

# 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><b>SUDHEER REDDY GUNDALA</b> | Social security number<br><b>820-40-3584</b> |
| 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.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 79,735. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 10,602. |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 14,234. |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 3,632.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 3 | 5 | 8 | 4 |
|---|---|---|---|---|

 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**  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<br><b>SUDHEER REDDY</b> | Last name<br><b>GUNDALA</b> | Your social security number<br><b>820-40-3584</b> |
| 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.<br><b>713 SE 12TH STREET</b> |                               | Apt. no.                 | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>GRIMES</b>  | State<br><b>IA</b>            | ZIP code<br><b>50111</b> |   |
| Foreign country name   | Foreign province/state/county | Foreign postal code      |   |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

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

|  |                                  |   |            |            |         |
|--|----------------------------------|---|------------|------------|---------|
|  | <b>1</b>                         | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |            | <b>1</b>   | 89,013. |
| Attach Sch. B if required.   | <b>2a</b>                        | Tax-exempt interest . . . . .   | <b>2a</b>  | <b>2b</b>  |         |
|  | <b>3a</b>                        | Qualified dividends . . . . .   | <b>3a</b>  | <b>3b</b>  | 2.      |
|  | <b>4a</b>                        | IRA distributions . . . . .   | <b>4a</b>  | <b>4b</b>  |         |
|  | <b>5a</b>                        | Pensions and annuities . . . . .  | <b>5a</b>  | <b>5b</b>  |         |
|  | <b>6a</b>                        | Social security benefits . . . . .  | <b>6a</b>  | <b>6b</b>  |         |
|  | <b>7</b>                         | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |            | <b>7</b>   | -3,000. |
|  | <b>8</b>                         | Other income from Schedule 1, line 9 . . . . .  |            | <b>8</b>   | -6,280. |
|  | <b>9</b>                         | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |            | <b>9</b>   | 79,735. |
| <b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,400<br>• Married filing jointly or Qualifying widow(er), \$24,800<br>• Head of household, \$18,650<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>10</b> Adjustments to income: |   |            |            |         |
|  | <b>a</b>                         | From Schedule 1, line 22 . . . . .  | <b>10a</b> |            |         |
|  | <b>b</b>                         | Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | <b>10b</b> |            |         |
|  | <b>c</b>                         | Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    |            | <b>10c</b> |         |
|  | <b>11</b>                        | Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                    |            | <b>11</b>  | 79,735. |
|  | <b>12</b>                        | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  |            | <b>12</b>  | 12,400. |
|  | <b>13</b>                        | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .  |            | <b>13</b>  |         |
|  | <b>14</b>                        | Add lines 12 and 13 . . . . .   |            | <b>14</b>  | 12,400. |
|  | <b>15</b>                        | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                              |            | <b>15</b>  | 67,335. |

|           |  |            |         |
|-----------|--|------------|---------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b>  | 10,602. |
| <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b> | Add lines 16 and 17  | <b>18</b>  | 10,602. |
| <b>19</b> | Child tax credit or credit for other dependents  | <b>19</b>  |         |
| <b>20</b> | Amount from Schedule 3, line 7   | <b>20</b>  |         |
| <b>21</b> | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 10,602. |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10   | <b>23</b>  | 0.      |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 10,602. |
| <b>25</b> | Federal income tax withheld from:  |            |         |
| <b>a</b>  | Form(s) W-2  | <b>25a</b> | 14,234. |
| <b>b</b>  | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>  | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>  | Add lines 25a through 25c  | <b>25d</b> | 14,234. |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return  | <b>26</b>  |         |
| <b>27</b> | Earned income credit (EIC) <b>NO</b>   | <b>27</b>  |         |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812  | <b>28</b>  |         |
| <b>29</b> | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b> | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b> | Amount from Schedule 3, line 13  | <b>31</b>  |         |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 14,234. |

**Refund**

|            |   |            |   |
|------------|---|------------|---|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  | 3,632.  |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> | 3,632.  |
| <b>b</b>   | Routing number 053000196  | <b>c</b>   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number 237038715240   |            |   |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | <b>36</b>  |   |

**Amount You Owe**

For details on how to pay, see instructions.

