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)

Taxpayer's name		Social se	curity numb	ber		
JEEVAN PUDARI		888-53-6255				
Spouse's name		Spouse's social security number				
Part I Tax Return Information – Tax Year Ending December 31,	(Ente	r year yo	ou are aut	thorizing.)		
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	100,486.		
2 Total tax			. 2	15,218.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			. 3	20,426.		
4 Amount you want refunded to you			. 4	5,208.		
5 Amount you owe			. 5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	et and	keep a o	copy of y	vour return)		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or a my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in P return (original or amended) I am now authorizing. I consent to allow my intermediate service provide	art I abo	ve are the	amounts f	from the income tax		

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

3	6	2	5 5		00 m
Ent don	er fiv i't er	as my			

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

ieevan.b

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

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

03/04/2021

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 ►	Da	ate 🕨	•					 				
Practitioner PIN Method Returns Only—continue below												
Part III Certification and Authen	tication — Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFI	N followed by your five-digit self-selected PIN.	5	8	7			8 nter a	 	9	8	9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►	Date 🕨								
	ERO Must Retain This Form — Se bmit This Form to the IRS Unless								
For Demonstrally Deduction Act Notice and		DEV 00/01/01 DDO	Farm 8870 (Day, 01 0001)						

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS U	se Only	—Do not w	rite or staple	in this space.		
Filing Status Check only one box.	lf yc	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ouse. If you					,		, ,	low(er) (QW) ne qualifying		
Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number		
JEEVAN			PUDA	ARI							888-53-6255				
lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	s social se	curity number		
Home address		er and street). If you have a P.O. box, see DRIVE	instructi	ons.					Apt. no. 1015		Presidential Election Campaign Check here if you, or your				
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co	ode				ntly, want \$3 Checking a		
PLANO						T2	X	750)23			ow will not	0		
Foreign countr	y name			Foreign p	rovince/stat	e/coun	ty	Forei	gn postal	code	your tax	or refund	•		
												You	Spouse		
At any time du	iring 20	020, did you receive, sell, send, exch	nange, d	or otherv	vise acquii	re any	financial intere	est in a	any virti	ual cu	rrency?	Ves	🗙 No		
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you		•										
Age/Blindness	s You	Were born before January 2, 1	956	_ Are b	lind S	pouse	: 🗌 Was bo	rn bef			-	ls b	-		
Dependent				(2)	Social secur	ity	(3) Relationsh	nip				r (see instru			
If more	(1) F	irst name Last name		number to you				Child tax credit			Credit for ot	her dependents			
than four dependents,								<u> </u>							
see instruction	s ——			-											
and check										<u> </u>					
here 🕨 📃			- ())									1			
Attach	1	Wages, salaries, tips, etc. Attach F	111	VV-2 .	· · ·	•••		•••	• •	·	. 1		16,017.		
Sch. B if	2a	'	2a				axable interes			•	. 2b				
required.	3a		3a				Ordinary divide			•	. 3b				
	4a		4a				axable amoun			·	. 4b				
	5a		5a				axable amoun		• •	·	. 5b				
Standard Deduction for –	6a	,	6a	• ··· • ··· · ···			axable amoun	τ	• •	· .	. 6b				
