

(Rev. August 2020)

Department of the Treasury  
Internal Revenue Service

- ▶ 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 SRUJAN SAMALA	Social security number 043-93-1754
Spouse's name	Spouse's social security number

DO NOT FILE

**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 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income	1	74,190.
2 Total tax	2	6,554.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,500.
4 Amount you want refunded to you	4	6,946.
5 Amount you owe	5	

**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 acknowledgment 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 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
- 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.

3	1	7	5	4
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Enter five digits, but don't enter all zeros

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
- 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.

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Enter five digits, but don't enter all zeros

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
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the abovenumeric 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  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 SRUJAN	Last name SAMALA	Your social security number 043-93-1754
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions 6918 PARKRIDGE BLVD		Apt. no. 164
City, town, or post office. If you have a foreign address, also complete spaces below. IRVING		State TX
		ZIP code 75063
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign  
 Check here if you or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2020 did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  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

Dependents (see instructions): If more than four dependents, see instructions and check here▶ <input type="checkbox"/>	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		1	81,723.	
	2a	Tax-exempt interest . . . . .	2b	2b	643.	
	3a	Qualified dividends . . . . .	3a	b Taxable interest . . . . .	3b	
	4a	IRA distributions . . . . .	4a	b Ordinary dividends . . . . .	4b	
	5a	Pensions and annuities . . . . .	5a	b Taxable amount . . . . .	5b	
	6a	Social security benefits . . . . .	6a	b Taxable amount . . . . .	6b	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		7		
	8	Other income from Schedule 1, line 9 . . . . .		8	-6,176.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . ▶		9	76,190.	
	10	Adjustments to income:				
	a	From Schedule 1, line 22 . . . . .	10a	2,000.		
	b	Charitable contributions if you take the standard deduction. See instructions . . . . .	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income . . . . . ▶	10c		2,000.	
	11	Subtract line 10c from line 9. This is your adjusted gross income . . . . . ▶		11	74,190.	
	12	Standard deduction or itemized deductions (from Schedule A) . . . . .		12	25,271.	
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		13		
14	Add lines 12 and 13 . . . . .		14	25,271.		
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		15	48,919.		

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	6,554.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	6,554.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3 line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,554.
23	Other taxes, including self-employment tax, from Schedule 2 line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	6,554.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,500.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,500.
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	
31	Amount from Schedule 3 line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	13,500.

• 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 overpaid	34	6,946.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	6,946.
b	Routing number: 1 2 1 0 0 0 3 5 8	c Type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number: 3 2 5 0 6 7 1 5 5 7 5 4		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

**Amount You Owe**

37	Subtract line 33 from line 24. This is the amount you owe now	37	
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 PROJECT ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____
Spouse's signature. If a joint return, both 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 01/27/2021	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

# 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.

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

Your social security number  
043-93-1754

## Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1	0.
2a Alimony received . . . . .	2a	
b Date of original divorce or separation agreement (see instructions) ▶ _____		
3 Business income or (loss). Attach Schedule C . . . . .	3	
4 Other gains or (losses). Attach Form 4797 . . . . .	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,176.
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	-6,176.

## Part II Adjustments to Income

10 Educator expenses . . . . .	10	
11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	11	
12 Health savings account deduction. Attach Form 8889 . . . . .	12	
13 Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	13	
14 Deductible part of self-employment tax. Attach Schedule SE . . . . .	14	
15 Self-employed SEP, SIMPLE, and qualified plans . . . . .	15	
16 Self-employed health insurance deduction. . . . .	16	
17 Penalty on early withdrawal of savings . . . . .	17	
18a Alimony paid. . . . .	18a	
b Recipient's SSN . . . . . ▶ _____		
c 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	2,000.
22 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	22	2,000.

SCHEDULE A  
(Form 1040)

Itemized Deductions

OMB No 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040 or 1040SR.

2020

Attachment  
Sequence No 07

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040SR

Your social security number

SRUJAN SAMALA

043-93-1754

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	30,000.	
2	Enter amount from Form 1040 or 1040SR, line 11 <u>2</u>		74,190.	
3	Multiply line 2 by 7.5% (0075).	3	5,564.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0.			4 24,436.
Taxes You Paid	5 State and local taxes			
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	835.	
	b State and local real estate taxes (see instructions).	5b		
	c State and local personal property taxes	5c		
	d Add lines 5a through 5c	5d	835.	
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	835.	
	6 Other taxes. List type and amount ▶	6		
	7 Add lines 5e and 6			7 835.
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited.	8a		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address. ▶	8b		
	c Points not reported to you on Form 1098. See instructions for special rules.	8c		
	d Mortgage insurance premiums (see instructions).	8d		
	e Add lines 8a through 8d	8e		
	9 Investment interest. Attach Form 4952 if required. See instructions.	9		
	10 Add lines 8e and 9			10
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	11		
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12		
	13 Carryover from prior year	13		
	14 Add lines 11 through 13.			14
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions.			15
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶			16
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also enter this amount on Form 1040 or 1040SR, line 12.			17 25,271.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>			



SCHEDULE E  
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2020

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1041, 1041SR, 1041NR, or 1041.

Attachment  
Sequence No 13

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

Name(s) shown on return

Your social security number

SRUJAN SAMALA

043-93-1754

**Part I** Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 4D

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

B If "Yes" did you or will you file required Form(s) 1099? . . . . .  Yes  No

1a	Physical address of each property (street, city, state, ZIP code)				
A	MAYURI NAGAR HYDERABAD TELANGANA IN 500046				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed 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 qualified joint venture. See instructions	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income	Properties	A	B	C
3 Rents received . . . . .	3	550.		
4 Royalties received . . . . .	4			
<b>Expenses</b>				
5 Advertising . . . . .	5			
6 Auto and travel (see instructions) . . . . .	6	150.		
7 Cleaning and maintenance . . . . .	7	180.		
8 Commissions . . . . .	8			
9 Insurance . . . . .	9			
10 Legal and other professional fees . . . . .	10			
11 Management fees . . . . .	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest . . . . .	13	3,650.		
14 Repairs . . . . .	14	836.		
15 Supplies . . . . .	15	930.		
16 Taxes . . . . .	16			
17 Utilities . . . . .	17	980.		
18 Depreciation expense or depletion . . . . .	18			
19 Other (list) ▶ . . . . .	19			
20 Total expenses. Add lines 5 through 19 . . . . .	20	6,726.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	21	-6,176.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22	( -6,176. )	( )	( )
23a Total of all amounts reported on line 3 for all rental properties . . . . .	23a	550.		
b Total of all amounts reported on line 4 for all royalty properties . . . . .	23b			
c Total of all amounts reported on line 12 for all properties . . . . .	23c			
d Total of all amounts reported on line 18 for all properties . . . . .	23d			
e Total of all amounts reported on line 20 for all properties . . . . .	23e	6,726.		
24 Income. Add positive amounts shown on line 21. Do not include any losses . . . . .	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	25	( 6,176. )		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 4D on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26			-6,176.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2020

