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

	1				
Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	per	
SHRA	AVAN GOVARDHANA	830-64	-339	7	
Spouse'	s name	Spouse's soo			•
Part	Tax Return Information — Tax Year Ending December 31, (Enter	 ryear you a	ro au	thorizina	1
	whole dollars only on lines 1 through 5.	year you a	ı e au	uionzing.	<u>/</u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	13	,034.
2	Total tax		2	13	64.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	,773.
4	Amount you want refunded to you		4		,509.
5	Amount you owe		5		, 505.
Part		кеер а сор	y of y	our retu	rn)
my know return (to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I abox original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmal my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	re are the am itter, or electro- action of the to acted in the to to debit the the authorizates must be processing or ayment. I fur	ounts for the conic reference in the conic reference in the conic received in the conic	trom the incurrence transfer or the incurrence to the incurrence t	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
Тахра	yer's PIN: check one box only				
×	I authorize GLOBAL TAXES LLC to enter or generate	my PIN		3 9 7	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your s	ignature ▶ Date ▶				
Snous	e's PIN: check one box only				
Opous	I authorize to enter or generate	my DINI			as my
_	ERO firm name	_	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7	8 6	1 9 8	9
		Don't ent	er all ze	eros	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this retu	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	Oo So			

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only			_	ed filing separately		· —		•	· —	_		. , . ,
one box.		ou checked the MFS box, enter the son is a child but not your depende		our spouse. II you	cnec	kea the no	or Q	w box, ente	er trie o	Jilia S	name ii t	ne qualifying
Your first name	e and m	iddle initial	Last na	me					Y	our so	cial secur	ity number
SHRAVAN			GOVA	GOVARDHANA						830-64-3397		
If joint return, s	pouse's	s first name and middle initial	Last na	me					s	pouse'	s social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	P	reside	ntial Elect	ion Campaign
213 MAP	LE A	VENUE						138			nere if you	
City, town, or p	oost offi	ce. If you have a foreign address, also	complete s _l	paces below.	Sta	ate	ZIF	code code			0,	ntly, want \$3 . Checking a
HORSHAM					P	A	19	9044	b	ox belo	ow will no	t change
Foreign countr	y name		F	Foreign province/state	e/cour	nty	For	reign postal co	ode y	our tax	or refund	d. Spouse
At any time du	uring 20	D20, did you receive, sell, send, ex	change, o	r otherwise acquire	e any	financial ir	nterest ir	n any virtua	l curre	ency?	Yes	
Standard	Som	neone can claim: You as a d	lependent	Your spou	se as	a depende	ent					
Deduction		Spouse itemizes on a separate retu	ırn or you	were a dual-status	s alie	n						
Age/Blindnes	s You	: Were born before January 2,	1956	Are blind Sp	ouse	e: Was	born b	efore Janua	ary 2, ⁻	1956	☐ Is b	olind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relati		(4) 🗸	if qual	ifies for	r (see instri	uctions):
If more	(1) F	irst name Last name		number		to y	ou	Child ta	ax cred	lit	Credit for o	other dependents
than four												
dependents, see instruction	s ——											
and check												
here ►												Ш
Attach	_1_	Wages, salaries, tips, etc. Attach	1` ′	N-2						1		13,034.
Attach Sch. B if	2a	Tax-exempt interest	2a		b ¯	Taxable int	erest			2b		
required.	3a_	Qualified dividends	3a			Ordinary di				3b		
	4a	IRA distributions	4a			Faxable am				4b		
	5a	Pensions and annuities	5a			Faxable am				5b		
Standard Deduction for—	6a	Social security benefits	6a			Faxable am				6b		
• Single or	7	Capital gain or (loss). Attach Sch		•	quire	d, check he	re .)	▶ ∐	7	+	
Married filing separately,	8	Other income from Schedule 1, I								8	+	10.004
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come					9	_	13,034.
 Married filing jointly or 	10	Adjustments to income:										
Qualifying widow(er),	a	,			٠		10a			-		
\$24,800	b	Charitable contributions if you tak					10b				4	
 Head of household, 	С	Add lines 10a and 10b. These are	•	•						100		10001
\$18,650	11	Subtract line 10c from line 9. This	•	-					. ▶	11		13,034.
 If you checked any box under 	12	Standard deduction or itemize		,	,					12		12,400.
Standard Deduction,	13	Qualified business income deduc	ction. Atta	ch Form 8995 or F	orm 8	8995-A .				13	_	10 100
see instructions.	14	Add lines 12 and 13			٠.					14		12,400.
	15	Taxable income. Subtract line 1	4 trom lin	e 11. It zero or less	s, ente	er-O				15	1	634.

