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.

Submission Identification Number (SID)

Taxpayer's name	Social security number
VEDA PRIYA KAKUMANU	851-84-7417
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, (Enter	er year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 72,540.
2 Total tax	2 9,018.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,672.
4 Amount you want refunded to you	4 1,654.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abore return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transition send my return to the IBS and to receive from the IBS (a) an acknowledgement of receiver to reason for re	ove are the amounts from the income tax mitter, 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) t 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 lauthorize GLOBAL TAXES LLC to enter or generate my PIN

4	7	4	1	7	00 001
Ent don	as my				

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 🕨

K.Veda Priva

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 02/17/2021

as my Enter five digits, but don't enter all zeros

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 Metho	d Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

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 I Don't Submit							
For Denominary Deduction Act Nation and your to		Earm 8870 (Boy, 01 202					

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

E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	5-0074	IRS Use	Only	—Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ouse. If yo	. ,			•	<i>,</i>		, 0	dow(er) (QW) he qualifying
Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
VEDA PR	IYA		κακι	JMANU							851-	84-741	.7
lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Home address		er and street). If you have a P.O. box, see	instructi	ons.					Apt. no. 3201			ential Electi here if you,	ion Campaign
		ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co		_	spouse	if filing joir	ntly, want \$3
BELLEVU		,,				WZ		980			0	o this fund. low will not	Checking a
Foreign country				Foreian p	rovince/sta				gn postal co	ode		x or refund	•
	,						- ,		5 la a a a		,	🗌 You	Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	or otherv	vise acqui	re any	financial inter	est in a	any virtua	ıl cu	rrency?	Yes	🗙 No
Standard Deduction	_	eone can claim: Vou as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	956	Are b	lind S	spouse	: 🗌 Was bo	rn bef	ore Janua	ary 2	2, 1956	Is b	lind
Dependents				(2) \$	Social secu	rity	(3) Relations	nip	(4) 🗸	ˈif qı	ualifies fo	r (see instru	uctions):
If more	(1) F	irst name Last name			number		to you		Child t	ax cr	edit	Credit for ot	ther dependents
than four dependents,													<u> </u>
see instruction	s ——								[_			<u> </u>
and check									[_			<u> </u>
here 🕨 🔝												L	
Attach	1	Wages, salaries, tips, etc. Attach F	Form(s)	W-2 .	· · ·					•	. 1		77,360.
Attach Sch. B if	2 a	•	2a			bΤ	axable interes	st.		•	. 2b		
required.	<u>3a</u>		3a				Ordinary divide			•	. 3 b		
	4a		4a				axable amour			•	. 4b		
	5a		5a				axable amour			•	. 5b		
Standard Deduction for –	6a	, <u>,</u> <u>,</u>	6a				axable amour	nt	• •	• _	. <u>6</u> b		
Single or	7	Capital gain or (loss). Attach Schee		f require	d. If not re	equired	, check here					-	
Married filing separately,	8	Other income from Schedule 1, lin							• •	•	. 8		-4,520.
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our total i	ncome			• •	.	9	_	72,840.
 Married filing jointly or 	10	Adjustments to income:					Ι.	I.					
Qualifying widow(er),	а										_		
\$24,800	b	Charitable contributions if you take								300			
 Head of household, 	С	Add lines 10a and 10b. These are your total adjustments to income								300.			
\$18,650	11	Subtract line 10c from line 9. This									► <u>11</u>		72,540.
 If you checked any box under 	12	Standard deduction or itemized		•		,							12,400.
Standard Deduction,	13	Qualified business income deduct											10 400
see instructions.	14	Add lines 12 and 13											$\frac{12,400}{00}$
	15	Taxable income. Subtract line 14	trom lin	ne 11. lt z	zero or les	s, ente	er-U				. 15	·	60,140.

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

Form **1040** (2020)

16 Tar (see instructions) Check if any from Form(s): 1 ■ 8814 2 ■ 4972 3 □ 16 9,018. 17 Amount from Schedule 2, line 3 18 9,018. 18 Add lines 16 and 17. 18 9,018. 19 Child tax credit or other dependents. 19 20 Amount from Schedule 3, line 7. 20 21 Add lines 12 and 20. 22 9,018. 23 Other taxes, including self-employment tax, from Schedule 2, line 10 23 0, 24 Add lines 22 and 23. This is your total tax 256 26 250 C Other forms (see instructions) 256 250 250 26 220 estimated tax payments and amount applied from 2019 return 26 254 10, 672. 26 27 Add lines 272 through 3.1 28 20 254 10, 672. 27 Add lines 272 through 3.1 28 20 254 10, 672. 256 28 200 estimated tax payments and amount applied from 2019 return 28 20 24 9, 018. 31 And lines 271 through 3.1 28 20 33 10, 672. 25	Form 1040 (2020))										Page	∍ 2
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Account number [/ 3 3 0 3 0 3 2 0 2 1 1 1 36 Amount of line 34 you want applied to your 2021 estimated tax		►b				► с Тур	e: 🗙	Chec	king	Saving	s		
Amount You Owe For details on how to pay, see instructions. 37 37 Amount You Owe For details on how to pay, see instructions. 38 Subtract line 33 from line 24. This is the amount you owe now >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	See instructions.	►d	Account number 7 5 9	0 9 2 0	2 1								
You Owe For details on how to pay, see instructions. 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. Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. 38 Yes. Complete below. No Sign Here Do you want to allow another person to discuss this return with the IRS? See instructions. Phone number (PIN) ▶ No 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. Joint return? See instructions. Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.) ▶ Joint return? See instructions. Email address Proparer's signature. Date Proparer's soccupation If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) ▶ Phone no. Email address Preparer's name Preparer's signature Date PTIN Check if: (see inst.) ▶ Phone no. Email address Preparer's signature Pate (see onst.) Prine no. (678)965-9522 Phone no. (678)965-9522 Phone no. (678)965-9522		36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36					
For details on how to pay, see instructions. 38 2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions) Do you want to allow another person to discuss this return with the IRS? See instructions Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name ▶ 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. Joint return? See instructions. Vour signature Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see instructions. Keep a copy for your records. Phone no. Preparer's name Preparer's name STAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR		37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37		_
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Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Image: No Designee's name ▶ Designee's name ▶ Phone number (PIN) ▶ 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 Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ Phone no. Email address Preparer's name Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date PTIN Check if: 02/17/2021 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LLC Phone no. (678) 9655-9522 Phone no. (678) 9655-9522 Phone no. (678) 9655-9522	how to pay, see								1				
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Use Only Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		Fin	m's name 🕨 GLOBAL TA	XES LLC								678)965-952	2
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Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 02/07/21 PRO Form 1040 (2020	Go to www.irs.ad					BA		REV	02/07/21 PR			Form 1040 (20	_

