Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ssion Identification Number (SID)						
Taxpaye	er's name	Social secu	rity num	ber			
MUN	I BHUPATHI REDDY DANDU	289-47-5613					
Spouse'		Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	vear vou	are au	thorizina.	.)		
	whole dollars only on lines 1 through 5.	<i>y</i> = a <i>y</i> = a.			·/		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	80	,050.		
2	Total tax		2	10	,679.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13	,503.		
4	Amount you want refunded to you		4	2	,824.		
5	Amount you owe		5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a co	py of y	our retu	rn)		
to send for any Agent t paymer authoriz paymer busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to find taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ont, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised agys prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I an income tax return (origin	ction of the S. Treasury cated in the n to debit the the authoriests must borocessing ayment. I fu	transminand its and its tax prepare entry zation. The electric of the electric the race and the electric the race and the electric than the elec	ssion, (b) the designated coaration soft to this according revoke (ved no late lectronic packnowledge	ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the		
	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate r	· DINI	7 5 (6 1 3			
×	I authorize GLOBAL TAXES LLC to enter or generate r	· E		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	U	on t ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.						
Your s	ignature ▶ Date ▶						
Spous	se's PIN: check one box only	_					
	I authorize to enter or generate r	nv PIN			as my		
	ERO firm name	_	nter five	digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	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 Don't ei	8 6	1 9 8 eros	9		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Pub. 1345,	tting this re	turn in a	accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

£1040

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 one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name of y	ed filing separately your spouse. If you				, ,	_			
Your first name	and m	iddle initial	Last na	me					Your s	Your social security number		
MUNI BH	JPAT:	HI REDDY	DAND	U					289-	289-47-5613		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse	Spouse's social security number		
Home address	•	er and street). If you have a P.O. box, se RUN LN	e instruction	ons.				Apt. no. 103		ential Electi here if you,	ion Campaign , or your	
		ce. If you have a foreign address, also o	complete s	paces below.	Sta			code	to go t	spouse if filing jointly, want \$3 to go to this fund. Checking a		
FALLS CI		п.	F	Foreign province/state	V. e/coun		-	-		pelow will not change tax or refund. You Spouse		
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial intere	est in	any virtual	currency?	Yes	⊠ No	
Standard Deduction		eone can claim:	•			•						
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	fore Januar	y 2, 1956	☐ Is b	lind	
Dependents If more		instructions): irst name Last name		(2) Social securi number	ty	(3) Relationsh to you	nip	(4) ✓ it Child tax		ualifies for (see instructions): redit Credit for other dependents		
than four dependents,]			
see instruction and check here ▶ □	s ——]			
	1_	Wages, salaries, tips, etc. Attach	Form(s) \	W-2					. 1		<u>84,350.</u>	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2	b		
Sch. B if required.	3a	Qualified dividends	3a		nds		. 3	b				
required.	4a	IRA distributions	4a		b T	axable amoun	ıt.		. 4	b		
	5a	Pensions and annuities	5a		b T	axable amoun	ıt.		. 5	b		
Standard	6a	Social security benefits	6a		b T	axable amoun	ıt.		. 6	b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quirec	, check here		•		,		
Married filing	8	Other income from Schedule 1, li	ine 9						. [8	}	-4,300.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				▶ 9)	80,050.	
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	ndard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are your total adjustments to income										
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				▶ 1	1	80,050.	
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)				. 1	2	12,400.	
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or F	orm 8	8995-A			. 1	3		
Deduction, see instructions.	14	Add lines 12 and 13							. 1	4	12,400.	
550 monuotions.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er-O			. 1	5	67,650.	

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	10,	679.
	17	Amount from Schedule 2, lin	ne 3						. 17		
	18	Add lines 16 and 17							. 18	10,	679.
	19	Child tax credit or credit for	other dependen	ts					. 19		
	20	Amount from Schedule 3, lin	. 20								
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	10,	679.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				. 23		0.
	24	Add lines 22 and 23. This is	your total tax						▶ 24	10,	679.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	13	,503	3.		
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c	,						. 25d	13,	503.
If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	119 return				. 26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit	from Form 8863	B. line 8		29					
combat pay, see instructions.	30	Recovery rebate credit. See		*		30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27 through 31. The	▶ 32								
	33	Add lines 25d, 26, and 32. T	▶ 33	13.	503.						
	34	If line 33 is more than line 24							. 34		824.
Refund	35a	Amount of line 34 you want	35a		824.						
Direct deposit?	▶b	Routing number 1 1 1	gs Sta								
See instructions.	▶d	Account number 1 5 3			▶ c Type: ≥	Check	,i9,	oaviii			
	36	Amount of line 34 you want			ad tax	36	Γ'				
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 1	or								
how to pay, see instructions.	38	Estimated tax penalty (see in	-			38	1				
Third Party		you want to allow another									
Designee		structions	•				Yes. Co	omple	te below.	X No	
Boolgiloo		signee's		Phone					entification		
		me ►		no. 🕨				oer (PII			
Sign		der penalties of perjury, I declare t									
Here	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on	all information			•	•
11010	Yo	ur signature		Date	Your occupation			- 1		nt you an Ident	,
1-1-1-1					SOFTWARE	ENIC T N	TEED		see inst.)	IN, enter it her	e
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	ooth must sign	Date	Spouse's occupa		ALLIC	- `		nt your spouse	
Keep a copy for	J Op	odoc o orginaturo. Il a joint roturn, i	Jour mast sign.	Date	ороазе з оссира	ition				ection PIN, ent	
your records.						(:	see inst.) 🕨				
	Ph	one no.		Email address							
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 03/2	26/2021	P02	082703	Self-em	ployed
Preparer	Fir										-9522
Use Only	Fin	m's address ▶ 2530 Pebb		n Cummin	g GA 30041				irm's EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	03/13/21 PRC)		Form 10	40 (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