Form 1040 (2020))								Page 2			
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		. 16	64.			
	17	Amount from Schedule 2, lir	ne 3				-	. 17				
	18	Add lines 16 and 17						. 18	64.			
	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										
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	64.			
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10			. 23	0.			
	24	Add lines 22 and 23. This is						▶ 24	64.			
	25	Federal income tax withheld										
	а	Form(s) W-2				25a	1,77	3.				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction				25c						
	d	Add lines 25a through 25c	,					. 25d	1,773.			
	26	2020 estimated tax paymen						. 26	,			
 If you have a 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	3. line 8		29						
combat pay, see instructions.	30			-			1.80	0.				
	31		Recovery rebate credit. See instructions									
	32	Add lines 27 through 31. The						▶ 32	1,800.			
	33	Add lines 25d, 26, and 32. T	,						3,573.			
D. (l	34	If line 33 is more than line 24							3,509.			
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here >							3,509.			
Direct deposit?	▶b	Routing number 0 4 4				_	Savin		2,000			
See instructions.	▶d	Account number 6 2 1	90									
	36	Amount of line 34 you want										
Amount	37	Subtract line 33 from line 24				36		▶ 37				
You Owe	0,	Note: Schedule H and Sch		-								
For details on		2020. See Schedule 3, line	101									
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38						
Third Party	Do	you want to allow another				See						
Designee			•				Comple	te below.	X No			
Ü	Des	signee's		Phone		Pe	rsonal id	entification				
	nar	me ►		no.		nu	mber (PI	N) >				
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com										
Here	You	ur signature		Date	Your occupation				nt you an Identity			
	N					NCTNEED		Protection P see inst.) ▶	IN, enter it here			
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hoth must sign	Date	SOFTWARE I			•	nt your spouse an			
Keep a copy for	Spi	ouse's signature. If a joint return, i	both must sign.	Date	Spouse's occupat	OH		dentity Prote	ection PIN, enter it here			
your records.								see inst.) 🕨				
	Pho	one no.		Email address								
Daid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:			
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/09/2021	P02	082703	Self-employed			
Preparer Use Only	Firr	m's name ▶ GLOBAL TA	XES LLC				F	Phone no. ((678) 965-9522			
Use Only							irm's EIN	· · · · · ·				
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 02/01/21 P	RO		Form 1040 (2020)			
· ·									. ,			

, 20 _

700.00

1284.00

44.00

.00

For the year Jan. 1-Dec. 31, 2020, or other tax year

, 2020 ending

Check here if an amended return 🕨 ___

STAPLE	Your legal last name GOVARDHANA	Legal first name SHRAVAN			M.I.	Your social security number 830643397				
STA	If a joint return, spouse's legal last name	Spouse's legal first r	M.I.	Spouse's social security number						
ΥÓ										
DO NOT	Home address (number and street). If you have 213 MAPLE AVENUE	a PO Box, see page 1	1.	Apt. no. 138		Tax district Check below then fill in either t	he name of the			
'n	City or post office	State PA	Zip coo			city, village, or town and the cour				
etui	HORSHAM		lived at the end of 2020.							
ng r	Filing status Check ✓ below	X City Villa	age Town							
ıbli	X Single	City, village, or town ▶ MILWAUKEE								
sen	Married filing joint return									
e as	Married filing separate return.	County of ▶ MILWAUKEE								
before assembling return	Fill in spouse's SSN above and full name here	Legal first name	School district number See page	∍ ₄₃ <u>3619</u>						
See page 5	Head of household, NOT married (see page 12).		Special conditions							
See	Head of household, married (see page 12).	Form 804 filed with return (see	page 9)							
	Use BLACK Ink ● Print numbers	like this → 0 2	34567	789 !	Not like	e this → Ø147 • <u>NO</u> COMM	AS; NO CENTS			
	Federal adjusted gross income (see	ee page 12)				1	13034.00			
	Form W-2 wages included in lin	e 1				13034.00				
	2 Total additions to income from Sci	2	.00							
	3 Add lines 1 and 2	3	13034.00							
	4 Total subtractions from income from	ve number 4	.00							
	5 Subtract line 4 from line 3. This is	5	13034.00							
	6 Standard deduction. See table or If someone else can claim you (or you	6	11050.00							
	7 Subtract line 6 from line 5. If line 6		1984.00							
0	8 Exemptions (Caution: See page									





