

# 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<br>RUPINI MUPPIDI | Social security number<br>698-26-6166 |
| 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.

|   |   |   |         |
|---|---|---|---------|
| 1 | Adjusted gross income . . . . .   | 1 | 45,507. |
| 2 | Total tax . . . . .   | 2 | 3,778.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 5,574.  |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 1,796.  |
| 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 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 6 | 6 | 1 | 6 | 6 |
|---|---|---|---|---|

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

  
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: RUPINI
Last name: MUPPIDI
Your social security number: 698-26-6166
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.
436 SUMMERSET LANE, SANDY SPRINGS
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
ATLANTA
State: GA
ZIP code: 30328
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 [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 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total income: 48,307. Adjusted gross income: 45,507. Standard deduction: 12,400. Taxable income: 33,107.

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  | 3,778. |
| 17 | Amount from Schedule 2, line 3  | 17  |        |
| 18 | Add lines 16 and 17   | 18  | 3,778. |
| 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  | 3,778. |
| 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  | 3,778. |
| 25 | Federal income tax withheld from:   |     |        |
| a  | Form(s) W-2   | 25a | 5,574. |
| b  | Form(s) 1099  | 25b |        |
| c  | Other forms (see instructions)  | 25c |        |
| d  | Add lines 25a through 25c   | 25d | 5,574. |
| 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 <b>total other payments and refundable credits</b>  | 32  |        |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 5,574. |

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  | 1,796. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a   | 1,796. |
| b   | Routing number 054000030  | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |        |
| d   | Account number 5345752454   |   |        |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |

Amount You Owe

|  |  |    |  |
|--|--|----|--|
| 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<br>DEVOPS ENGINEER | 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<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/03/2021 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522<br>Firm's EIN 30-1017196   |

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

**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  
RUPINI MUPPIDI

Your social security number  
698-26-6166

**Part I Additional Income**

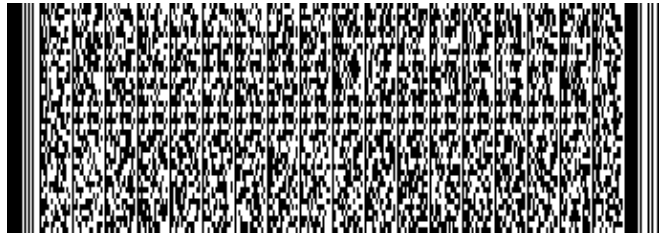
|           |   |           |  |
|-----------|---|-----------|--|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |  |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |  |
| <b>b</b>  | Date of original divorce or separation 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 ▶ _____<br>_____   | <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. |



2100411512



Georgia Form 500 (Rev. 06/20/20) Individual Income Tax Return Georgia Department of Revenue 2020 (Approved software version)

Page 1

Fiscal Year Beginning

STATE GA ISSUED

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

061862604

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER 1. RUPINI 698-26-6166

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX MUPPIDI

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

2. 436 SUMMERSET LANE, SANDY SPRINGS

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE 3. ATLANTA GA 30328

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number Residency Status 4. 1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) Filing Status 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself [X] 6b. Spouse [ ] 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER  
 698-26-6166

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

|                               |                            |
|-------------------------------|----------------------------|
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

|   |      |       |
|---|------|-------|
| 8. Federal adjusted gross income (From Federal Form 1040).....  | 8.   | 45507 |
| <b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b> |      |       |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....  | 9.   |       |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....   | 10.  | 45507 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....   | 11a. | 4600  |
| <b>(See IT-511 Tax Booklet)</b>   |      |       |
| b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=.....   | 11b. |       |
| Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>  |      |       |
| c. Total Standard Deduction (Line 11a + Line 11b).....  | 11c. | 4600  |
| <b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>   |      |       |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>   |      |       |
| a. Federal Itemized Deductions (Schedule A-Form 1040) .....   | 12a. |       |
| b. Less adjustments: (See IT-511 Tax Booklet) .....   | 12b. |       |
| c. Georgia Total Itemized Deductions.....   | 12c. |       |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....   | 13.  | 40907 |