MUNI BHUPATHI REDDY DANDU

► 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

289-47-5613

Par	t 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	-4,300.
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,		4 200
Par	Ine 8	9	-4,300.
	•	10	
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		
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 adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E (Form 1040)

(1 01111 10 10)

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.

20**20**Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13 our social security number

Name(s)	shown on return							Your so	cial securit	y number	
MUNI	BHUPATHI REDDY	DANDU						289-	47-561	3	
Part	Income or Loss	From Rental Real Estate and Ro	yalties	S Note	: If you	are in th	e business c	of renting p	personal pr	operty, use	
	Schedule C. See	instructions. If you are an individual, rep	ort farn	n rental i	ncome o	or loss f	rom Form 4 8	335 on pa	ge 2, line 4	0.	
A Dic	d you make any payme	nts in 2020 that would require you to	o file Fo	orm(s) 1	099? S	ee insti	ructions .		. _ \	∕es ⊠ No	
		ou file required Form(s) 1099?		. ,							
1a		each property (street, city, state, ZIF									
Α	 	UR TELANGANA IN 522647		,							
В	V 221021021221										
C											
1b	Type of Property	2 For each rental real estate pro	porty li	etad		Fair	Rental	Persor	nal Use		
110	(from list below)	above, report the number of fa	air renta	al and		_	Days		ıys	QJV	
Α	3	above, report the number of fa personal use days. Check the if you meet the requirements to	QJV b	ox only	Α		365		0		
	3	qualified joint venture. See ins	truction	sa ns.	В		303		0		
C		, ,		-	С						
	of Property:				C						
	gle Family Residence	3 Vacation/Short-Term Rental	E lor	ad		7 Self-	Dontal				
	•	4 Commercial		valties							
Incom	ti-Family Residence	Properties:	6 RO	yanies		8 Otne	r (describe)				
		-	3		Α	400	Е	•		С	
<u>3</u> 4			4			400.					
Expen			+ +								
5			5								
6	_	nstructions)	6								
7	•	nance	7			600.					
8	•		8			000.					
9			9								
10		essional fees	10								
11			11			800.					
12	_	d to banks, etc. (see instructions)	12			000.					
13			13								
14			14		1.	100.					
15			15			200.					
16			16								
17			17		1.	000.					
18		e or depletion	18								
19	Other (list) ▶	•	19								
20	` ′	lines 5 through 19	20		4,	700.					
21	· ·	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	file Form 6198		21		-4,	300.					
22	Deductible rental real	estate loss after limitation, if any,									
	on Form 8582 (see in		22	(-4,3	00.)	()()	
23a	Total of all amounts re	eported on line 3 for all rental prope	erties			23a		400			
b	Total of all amounts re	eported on line 4 for all royalty prop	erties			23b					
С	Total of all amounts re	eported on line 12 for all properties				23c					
d	Total of all amounts re	eported on line 18 for all properties				23d					
е	Total of all amounts re	eported on line 20 for all properties				23e		4,700			
24	Income. Add positive	e amounts shown on line 21. Do no	t inclu	de any	losses			. 24	l l		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	e losses	from lir	ne 22. E	nter tota	al losses her	e . 25	5 (4,300.)	
26	Total rental real esta	ate and royalty income or (loss).	Combi	ine lines	24 an	d 25. E	nter the re	sult			
		V, and line 40 on page 2 do not									
	Schedule 1 (Form 104	40), line 5. Otherwise, include this a	mount	in the to	otal on	line 41	on page 2	. 26	6	-4,300.	