b Check if 65 or older ____ You **+** ___ Spouse **=** ____ x \$250 ... **8b** _ .00

9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income 9

020	Form 1	Name SHRAVA	N GOV.	ARDHA	ANA	SSN 83064339	7	Page 2 of 4
						•	NO CO	MMAS; <u>NO</u> CENTS
11	Itemized o	deduction credit. E	nclose Sc	hedule 1	1, page 4	1	I	.00
12	Armed for	ces member credi	t (must be s	stationed	outside U.S. See page 16)		2	.00
		operty tax credit						
			ded		00) =			
	Rent paid	d in 2020 – heat not in	cluded	9	$\frac{.00}{0.00}$ Find credit from table page 18.	13a290 .00		
	b Property	taxes paid on home i	n 2020			13b00		
14	Working fa	amilies tax credit (see page	19)				
15	Married co	ouple credit. Enclo	se Sched	ule 2, pa	age 4	1500) -	
16	Nonrefund	dable credits from	line 34 of	Schedul	e CR	.00		
17	Net incom	ne tax paid to anotl	ner state. I	Enclose	Schedule OS	.00) -	
18	Add lines	11 through 17				18	ł	290 . 00
19	Subtract li	ine 18 from line 10	. If line 18	is largei	r than line 10, fill in 0. This is	your net tax 1 9)	00.0
20	Sales and If you cert	l use tax due on in tify that no sales o	ternet, ma use tax is	ail order, s due, ch	or other out-of-state purcha	ases (see page 22) 20		.00
21	Donations	(decreases refun	d or increa	ases am	ount owed)			
	a Endang	ered resources		.00	e Military family relief)	
		research			f Second Harvest/Feeding	Amer00		
	c Veteran	ns trust fund		.00	g Red Cross WI Disaster	Relief .00	-	
	d Multiple	e sclerosis		.00	h Special Olympics Wisc	onsin00		
					Total (add lines	a through h) > 21	i	.00
22	Penalties	on IRAs, retireme	nt plans, M	/ISAs, et	c. (see page 24)	.00 x .33 = 22		.00
23	Other pen	alties (see page 2	4)			2 3		.00
24	Add lines	19, 20, 21i, 22 and	23			24	·	0.00
25	Wisconsir	n tax withheld. End	lose with	nolding	statements	25 786.00		
26	2020 estir	mated tax paymen	ts and am	ount ap	plied from 2019 return 2	.00		
27	Federal				hildren ▶	27 .00	2020 e	: You must use your earned income (see 26).
28								



.00

Nan	ne(s) shown on Form 1		Your social secu	irity number
SF	IRAVAN GOVARDHANA		8306433	97
				MAS; <u>NO</u> CENTS
30	Homestead credit. Enclose Schedule H or H-	EZ 30	.00	
31	Eligible veterans and surviving spouses prope	erty tax credit 31	.00	
32	Refundable credits from Schedule CR, line 40. Er	nclose Schedule CR 32	.00	
33	AMENDED RETURN ONLY-Amounts previous	sly paid (see page 29) 33	.00	
34	Add lines 25 through 33	34	786 . 00	
35	AMENDED RETURN ONLY-Amounts previously	refunded (see page 30) 35	.00	
36	Subtract line 35 from line 34			786.00
37	If line 36 is larger than line 24, subtract line 24 This is the AMOUNT YOU OVERPAID		37	786. <u>00</u>
38	Amount of line 37 you want REFUNDED TO	/OU		786.00
39	Amount of line 37 you want APPLIED TO YOUR 2021 ESTIMATED TAX	39	000	
40	If line 36 is smaller than line 24, subtract line 3. This is the AMOUNT YOU OWE . Paper clip p	36 from line 24. payment to front of return	40	.00
41	Underpayment interest. Fill in exception code-S Also include on line 40 (see page 31)	ee Sch. U 41	.00	
Thi Par Des		s return with the department <i>(see pag</i> Phone no. ▶	Yes Complete the Personal identification number (PIN)	following. X No



