E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only		• –	_	ed filing separately		_		,	_			
one box.		u checked the MFS box, enter the on is a child but not your depende		your spouse. II you	cnec	kea the HOF	i or Q	w box, enter	the ch	iiu s	name ii tri	e qualifying
Your first name	and m	iddle initial	Last na	me					You	ur so	cial securit	y number
PRAVEEN	SAG	AR	KESH	IAMGARI					0.9	095-51-1868		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spc	ouse's	s social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	Pre	sider	ntial Election	on Campaign
4202 HA	RWIN	PL						502			nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also c	complete s	paces below.	Sta	ite	ZIF	code code			0,	tly, want \$3 Checking a
GLENN A	LLEN				V.	A	23	3060			ow will not	
Foreign country	y name		F	Foreign province/stat	e/coun	ty	For	eign postal co	de you	ır tax	or refund.	Spouse
At any time du	ırina 20	020, did you receive, sell, send, exc	change, c	or otherwise acqui	e anv	financial inte	erest in	anv virtual	curren		⊠ Yes	□ Spouse □ No
		eone can claim:								<del></del>		
Standard Deduction		Spouse itemizes on a separate retu				•	ıı					
Age/Blindness	s You:	Were born before January 2,	1956	Are blind S	pouse	e: Was b	orn b	efore Januar	y 2, 19	)56	☐ Is bli	ind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relation	nship	(4) 🗸	if qualifie	es for	r (see instruc	ctions):
If more		irst name Last name		number to you		·	Child tax cred		- 1		ner dependents	
than four									]			
dependents, see instruction	9								]			
and check									]			
here ▶ □									]			
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	N-2					.	1	9	98,993.
Attach Sch. B if	<b>2</b> a	Tax-exempt interest	2a		bΊ	axable inter	est			2b		
required.	3a	Qualified dividends	3a	5.	<b>b</b> (	Ordinary divid	dends			3b		5.
	4a	IRA distributions	4a		b٦	axable amo	unt .			4b		
	5a	Pensions and annuities	5a		bΊ	axable amo	unt .			5b		
Standard Deduction for—	6a	Social security benefits	6a			axable amo			<u>.</u>	6b		
Single or	7	Capital gain or (loss). Attach Sch	edule D it	required. If not re	quirec	l, check here		•	· 📙	7		-30.
Married filing separately,	8	Other income from Schedule 1, line 9								8		<del>-8,420.</del>
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total ir</b>	come				•	9	9	90,548.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:				1	1					
Qualifying	а	From Schedule 1, line 22				-	10a					
widow(er), \$24,800	b	Charitable contributions if you tak	Charitable contributions if you take the standard deduction. See instructions 10b 300.									
Head of household,	С	Add lines 10a and 10b. These are your total adjustments to income							<b>&gt;</b>	10c		300.
\$18,650	11	Subtract line 10c from line 9. This	•	-					<b>&gt;</b>	11		90,248.
If you checked any box under	12	Standard deduction or itemized		,	,					12		12 <b>,</b> 400.
Standard	13	Qualified business income deduc	ction. Atta	ich Form 8995 or I	Form 8	3995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		L2,400.
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or les	s, ente	er -0				15	7	77,848.

Form 1040 (2020	))									Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	12,912.	
	17	Amount from Schedule 2, lin	-						17		
	18	Add lines 16 and 17							18	12,912.	
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	ne 7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	12,912.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .				23	0.	
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	12,912.	
	25	Federal income tax withheld	d from:							, , , , ,	
	а	Form(s) W-2				25a	15	,957.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,						25d	15,957.	
	26	2020 estimated tax paymen							26	, , , , ,	
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit. A				28					
<ul> <li>If you have nontaxable</li> </ul>	29	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See				30					
	31	Amount from Schedule 3, lin				31					
	32	•	32								
	33	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>								15,957.	
	34								33	3,045.	
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here							35a	3,045.	
Direct deposit?	⊳ b	Routing number 1 1 1 0 0 0 0 2 5  CType: X Checking Savings							55a	3,043.	
See instructions.	▶d	Account number 4 8 8				J OHCCKI		Oavings			
	36	Amount of line 34 you want				36					
Amount	37	Subtract line 33 from line 24							37		
You Owe	31			-							
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line	·	•	•	or the ta	ixes you	owe for			
how to pay, see instructions.	38	Estimated tax penalty (see i	•			38					
Third Party		you want to allow another									
Designee		structions					Yes. C	omplete	below.	<b>⋉</b> No	
200.900	De	signee's		Phone		_		onal ident			
	naı	me ►		no. ►			num	ber (PIN)	<u> </u>		
Sign		der penalties of perjury, I declare									
Here		ief, they are true, correct, and con	nplete. Declaration			ased on a	II informati			, ,	
	Yo	ur signature		Date	Your occupation			- 1		nt you an Identity IN, enter it here	
Joint return?					   SOFTWARE	ENGTNI	E.E.R	- 1	inst.)	IN, enter it fiere	
See instructions.	Sp	ouse's signature. If a joint return,	both must sian.	Date	Spouse's occupat			If th	e IRS ser	nt your spouse an	
Keep a copy for		,			-			Ider	ntity Prote	ection PIN, enter it here	
your records.								(see	inst.) 🕨		
		one no.		Email address							
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/20	0/2021	P0208	2703	Self-employed	
Use Only	Fir	Firm's name ▶ GLOBAL TAXES LLC Phone							ne no. (678) 965-9522		
————	Fin	m's address ▶ 2530 Pebb	le Creek I	n Cummin	g GA 30041			Firn	n's EIN ▶	30-1017196	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 0	4/02/21 PRO	)		Form <b>1040</b> (2020)	

