4 1	0.0					
1 Adjusted gross income		1		3,649.				
2 Total tax		2		774.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	15	3,132.				
4 Amount you want refunded to you		4		358.				
5 Amount you owe		5 s	our rotu	ikb)				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amount of the income tax return of the income tax return of the income tax return or amount of t								
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	for rejection of the the U.S. Treasury ant indicated in the stitution to debit the minate the authorizan requests must be in the processing of the payment. I fu	transmise and its d tax prepares entry to cation. To be received the electron of the electron ack	sion, (b) the esignated aration so this according to the edition of the edition o	he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the				
Taxpayer's PIN: check one box only	. 5 8	8 6	4 9					
X I authorize to enter or gene	E		ligits, but	as my				
signature on the income tax return (original or amended) I am now authorizing.	de	on't enter	all zeros					
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN	method. The ER	O must						
Your signature Date	e►05/17/2	.021						
Spouse's PIN: check one box only								
I authorize to enter or gene	erate my PIN			as my				
ERO firm name		nter five o	ligits, but	,				
signature on the income tax return (original or amended) I am now authorizing.	de	on't enter	all zeros					
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.								
Spouse's signature ▶ Date	e▶							
Practitioner PIN Method Returns Only—continue b	elow							
Part III Certification and Authentication — Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	Don't en	ter all zei	ros					
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommunication authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provider	submitting this ref	urn in a	ccordance					
ERO's signature ▶ Date	a <b>&gt;</b>							
FRO Must Retain This Form — See Instruction								

Don't Submit This Form to the IRS Unless Requested To Do So

## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [ ou checked the MFS box, enter the con is a child but not your dependent	name of											
Your first name	and m	iddle initial	Last na	me					١,	Your so	cial securi	ty number		
KARTHIK			AKUI	LΑ						724-	58-864	.9		
If joint return, s	pouse's	s first name and middle initial	Last na	me					:	Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	-	Preside	ntial Electi	on Campaign		
1547 285	TH S	r s						8			nere if you,			
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ite	ZIF	code code		•	0,	ntly, want \$3 Checking a		
ARLINGTO	ON				V	A	2	2206		oox bel	ow will not	change		
Foreign country	y name			Foreign province/state/	coun'	ty	Fo	reign postal o	code !	your tax	or refund	. Spouse		
At any time du	ıring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	any	financial ir	nterest i	n any virtu	al curr	ency?	Yes	⊠ No		
Standard Deduction		eone can claim:	•				ent							
Age/Blindness	s You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was	s born b	efore Janu	ary 2,	1956	☐ Is b	lind		
Dependents			_	(2) Social securit		(3) Relat					r (see instru	uctions):		
If more		irst name Last name		number	,	to y		1	tax cre			ther dependents		
than four														
dependents,														
see instruction and check	s ——													
here ▶														
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		97,066.		
Attach	2a	Tax-exempt interest	2a		b T	axable int	erest			2b				
Sch. B if required.	3a	Qualified dividends	3a	14.	b C	Ordinary di	vidends			3b		14.		
required.	4a	IRA distributions	4a		<b>b</b> T	axable am	ount .			4b				
	5a	Pensions and annuities	5a		b T	axable am	ount .			5b				
Standard	6a	Social security benefits	6a		<b>b</b> T	axable am	ount .			6b				
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D it	f required. If not req	uired	, check he	ere .			7		569.		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, li	ne 9 .							8		1,000.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your <b>total inc</b>	ome				. ▶	9		98,649.		
<ul> <li>Married filing</li> </ul>	10	Adjustments to income:												
jointly or Qualifying	а	From Schedule 1, line 22					10a							
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. See	inst	ructions	10b							
Head of	С	Add lines 10a and 10b. These are	your <b>to</b> l	tal adjustments to	incoı	me			. ▶	100	<b>&gt;</b>			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				. ▶	11		98,649.		
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedule	A)					12		12,400.		
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or Fo	orm 8	3995-A .				13				
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.		
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less,	ente	er-0				15		86,249.		

