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.

Submission Identification Number (SID)

T.....

| Taxpay | /er's name | Social | securit | y numbe | er |
|--------|---|------------|----------|----------|--------------------|
| VEN | IKAT RANGA REDDY SIMHADRI | 751 | -58- | 4250 | |
| Spous | e's name | Spouse | e's soci | al secur | ity number |
| Par | t I Tax Return Information – Tax Year Ending December 31, (Enter | r vear v | /011 21 | re auth | norizing.) |
| | 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 | 1,339. |
| 2 | Total tax | | | 2 | 46. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 3 | 181. |
| 4 | Amount you want refunded to you | | | 4 | 135. |
| 5 | Amount you owe | | | 5 | |
| Par | t II Taxpayer Declaration and Signature Authorization (Be sure you get and | | | / of yo | our return) |
| Under | penalties of periury. I declare that I have examined a copy of the income tax return (original or amended | l) I am no | ow auth | norizina | 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

| | 8 | 4 | 2 | 5 | 0 | 25 | | | |
|---|---|---|---|---|---|----|--|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | | |

my

ERO firm name 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

| to | enter | or | generate | my | PIN |
|----|-------|----|----------|----|-----|

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 – Practitic | ner 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 ► | | | | | | | | |
|--|---|-------------------|--------------------------|--|--|--|--|--|
| | RO Must Retain This Form — See bmit This Form to the IRS Unless | | | | | | | |
| For Denemicarly Deduction Act Nation and | www.tov.vetume.inotwuetiene | DEV/ 02/01/21 DDO | Earm 8879 (Bay, 01 2021) | | | | | |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO

| 1040 | -NR Department of the Treasury- U.S. Nonresident | Internal Revenue Service Alien Income Tax | (99) Return | 2020 | OMB No. 154 | 45-0074 | RS Use Only—Do not write or staple in this space. |
|--|---|---|---|---------------------|----------------|---------|--|
| Filing Status Check only one box. | Single Married filing separation of the separation of the Married filing separation of the separation | | ried) | Qualifying wido | w(er) (QW) | | |
| Your first name | and middle initial | Last name | Last name Your identifying num (see instructions) | | | | |
| VENKAT RA | NGA REDDY | SIMHADRI | | | | 751- | 58-4250 |
| Home address (| number and street or rural route). If you | u have a P.O. box, see inst | ructions. | | Apt. no. | Check i | f: 🛛 Individual |
| 23402 TRA | DEWIND DR | | | | | | Estate or Trust |
| City, town, or pos ASHBURN V | st office. If you have a foreign address, al A 20148 | so complete spaces below. | State | ZIP code | e | | |
| Foreign country | name | Foreign province/state/co | ounty | Foreign | postal code | | |
| At any time durin | ng 2020, did you receive, sell, send, ex | change, or otherwise acqu | iire any finai | ncial interest in a | any virtual cu | rrency? | Yes No |

| Dependents | | | | | | (4) 🖌 if | qualifi | es for (see instr.): |
|-----------------------------------|----------|---|--------------------------|------------------------------------|-------------------------------------|-----------------|-----------|-----------------------------|
| (see instructions): | | (1) First name | Last name | (2) Dependent's identifying number | (3) Dependent's relationship to you | Child tax | credit | Credit for other dependents |
| 16 11 6 | | | | | | | | |
| If more than four dependents, see | | | | | | | | |
| instructions and | | | | | | | | |
| check here ► | | | | | | | | |
| Income | 1a | Wages, salaries, tips, e | etc. Attach Form(s) W- | -2 | | | 1a | 1,339. |
| Effectively | b | Scholarship and fellow | ship grants. Attach Fo | orm(s) 1042-S or required | d statement. See instru | ctions . | 1b | |
| Connected | с | Total income exempt | by a treaty from Sche | edule OI (Form 1040-NR |), Item | | | |
| With U.S. | | L, line 1(e) | | | 1c | | | |
| Trade or | 2a | Tax-exempt interest . | 2 a | b Tax | able interest | | 2b | |
| Business | 3a | Qualified dividends . | 3a | b Ord | linary dividends | | 3b | |
| | 4a | IRA distributions | 4a | b Tax | able amount | | 4b | |
| | 5a | Pensions and annuities | s 5a | b Tax | able amount | | 5b | |
| | 6 | Reserved for future us | e | | | | 6 | |
| | 7 | Capital gain or (loss). A | Attach Schedule D (Fo | orm 1040) if required. If no | ot required, check here | . 🕨 🗌 | 7 | |
| | 8 | Other income from Scl | hedule 1 (Form 1040), | line 9 | | | 8 | |
| | 9 | Add lines 1a, 1b, 2b, 3 | b, 4b, 5b, 7, and 8. Th | nis is your total effective | ly connected income | 🕨 | 9 | 1,339. |
| | 10 | Adjustments to income | e: | | | | | |
| | а | From Schedule 1 (Forr | n 1040), line 22.. | | 10a | | | |
| | b | Charitable contribution | ns for certain residents | s of India. See instructior | ns. 10b | | | |
| | с | Scholarship and fellow | ship grants excluded | | 10c | | | |
| | d | Add lines 10a through | 10c. These are your t | otal adjustments to inc | ome | 🕨 | 10d | |
| | 11 | Subtract line 10d from | 11 | 1,339. | | | | |
| | 12 | Itemized deductions deduction. See instruction | | orm 1040-NR)) or, for cer | , | standard | 10 | 865. |
| | 10- | | | h Form 8995 or Form 899 | 1 1 | | 12 | |
| | 13a | | | | | | | |
| | b | | , | instructions | 130 | | 12- | |
| | C | Add lines 13a and 13b Add lines 12 and 13c | | | | | 13c 14 | 865. |
| | 14 15 | | tract line 14 from line | 11 If zero or loss optor | · · · · · · · · | | 14 | 474. |
| | - | | | 11. If zero or less, enter | | | | |
| For Disclosure, | Priva | cy Act, and Paperwork I | reduction Act Notice, | see separate instruction | IS. BAA REV | 03/01/21 PRO | Fo | orm 1040-NR (2020) |