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01** 

Your social security number

PRAV	VEEN SAGAR KESHAMGARI	095-51	L-1868	<b>!</b>
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 Sched	ule E	5	-8,420.
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 line 8		9	-8,420.
Par	t II Adjustments to Income			0,420.
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis govern			
	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	1	l8a	
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 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.

2020

OMB No. 1545-0074

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return
PRAVEEN SAGAR KESHAMGARI

Your social security number 095-51-1868

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) (or other basis) Form(s) 8949, Part I, combine the result 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 . . . . . . . . . . . . . . 252. 282. -30. 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 -30. 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 (or other basis) Form(s) 8949, Part II, (sales price) 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 9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked . . . . . . . . . . . . . . . . 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

Schedule D (Form 1040) 2020 Page 2

#### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -30. • 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 30.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 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

Department of the Treasury

Internal Revenue Service

#### Sales and Other Dispositions of Capital Assets

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

Attachment Sequence No. 12A

OMB No. 1545-0074

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

Name(s) shown on return

Social security number or taxpayer identification number

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

095-51-1868 PRAVEEN SAGAR KESHAMGARI 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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 Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC 11/12/20 12/11/20 252. 282. -30.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 252. 282. -30. above is checked), or line 3 (if Box C above is checked) ▶

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.

#### **SCHEDULE E**

(Form 1040)

#### Supplemental Income and Loss

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074 Attachment Sequence No. **13** 

Department of the Treasury ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return

Your social security number

PRAV	EEN SAGAR KESHA	MGARI						095-5	1-186	58		
Part	Income or Loss	From Rental Real Estate and Roy	yaltie	s Note	e: If you	are in th	e business o	f renting pe	rsonal p	oropert	y, use	-
	Schedule C. See	instructions. If you are an individual, repo	ort far	m rental	income	or loss fi	om Form 48	<b>35</b> on page	2, line	40.		
A Dic	l you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	1099? 5	See instr	uctions .		. 🔲	Yes	⊠ No	-
		ou file required Form(s) 1099?										
1a		each property (street, city, state, ZIP										_
Α	HNO.1-68 KONGA	RA KALAN(V) IBRAHIMPATNA	M) MA	) RAN	GA RE	DDY T	ELANGANA	IN 501	1510			_
В												_
С												_
1b	Type of Property	2 For each rental real estate prop	perty I	isted		Fair	Rental	Persona	Use		QJV	_
	(from list below)	above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a  A 365						Days	S		<b>401</b>	
Α	3	if you meet the requirements to	file a	as a	Α		365		0			
В		qualified joint venture. See insti	ructio	ns.	В							_
С					С							_
Туре	of Property:											
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental					
2 Mul	ti-Family Residence		6 Ro	yalties		8 Othe	r (describe)					
Incom		Properties:			Α		В			С		_
3			3			690.						_
4			4									_
Expen												
5			5									_
6	•	nstructions)	6									_
7		nance	7		1,	340.						_
8			8									_
9			9									_
10	_	ssional fees	10									_
11			11		1,	200.						_
12		d to banks, etc. (see instructions)	12			0.0.0						_
13			13			000.						-
14			14 15			350.						_
15			16			420.						-
16 17			17		1	800.						-
18		or depletion	18			800.						-
19	Other (liet)		19									-
20	` ′	lines 5 through 19	20		<u> </u>	110.						-
	·	•	20			110.						-
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must										
			21		-8.	420.						
22		estate loss after limitation, if any,	<u> </u>		- '							-
	on <b>Form 8582</b> (see in		22	(	-8.4	420.)	(	)	(		,	)
23a	•	eported on line 3 for all rental prope				23a	<b>\</b>	690.	`			ĺ
b		eported on line 4 for all royalty prope				23b						
c		eported on line 12 for all properties				23c						ı
d		eported on line 18 for all properties				23d						ı
e		eported on line 20 for all properties				23e		9,110.				ı
24		e amounts shown on line 21. <b>Do no</b> t	<b>t</b> inclu					. 24				10
25	•	sses from line 21 and rental real estate					al losses here		(	8.	420.	)
26	• •	ate and royalty income or (loss).										-
20		V, and line 40 on page 2 do not a										
		40), line 5. Otherwise, include this an								-8	3,420.	