Single or	7	Capital gain or (loss). Attach Schee		•		•		• •					1		
Married filing separately,	8 9	Other income from Schedule 1, lin Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a						• •		•	. <u>8</u> ▶ 9		<u>15,531.</u> 00,486.		
\$12,400Married filing	9 10	Add lifes 1, 20, 30, 40, 50, 60, 7, 8 Adjustments to income:	anu o. 1	riis is yc		come		• •	• •	·	9		JU, 400.		
jointly or		,					10								
Qualifying widow(er),	a b	Charitable contributions if you take						-			_				
\$24,800		Add lines 10a and 10b. These are									▶ 100				
 Head of household, 	C		-	-						-			00,486.		
\$18,650 • If you checked	11 12	Subtract line 10c from line 9. This Standard deduction or itemized									▶ <u>11</u> . 12		12,400.		
any box under	13	Qualified business income deduction											12,100.		
Standard Deduction,	14	Add lines 12 and 13											12,400.		
see instructions.	15	Taxable income. Subtract line 14											<u>12,400.</u> 88,086.		
						o, onte				•	. 13				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3]		16	15,218.
	17	Amount from Schedule 2, lir	ne3					·	17	
	18	Add lines 16 and 17							18	15,218.
	19	Child tax credit or credit for	other dependent	ts					19	
	20	Amount from Schedule 3, lir	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	8. If zero or less,	enter -0					22	15,218.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	15,218.
	25	Federal income tax withheld	l from:							
	а	Form(s) W-2				25a	a 20	,426	•	
	b	Form(s) 1099				25b	>			
	с	Other forms (see instruction	s)			250				
	d	Add lines 25a through 25c							25d	20,426.
• If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20)19 return				26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
If you have	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refun	dable c	redits .	🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	20,426.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amo	ount you	u overpaid		34	5,208.
	35a	Amount of line 34 you want			3 is attached, ch	eck he	re		35a	5,208.
Direct deposit?	►b	Routing number 0 8 1				X Che	cking	Savings		
See instructions.	►d	Account number 3 5 5	0 0 3 6	2 4 2 8	8 0					
	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 amo	ount you owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch				l of the	taxes you	owe for		
For details on how to pay, see		2020. See Schedule 3, line	12e, and its instru	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another	•				_			_
Designee		structions				. 🕨	U Yes. C	•		
		signee's me ▶		Phone no.				onal iden ber (PIN)	tification	
C :		der penalties of perjury, I declare	that I have examine			chodulos		. ,		t of my knowledge and
Sign		lief, they are true, correct, and corr								
Here	Yo	ur signature		Date	Your occupation	ı		If ti	ne IRS se	nt you an Identity
		-								IN, enter it here
Joint return?		jeevan.p		03/04/2021	SALESFOR		EVELOPEI	· ·	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occup	ation				nt your spouse an ection PIN, enter it here
your records.									e inst.) 🕨	
	Ph	one no.		Email address						
		eparer's name	Preparer's signat			Dat	e	PTIN		Check if:
Paid		SSMANIKUMARAPPANA	RVSSMANIK		JA		/02/2021		90332	Self-employed
Preparer		m's name GLOBAL TA						<u> </u>		646)727-7157
Use Only		m's address > 2530 Pebb		n Cummin	a GA 30041	1			m's EIN ▶	
Go to www.irc.or		n1040 for instructions and the late			BAA		V 02/24/24 PD			Form 1040 (2020)
		TO TO THE LOUIS AND THE FALL	scinionnation.		DAA	KE	V 02/21/21 PR	,		1000 IVTV (2020)