Paper clip copies of your federal income tax return and schedules to this return.

Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature

Spouse's signature (if filing jointly, BOTH must sign)

Date

Daytime phone

3309072398

I-010ai

Mail your return to: Wisconsin Department of Revenue

If tax due.......PO Box 268, Madison WI 53790-0001

If refund or no tax due......PO Box 59, Madison WI 53785-0001

If homestead credit claimed......PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



Schedule	1 - Itemized	Deduction	Credit	(see page '	15)
----------	--------------	------------------	--------	-------------	-----

1	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	1	.00
2	Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00.
3	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	.00
<u>4</u>	Casualty losses from federal Schedule A (Form 1040 or 1040-SR)	4	.00
<u>5</u>	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 6 on page 1 of Form 1	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	0.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	9	.00

You must submit this page with Form 1 if you claim either of these credits



Schedule 2 - Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

		(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00	.00
2	Net profit or (loss) from self-employment from federal Schedu C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	.00	.00
3	Combine lines 1 and 2. This is earned income	.00	.00
4	Add the amounts from federal Form 1040 or 1040-SR, Schedule 1 , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	.00	.00.
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	.00	.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6	.00
7	Rate of credit is .03 (3%)	7	x .03
8	Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1	8	Do not fill in

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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Filing Status Check only			_	ed filing separately		· —		•	· —	_		. , . ,
one box.		ou checked the MFS box, enter the son is a child but not your depende		our spouse. II you	cnec	kea the no	or Q	w box, ente	er trie o	Jilia S	name ii t	ne qualifying
Your first name	e and m	iddle initial	Last na	me					Y	our so	cial secur	ity number
SHRAVAN			GOVA	GOVARDHANA						830-64-3397		
If joint return, s	pouse's	s first name and middle initial	Last na	me					s	pouse'	s social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	P	reside	ntial Elect	ion Campaign
213 MAP	LE A	VENUE						138			nere if you	
City, town, or p	oost offi	ce. If you have a foreign address, also	complete s _l	paces below.	Sta	ate	ZIF	code code			0,	ntly, want \$3 . Checking a
HORSHAM					P	A	19	9044	b	ox belo	ow will no	t change
Foreign countr	y name		F	Foreign province/state	e/cour	nty	For	reign postal co	ode y	our tax	or refund	d. Spouse
At any time du	uring 20	D20, did you receive, sell, send, ex	change, o	r otherwise acquire	e any	financial ir	nterest ir	n any virtua	l curre	ency?	Yes	
Standard	Som	neone can claim: You as a d	lependent	Your spou	se as	a depende	ent					
Deduction		Spouse itemizes on a separate retu	ırn or you	were a dual-status	s alie	n						
Age/Blindnes	s You	: Were born before January 2,	1956	Are blind Sp	ouse	e: Was	born b	efore Janua	ary 2, ⁻	1956	☐ Is b	olind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relati		(4) 🗸	if qual	ifies for	r (see instri	uctions):
If more	(1) F	irst name Last name		number		to y	ou	Child ta	ax cred	lit	Credit for o	other dependents
than four												
dependents, see instruction	s ——											
and check												
here ►												Ш
Attach	_1_	Wages, salaries, tips, etc. Attach	1` ′	N-2						1		13,034.
Attach Sch. B if	2a	Tax-exempt interest	2a		b ¯	Taxable int	erest			2b		
required.	3a_	Qualified dividends	3a			Ordinary di				3b		
	4a	IRA distributions	4a			Faxable am				4b		
	5a	Pensions and annuities	5a			Faxable am				5b		
Standard Deduction for—	6a	Social security benefits	6a			Faxable am				6b		
• Single or	7	Capital gain or (loss). Attach Sch		•	quire	d, check he	re .)	▶ ∐	7	+	
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\$24,800	b	Charitable contributions if you tak					10b				4	
 Head of household, 	С	Add lines 10a and 10b. These are	•	•						100		10.004
\$18,650	11	Subtract line 10c from line 9. This	•	-					. ▶	11		13,034.
 If you checked any box under 	12	Standard deduction or itemize		,	,					12		12,400.
Standard Deduction,	13	Qualified business income deduc	ction. Atta	ch Form 8995 or F	orm 8	8995-A .				13	_	10 100
see instructions.	14	Add lines 12 and 13			٠.					14		12,400.
	15	Taxable income. Subtract line 1	4 trom lin	e 11. It zero or less	s, ente	er-O				15	1	634.

