## 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

Spouse's name	Submission	on Identification Number (SID)							
Spouse's social security number	Taxpayer's r	name	Social security number						
Part II 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	VINATH	HI PERURI	823-61-0695						
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	Spouse's na	me	Spouse's social security number						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 3, 502.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 4, 799.  4 Amount you want refunded to you 4 1, 299.  5 Amount you want refunded to you 10 Fastly 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  10 Under penalties of perluy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ER) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the tax preparations of the service for any delay in processing the return or refund, and (e) the date of any refund, I applicable, I authorize the U.S. Treasury and its designated Financial Agent at 1-888-363-453. Pagment cancellation requests must be authorization. To revoke (cancell) application is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the Assensian requests must be authorization. To revoke (cancell) applicate, I authorize the U.S. Treasury Financial Agent to the Assensian requests must be authorization. To revoke (cancell) applicate, I authorize the U.S. Treasury Financial Agent to the Assensian requests must be authorization. To revoke (cancell) applicate, I authorize the U.S. Treasury Financial institution account in request must be authorization. To revoke (cancell) applicate, I also authorize the financial institutions control in request must be authorized for the payment. I must contact the U.S. Treasury Financial Agent at 1-888-363-453. Pagment cancellation requests must be authorized for the payment. The created application authorized for the payment application requests must be authorized for the payment application requests must be authorized for the payment application requests must be authorized to the payment for	Part I	Tax Return Information — Tax Year Ending December 31, (Enter	year you a	re aut	horizing	g.)			
Adjusted gross income  1 43,230. 2 7otal tax 2 3,502. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 4,799. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount to the financial refunded the amounts in Part Labove and the temperation of the refunded principle and the refunded principle	Enter who					,			
Total tax  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 4 ,799 . 4 Amount you want refunded to you . 4 1 , 297 . 5 Amount you want refunded to pay refunded to the payment feather than some than the amounts from the income tax refunded to receive from refunded the substitution to debit the entry to this account. The payment feather and/or a payment of estimated tax, and the financial institutions to the trained institution to debit the entry to this account. The payment feather want you want to refund the payment feather want you . 4 1 , 29	Note: For	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
A Amount you want refunded to you  Amount you owe  B Amount you want refunded to you  A Amount you want refunded to you  B Amount you want refunded to you  A Amount you want refunded to you  B Amount you  B Amou				1					
Amount you want refunded to you  Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or my knowledge and belief, it is true, correct, and complete. I thritter declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best or want y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designation (b) the reasor for rejection, return originator (ERO to send my return to the IRS and a acknowledgement of receipt or reason for rejection of the transmission, (b) the reasor for any delay in processing the return and/or a payment of result at a such and the financial institution of the transmission, (b) the reasor for any delay in processing the 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 (cance) a payment, or the payment (patterner) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to racelve confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (Pik) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Punds Withdrawal Consent.  Taxpayer's PIN: check one box only    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 co									
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalities 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 on 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, and to the best on 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, and to the designation of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, lauthorize the U.S. Treasury and its designated Financial payment of my federal taxes owed on this return and/or a payment of resimated tax, and the financial institution to debit the entry to this account. The authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-4593-4597. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) data. I also authorize the financial institutions involved in the prevoke (cancel) payment 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.  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 II below.  Spouse's PIN: check one box only  I authorize  Partitioner PIN Method Returns Only—continue below  Partitioner PIN Method Returns Only—continue below  Par				-					
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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 rotum 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 financia Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for any delay in refund and the 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 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) apprient. I must contact the U.S. Treasury Financial Agent and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) apprient. I must contact the U.S. Treasury Financial Agent and a transmitted the authorization. To revoke (cancel) a business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment or account the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment or account and the processing of the electronic payment or account the payment (and the processing of the electronic payment or account (and the processing of the electronic payment or account (and the processing of the electronic payment or account (and the processing of the electronic payment or account (and the									
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I authorize GLOBAL TAXES LLC 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 II below.  Your signature ▶ Date ▶  Spouse's PIN: check one box only   I authorize   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 II 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.						1			
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I authorize	Spouse's	PIN: check one box only				7			
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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.  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 ▶	Spouse's	signature ▶ Date ▶							
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<u>_</u>	authorized	to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this retu	rn in a	ccordanc				
	ERO's sig	nature ▶ Date ▶							
Don't Submit This Form to the IRS Unless Requested To Do So			- 0-						

## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single  Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you		_		•	_			. , , ,	
Your first name and middle initial Last I				me					Yo	Your social security number			
VINATHI			PERU	JRI					8	823-61-0695			
If joint return, spouse's first name and middle initial Last na				me					Sp	Spouse's social security number			
		er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	CI	heck h	nere if you,	•	
		ce. If you have a foreign address, also o	complete s	paces below.	Sta			code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
ASHTABU				OH							box below will not change		
Foreign country	y name			Foreign province/state/county				Foreign postal code		your tax or refund.  You Spouse			
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial i	nterest i	n any virtua	l curre	ncy?	Yes	X No	
Standard Deduction		neone can claim:	•	-			dent						
Age/Blindness	s You	: Were born before January 2,	1956	Are blind S	pouse	e: 🗌 Wa	ıs born b	efore Janua	ıry 2, 1	956	☐ Is bli	ind	
Dependents	s (see	instructions):	(2) Social security (3) Relationship (4) 🗸			if quali	f qualifies for (see instructions):						
If more		irst name Last name		number to you			you .	Child tax cred				her dependents	
than four													
dependents, see instruction													
and check	·												
here ▶ □													
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	4	45,980.	
Attach Sch. B if	<b>2</b> a	Tax-exempt interest	2a		b٦	axable in	terest			2b			
required.	3a	Qualified dividends	3a		<b>b</b> Ordinary dividend			ds		3b			
	4a	IRA distributions	4a		b 7	<b>b</b> Taxable amount				4b			
	5a	Pensions and annuities	5a		b 7	axable ar	nount .			5b			
Standard	6a	Social security benefits	6a		b٦	axable ar	mount .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Married filing	8	Other income from Schedule 1, line 9								8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	4	45,980.	
Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked	10	Adjustments to income:											
	а	From Schedule 1, line 22											
	b	Charitable contributions if you take the standard deduction. See instructions 10b 250.											
	С	Add lines 10a and 10b. These are your total adjustments to income								100	;	2,750.	
	11	Subtract line 10c from line 9. This is your adjusted gross income							11	4	43,230.		
	12	Standard deduction or itemized deductions (from Schedule A)								12	]	12,400.	
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								13			
Deduction, see instructions.	14	Add lines 12 and 13								14	1	12,400.	
occ monuclions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0									3	30,830.	

Form 1040 (2020	))									Page <b>2</b>	
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			16	3,502.	
	17	Amount from Schedule 2, lir									
	18	Add lines 16 and 17							18	3,502.	
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lir	ne 7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18							22	3,502.	
	23	Other taxes, including self-e	,						23	0.	
	24	Add lines 22 and 23. This is			•				24	3,502.	
	25	Federal income tax withheld	-							3,302.	
	a	Form(s) W-2				25a	4	.799			
	b	Form(s) 1099				25b		.,.,,	-		
	c	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	•						25d	4,799.	
		2020 estimated tax paymen							26	4,100.	
<ul> <li>If you have a L qualifying child,</li> </ul>	26	Earned income credit (EIC)				27			20		
attach Sch. EIC.	27										
If you have nontaxable	28	Additional child tax credit. A				28			_		
combat pay,	29	American opportunity credit		•		29			_		
see instructions.	30	Recovery rebate credit. See				30			-		
	31	Amount from Schedule 3, line 13									
	32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>								4 500	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>								4,799.	
Refund	34					-	-		34	1,297.	
	35a									1,297.	
Direct deposit? See instructions.	►b								S		
	►d						_				
	36	Amount of line 34 you want									
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now				37		
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.									
instructions.	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another	•				¬., .			N	
Designee		structions				. ▶	Yes. C	•		⊠ No	
		signee's ne ▶		Phone no. ▶				onal ide ber (PIN	ntification		
Cian			that I have examine		l accompanying sch	hedules a			/	st of my knowledge and	
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the be belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer									
Here	Yo	ur signature	Date Your occupation					the IRS se	nt you an Identity		
	k	_						IN, enter it here			
Joint return?	<b>L</b>			NETWORK ADMINISTRATOR				ee inst.) ►			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date Spouse's occupation						nt your spouse an		
your records.	,							ee inst.) ▶	ection PIN, enter it here		
		one no.		Email address				(-	,,		
Paid Preparer		eparer's name	Preparer's signat			Date		PTIN		Check if:	
		AM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRI							2082703 Self-employed		
			NADAG IIIAN	GUPIA IALLAN	1 0 1 / 2	.U/ ZUZI					
Use Only		m's name ► GLOBAL TA		n Cummin	~ (7) 20041					(678)965-9522	
		m's address ▶ 2530 Pebb		ni Cullilling	-				rm's EIN I		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	01/25/21 PR	)		Form <b>1040</b> (2020)	

## **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

VINATHI PERURI 823-61-0695 **Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . 1 2a 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 Adjustments to Income Part II 10 Educator expenses . . . . . . . . 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 . . . . . . 13 13 14 Deductible part of self-employment tax. Attach Schedule SE . . . . . . . . . . . 14 15 Self-employed SEP, SIMPLE, and qualified plans . . . . . . . . . . . . . . . . . 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 IRA deduction . . . 19 20 20 2,500. 21 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 2,500.