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 \mathfrak{D}

20

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

	Attachment Sequence No. 01							
Your social security numbe								
888-53	-6255							

L

19

20

21

22

Schedule 1 (Form 1040) 2020

.

REV 02/21/21 PRO

Department of the Treasury	► Attack
Internal Revenue Service	► Go to <i>www.irs.gov/F</i>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

JEEVAN PUDARI

Part I

19

20

21

22

IRA deduction . .

Additional	Income	9
able refunds	credite	or offsets of state and lo

c Date of original divorce or separation agreement (see instructions) ▶

on Form 1040, 1040-SR, or 1040-NR, line 10a

For Paperwork Reduction Act Notice, see your tax return instructions.

Add lines 10 through 21. These are your adjustments to income. Enter here and

BAA

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 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	-15,531.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
-		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-15,531.
Par		1 1	
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	
17	Penalty on early withdrawal of savings		
18a		18a	
b	Recipient's SSN		

Domouting	ant of the Treesury	Attach to Form 1040), 1040	-SR, 104	0-NR, o	r 1041.						
	ent of the Treasury Revenue Service (99)	► Go to www.irs.gov/ScheduleE fo	or inst	ructions	and the	latest	information.			Attac Sequ	hment ence No.	13
Name(s)	shown on return							_	ur social		ty numbe	
JEEV	AN PUDARI							88	88-53	-625	55	
Part		s From Rental Real Estate and Roy	valtie	s Note	: If vou a	re in th	e business of					use
		instructions. If you are an individual, rep	-		-				÷ .			
A Dic		ents in 2020 that would require you to										No
		ou file required Form(s) 1099?									Yes 🗌	
1a		each property (street, city, state, ZIF										-
Α	MADHAPUR HYDEF			/								
В												
С												
1b	Type of Property	2 For each rental real estate prop	oerty li	sted		Fair	Rental	Per	rsonal	Use	Q	IV
	(from list below)	above, report the number of fa personal use days. Check the	ir renta	al and		0	Days		Days		G	
Α	1	it you meet the requirements to	o tile a	sa I	Α		360			0		
В		qualified joint venture. See inst	ructio	ns.	В							
С					С							
	of Property:											
-	le Family Residence	3 Vacation/Short-Term Rental					Rental					
	ti-Family Residence	4 Commercial	6 Ro	yalties	8	Othe	r (describe)					
Incom	-	Properties:			Α		В				С	
3			3		5	518.						
4			4									
Expen			_									
5	-		5									
6		nstructions)	6									
7	•	nance	7		4,5	379.						
8			8									
9			9 10									
10 11	•	essional fees	11									
12	-	id to banks, etc. (see instructions)	12									
13			13									
14			14		3 4	185.						
15			15			587.						
16			16		_ / -							
17			17		5,4	198.						
18		e or depletion	18		- 1							
19	Other (list)		19									
20		lines 5 through 19	20		16,0)49.						
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If										
		instructions to find out if you must										
	file Form 6198		21		-15,5	531.						
22		I estate loss after limitation, if any,										
	on Form 8582 (see in	-	22	(-15,53		()()
23a		eported on line 3 for all rental prope				23a		5	18.			
b		eported on line 4 for all royalty prop				23b						
C		eported on line 12 for all properties		• •		23c						
d		eported on line 18 for all properties		• •		23d		<u> </u>	10			
e		eported on line 20 for all properties		· ·		23e	1	6,0				
24 25		e amounts shown on line 21. Do no				• •			24		1	· 21 \
25		osses from line 21 and rental real estate							25 (15,5	is⊥.)
26		ate and royalty income or (loss).										
		IV, and line 40 on page 2 do not a 40), line 5. Otherwise, include this ar						011	26		-15	531.
For Pa		Notice, see the separate instructions.			IPA	1	-15,53	1.	L., L.	dule F	(Form 10	
				1.	-		,		JUIE	Judie E		, TUJ 2U21