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		. 16	64.
	17	Amount from Schedule 2, lir	ne 3				-	. 17	
	18	Add lines 16 and 17						. 18	64.
	19	Child tax credit or credit for other dependents						. 19	
	20	Amount from Schedule 3, lir	ne 7					. 20	
	21	Add lines 19 and 20							
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	64.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10			. 23	0.
	24	Add lines 22 and 23. This is						▶ 24	64.
	25	Federal income tax withheld from:							
	а	Form(s) W-2							
	b	Form(s) 1099		25b					
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					. 25d	1,773.
If you have a qualifying child, attach Sch. EIC. If you have nontaxable combat pay, see instructions.	26	2020 estimated tax paymen						. 26	,
	27	Earned income credit (EIC)							
	28	Additional child tax credit. A			28				
	29	American opportunity credit	3. line 8		29				
	30	Recovery rebate credit. See	-			1,80	0.		
	31	Amount from Schedule 3, lir			31	_,			
	32	Add lines 27 through 31. These are your total other payments and refundable credits						▶ 32	1,800.
	33	Add lines 25d, 26, and 32. These are your total payments						3,573.	
Refund	34	If line 33 is more than line 24							3,509.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here					_ —	3,509.	
Direct deposit? See instructions.	▶b	Routing number 0 4 4 0 0 0 0 0 3 7 • c Type: X Checking Savings							2,000
	▶d	Account number 6 2 1 6 1 8 2 2 7						90	
	36	Amount of line 34 you want applied to your 2021 estimated tax 36							
Amount	37	Subtract line 33 from line 24. This is the amount you owe now						▶ 37	
You Owe	0,	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for							
For details on		2020. See Schedule 3, line 12e, and its instructions for details.						101	
how to pay, see instructions.	38	Estimated tax penalty (see instructions)							
Third Party	Do					See			
Designee		Do you want to allow another person to discuss this return with the IRS? See nstructions							
Ü	Des	signee's				rsonal id	entification		
	nar	name ▶ no. ▶ number (PIN) I					N) >		
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.							
	You	Your signature		Date	Date Your occupation				nt you an Identity
	N				COETMADE ENCINEED			Protection P see inst.) ▶	IN, enter it here
Joint return? See instructions. Keep a copy for your records.	Sn	Spouse's signature. If a joint return, both must sign.		Date	SOFTWARE ENGINEER Spouse's occupation			•	nt your spouse an
	Spi	Spouse's signature. If a joint return, both must sign.		Date	OH		dentity Prote	ection PIN, enter it here	
						(see inst.) 🕨		
	Phone no.		Email address						
Paid Preparer Use Only	Pre	Preparer's name Preparer's sign		ature		Date	PTIN		Check if:
	SYAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		RAM SAGAR GUPTA TALLAM 02		02/09/2021	P02	082703	Self-employed
	Firr	Firm's name ► GLOBAL TAXES LLC Pho					Phone no. ((678) 965-9522	
	Firr	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm					Firm's EIN	30-1017196	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 02/01/21 P	RO		Form 1040 (2020)
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