## 





PRAVEEN SAGA KESHAMGARI

4202 HARWIN PL APT 502

GLENN ALLEN VA 23060

SSN - You KESH	H	095511868	Vendor ID	1555		хххххх
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	90248.	Withholding (VA) - Y	′ou	19A.	5176.
Additions	2.		Withholding (VA) - S	pouse	19B.	
Subtotal	3.	90248.	Estimated Payments	3	20.	
Age Deduction - You	4A.		2019 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments	6	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	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.	5176.
Total VA Adj Gross Income (VAGI)	9.	90248.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	556.
Standard Deduction	11.	4500.	Overpayment Credite	ed to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 /	ABLEnow	30.	
Deductions	13.		VAC - Other Contribu	utions	31.	
Subtotal (Deductions & Exemption	s) 14.	5430.	Addition to Tax, Pena	alty & Interest	32.	
VA Taxable Income	15.	84818.	Sales and Use Tax		33.	
Amount of Tax	16.	4620.	Amount You Owe			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debi Your Refund	it Card N	ı	556.
VAGI - Spouse	17A.					111000005
Net Amount of Tax	18.	4620.	Bank Routing #	1	C	111000025
L			Bank Account #		4880	50909443

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

Page 1 of 2





#### Filing Status, Age & License Information **Additional Filing Information** 1 087 Filing Status Locality Federal Head of Household Name or Filing Status Change 11091993 DOB - You Address Change VA Driver's License ID - You B67100100 VA Return Not Filed Last Year 09182020 VA Driver's License - Iss. Date - You Dependent on Another's Return Spouse Name (Filing Status 3 Only) Farmer / Fisherman / Merchant Seaman Amended DOB - Spouse Reason Code VA Driver's License ID - Spouse Overseas on Due Date VA Driver's License - Iss. Date - Spouse Federal EIC & Amount Exemptions (B) Exemptions (A) 65 & Over - You Deceased Indicator You No Sales & Use Tax Due Indicator Χ Spouse 65 & Over - Spouse

#### **Contact Information**

Total (B)

Blind - You

Blind - Spouse

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

Signature - You	Date		Phone - You		9492029890
Signature - Spouse	Date		Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date	042021	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pre	eparer.		Preparer Information	7	P02082703

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN CUMMING

Obtain Electronic 1099G

ID Theft PIN

GA 30041

Page 2 of 2

Dependents

Total (A)

1

### 2020 Schedule INC/CG

095511868

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

PRAVEEN SAGA

KESHAMGARI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
095511868	M	5176.	823731500	30823731500F001	98993.

Total VA Withholding

You

095511868

5176.

Spouse

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

01

VA-8879 Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2020

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

Virginia Submission Identification Number (SID)							
Your Name	<b>B</b> Your Social Sec	curity Number					
PRAVEEN SAGAR KESHAMGARI	095-51-18	68					
Spouse's Name	A Spouse's Socia	Security Number					
Part I Tax Return Information	A Spouse	B Yourself					
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		90248.					
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		90248.					
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		84818.					
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4620.					
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		5176.					
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)							
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		556.					
Part II Declaration of Taxpayer and Signature Authorization		000:					
December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.  Taxpayer's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN 1 1 8 6 8 as my signature on my 2020 e-fil  Do not enter all zeros  GLOBAL TAXES LLC	ed Virginia individual inc	ome tax return.					
ERO Firm Name							
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN					
Your Signature Date							
Spouse's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e-fil  Do not enter all zeros	I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return.						
ERO Firm Name							
I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN					
Spouse's Signature Date							
Part III Certification and Authentication – Practitioner PIN Method Only							
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6	1 9 8 9						
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
ERO's Signature Date04-2	V Z.I						