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

2020

Display FORM BORO California e-file Signature Authorization for Individuals 8879 Your name Your SBN or ITN 888-53 6235 Spoulew/RDP's name Your SBN or ITN 888-53 6235 Spoulew/RDP's name Non SBN or ITN 988-53 6235 Spoulew/RDP's name 1 100 , 486. 2 Amount You Ove. See instructions 1 100 , 486. 2 2, 1749. Part I Tax Return Information and Signature Authorization (B: sure you obtain and seep a copy of your return.) 100 , 486. 2 2, 1749. 2, 1749. Part II Tax Return Information and Signature Authorization (B: sure you obtain and seep a copy of your return.) 100 , 486. 2, 1749. 2, 1749. Part II Taxpeyre Determinion and Signature Authorization (B: sure you obtain and seep a copy of your return.) 100 , 486. 2, 1749. 2, 1749. Part II Taxpeyre Determinion and Signature Authorization (B: sure you obtain and seep a copy of your return.) 100 , 486. 100 , 486. 2, 1749. Part II Taxpeyre Determinion and Signature Authorization (B: sure you obtain and seep a copy of your return.) 100 , 486. 100 , 486. 100 , 486. 100 , 486. 100 , 486. 100 , 486. <t< th=""><th>2020 Your name JEEVAN PUDA Spouse's/RDP's name Part I Tax Return 1 California Adjust 2 Amount You Owe</th><th>RI</th><th>Your SSN</th><th>8879</th></t<>	2020 Your name JEEVAN PUDA Spouse's/RDP's name Part I Tax Return 1 California Adjust 2 Amount You Owe	RI	Your SSN	8879
Your name Your SSN or TTN JIEEVXAD_PUIDARI B88-53-6255 Spouwe/RDP's name Spouwe/RDP's SN or TTN Part I Tax Return Information (whole dollars only) 1 1 California Adjusted Gross Income (AGI). See instructions 2 2 Amount You Oke See Instructions 2 3 Return Information and Signature Authorization (Be sure you obtain and keep a copy of your return.) 3 Durfer penalise of periory. Tedester that Thave examined a copy of my inforMail income tax return and accompanying schedules and statements for the tax year ending beermers 31, 2020, and to the test of my knowledge and belief, it is the correct, and complete. Further decare that the information is provided to identification number) and the isomulat shown in Part 1 Howe great with the information a mounts shown in Part 1 Howe great with the information a mounts shown on Partern. The apprecise that direct deposit authorization stated or my return. Take state that the information is on provided to the state that the information is provided to the apprecise that direct deposit authorization stated or my return. If applicable interest and paneits is scheared or provide to the state service provide to the tax is likeling. Terrain labe for the tax is likeling. Terrain labe for the tax is an improvable appointment of the pane. The provided to the apprecise that the information in provided to the apprecise that the information in provided to the particulation state and consent the TB on disclose to provide to the apprecise that the information information is an information in provided to the state and consent the tentern the part the part t	Your name JEEVAN PUDA Spouse's/RDP's name Part I Tax Return 1 California Adjuste 2 Amount You Owe	RI	Your SSN	
JEEVAN PUDARI 888-53-6255 Spouse/JRDP's name Spouse/JRDP's SSN or TIN Part I Tax Return Information (whole dollars only) 1 1 California Adjusted Gross Income (AGI). See instructions 2 2 Amount You Ones. See instructions 3 2.178. Part I Tax Repurp Declaration and Signature Authorization (Be sure you obtain and keep a copy of you're term.) 3 2.178. Part I Tax Repurp Declaration and Signature Authorization (Be sure you obtain and keep a copy of you're term.) 3 2.178. Vider penalities of perifyr, Idecise that I have examined a copy of yn yoirdydial locome tax return and accompting scherulies and statements for the tax year and ingo December 31. 2202. and to the biss of my knowledge and belief, it is true, correct, and compliet. Further doclare that information in provided to my electronic true objects an electronic income tax return. Tapplicable, 1. Autobica an electronic funds withdrawal or funct deposit. Lauthoriza my Electronic income tax return. The selected deposit atternation state on my return it have late all oright terminotic an electronic income tax return. Thave selected appointent of the copy of the declarable interest and penalities. Lacknowledge that have and accompany the return is an electronic income tax return. Thave selected appointent of the tax model of the doclarable interest and penalities. Lacknowledge that have are allowed and interest and penalities in traveous that have are allowed and coment to the electronic income tax return. Thave selected appointent of the tax have and the antinge partitis and the anothy tax have and tax tetum.	JEEVAN PUDA Spouse's/RDP's name Part I Tax Return 1 California Adjusta 2 Amount You Owe			or ITIN
SpecialityRDP's nume SpecialityRDP's SSN or ITIN Part I Tax Return Information (whole dollars only) 1 1 California Adjusted Gross Income (AGI). See instructions 1 100,486. 2 Amount You Ove. See instructions 3 2,178. Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) 3 2,178. Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) 3 2,178. Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) 3 2,178. Under penalties of perjury, I declare that I have examined a cony of my individual income tax return and accompanying schedules and statements for the kit as the own on the corresponding lines of my electronic income tax return. It applicable, I authorize an electronic fund withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return in the singe shaw the direct deposit authorization stated on my return. If have eagree for Individuals for the kit and income tax return and accompanying schedules and statements or individual income tax return is applicable, authorization stated on my return. If have eagree for Individuals income tax return is a pay individual for the kit applicable on the Keel pay. Contendent and payments as shown on my return in the decine tax return. Individual income tax return is a consensitie the respanse payment as a shown on my	Spouse's/RDP's name Part I Tax Return California Adjuste Amount You Owe		888-53	