MUNI BHUPATH DANDU

7711 RANDOM RUN LN APT 103

FALLS CHURCH VA 22042

SSN - You DAND		289475613	Vendor ID	1555	2	xxxxxx 7	
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	80050.	Withholding (VA) - Yo	ou	19A.	4397.	
Additions	2.		Withholding (VA) - Sp	oouse	19B.		
Subtotal	3.	80050.	Estimated Payments		20.		
Age Deduction - You	4A.		2019 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payments		22.		
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.		
Subtractions	7.		Credits - Schedule CF	3	25.		
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	4397.	
Total VA Adj Gross Income (VAGI)	9.	80050.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	364.	
Standard Deduction	11.	4500.	Overpayment Credite	d to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLEnow	30.		
Deductions	13.		VAC - Other Contribu	itions	31.		
Subtotal (Deductions & Exemptions)	14.	5430.	Addition to Tax, Pena	Ity & Interest	32.		
VA Taxable Income	15.	74620.	Sales and Use Tax		33.		
Amount of Tax	16.	4033.	Amount You Owe				
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	Card N	1	364.	
VAGI - Spouse	17A.		D 1 D " "			111000650	
Net Amount of Tax	18.	4033.	Bank Routing #		C 1.52020	111900659	
L			Bank Account #		15302	85848	

__LAR __DLAR __DTD __LTD \$_____

Page 1 of 2





Filing Status, Age & License Information		Additio	nal Filing Info	rmation					
Filing Status	1	Locality	Locality 059						
Federal Head of Household		Name or Filing Status Cl	hange						
DOB - You	05281993	Address Change							
VA Driver's License ID - You		VA Return Not Filed Last	t Year						
VA Driver's License - Iss. Date - You		Dependent on Another's	Return						
Spouse Name (Filing Status 3 Only)		Farmer / Fisherman / Me	erchant 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 (A) Exemptions (B) You 1 65 & Over - You		Deceased Indicator							
Spouse 65 & Over - S	pouse	No Sales & Use Tax Due	Indicator	X					
Dependents Blind - You		Obtain Electronic 1099G							
Total (A) 1 Blind - Spous	е	ID Theft PIN							
Total (B)									
Contact Informa	ition								
I (We), the undersigned, declare under penalty of law that I (we) deposit of your refund by providing bank information on your re		* ' '	•	· · · ·					
Signature - You	Date	Phone - You		9403378491					
Signature - Spouse	Date	Phone - Spouse							
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA T</u>	TALLAM Date 03262	Phone - Preparer		6789659522					
The Tax Department may discuss my/our return with my	/our preparer.	Preparer Information	7	P02082703					
1	GLC	BAL TAXES LLC							

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

CUMMING

File by May 1, 2021 Include Page 1, Page 2 and all

2020 Schedule INC/CG

289475613

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



DANDU



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
289475613	W	2048.	824457254	30824457254F001	39350.
289475613	W	2349.	223777962	30223777962F00	45000.

Total VA Withholding

You
289475613
4397.

Spouse

Total # of W-2s,1099s & VK-1s
02

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

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!

You	Your Name											B Your Social Security Number						
MUN	MUNI BHUPATHI REDDY DANDU									289-47-5613								
Spo	Spouse's Name										A Spouse's Social Security Number							
Par	t I	Tax	Retu	ırn Info	orma	tion											A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)											80050.							
2.	Vir	rginia A	djuste	ed Gross	Incom	ne (For	m 760C	G, Lin	ne 9; 760	PY, L	ine 10,	column	is A & B;	Fo	orm 763, Line	9)		80050.
3.	Ta	ıxable lı	ncome	e (Form	760CC	3, Line	15 ; 760	PY, Li	ine 16, c	olumr	ns A & E	3; Form	763, Lin	ne 1	17)			74620.
4.	Vir	rginia In	icome	e Tax (Fo	orm 76	OCG, L	ine 18;	760P	Y, Line 1	7, col	lumns A	& B; F	orm 763	Lir	ne 18)			4033.
5.	Wi	ithholdir	ng (Fo	orm 760	CG, Lir	ne 1 9 a	& 19b;	760P\	/, Lines	1 9 a &	19b; F	orm 76	3, Lines	19 a	a & 19b)			4397.
6.	An	nount y	ou Ov	we (Forn	1 760C	G, Line	e 3 5 ; Fo	rm 76	0PY, Lir	ie 3 5 ;	Form 7	'63, Lin	e 3 5)					
7.	Re	efund (F	orm	760CG,	Line 36	6; 760F	Y, Line	36; F	orm 763	, Line	36)							364.
Par	t II	Decl	arat	ion of	Тахр	ayer	and Si	ignat	ure Au	ıtho	rizatio	n						
Dece Retu numl filing liable Virgi refur of the signa	Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending 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 filling 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																	
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	_ (GLOBA	AL :	<u> </u>	LL	<u> </u>												
											ginia ind	dividual		tax	x return. Che	ck this box	only if you are enteri	ng your own e-File PIN
Your	Sign	ature													Date			
Spo	use's	s e-File	PIN:	check c	ne bo	x only												
	la	uthorize	e the	ERO na	med be	elow to	enter m	ny e-F	ile PIN		Do	o not e	as my nter all z	_		/ 20 20 e-fil	ed Virginia individual	income tax return.
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Spot	ıse's	Signati	ure _												Dat	te		
Par	t III	Cert	ifica	tion ar	าd Aเ	ıthen	ticatio	n – F	Practiti	one	r PIN I	Metho	d Only	/				
ERO	's EF	IN/PIN	: Ent	er your s	six-digi	t EFIN	followe	d by y	our five	digit s	elf-sele	cted PI	N. 5	<u> </u>	8 7 2	7 8 6	1 9 8 9	
abov Elect or co	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 Date																		