|           |  |           |  |
|-----------|--|-----------|--|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | <b>37</b> |  |
| <b>38</b> | Estimated tax penalty (see instructions)                             | <b>38</b> |  |

**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><b>SOFTWARE ENGINEER</b> | 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><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> | Preparer's signature<br><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> | Date<br><b>03/10/2021</b> | PTIN<br><b>P02082703</b> | Check if:<br><input type="checkbox"/> Self-employed         |
| Firm's name<br><b>GLOBAL TAXES LLC</b>                      | Firm's address<br><b>2530 Pebble Creek Ln Cumming GA 30041</b>   |                           |                          | Phone no. (678) 965-9522<br>Firm's EIN<br><b>30-1017196</b> |

• 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  
SUDHEER REDDY GUNDALA

Your social security number  
820-40-3584

**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>  | -6,280. |
| <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>  | -6,280. |

**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>  |  |
| <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>  |  |

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

SUDHEER REDDY GUNDALA

Your social security number

820-40-3584

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 159,302.                         | 189,946.                        | 13,425.   | -17,219.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .   |                                  |                                 |   | <b>7</b> -17,219.   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .  |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -17,219.   |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |            |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |            |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |            |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |            |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |            |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 3,000. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |            |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |            |





**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SUDHEER REDDY GUNDALA

820-40-3584

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

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

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

|           |   |  |                         |                          |                          |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                         |                          |                          |
| <b>A</b>  | FLAT NO:302, RAM NAGAR 3RD PRAKASAM ANDHARA PRADESH IN 523001     |  |                         |                          |                          |
| <b>B</b>  |   |  |                         |                          |                          |
| <b>C</b>  |   |  |                         |                          |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>Fair Rental Days</b> | <b>Personal Use Days</b> | <b>QJV</b>               |
| <b>A</b>  | 3   |  | 365                     | 0                        | <input type="checkbox"/> |
| <b>B</b>  |   |  |                         |                          | <input type="checkbox"/> |
| <b>C</b>  |   |  |                         |                          | <input type="checkbox"/> |

**Type of Property:**

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

| Income:  |                              | Properties: | A    | B | C |
|----------|------------------------------|-------------|------|---|---|
| <b>3</b> | Rents received . . . . .     | <b>3</b>    | 550. |   |   |
| <b>4</b> | Royalties received . . . . . | <b>4</b>    |      |   |   |

**Expenses:**

|           |  |           |        |  |  |
|-----------|--|-----------|--------|--|--|
| <b>5</b>  | Advertising . . . . .                                    | <b>5</b>  |        |  |  |
| <b>6</b>  | Auto and travel (see instructions) . . . . .             | <b>6</b>  |        |  |  |
| <b>7</b>  | Cleaning and maintenance . . . . .                       | <b>7</b>  | 1,200. |  |  |
| <b>8</b>  | Commissions. . . . .                                     | <b>8</b>  |        |  |  |
| <b>9</b>  | Insurance . . . . .                                      | <b>9</b>  |        |  |  |
| <b>10</b> | Legal and other professional fees . . . . .              | <b>10</b> |        |  |  |
| <b>11</b> | Management fees . . . . .                                | <b>11</b> | 1,540. |  |  |
| <b>12</b> | Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |        |  |  |
| <b>13</b> | Other interest. . . . .                                  | <b>13</b> |        |  |  |
| <b>14</b> | Repairs. . . . .   | <b>14</b> | 1,120. |  |  |
| <b>15</b> | Supplies . . . . .                                       | <b>15</b> | 1,270. |  |  |
| <b>16</b> | Taxes . . . . .  | <b>16</b> |        |  |  |
| <b>17</b> | Utilities. . . . .                                       | <b>17</b> | 1,700. |  |  |
| <b>18</b> | Depreciation expense or depletion . . . . .              | <b>18</b> |        |  |  |
| <b>19</b> | Other (list) ▶ . . . . .                                 | <b>19</b> |        |  |  |
| <b>20</b> | Total expenses. Add lines 5 through 19 . . . . .         | <b>20</b> | 6,830. |  |  |