Part 1 Tax Return Information (whole dollars only) 1 California Adjusted Gross Income (AGI). See instructions 1	Part I Tax Return 1 California Adjusto 2 Amount You Owe			
1 California Adjusted Gross Income (AGI). See instructions 1 100,486. 2 Amount You Wey. See instructions 2 2 1 3 Refund of No Amount Due. See instructions 3 2,178. Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) 3 2,178. Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) 3 2,178. Under penalties of periory. I declare that I have examined a copy of my individual income tax return and accompanying sochalues and statements for the tax identification number) and the anounts of my in Part I above agree with the information I provided including my name, address, and social security number or individual income tax return. If applicable, lauthorize an electronic tunds withdrawal or the amount on line 2 and/or the estimated tax payments as shown on my return agents awith the direct deposit authorization stated on my return. If have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic income tax return. If have secales or the return with a statementia social security number or individual income tax return. The spletable interest and ponalties. I acknowledge that I have provider adio consert to the fever on the social of consert induced on the copy of my classiture or my electronic income tax return. If have secale ac consert include a consert include and consert. If applicable interest and penalties. I acknowledge that I have provider adin ad consert to the Electronic from witheretorable consert include	 California Adjuste Amount You Owe 		Spouse's/F	IDP's SSN or ITIN
2 Amount You Yow. See instructions	2 Amount You Owe	Information (whole dollars only)		
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of periury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and companying schedules and statements of my lettoric income tax return. If applicable, I authorize an electronic truth withdrawal of the amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic truth withdrawal of the amount shown on my corresponding lines of my electronic income tax return. If applicable, I authorize an electronic truth withdrawal of direct depost. If uthor with edges and momont on line 2 and/or the estimated tax payments as shown on my return and on form TB 455. California efficite and electronic trudh withdrawal of direct depost. If uthorize the FTB disclose to my EFAD, Intermediate service provider. Add/or the estimate that if the fTB 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 acknowledge that I have read and consent to be Electronic funds Withdrawal Consent include on the cay or my electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize TEAD State Construction of the ERD must complete Part III below. Your signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERD must complete Part III below. Your signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PI and y	2 Amount You Owe	d Gross Income (AGI). See instructions		1 100,486.
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of periury. J declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and companying schedules and statements of my let dividual income tax return. If applicable, 1 authorize an electronic truth withdrawal of the amount shown on the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic truths withdrawal of the amount shown on the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic truths withdrawal of the amount shown on my correlade tay apyments as shown on my return and on form TB 455. Galfform a felle Payment Record for Individuals, or a companyied by Charsmitter, or intermediate service provider to the simulation and amount on line 2 and/or the estimated tax payments as shown on my return and on the test of oldicable, 1 declare that direct deposit return thay complete return to the Franchise Tax Board (FTB). If the processing of my return are fund to shaw as sent. If 1 and thing a balance due return, J understatent thay the reason(s) for the delay or the data when the refund was sent. If 1 and file a balance due return, J understate Service provider. Addrama dua complicable, my Electronic Funds Withdrawal Consent included on the coary of my electronic formed tax return. In deplicable interval, Juderstatu SEC Service PC interval, Juderstatu Addrawal Consent Included on the coary of my electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only 3 6 2 5 5		. See instructions		2
