

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>JANARDHAN SINGEETHAM</b>	Social security number <b>144-63-9205</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	22,460.
<b>2</b> Total tax . . . . .	<b>2</b>	0.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	2,823.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	4,623.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	9	2	0	5
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 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- 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 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- 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 – 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
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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 ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: JANARDHAN
Last name: SINGEETHAM
Your social security number: 144-63-9205
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 200 E DANA STREET
Apt. no.: A6
City, town, or post office: MOUNTAIN VIEW
State: CA
ZIP code: 94041
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	1,012.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1,012.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	1,012.
21	Add lines 19 and 20	21	1,012.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2,823.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	2,823.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	4,623.

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,623.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,623.
b	Routing number 1 0 3 1 0 0 1 9 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 2 4 8 1 4 9 7 1 9 6 2 2		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

**Amount You Owe**

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes.** Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>STUDENT</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/14/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
144-63-9205

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	2,500.
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	2,500.

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **03**

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

**Your social security number**  
144-63-9205

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	1,012.
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>7</b>	1,012.

**Part II Other Payments and Refundable Credits**

<b>8</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>8</b>	
<b>9</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	
<b>11</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
<b>12</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>12a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
<b>d</b>	Other: _____	<b>12d</b>	
<b>e</b>	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
<b>f</b>	Add lines 12a through 12e . . . . .	<b>12f</b>	
<b>13</b>	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	<b>13</b>	

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

BAA

REV 02/07/21 PRO

Schedule 3 (Form 1040) 2020

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or 1040-SR.**

**2020**  
Attachment  
Sequence No. **50**

▶ **Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.**

Name(s) shown on return

Your social security number

JANARDHAN SINGEETHAM

144-63-9205



*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	5,725.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	5,725.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	1,145.
<b>13</b>	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	69,000.
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	22,460.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	46,540.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	10,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	1,145.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	1,012.

Name(s) shown on return JANARDHAN SINGEETHAM	Your social security number 144-63-9205
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**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return) JANARDHAN SINGEETHAM</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)  144-63-9205</p>		
<p><b>22</b> Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR Williamsburg KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0470593</p> </td> <td style="width:50%; vertical-align: top;"> <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table>		<p><b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR Williamsburg KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0470593</p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p>
<p><b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR Williamsburg KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0470593</p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p>		
<p><b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>			
<p><b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.</p>			
<p><b>25</b> Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input checked="" type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>			
<p><b>26</b> Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>			



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
	5,725.

# 2020 AR1000F



# AR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2020 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name ● JANARDHAN	MI ●	Last name ● SINGEETHAM	Check if ● <input type="checkbox"/> Deceased	Primary's social security number ● 144-63-9205
	Spouse's legal first name ●	MI ●	Last name ●	Check if ● <input type="checkbox"/> Deceased	Spouse's social security number ●
Mailing address (number and street, P.O. box or rural route) ● 200 E DANA STREET , APT. A6					<input type="checkbox"/> Check if address is outside U.S.
City ● MOUNTAIN VIEW		State or province ● CA		ZIP ● 94041	Foreign country name

FILING STATUS Check Only One Box	1. <input checked="" type="checkbox"/> Single (Or widowed before 2020 or divorced at end of 2020)	4. <input type="checkbox"/> Married filing separately on the same return
	2. <input type="checkbox"/> Married filing joint (Even if only one had income)	5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____
3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____	6. <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: (See instructions) _____	

Check here if you want a tax booklet mailed to you next year.
  **Check this box if you have filed a state extension or an automatic federal extension**

PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/qualifying widow(er) <small>(Filing status 3 only)</small>	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/qualifying widow(er) <small>(Filing status 6 only)</small>
	Multiply number of boxes checked .....7A <input type="checkbox"/> X \$29 = <input type="text" value="29.00"/>											
	<b>Dependents (Do not list yourself or spouse)</b>											
	First name		Last name		Dependent's social security number			Dependent's relationship to you				
	1.											
	2.											
	3.											
7B. Multiply number of DEPENDENTS from above .....7B <input type="checkbox"/> X \$29 = <input type="text" value="00"/>											00	
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) .....7C <input type="checkbox"/> X \$500 = <input type="text" value="00"/>											00	
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) .....7D											29.00	