| Form 1040-NR (2 | 2020) | | | | | | | | | | Page 2 |
|-------------------------------|---------------|---|------------------------|------------------------|--------------|-----------|----------------|------------|--------------------------|---------|---|
| | 16 | Tax (see instructions). Check if | any from Form | (s): 1 88 | 314 2 | 4972 | 2 3 | | | 16 | 46. |
| | 17 | Amount from Schedule 2 (Forr | | | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 46. |
| | 19 | Child tax credit or credit for ot | her dependent | ts | | | | | | 19 | |
| | 20 | Amount from Schedule 3 (Forr | n 1040), line 7 | | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. It | f zero or less, o | enter -0 | | | | | | 22 | 46. |
| | 23a | Tax on income not effectively from Schedule NEC (Form 104 | • | | | | 23a | | | | |
| | b | Other taxes, including self-em line 10 | | | | | 23b | | | | |
| | с | Transportation tax (see instruc | tions) | | | | 23c | | | | |
| | d | Add lines 23a through 23c . | | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is y | our total tax | | | | | | . 🕨 | 24 | 46. |
| | 25 | Federal income tax withheld fr | om: | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | | 181. | | |
| | b | Form(s) 1099 | | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | | | 25d | 181. |
| | е | Form(s) 8805 | | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | | 25g | |
| | 26 | 2020 estimated tax payments | and amount a | pplied from 20 | 19 return . | · · · | | | | 26 | |
| | 27 | Reserved for future use | | | | | 27 | | | | |
| | 28 | Additional child tax credit. Atta | ach Schedule 8 | 3812 (Form 10 | 40) | | 28 | | | | |
| | 29 | Credit for amount paid with Fo | orm 1040-C | | | | 29 | | | | |
| | 30 | Reserved for future use | | | | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Forr | n 1040), line 1 | 3 | | | 31 | | | | |
| | 32 | Add lines 28 through 31. These | e are your tota | al other paym | ents and r | efundal | ble cre | dits | . 🕨 | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 2 | 6, and 32. The | ese are your to | otal payme | ents . | | | . 🕨 | 33 | 181. |
| Refund | 34 | If line 33 is more than line 24, s | subtract line 24 | 4 from line 33. | This is the | amoun | t you o | verpaid | | 34 | 135. |
| | 35a | Amount of line 34 you want re | | | | d, chec | k here | | | 35a | 135. |
| Direct deposit? | ►b | Routing number 3 2 2 | | | ► с Туре | e: 🗙 | Check | ng 🗌 | Savings | | |
| See instructions. | ►d | Account number 6 7 8 | 2 6 0 3 | 3 0 3 | | | | | | | |
| | ►e | If you want your refund check enter it here. | | | | | | | | | |
| | 36 | Amount of line 34 you want ap | plied to your | 2021 estimate | ed tax . | | 36 | | | | |
| Amount | 37 | Amount you owe. Subtract lin | ne 33 from line | 24. For details | s on how to | o pay, se | ee inst | ructions . | . 🕨 | 37 | |
| You Owe | 38 | Estimated tax penalty (see inst | tructions) . | | | | 38 | | | | |
| Third Party Designee | , | ou want to allow another person with the IRS? See instructions | on (other than | your paid pre | eparer) to o | discuss | this ▶ | Yes. | Complete | below. | X No |
| (Other than paid preparer) | Desig name | | | Phone no. ▶ | | | | | nal identifi er (PIN) | ication | |
| Sign Here | | penalties of perjury, I declare that I they are true, correct, and complete | | | | | | | | | |
| TIELE | Your | signature | | Date | Your occi | | ימיי ד | | Prot | | ent you an Identity PIN, enter it here |
| | Dhar | 2 00 | | Emoil oddre - | CIVIL | PROUI | | листир | EIC (300 | | |
| | Phone | e no. arer's name | Preparer's sig | Email addres | 3 | | Date | | PTIN | | Check if: |
| Paid | | | | • | | | | 1/2021 | | 2702 | Self-employed |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM | | A RAM SAGAR | GUPIA I. | А⊔⊔А№ | 03/0 | 4/2021 | P0208 | | |
| Use Only | | s name ► GLOBAL TAXES s address ► 2530 Pebble | | | ~ ~ ~ ~ ~ ~ | 0.4.1 | | | | | 78)965-9522 |
| | | s address ► 2530 Pebble | | | y GA 3(| JU41 | | | | | 0-1017196 |