Under penalties of periury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year enting December 31, 2020, and to the best of my knowledge and belief, its true, correct, and companying schedules and statements for the tax identification unmber) and the amounts shown on in the orige provider (including my name, address, and social security number or individual tax identification unmber) and the amounts shown on my terum and on tom FEB 455, California e-file Payment Record for individuals, or a companying form. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return agent to authorize an electronic funds withdrawal of their day of the amount on line 2 and/or the estimated tax payments as shown on my return agent to authorize an electronic funds withdrawal of direct depast I authorize the FTB does not receive full and timely payment of direct depast I authorize the FTB does not receive full and timely payment of my tax liability. I remain liable for the tax liability, and all applicable intervents, ludes selected a personal direct depast I endul that I the FTB does not receive full and timely payment of my tax liability. I remain liable for the tax liability and all applicable intervents and penalties. I acknowledge that I have read and consent include on the cay or my electronic funds Withdrawal Consent include on the cay or my electronic funds withdrawal and Consent include on the cay or my electronic Funds Withdrawal consent. Taxper S PIN: check one box only as my signature on my 2020 e-filed California individual income tax return. 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 on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PI and your return ms filed using the Practition	3 Refund or No Am	ount Due. See instructions		32,178.
year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. The information 1 provided tax identification number) and the amounts shown in Part 1 above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, lauthorize an electronic funds withdrawal of an amount on line 2 and/or the estimated tax apayment as ashown on my return and on form FTB 3455. California e-file Payment Record for Individuals, or a comparable form. If applicable, leadure that direct deposit arbitroriation stated on my return. If have field a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit arbitroriation stated on my return. If have field a joint authorize the refease that direct deposit and payment of my taken values sent. If I am filing a joint applicable interest and enamits. I knowledge that 1 have read and consent to the flex to intermediate service provider, and/or transmitter uname the related the calue that if the FTB to disclose to my FEO. Intermediate service provider, and/or transmitter uname tax return and, if applicable, my Electronic income tax return. I have selected a personal identification number (PIN) as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's PIN: check one box only Fact f	Part II Taxpayer	Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)		
Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter my PIN 3 6 2 5 5 Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature) jeennely Date o3/04/2021 Spouse's/RDP's PIN: check one box only	agrees with the direct agent to authorize ar return to the Franchi provider, and/or tra does not receive full read and consent to	t deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointme electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service se Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclos ismitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and p the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have	ent of the o provider to e to my ER return, I ur enalties. I a re selected	ther spouse/RDP as an transmit my complete 0, intermediate service iderstand that if the FTB acknowledge that I have
ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature) jeetran.p Date) 03/04/2021 Spouse's/RDP's PIN: check one box only				
ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature / jetevan.p Date / 03/04/2021 Spouse's/RDP's PIN: check one box only	X Lauthorize GL	OBAL TAXES LLC to ente	r mv PIN	3 6 2 5 5
I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶				
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature	as my signatur	e on my 2020 e-filed California individual income tax return.		
Spouse's/RDP's PIN: check one box only I authorize	•		u are enter	ing your own PIN and you
Spouse's/RDP's PIN: check one box only I authorize to enter my PIN ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PI and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature	Your signature 🕨 _			
ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. Do not enter all zeros I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PI and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature				
ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. Do not enter all zeros I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PI and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature		to ente	r my PIN	
I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PI and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature		ERO firm name		Do not enter all zeros
Practitioner PIN Method Returns Only continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorize e-file Providers.	I will enter my	PIN as my signature on my 2020 e-filed California individual income tax return. Check this box or	ily if you a	re entering your own Pl
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 PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorize e-file Providers.	Spouse's/RDP's sigr	ature 🕨 Date 🕨		
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 PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorize e-file Providers.		Practitioner PIN Method Returns Only continue below		
Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorize e-file Providers.	Part III Certifica	tion and Authentication — Practitioner PIN Method Only		
I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorize e-file Providers.	ERO's EFIN/PIN. Eni			9 8 9
ERO's signature Date 03/02/2021	confirm that I am su			
	FRO's signature	Date • 03/02/2	021	