2100411532

**YOUR SOCIAL SECURITY NUMBER**  
 698-26-6166

|   |      |       |
|---|------|-------|
| 14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C                  | 14a. | 2700  |
| 14b. Enter the number from Line 7a. Multiply by \$3,000.....  | 14b. |       |
| 14c. Add Lines 14a. and 14b. Enter total.....   | 14c. | 2700  |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....   | 15a. | 38207 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. |       |
| 15c. Georgia Taxable Income (Line 15a less Line 15b).....   | 15c. | 38207 |
| 16. Tax (Use the Tax Table in the IT-511 Tax Booklet) .....   | 16.  | 2027  |
| 17. Low Income Credit 17a. 17b. ....  | 17c. |       |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....   | 18.  |       |
| 19. Credits used from IND-CR Summary Worksheet .....  | 19.  |       |
| 20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>  | 20.  |       |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....   | 21.  | 0     |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....  | 22.  | 2027  |

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

| (INCOME STATEMENT A)  | (INCOME STATEMENT B)   | (INCOME STATEMENT C)   |
|---|--|--|
| 1. WITHHOLDING TYPE:<br><input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP<br><input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP | 1. WITHHOLDING TYPE:<br><input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP<br><input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP | 1. WITHHOLDING TYPE:<br><input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP<br><input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/><br>455371163  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>   | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>   |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID<br>3149872PO   | 3. EMPLOYER/PAYER STATE WITHHOLDING ID   | 3. EMPLOYER/PAYER STATE WITHHOLDING ID   |
| 4. GA WAGES / INCOME<br>48307   | 4. GA WAGES / INCOME   | 4. GA WAGES / INCOME   |
| 5. GA TAX WITHHELD<br>2195  | 5. GA TAX WITHHELD   | 5. GA TAX WITHHELD   |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**

REV 02/15/21 PRO



**YOUR SOCIAL SECURITY NUMBER**  
 698-26-6166

**Page 4**

**(INCOME STATEMENT D)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT E)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT F)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**   3. **EMPLOYER/PAYER STATE WITHHOLDING ID**   3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**   4. **GA WAGES / INCOME**   4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**   5. **GA TAX WITHHELD**   5. **GA TAX WITHHELD**

|   |     |      |
|---|-----|------|
| 23. Georgia Income Tax Withheld on Wages and 1099s .....                                  | 23. | 2195 |
| (Enter Tax Withheld Only and include W-2s and/or 1099s)                                   |     |      |
| 24. Other Georgia Income Tax Withheld .....   | 24. |      |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP)  |     |      |
| 25. Estimated Tax paid for 2020 and Form IT-560 .....                                     | 25. |      |
| 26. Schedule 2B Refundable Tax Credits.....   | 26. |      |
| (Cannot be claimed unless filed electronically)   |     |      |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....                           | 27. | 2195 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....  | 28. |      |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment ..... | 29. | 168  |
| 30. Amount to be credited to 2021 ESTIMATED TAX .....                                     | 30. | 0    |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....                 | 31. |      |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....              | 32. |      |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....                      | 33. |      |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00).....                  | 34. |      |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) .....                 | 35. |      |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....                       | 36. |      |
| 37. Saving the Cure Fund (No gift of less than \$1.00).....                               | 37. |      |
| 38. Realizing Educational Achievement Can Happen (REACH) Program .....                    | 38. |      |
| (No gift of less than \$1.00)   |     |      |





2100411552

**YOUR SOCIAL SECURITY NUMBER**  
698-26-6166

**Page 5**

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty)  500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40 41.  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..**

Amount Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740399  
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29  
**THIS IS YOUR REFUND..... 42. 168**  
**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking  Savings   
Routing Number 054000030  
Account Number 5345752454

Refund Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740380  
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**  
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature  (Check box if deceased)

Spouse's Signature  (Check box if deceased)

Date

Date

Taxpayer's Phone Number  
571-635-0721

I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's Phone Number  
678-965-9522

Preparer's FEIN  
30-1017196

Preparer's SSN/PTIN/SIDN  
P02082703