**21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** . . . . . **21** -6,280.

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** ( -6,280. ) ( ) ( )

|            |  |            |        |  |
|------------|--|------------|--------|--|
| <b>23a</b> | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> | 550.   |  |
| <b>b</b>   | Total of all amounts reported on line 4 for all royalty properties . . . . . | <b>23b</b> |        |  |
| <b>c</b>   | Total of all amounts reported on line 12 for all properties . . . . .        | <b>23c</b> |        |  |
| <b>d</b>   | Total of all amounts reported on line 18 for all properties . . . . .        | <b>23d</b> |        |  |
| <b>e</b>   | Total of all amounts reported on line 20 for all properties . . . . .        | <b>23e</b> | 6,830. |  |

**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 6,280. )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -6,280.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



Your first name, middle initial, and last name SUDHEER REDDY GUNDALA

Spouse's first name, middle initial, and last name \_\_\_\_\_

Your Social Security number 820-40-3584

Spouse's Social Security number \_\_\_\_\_

Home address, City, State, ZIP 713 SE 12TH STREET

GRIMES IA 50111

**Part I Tax Return Information**

|   | B. Spouse<br>(filing status 3) | A. You or Joint      |
|---|--------------------------------|----------------------|
| 1. Iowa Net Income (IA 1040, line 26 A & B).....          | 1B _____ .00                   | 1A <u>79,735</u> .00 |
| 2. Total Tax (IA 1040, line 42 A & B).....                | 2B _____ .00                   | 2A <u>3,534</u> .00  |
| 3. Iowa Income Tax Withheld (IA 1040, line 63 A & B)..... | 3B _____ .00                   | 3A <u>4,334</u> .00  |
| 4. Amount to be Refunded (IA 1040, line 68).....          |                                | 4. <u>840</u> .00    |
| 5. Total Amount Due (IA 1040, line 73).....               |                                | 5. _____ .00         |

**Part II Declaration of Taxpayer** (Be sure to keep a copy of the tax return.)

6.  I do not want direct deposit or direct debit.
7.  I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on \_\_\_\_\_ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idref@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number 

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 0 | 5 | 3 | 0 | 0 | 0 | 1 | 9 | 6 |
|---|---|---|---|---|---|---|---|---|

 The first two digits must be 01 through 12 or 21 through 32.

Account Number 

|   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| 2 | 3 | 7 | 0 | 3 | 8 | 7 | 1 | 5 | 2 | 4 | 0 |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|

Type of Account: Savings  Checking

Will this refund go to (or payment come from) an account outside the United States? Yes  No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

| ERO Signature  | Date                   | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO PTIN                          |
|--|------------------------|--|---|-----------------------------------|
| Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>        |                        |  |   | FEIN <u>30-1017196</u>            |
| Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u> |                        |  |   | Phone Number <u>(678)965-9522</u> |
| Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>       | Date <u>03/10/2021</u> | Check if self-employed <input type="checkbox"/>      |   | Preparer PTIN <u>P02082703</u>    |
| Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>        |                        |  |   | FEIN <u>30-1017196</u>            |
| Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u> |                        |  |   | Phone Number <u>(678)965-9522</u> |

2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: GUNDALA Your first name/middle initial: SUDHEER REDDY

Spouse's last name: Spouse's first name/middle initial:



Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 713 SE 12TH STREET

City, State, ZIP: GRIMES IA 50111

Spouse SSN: Your SSN: 820-40-3584

Step 2 Filing Status: Mark one box only

Form with checkboxes for filing status: Single, Married filing a joint return, Married filing separately, etc.

Step 3 Exemptions

Table for Step 3 Exemptions with columns for B. Spouse (Filing Status 3 ONLY) and A. You or Joint.

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

Form for Step 4 with columns for B. Spouse/Status 3 and A. You or Joint.

Step 5 Gross Income

Main table for Step 5 Gross Income with columns for B. Spouse/Status 3 and A. You or Joint.

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

Table for Step 6 Adjustments to Income with columns for B. Spouse/Status 3 and A. You or Joint.

Step 7 Federal Taxes and Qualified Deductions

Table for Step 7 Federal Taxes and Qualified Deductions with columns for B. Spouse/Status 3 and A. You or Joint.