2020 California Resident Income Tax Return

			APE			ATTACH	FEDERAL	RETURN	
888-53-6255 PUDA JEEVAN PU	DARI					20			
600 LEGACY DRIVE PLANO	TX	75023		APT	101	15			
09-15-1990									

Principal Residence		inter your county at time of filing (see instructions)											
	ullet	CONTRA COSTA											
		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙											
		If not, enter below your principal/physical residence address at the time of filing.											
щ Ц		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.											
sipa	$oldsymbol{igo}$												
ring													
Δ.		City State ZIP code											
	۲												
		If your California filing status is different from your federal filing status, check the box here											
tus	1	X Single 4 Head of household (with qualifying person). See instructions.											
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.											
ng	2												
i		See instructions.											
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.											
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst 💿 👩											
	0												
	. Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. Whole dollars only											
ns	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked											
otio	0	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. (\bigcirc 7 1 X \$124 = (\bigcirc \$ 124											
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2											
Ě	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;											
		if both are 65 or older, enter 2											
		REV 02/21/21 PRO											

540

Υοι	ır na	me:	PUDA	RI			Yo	Your SSN or ITIN: 888-53-6255									
	10	Depen	dents:		ot include Dependent	-	or your sp	oouse/RE		endent 2				Done	ndent 3		
		First	Name	۲	Deheuneur				• Dept				Dehei	iuein J			
ns		Last	Name	۲					•								
Exemptions			. See uctions.	•					•				•				
Exen		Depe	endent's	۲					•								
		to yo	u														
	Tota				otions								383 = (Г			104
	11	Exem	ption a	amou	nt: Add lin	ne 7 throu	gh line 10). Transfe	er this am	ount to li	ne 32		• 1	1\$			124
	12	State Form	wages	from	n your fede x 16	eral		• 1	2		11	6017	00				
	13									1010-00	lino 11		<u> </u>			10048	6 00
	14																
	15	Subti	ract line	e 14 f	rom line 1	3. If less	than zero,	, enter th	e result ir	parenth	eses.		• 14			10040	
Taxable Income	16		instructions 15 100486 .00 ornia adjustments – additions. Enter the amount from Schedule CA (540),														
le Inc													• 16				00
Faxab	17	Califo	ornia ac	ljuste	d gross ir	come. Co	mbine lin	e 15 and	line 16 .				• 17			10048	6 .00
	18		Enter the Your California itemized deductions from Schedule CA (540), Part II, line 30; OR larger of Your California standard deduction shown below for your filing status:														
			ĺ	• Sir	ngle or Ma	rried/RDP	filing sep	parately.				\$4		•			
		Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions 18													1.00		
	19	Subti If less	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0													5.00	
													0.0				
	31	Tax. (Check t	he bo	ox if from:	×	Tax Table)	Tax	< Rate Sc	hedule						
	~~	-			-	•	FTB 3800						• 31			604	.7 .00
Тах	32		•		s. Enter th structions			-					32			12	4 .00
Ĕ	33	Subti	ract line	e 32 f	rom line 3	1. If less	than zero,	, enter -0					• 33			592	3 .00
	34	Tax. S	See ins	tructi	ons. Chec	k the box	if from: •	S	chedule G	i-1 •	FTB	5870A	• 34				. 00
	35	l hhA	ine 33	and li	ine 34								• 35			592	3.00
													<u> </u>				
edits	40	Nonr	efundal	ble C	hild and D	ependent	Care Expe	enses Cre	edit. See i	nstructio	ns		• 40				. 00
al Cre	43	Enter	credit	name	9				code		and ar	nount	• 43				. 00
Special Credits	44	Enter	r credit	name	e] code •		and ar	mount	• 44				. 00
		RI	EV 02/21/	/21 PR	0						-						
		Side 2	Form	540	2020		17	5	310	2204							

You	r nar	ne:	PUDARI		Your SSN or ITIN:	888-53-6	255							
(0	45	To claim more than two credits. See instructions. Attach Schedule P (540) • 45												
Special Credits	46	Noni	refundable Renter's Credit	. See instr	•	46			. 00					
	47	Add	line 40 through line 46. T	nese are y		9 47			. 00					
Spe	48		ract line 47 from line 35.							5923	. 00			
	61	Alter	native Minimum Tax. Atta	• • • •	61			- 00						
xes	62	Men	tal Health Services Tax. S	e instruct	ions		• • • • •	62			. 00			
Other Taxes	63	Othe	r taxes and credit recaptu	re. See ins	structions		• • • • •	63			. 00			
Gt	64	Exce	ss Advance Premium Ass	istance Su	ıbsidy (APAS) repaymen	t. See instruction	ns •	64			. 00			
	65	Add	line 48, line 61, line 62, li	ne 63, and	line 64. This is your tota	al tax	• • • • •	65		5923	. 00			
	71	Calif	ornia income tax withheld	•	71		8101	. 00						
	72) CA estimated tax and otl						. 00					
	73		holding (Form 592-B and						. 00					
nts									. 00					
Payments	74		ss SDI (or VPDI) withheld]	. 00					
Δ.	75		ed Income Tax Credit (EIT	,										
	76	Your	ng Child Tax Credit (YCTC)	. See insti	•••••	76			• 00					
	77 78		Premium Assistance Subs line 71 through line 77. T							0101	• 00			
		See i	instructions					78		8101	. 00			
Тах	91	Use	Tax. Do not leave blank. S	See instruc	tions	• 91	1		0 _ 00					
Use Tax		lf lin	e 91 is zero, check if:	× No	use tax is owed.	You paid y	our use tax ob	oligation	directly to CDTFA.					
2	2.00	La ella	idual Ohanad Daaraa ikii											
ISR Penaltv	92	Individual Shared Responsibility (ISR) Penalty. See instructions												
		•												
Overpaid Tax/Tax Due	93	Payn	nents balance. If line 78 is	s more tha) 93		8101	. 00					
ax/Ta	94		Tax balance. If line 91 is				<u> </u>) 94			. 00			
aid T	95	subt	nents after Individual Sha ract line 92 from line 93.				•	95		8101	. 00			
Overp	96		vidual Shared Responsibil ract line 93 from line 92.			96			- 00					
_			REV 02/21/21 PRO											
					175 310	3204			Form 540 2020	Side 3				