ID	DL# / State ID <u>Y9123188</u>	Your state <u>CA</u>	Issue date (mm/dd/yyyy) <u>11/25/2020</u>	Expiration date (mm/dd/yyyy) <u>08/08/2021</u>
	DL# / State ID _____	Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. <input type="checkbox"/>													
	Routing Number 1			Account Number 1						● <input checked="" type="checkbox"/> Checking or ● <input type="checkbox"/> Savings		Direct deposit 1 Amt		
	● 1 0 3 1 0 0 1 9 5			● 2 4 8 1 4 9 7 1 9 6 2 2						●		758.00		
	Routing Number 2			Account Number 2						● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings		Direct deposit 2 Amt		
●			●						●		00			

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE	Primary's signature	Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature	PTIN/ID number	For Department Use Only	
	<b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	02/14/2021	● 301017196	A <input type="checkbox"/>
	Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	Telephone (678) 965-9522	●

**Refund:** Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000
 **Tax Due/No Tax:** Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144





Primary SSN 144-63-9205

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s)	8	●	24,960.00	● 00	
	9. Military pay: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>					
	10. Interest income: (If over \$1,500, Attach AR4)	10	●	00	● 00	
	11. Dividend income: (If over \$1,500, Attach AR4)	11	●	00	● 00	
	12. Alimony and separate maintenance received:	12	●	00	● 00	
	13. Business or professional income: (Attach federal Schedule C)	13	●	00	● 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	14	●	00	● 00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15	●	00	● 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16	●	00	● 00	
	17. Military retirement: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000	18A	●	00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000	18B	●	00	● 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19	●	00	● 00	
	20. Farm income: (Attach federal Schedule F)	20	●	00	● 00	
	21. Unemployment (Attach 1099-G)	21	●	00	● 00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22	●	00	● 00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	●	24,960.00	● 00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	2,500.00	● 00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	22,460.00	● 00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26			
		27. ● <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	●	2,200.00	● 00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	●	20,260.00	● 00
		29. TAX: (Enter tax from tax table)	29		447.00	● 00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			447.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			● 00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)		32			● 00	
33. TOTAL TAX: (Add lines 30 through 32)		33	●		447.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34	●	29.00		
	35. Child care credit: (20% of federal credit allowed; attach federal Form 2441)	35	●	00		
	36. Other credits: (Attach AR1000TC)	36	●	00		
	37. TOTAL CREDITS: (Add lines 34 through 36)	37	●		29.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38	●		418.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39	●	1,176.00		
	40. Estimated tax paid or credit brought forward from 2019:	40	●	00		
	41. Payment made with extension: (See instructions)	41	●	00		
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)	42	●	00		
	43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	43	●	00		
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44	●		1,176.00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45	●		00	
46. Adjusted total payments: (Subtract line 45 from line 44)	46	●		1,176.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47	●		758.00	
	48. Amount to be applied to 2021 estimated tax:	48	●	00		
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	49	●	00		
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND	50	●		758.00	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) TAX DUE	51	●		00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text"/> Penalty 52B <input type="text" value="00"/>					
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE	52C	●		00		

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



ARKANSAS INDIVIDUAL INCOME TAX SCHEDULE OF ADJUSTMENTS

Table with 2 columns: Primary's legal name (JANARDHAN SINGEETHAM) and Primary's social security number (144-63-9205)

INSTRUCTIONS

Full Year Resident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only.

Part Year Resident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only. Enter only the amount of adjustments attributable to Arkansas in column (C).

Full Year Nonresident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only. If an amount is entered in column (C), attach explanation.

Enter the total of each column on line 19 of this form and on line 24 of AR1000F or AR1000NR.

See additional instructions on the reverse side of this form.