Form 1040 (2020	0)										J	Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	i	14,7	74.
	17	Amount from Schedule 2, lir	ne 3						. 17			
	18	Add lines 16 and 17							. 18		14,7	74.
	19	Child tax credit or credit for	other dependen	ts					. 19			
	20	Amount from Schedule 3, lir	ne 7						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22		14,7	74.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				. 23			0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						▶ 24		14,7	74.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2				25a	15	,13	2.			
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c	,						. 25d	1	15,1	32.
	26	2020 estimated tax paymen										
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27						
attach Sch. EIC.   If you have	28	Additional child tax credit. A		28								
nontaxable	29	American opportunity credit				29						
combat pay, see instructions.	30	Recovery rebate credit. See		•		30						
	31	Amount from Schedule 3. lir										
	32	Amount from Schedule 3, line 13										
	33	Add lines 25d, 26, and 32. T	,								15,1	32
	34	If line 33 is more than line 24							. 34	-		58.
Refund	35a	Amount of line 34 you want				-	-	•	35a			58.
Direct deposit?	⊳ b	Routing number 0 2 6				<del>50.</del>						
See instructions.	►d	Account number 4 8 8				Check	iig	Savir	igs			
	36	Amount of line 34 you want				36						
Amount		-							▶ 37			
You Owe	37	Subtract line 33 from line 24		-								
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.										
how to pay, see	00	·	-			00						
instructions.	38	Estimated tax penalty (see in				38						
Third Party		you want to allow another structions	•				Voc C	mnl	ete below.	X No		
Designee		signee's		Phone				•	dentification	∠ NC	,	
		me ►		no.					IN) ►		$\Box$	$\Box$
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	I accompanying scl	hedules a	and stateme	nts, a	nd to the bes	st of my l	knowled	dge and
	be	lief, they are true, correct, and com	plete. Declaration	of preparer (other	than taxpayer) is b	ased on	all information	on of v	which prepar	er has an	y know	ledge.
Here	Yo	ur signature		Date	Your occupation				If the IRS se	,		у
	<b>k</b>	A. Karanth		05/17/2021					Protection P	IN, enter	it here	
Joint return? See instructions.		7 ( 300 ( 2 - 1 )	<u></u>		SOFTWARE		IEER	-	(see inst.)	بــــــــــــــــــــــــــــــــــــــ		
Keep a copy for	Sp	ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupa	tion			If the IRS se Identity Prot			
your records.									(see inst.) ▶		$\overline{\Box}$	
	Ph	one no.		Email address								
	Pre	eparer's name	Preparer's signat			Date		PTII	٧	Check	if:	
Paid										Se	lf-emplo	oyed
Preparer	Fir	n's name ► GLOBAL TAXES LLC									Phone no.	
Use Only		m's address ▶ 2530 Pebb	Firm's EIN	<u> </u>								
Go to www ire or		n1040 for instructions and the late			BAA	DEV	04/20/21 PRO				m <b>104</b> 0	<b>0</b> (2020)
50 to www.iis.yc	50/1 0/1	io ioi mondonono and me late	or information.		DAA	KEV.	U-1/20/21 FRC	•		1 011		(2020)

## SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

KARTHIK AKULA

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.

Sequence No. 01
Your social security number
724-58-8649

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Nonemployee compensation from 1099-NEC 1,000.	8	1,000.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	1,000.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### SCHEDULE D (Form 1040)

#### **Capital Gains and Losses**

► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2020

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Iame(s) shown on return

KARTHIK AKULA

Your social security number
724-58-8649

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with . . . . . . . . . . . . . . Box A checked 20,729. 20,338. 488. 879. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 879. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 3,023. 2,713. -310.Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

-310.

Schedule D (Form 1040) 2020 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 569. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## 8949

#### **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return KARTHIK AKULA

Department of the Treasury

Social security number or taxpayer identification number

724-58-8649

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	Various	12/31/20	20,729.	20,338.	W	488.	879.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	20,729.	20,338.		488.	879.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  $KARTHIK\ AKULA$ 

Social security number or taxpayer identification number 724-58-8649

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(E) Long-term transactions (F) Long-term transactions (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•		•	·)
1  (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	Various	12/31/20	2,713.	3,023.			-310.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. above	al here and inc	lude on your					

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) ▶

2,713.

3,023.

VA-8453
Virginia Department of Taxation

# Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2020

## DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Vir	ginia Su	ıbmiss	ion Id	lentif	catio	n Nur	nbe	er (SII	D)					_								_						
First	Name &	Middle	e Initia	al (if jo	oint or	comb	oine	d retu	rn, ente	r both)	La	ıst Na	me									E	3 Your S	Social :	Securi	ty Numl	ber	
	RTHIK										A)	KULZ	Ą											-58-				
Pres	sent Hor	ne Ado	Iress																			P	Spous	se's So	ocial Se	ecurity N	Number	-
	47 28				PT 8	3																		0-1	<u>г</u> и	la d Date		
	, State a LINGT		Code			VA		22'	206															Uni	iine Fii	led Retu 1	ırn	
Par		Tax Re	turn	Info	rmat				100														A Sp	ouse	Ī	В	Yours	elf
1.	Fede	eral Adj	usted	Gros	s Inco	ome (F	orr	n 760	CG, Lin	e 1; 76	0PY,	Line 1	, colui	mn	s A &	В;	Form 7	63, I	Line	1)							98,	649.
2.	Virgii	nia Adj	usted	Gros	s Inco	me (F	orr	n 7600	CG, Line	e 9; 760	PY, L	ine 10	), colu	ımn	ns A &	k В;	Form	763,	Line	9)								649.
3.	Taxa	able Inc	ome (	Form	7600	CG, Lir	ne ´	15; 76	)PY, Liı	ne 16, d	olumr	ns A &	B; Fc	orm	763,	Lin	ie 1 <b>7</b> )											219.
4.	Virgii	nia Inc	ome T	ax (F	orm 7	60CG	à, Lí	ne 18	760PY	, Line 1	7, col	umns	A & B	3; F	orm 7	763	Line 1	3)										103.
5.	Withl	holding	(Forn	n 760	CG, I	_ine 1	<b>9</b> a i	&1 <b>9</b> b;	760PY,	Lines '	1 <b>9</b> a &	19b; I	orm 7	763	B, Line	es 1	9a & 1	9b)										045.
6.	Amo	unt you	ı Owe	(For	n 760	CG, L	_ine	3 <b>5</b> ; F	orm 760	)PY, Lir	ne 3 <b>5</b> ;	Form	763,	Lin	e 3 <b>5</b> )													58.
7.		-								rm 763					,													50.
Par		Declar									·																	
8a.		appoi the te	ntmer erritoria	nt of t al juri	he oth sdiction	ner sp on of t	ous the	e as a United	n agen States	t to rece at any	eive th point	ne refu in the	ınd. I proce	cer ss.	rtify th	hat t	the trai	sact	ion	does	not o	direct	ed a joir ly involv					
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155	5											DE	V 04/0	G/24	DDC													