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

9**0**9**0**

Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

soc	ial security number
	Attachment Sequence No. 01

Internal Revenue Service	► Go to www.irs.gov/F
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

VEDA PRIYA KAKUMANU

Department of the Treasury

Your soc	ial security	numb
851-84	-7417	

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	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	-4,520.
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	-4,520.
Par	t II Adjustments to Income		
10	Educator expenses	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	Schedu	e 1 (Form 1040) 2020

SCHEDULE	Ε
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest information.

ICs, etc.) 2020 Attachment Sequence No. 13

Name(s)	shown on return							You	ur social securit	y number
VEDA	PRIYA KAKUMANU								51-84-741	
Part	art 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, rep	ort farm i	rental i	ncome	or loss f	rom Form 48	335 or	n page 2, line 4	0.
A Did	you make any payme	nts in 2020 that would require you to	o file For	m(s) 1	099? S	See insti	ructions .		🗆 `	res 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆	res 🗌 No
1a		each property (street, city, state, ZIF								
Α	ITHANAGAR TENA	LI ANDHRA PRADESH IN 522	2201							
В										
С										
1b	Type of Property	2 For each rental real estate prop	perty list	ed		Fair	Rental	Per	sonal Use	QJV
	(from list below)	above, report the number of fa	ir rental	and		0	Days		Days	QUV
Α	3	personal use days. Check the if you meet the requirements to	o file as a	a	Α		365		0	
В		qualified joint venture. See inst	tructions	;. [В					
С					С					
Туре с	of Property:									
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 Land	1		7 Self-	Rental			
2 Mult	i-Family Residence	4 Commercial	6 Roya	alties		8 Othe	r (describe))		
Incom	e:	Properties:			Α		E	3		С
3	Rents received		3			380.				
4	Royalties received .		4							
Expen										
5	Advertising		5							
6	Auto and travel (see in	nstructions)	6							
7	Cleaning and mainter	nance	7			600.				
8	Commissions		8							
9			9							
10		ssional fees	10							
11	Management fees .		11			850.				
12	Mortgage interest pai	d to banks, etc. (see instructions)	12							
13	Other interest		13							
14			14		1,	100.				
15			15		1,	100.				
16			16							
17	Utilities		17		1,	250.				
18		or depletion	18							
19	Other (list) 🕨		19							
20	Total expenses. Add	lines 5 through 19	20		4,	900.				
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		-4,	520.				
22	Deductible rental real	estate loss after limitation, if any,								
	on Form 8582 (see in	structions)	22 (-4,5	520.)	()()
23a		eported on line 3 for all rental prope				23a		3	80.	
b	Total of all amounts re	eported on line 4 for all royalty prop	erties			23b				
С		eported on line 12 for all properties				23c				
d	Total of all amounts re	eported on line 18 for all properties				23d				
е		eported on line 20 for all properties				23e		4,9	00.	
24	Income. Add positive	e amounts shown on line 21. Do no	t includ	e any I	losses			.]	24	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	e losses f	rom lin	ie 22. E	inter tota	al losses her	e.	25 (4,520.)
26	Total rental real esta	ate and royalty income or (loss).	Combin	e lines	24 an	id 25. E	Inter the re	sult		
	here. If Parts II, III, I	V, and line 40 on page 2 do not	apply to	o you,	also	enter th	nis amount	on		
	Schedule 1 (Form 104	10), line 5. Otherwise, include this ar	mount ir	n the to	otal on	line 41	on page 2	.	26	-4,520.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

888 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 20

Attachment

20

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

► Go to *www.irs.gov/Form*8889 for instructions and the latest information.

Internal Revenue Service Go to www.irs.gov/Form8889 for instructions and the latest information.			
Name(s) shown on Form 10	40, 1040-SR, or 1040-NR	Social security number of HSA beneficiary. If both spouses	

VEDA PRIYA KAKUMANU

Social Security Humber of Hort	
beneficiary. If both spouses	
have HSAs, see instructions ►	851-84-7417

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.			
	See instructions	X Self	-only	☐ Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3		3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,550.
9	Employer contributions made to your HSAs for 2020			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		833.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		2,717.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		0.
Dout	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	a separate Part II for each spouse.		ISAs, o	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form			
Dort	1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	oforo	
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	oarate		
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			

1040), Part II, line 8; check box c and enter "HDHP" and the amount on the	line nex	xt to the box
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/07/21 PRO

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