Main table with 3 columns: (A) Primary/Joint Adjustments, (B) Spouse's Adjustments Status 4 Only, (C) Arkansas Adjustments Only. Rows include items like Border city exemption, Tuition savings program, IRA payments, etc., ending with a total row for adjustments.



ARKANSAS INDIVIDUAL INCOME TAX  
DEDUCTION FOR TUITION PAID TO  
POST-SECONDARY EDUCATIONAL INSTITUTIONS

Taxpayer's name JANARDHAN SINGEETHAM		Taxpayer's social security number 144-63-9205
Student attending institution JANARDHAN SINGEETHAM	Relationship to taxpayer SELF	Student's social security number 144-63-9205

ONE FORM PER STUDENT PER TYPE OF INSTITUTION

1. Name(s) of institution(s): UNIVERSITY OF THE CUMBERLANDS

Check one:  2-Year  4-Year  Technical Institute

2. Total tuition paid by taxpayer: (See instructions) .....	2 >	5,725.	00
3. Multiply line 2 by 50% (.50): .....	3 >	2,863.	00
4. Enter the appropriate Weighted Average Tuition from the table below: (See instructions) ....	4 >	800.	00
5. Enter the lesser of line 3 or line 4 here and on Form AR3, line 19: .....	5 >	800.	00

Instructions

This deduction is allowed for a portion of the tuition paid by the taxpayer as tuition for the taxpayer, the taxpayer's spouse or their dependent.

- Line 1 Enter the name(s) of institution(s). Study must be for an associate, undergraduate or graduate degree. The institution(s) can be located out of Arkansas, but you must use the Arkansas Weighted Average Tuition in determining the maximum allowable deduction.
- Line 2 Enter the total amount of tuition paid. Reduce the amount of tuition paid by any reimbursements from scholarships, grants, and/or fellowships. Do not include expenses paid for fees, books, or lodging.
- Line 3 Enter 50% of line 2, tuition paid.
- Line 4 From the list below, choose the type of institution attended and enter the corresponding amount from the 50% of Weighted Average Tuition column.

<u>Type of Institution</u>	<u>50% of Weighted Average Tuition</u>
2-year Colleges	\$2,127
4-year Colleges	\$4,531
Technical Institutes	\$800

Line 5 Enter this amount on Itemized Deductions (AR3), line 19.

NOTE: If you completed more than one AR1075, total the amounts from line 5 on each form and enter on AR3, line 19.



**ARKANSAS INDIVIDUAL INCOME TAX  
DECLARATION FOR ELECTRONIC FILING**

Primary's Legal First Name and Middle Initial ● JANARDHAN		Last Name ● SINGEETHAM		Primary's Social Security Number ● 144-63-9205	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 200 E DANA STREET , APT. A6					Telephone ●
City MOUNTAIN VIEW	State or Province CA	ZIP 94041	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)					
1. Total Income (Form AR1000F or AR1000NR, Line 23) .....	1	24,960.	00		
2. Net Tax (Form AR1000F or AR1000NR, Line 38) .....	2	418.	00		
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39).....	3	1,176.	00		
4. Refund (Form AR1000F or AR1000NR, Line 47).....	4	758.	00		
5. Tax Due (Form AR1000F or AR1000NR, Line 51) .....	5		00		

**PART II - DECLARATION OF TAXPAYER**

6a.  I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.

6b.  I do not want direct deposit of my refund or I am not receiving a refund.

6c.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here \_\_\_\_\_  
 Primary's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only \_\_\_\_\_ 02/14/2021 \_\_\_\_\_  
 ERO'S Signature \_\_\_\_\_ Date \_\_\_\_\_ Check if paid preparer  Check if self-employed  Your SSN or PTIN \_\_\_\_\_  
 GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196  
 Firm's name and address \_\_\_\_\_ FEIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only \_\_\_\_\_ 02/14/2021 \_\_\_\_\_  
 Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_  
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196  
 Firm's name and address \_\_\_\_\_ FEIN \_\_\_\_\_