Go to www.irs.gov/Form1040NR for instructions and the latest information.

REV 03/01/21 PRO

Form **1040-NR** (2020)

| SCHEDULE A | | Itemized Deductions | | | | C | MB No. 1545-0074 |
|--|--------------------|--|---------|---------------|------------|--------|--------------------------------------|
| (Form 1040-NF | | ► Go to www.irs.gov/Form1040NR for instructions and the lat ► Attach to Form 1040-NR. | | 2020 | | | |
| Department of the Tre Internal Revenue Serv | | | ee ins | structions fo | or line 7. | | Attachment Sequence No. 7A |
| Name shown on For VENKAT RAN | tifying 8 – 4 2 | number 50 | | | | | |
| Taxes You Paid | 1 a | State and local income taxes | 1a | | 65. | | |
| | | Enter the smaller of line 1a or \$10,000 (\$5,000 if you checked Married filing Status on page 1 of Form 1040-NR) | | | | 1b | 65. |
| Gifts to U.S. Charities | 2 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 2 | | 800. | | |
| Caution: If you made a gift and received | 3 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500 | 3 | | | | |
| a benefit in return, see | 4 | Carryover from prior year | 4 | | | | |
| instructions. | 5 | Add lines 2 through 4 | | | | 5 | 800. |
| Casualty and Theft Losses | 6 | Casualty and theft loss(es) from a federally declared disaster (oth disaster losses). Attach Form 4684 and enter the amount from line instructions | 18 o | f that form | n. See | 6 | |
| Other Itemized Deductions | 7 | Other—from list in instructions. List type and amount ► | | | | 7 | |
| Total Itemized Deductions | 8 | Add the amounts in the far right column for lines 1b through 7. Also, Form 1040-NR, line 12 | ente | r this amou | unt on | 8 | 865. |
| For Paperwork F | Reduct | tion Act Notice, see the Instructions for Form 1040-NR. | EV 03/0 | 01/21 PRO | Sche | dule A | (Form 1040-NR) 2020 |

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

O

Department of the Treasury Internal Revenue Service (99) Name shown on Form 1040-NR ► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

Sequence No. 7B Your identifying number

6

72

Attachment

VENKAT RANGA REDDY SIMHADRI

| | laonaij | , ing maning |
|----|---------|--------------|
| 75 | 1-58- | -4250 |

Enter **amount of income** under the appropriate rate of tax. See instructions

| | · · · | | | | | | | (d) Other | (specify) |
|-----------------------------------|--|--|------------------------------------|--------|------------------------------------|--------------------|----------------------------|--|--|
| | Nature of Income | | | | (a) 10% | (b) 15% | (c) 30% | % | % |
| 1 | Dividends and dividend equi | ivalents: | | | | | | | |
| а | Dividends paid by U.S. corpo | orations | | 1a | | | | | |
| b | | prporations | | 1b | | | | | |
| с | | s received with respect to section 871(m) tran | 1 | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | | | | 2b | | | | | |
| с | | | 1 | 2c | | | | | |
| 3 | | trademarks, etc.) | | 3 | | | | | |
| 4 | | ht royalties | | 4 | | | | | |
| 5 | | ecording, publishing, etc.) | | 5 | | | | | |
| 6 | | atural resources royalties | | 6 | | | | | |
| 7 | | | | 7 | | | | | |
| 8 | | | | 8 | | | | | |
| 9 | - | ow | | 9 | | | | | |
| 10 | | | | | | | | | |
| а | Winnings | | | | | | | | |
| b | | | | 10c | | | | | |
| 11 | | nts of countries other than Canada. | | 11 | | | | | |
| 12 | Other (specify) | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | • | olumns (a) through (d) | | 13 | | | | | |
| 14 | | ax at top of each column | | 14 | | | | | |
| 15 | Tax on income not effectively | y connected with a U.S. trade or business. A | | | | | | R, line 23a ► 15 | |
| | | Capital Gains and L | Losses F | rom | Sales or Excha | inges of Proper | ty | | |
| losses f exchanged within t | hly the capital gains and from property sales or ges that are from sources he United States and not | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acqu mm/dd/yyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
| | ely connected with a U.S. s. Do not include a gain | | | | | | | | |
| or loss | on disposing of a U.S. real y interest; report these | | | | | | | | |
| gains a | nd losses on Schedule D | | | | | | | | |
| (Form 1 | · | | | | | | | | |
| exchan | property sales or ges that are effectively | | | | | | | | |
| | ted with a U.S. business 17 Acedule D (Form 1040), | dd columns (f) and (g) of line 16 | | | | | 17 | | |
| | 797, or both. 18 C | apital gain. Combine columns (f) and (g) | of line 17 | . Ente | r the net gain her | e and on line 9 ab | ove. If a loss, ente | r-0 ► 18 | |