Υοι	ır nar	me: PUDARI Your SSN or ITIN: 888-53-6255	
Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 (97	. 00
ax/Ta	98	Amount of line 97 you want applied to your 2021 estimated tax	. 00
paid T	99	Overpaid tax available this year. Subtract line 98 from line 97	. 00
Over	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65 💿 100	. 00
		<u>Code</u> <u>Amount</u>	
		California Seniors Special Fund. See instructions	. 00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	. 00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	- 00
		California Breast Cancer Research Voluntary Tax Contribution Fund	- 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	. 00
		Emergency Food for Families Voluntary Tax Contribution Fund	. 00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund • 408	. 00
		California Sea Otter Voluntary Tax Contribution Fund	- 00
suc		California Cancer Research Voluntary Tax Contribution Fund	. 00
Contributions		School Supplies for Homeless Children Fund	. 00
Conti		State Parks Protection Fund/Parks Pass Purchase	- 00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	. 00
		Keep Arts in Schools Voluntary Tax Contribution Fund	. 00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund • 431	- 00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund • 438	. 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	- 00
		Rape Kit Backlog Voluntary Tax Contribution Fund	- 00
		Schools Not Prisons Voluntary Tax Contribution Fund	. 00
		Suicide Prevention Voluntary Tax Contribution Fund	- 00
	110	Add code 400 through code 444. This is your total contribution • 110	.00

Γ

175

You	r nan	ne:	PUDARI		Your SSN	or ITIN:	888-53-	-625	55					
Amount You Owe	111	Mail	UNT YOU OWE. If y to: FRANCHISE 1 Dnline – Go to ftb.c	TAX BOARD, PO I	BOX 942867,	SACRAME					ee instruc	ctions. Do	o not send cash	
Interest and Penalties	112 113		est, late return penergyment of estim				.00							
Penal		Chec	k the box: ●				. 00							
<u>_</u>	114	Total	amount due. See i	nstructions. Encl	ose, but do no	ot staple, a	ny payment .			114				. 00
	115	REFL	JND OR NO AMOU	NT DUE. Subtrac	t the sum of li	ne 110, lin	e 112 and lin	ne 113	3 from line 9	99. See i	nstructio	ons.		
		Mail	to: FRANCHISE TA	X BOARD, PO BO)X 942840, S <i>i</i>	ACRAMEN	TO CA 94240	-000 ⁻	1	115			2178	. 00
Refund and Direct Deposit		See i	n the information to instructions. Have r the following amo	you verified the ı	routing and a	count nun	nbers? Use w	vhole	dollars only	<i>'</i> .			or a deposit sli	ρ.
ld Dir			Routing number	× Checking	Account r]			• 116	Direct de	eposit amount	
nd an			081000032	Savings	3550036	24280							2178	.00
Refu		The I	remaining amount (e 115) is auth	orized for a	lirect deposit	into	the account	shown	below:			
		• F	Routing number	▶ Type Checking Savings	Account r	number]			• 117	17 Direct deposit amount		
IMP	ORTA	NT: S	See the instructions	to find out if you	should attach	a copy of	your complet	te fed	leral tax retu	rn.				
ftb.c Und knov	er per	v/forn nalties e and	your privacy rights, ns and search for 1 s of perjury, I declar belief, it is true, co	131. To request the that I have exa	his notice by n mined this tax	nail, call 80	0.852.5711.	npany	ying schedu	les and s	statemer	nts, and to	-	-
			• Your email addr	ess. Enter only one	email address.] [Preferi	red phone numb	er
Si	gn											46925	574525	
	ere		Paid preparer's sig	nature (declaration	of preparer is	based on a	II information	of wh	nich preparer	has any	knowled	ge)]
It is	unlaw	/ful	RVSSMANIKU	JMARAPPANA										
spou	rge a use's/		Firm's name (or yours, if self-employed)											
RDF sign	's ature.		GLOBAL TAX	KES LLC									P020903	
Join ⁻ retui	t tax		Firm's address	LE CREEK LI		2 CA 30	0.4.1					• Firm's FEIN 301017196		
(See		າຣ)]		
		,	Do you want to a		son to discuss	this tax re	turn with us?	See	instructions			Yes	× No	
			Print Third Party Do	esignees ivame								Telephone		
			REV 02/21/21 PRO]	L		
			NEV VZIZ IIZT FILU		175	310	5204	Γ			For	rm 540 <i>%</i>	2020 Side 5	