Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

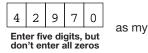
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Taxpayer's name	Social security number									
AJAY AEDDY	673-04-2970									
Spouse's name	Spouse's social security number									
Part I Tax Return Information – Tax Year Ending December 31, (Ente	r year you are authorizing)									
Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. (Enter year you are authorizing.)										
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
1 Adjusted gross income	1 65,024.									
2 Total tax	. 2 7,368.									
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,086.									
4 Amount you want refunded to you	4 2,718.									
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 periury. 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

X	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN
			to enter er generate my i ni



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

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

Enter five digits, but

don't enter all zeros

as mv

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

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 – Practition	ner 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 🕨	
	ain This Form — See Instructions m to the IRS Unless Requested To Do So	
E. D. J. D. J. K. A. IN K.		

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/07/21 PRO

Filing Status Namied filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 one box. Preven is a child but not your dependent b Your first name and middle initial Last name Your social security number AJAX ABDDY 673-04-2970 Home address (number and stree), If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 13025 DAHLLIA CIRCLE 311 Check here if you, or your City, tow, or pool office. If you have a breign address, also complete spaces below. Nix ZIP code DEDEN FRATE IE Foreign province/state/county Foreign province/state/county Foreign postal code your as orefund. Someone can claim: You as a dependent Your spouse as a dependent You you as below will not change ensity or you as a dependent. Age/Blindhess You: Were bom before January 2, 1956 Is blind Spouse Child tax credit credit or dependent and the doe instructions; If more instructions In anthere is blind Spouse Defendents See instructions; Child tax credit credit or dependent b oyo	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) S urn	202	20	OMB No. 1545	5-0074	IRS Us	se Only	–Do not w	rite or staple	in this space.
AJAY AEDDY 673-04-2970 If joint return, spouse is first name and middle initial Last name Spouse's social security number 13025 DAHLIA CIRCLE Apt. no. 311 Check here if you, or your 13025 DAHLIA CIRCLE MN 55344 Spouse's filing jointy, want S3 to go to filing jointy, want S3 to go to filins (and. Checking a to	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-									
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. Apt. no. 311 13025 DAHLIA CIRCLE 311 Check here if you, or your BDEN PRAIRIE MN 55344 Foreign country name Foreign province/state/county Foreign postal code box below will not change box will not change box will not change box will not change box below. Standard Someone can claim: You as a dependent You spouse as a dependent Yes X No Standard dependents, see instructions; (2) Social security (3) Relationship (4) If will box credit If more (1) First name Last name 1 71, 149. Attach Barbarde and nour dependent, see instructions; (2) Social security (3) Relationship (4) If will box credit If will box credit If more fing in the set	Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 130.25 DARLIA CIRCLE 311 Check here if you, or your spouse if filing jointly, want 33 spouse if filing jointly, want 33 EDEN PRAIRIE State ZIP code spouse if filing jointly, want 33 Foreign country name Foreign province/state/county Foreign postal code you is or efford. You Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are bind Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are bind Spouse: Was born before January 2, 1956 Is bind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ¥ fi qualifies for ree instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) ¥ fi qualifies for ree instructions): (2) Social security (3) Child tax credit	AJAY			AED	DY							673-	04-297	0
13025 DAHLIA CIRCLE 311 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code spouse if filling jointly, want \$3 Dependents Foreign country mane Foreign province/statk/country Foreign postal code your tax or refund. You Tax or refund. You a geouse You a geouse You a geouse You a geouse 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 Someone can claim: You as a dependent You spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: You Spouse Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more (1) First name Last name Immer Immer Immer Immer Attach Soc. Bif 3a Definitions Immer Immer Immer Immer Immer Immer Immer Immer Immer Immer <t< td=""><td>lf joint return, s</td><td>pouse's</td><td>s first name and middle initial</td><td>Last na</td><td>ame</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Spouse'</td><td>s social se</td><td>curity number</td></t<>	lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse'	s social se	curity number
Chily, Wall, Disk Unite, In your have a holegin address, also bothplete spaces below. State 24' Odde to go to this fund, Checking a EDEN PRAIRIE MN 55344 to go to this fund, Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code 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 Someone can claim: You as a dependent You ryou spouse as a dependent You allow the dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (1) First name Last name (2) Social security (3) Relationship (4) // It qualifies for (see instructions): Credit for other dependents and check infore infore infore infore infore infore 4 Ita Arcserempt interest infore infore infore infore infore 1 71,149. in				instruct	ions.							Check h	nere if you,	, or your
EDEN PRAIRLIE MN 5534 box below will not change your tax or refund. Foreign position carl Foreign province/state/county Foreign position carl 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 Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Ade/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness (1) First name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): If more (1) First name Last name Immediation spouse Immediatin	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode				
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from li	ne 11. lf :	zero or less	s, ente	er-0				. 15		52,624.