| SCHE | DULE | ΟΙ |
|-------|--------|-----|
| (Form | 1040-N | IR) |

Other Information

OMB No. 1545-0074

| (10111 | 1040-111) | ► Go | to www.irs.gov/Form1040 | | I the latest information | n. | 201 | 20 |
|--------|---|--|---|--------------------------------|-------------------------------------|--------------------------|--------------------------|---------------|
| | ent of the Treasury Revenue Service (99) | Attach to Form 1040-NR. Answer all questions. | | | | Attachment Sequence N | 7C | |
| | nown on Form 1040 | | | | | Your identifyir | | io. 10 |
| | AT RANGA F | | ADRI | | | 751-58-4 | - | |
| Α | Of what countr | v or countries v | vere you a citizen or nation | al during the tax year? | INDIA | | | |
| В | In what countr | y did you claim | residence for tax purpose | s during the tax year? | United States | | | |
| С | Have you ever | applied to be a | green card holder (lawful p | permanent resident) of | the United States? . | | Yes | 🛛 No |
| D | Were you ever: | | | | | | | |
| 1. | A U.S. citizen? | | | | | | Yes | 🛛 No |
| 2. | A green card h | older (lawful pe | rmanent resident) of the Ur | nited States? | | | Yes | 🛛 No |
| | If you answer " | hat apply to you. | | | | | | |
| Е | immigration sta | tus on the last | day of the tax year, enter y day of the tax year. <u>F1</u> | | | - | | |
| F | Have you ever | changed your v | /isa type (nonimmigrant sta | tus) or U.S. immigratio | n status? | | Yes | 🛛 No |
| | - | | te the date and nature of th | | | | | |
| G | | | left the United States durin | • | | | | |
| | | | Canada or Mexico AND co | | | | | |
| | | | r Mexico and skip to item I | | | Mexico | | |
| | Date entered | United States | Date departed United Stat mm/dd/yy | es Da | te entered United State mm/dd/yy | s Date der | parted Unite mm/dd/yy | ed States |
| | | uu/yy | min/dd/yy | | mm/dd/yy | | mm/dd/yy | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| н | Give number of | davs (including | vacation, nonworkdays, and | d partial davs) vou were | present in the United | States during: | | |
| | | | , 2019 | | | | | |
| I. | Did you file a U | .S. income tax | return for any prior year? . | | | | Yes | 🛛 No |
| | If "Yes," give th | ne latest year a | nd form number you filed ► | | | | | |
| J | Are you filing a | return for a tru | st? | | | | Yes | 🛛 No |
| | If "Yes," did th U.S. person, or | e trust have a receive a cont | U.S. or foreign owner under ribution from a U.S. person | er the grantor trust rule ? | es, make a distributior | n or loan to a | 2 Yes | 🗌 No |
| κ | Did you receive | e total compens | sation of \$250,000 or more | during the tax year? . | | | Yes | 🗙 No |
| | If "Yes," did yo | u use an altern | ative method to determine | the source of this com | pensation? | | Yes | 🗌 No |
| L | | | f you are claiming exempt v. See Pub. 901 for more in | | | tax treaty wit | th a foreigr | n country, |
| 1. | | | the applicable tax treaty an e columns below. Attach Fo | | | claimed the t | reaty benef | it, and the |
| | | (a) Cou | intry | (b) Tax treaty article | (c) Number of month | | mount of ex | |
| | | | | | claimed in prior tax ye | ars income | in current t | ax year |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Total Ente | r this amount o | n Form 1040-NR, line 1c. D |) o not enter it on line 1 | a or line 1b | | | |
| 2. | | | preign country on any of the | | | | Yes | No |
| | | | ts pursuant to a Competen | | | | ☐ Yes | X No |
| | • | • • | Competent Authority deterr | • | | | | |
| м | Check the app | licable box if: | - | - | | | | |

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 03/01/21 PRO Schedule OI (Form 1040-NR) 2020