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

Your Social Security Number 724588649

Spouse's Social Security Number

Filed 2020 Individual Income Tax Returns Only

7245886491 7611555 120006

Name(s) and Address
KARTHIK AKULA

1547 28TH ST S APT # 8

ARLINGTON VA 22206

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

58.00

**Daytime Phone Number:** 925-858-1827

REV 04/06/21 PRO

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





KARTHIK

AKULA

1547 28TH ST S APT 8

ARLINGTON

VA 22206

_						
SSN - You AKUL	1	724588649	Vendor ID	1555	XX	XXX
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	98649.	Withholding (VA) - Y	′ou	19A.	5045.
Additions	2.		Withholding (VA) - S	Spouse	19B.	
Subtotal	3.	98649.	Estimated Payments	S	20.	
Age Deduction - You	4A.		2019 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments	8	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	e or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	SC	24.	
Subtractions	7.		Credits - Schedule C	R	25.	
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	5045.
Total VA Adj Gross Income (VAGI)	9.	98649.	Tax You Owe		27.	58.
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	
Standard Deduction	11.	4500.	Overpayment Credite	ed to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 /	ABLEnow	30.	
Deductions	13.		VAC - Other Contrib	utions	31.	
Subtotal (Deductions & Exemptions	s) 14.	5430.	Addition to Tax, Pena	alty & Interest	32.	
VA Taxable Income	15.	93219.	Sales and Use Tax		33.	
Amount of Tax	16.	5103.	Amount You Owe			58.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Deb Your Refund	it Card N	1	
VAGI - Spouse	17A.		D 1 D 11 11		_	
Net Amount of Tax	18.	5103.	Bank Routing #			
L			Bank Account #			

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_\_





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Filing Status, Age & License Inf	formation	Additional Filing Information						
Filing Status	1	Locality 059						
Federal Head of Household		Name or Filing Status Change						
DOB - You	02011990	Address Change						
VA Driver's License ID - You	C66061230	VA Return Not Filed Last Year						
VA Driver's License - Iss. Date - \	You 07062019	Dependent on Another's Return						
Spouse Name (Filing Status 3 Or	nly)	Farmer / Fisherman / Merchant Seaman						
DOD Casuas		Amended						
DOB - Spouse  VA Driver's License ID - Spouse		Reason Code						
VA Driver's License - Iss. Date - S	Spalled	Overseas on Due Date						
		Federal EIC & Amount						
Exemptions (A) You 1	Exemptions (B) 65 & Over - You	Deceased Indicator						
Spouse	65 & Over - Spouse	No Sales & Use Tax Due Indicator X						
Dependents	Blind - You	Obtain Electronic 1099G						
Total (A)	Blind - Spouse	ID Theft PIN						
	Total (B)							
I (We), the undersigned, declare under pe deposit of your refund by providing bank i	information on your return, you are certifying that the information	of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct on provided is for a domestic account within the territorial jurisdiction of the United States.						
Signature - You A. Koy	Date 05/17/2021	Phone - You 9258581827						
Signature - Spouse	Date	Phone - Spouse						
Signature - Preparer	Date	Phone - Preparer						
The Tax Department may discuss my	our return with my/our preparer.	Preparer Information 7						

File by May 1, 2021

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

2530 PEBBLE CREEK LN CUMMING

GLOBAL TAXES LLC

GA 30041

Page 2 of 2

#### 2020 Schedule INC/CG

724588649

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

KARTHIK AKULA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					コ
724588649	W	5045.	530205890	30530205890F	97066.

 Total VA Withholding
 SSN
 VA Withholding

 You
 724588649
 5045.

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