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	7,368.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	7,368.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	7,368.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	7,368.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	10	,086		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	10,086.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				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	8. line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See		-			30				
	31	Amount from Schedule 3, lir					31				
	32	Add lines 27 through 31. The					ble cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T									10,086.
	34	If line 33 is more than line 24								34	2,718.
Refund	35a	Amount of line 34 you want					•	-			2,718.
Direct deposit?	►b	Routing number 1 2 1			► c Ty		Chec		Savings		
See instructions.	►d	Account number 3 2 5							ouvinge		
	36	Amount of line 34 you want a				•	36	T			
Amount	37	Subtract line 33 from line 24								37	
You Owe	57			-							
For details on		Note: 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.								r	
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38				
Third Party		you want to allow another									
Designee		tructions	•					Yes. Co	omplete	e below.	× No
Decignee		signee's		Phone					•	tification	
	nar	me ►		no. 🕨				numl	oer (PIN)		
Sign		der penalties of perjury, I declare t									
Here	bel	ief, they are true, correct, and com	plete. Declaration			• •	ised on	all information			, ,
	Yo	ur signature		Date	Your occ	cupation					nt you an Identity IN, enter it here
laint vature?					SOFT	WARE E	INCT	NEED		e inst.) 🕨	
Joint return? See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date		s occupati			`	,	nt your spouse an
Keep a copy for			our maar orgin.	Duto		oooupuu	on				ection PIN, enter it here
your records.									(se	e inst.) 🕨	
		one no.		Email address							
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA '	TALLAM	02/	16/2021	P020	82703	Self-employed
Preparer	Firr	m's name ► GLOBAL TA	XES LLC						Ph	one no. (678)965-9522
Use Only	Firr	n's address ► 2530 Pebb	le Creek I	n Cummin	g GA 3	30041			Fir	m's EIN 🕨	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	/ 02/07/21 PRC)		Form 1040 (2020

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

OMB No. 1545-0074 9

12

Attachment

20

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

► Go to *www.irs.gov/Form1040* for instructions and the latest information.

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	al security number
AJAY AEDDY	673-04	-2970	
Part I Additio	onal Income		

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,125.
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	-6,125.
Par	line 8		-0,123.
10		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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/07/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHE				pplementa							ОМВ	No. 1545-0074
(101111	040	(From	rental real estate, roya			-				ics, etc.)	2	020
	ent of the Treasury Revenue Service (99)		► Go to www.irs.go	h to Form 1040							Attac	hment 12
	shown on return		P GO to WWW.II3.90		01 11130	ructions		alest	mormation	_		ence No. 13 ty number
. ,	AEDDY										4-297	-
Part			From Rental Real E		-		-			÷ .		
			nts in 2020 that would									
			ou file required Form(s			• • •						
1a			each property (street,								•	
A			DERABAD IN 500		000.0	-						
В		-										
С												
1b	Type of Prop	erty	2 For each rental r	eal estate prop	oerty li	isted		Fair	Rental	Persona	l Use	QJV
	(from list belo	ow)	above report the	e number of fa	ir rent	al and		0	Days	Day	s	QUV
Α	3		personal use da if you meet the r	equirements to	o file a	s a	Α		365		0	
В			qualified joint ve	nture. See inst	ructio	ns.	В					
С							С					
	of Property:											
	gle Family Reside		3 Vacation/Short-	Term Rental				7 Self-				
2 Mul	ti-Family Resider	nce	4 Commercial	Properties:	6 Ro	yalties		8 Othe	r (describe)		1	•
				-	-		Α	450	В			С
<u>3</u> 4					3			450.				
4 Expen		eu.			4							
5					5							
6	0		nstructions)		6			225.				
7					7			250.				
8					8			230.				
9					9							
10			ssional fees		10							
11	0				11			250.				
12	-		d to banks, etc. (see i		12							
13		•		,	13		4,	500.				
14	Repairs				14			450.				
15	Supplies				15			450.				
16	Taxes				16							
17	Utilities				17			450.				
18	Depreciation ex	pense	or depletion		18							
19	Other (list) ►				19							
20	Total expenses.	. Add	lines 5 through 19 .		20		б,	575.				
21			line 3 (rents) and/or 4									
	()	·	instructions to find ou				6	105				
					21		-6,	125.				
22			estate loss after limit structions)		22	(-6,1	25.)	()	(
23a	Total of all amo	unts re	eported on line 3 for a	ll rental prope	rties			23a		450.		
b			eported on line 4 for a					23b				
С			eported on line 12 for					23c				
d			eported on line 18 for			• •		23d				
е			eported on line 20 for					23e		6,575.		
24			e amounts shown on I							. 24		
25	-		sses from line 21 and re								(6,125.
26			ate and royalty incor V, and line 40 on pa									
	Schedule 1 (For	rm 104	10), line 5. Otherwise,	include this ar	nount	in the t	total on	line 41	on page 2	. 26		-6,125.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020