### 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)

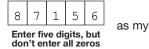
Taxpayer's r	name	Social securi	ty number					
SUDHIF	RURELLA	045-08	045-08-7156					
Spouse's na	me		Spouse's soc	ial security	/ number			
PRATIN	IA RYAKALA		179-57	-3657				
Part I	Tax Return Information – Tax Year Ending December 31,	er year you a	re autho	orizing.)				
Enter who	ble dollars only on lines 1 through 5.							
Note: For	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
<b>1</b> Ad	ljusted gross income			1	79,476.			
<b>2</b> To	tal tax			2	2,166.			
<b>3</b> Fe	deral income tax withheld from Form(s) W-2 and Form(s) 1099			3	9,410.			
<b>4</b> An	nount you want refunded to you			4	7,244.			
5 An	nount you owe			5				
Dort II	Taxpayor Declaration and Signature Authorization (Be sure	wou got and	koon a oon	v of voi	ir roturn)			

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

$\frown$	I authorize	GLOBAL	IAAES	ERO firm name	to enter or generate my Fin	Er
$\mathbf{\nabla}$	l authorize	CTORAT	TAVEC	TTC	to enter or generate my PIN	0



5 7

as mv

6

Enter five digits, but don't enter all zeros

7 3

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.

Date

to enter or generate my PIN

Your signature

## Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

bel	ow								
5	8	 	_				9	8	9
-	bel	 5 8 7	below           5         8         7         2	5 8 7 2 7	5 8 7 2 7 8	5 8 7 2 7 8 6	below	5 8 7 2 7 8 6 1 9	5 8 7 2 7 8 6 1 9 8

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 Fo Don't Submit This Form to the If			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/07/21 PRO	Form 8879 (Rev. 01-2021)

Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       if you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box.       Person is a child but not your dependent ▶         Your fish name and middle initial       URELLA       045-08-7156         Filint ettin, spouse's first name and middle initial       URELLA       045-08-7156         Forme address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Prediental Blaction Company         Foreign province/state/county       Foreign province/state/county       Eprode       your source and index in the change of the province/state/county         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       You       Spouse         Dependents       See instructions):       (f) Social socurity (i) Realisation for eninatructions):       (f) Social socurity on the conductions):       (f) Social socurity conductions):       (f) Social	E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	5-0074	IRS Use	Only	—Do not v	vrite or staple	e in this space.		
SUDHIR       URELLA       045-08-7156         If join teutro, spouse is first name and middle initial       Last name       Spouse's social security number         PRATIMA       RYARALA       179-57-3657         Home address (number and street). If you have a foreign address, also complete spaces below.       State       2P code         GOX, town, or post office. If you have a foreign address, also complete spaces below.       State       2P code       spouse if filing jointly, vanit State         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Presidential Election Campaign down with not change your tax or refund.         Standard       Someone can claim:       You as a dependent       You resolve as a dependent       You resolve as a dependent         Dependents       Spouse itemizes on a separate return or you were a dual-status alien       Age/Bindness You:       Wes bom before January 2, 1956       Is blind         Dependents       (I) First name       Last name       number       It you as a dependent       You       Child tax credit	Check only	lf yo	u checked the MFS box, enter the n	ame of	-						'		, ,	. , . ,		
If joint return, spouse's first name and middle initial PRATTMA       Last name RYARALA       179-57-3657         Home address fumber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below.       State       2/P Code 30.04.0       Presidential Election Campaign country name         Foreign country name       Foreign province/state/country       Foreign postal code       You       Spouse's social security want Sa to go to this fund. Checking a box below will not change your tax or refund.         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       You       Spouse       No         Standard dependents: see instructions;       (1) First name tanane       (2) Social security number       (3) Relationship to you       (4) V <sup>*</sup> if qualifies for see instructions;         If more than four dependents: see instructions;       (2) Social security number       (3) Relationship to you       (4) V <sup>*</sup> if qualifies for see instructions;         TATISHKA       URELLA       771-95-2048       Daughter       (4) V <sup>*</sup> if qualifies for see instructions;         Terupidre of than four dependents; segurative, seal adress, tips, etc. Attach Form(s) W-2       I       1       94,2366.         Attach here b       1       Vages, salaries, tips, etc. Attach Form(s) W-2       I       1       94,236.	Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ity number		
PRATIMA       RYAKALA       179-57-3657         Home address fumber and street), if you have a P.O. box, see instructions.       Apt. no.       Presidential Electron Campaign         S765 ZELKOVA DR       Check here if you, or your spouse if filing jointly, want S3       app. no.       Spouse if filing jointly, want S3         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse if Milling jointly, want S3         Standard       Someone can claim:       O'u as a dependent       You spouse a dependent       You       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         Dependents       Gen instructions):       (P) Social security       (P) Boolal security       (P) Vir dualifies for gen instructions):         If more than four dependents       TBATAN       URELLA       786-69-4675       Son       Check there dependents         TANT SHKA       URELLA       771-95-2048       Daughter       Zb       Social security dependents       Spouse       Spouse </td <td>SUDHIR</td> <td></td> <td></td> <td>UREI</td> <td>LA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="5">045-08-7156</td>	SUDHIR			UREI	LA							045-08-7156				
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your gate if Ming Ginny, wart S3 to go to this fund. Checking a gate if Ming Ginny, wart S3 to go to this fund. Checking a gate if Ming Ginny, wart S3 to go to this fund. Checking a your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code gate if Ming Ginny, wart S3 to go to this fund. Checking a your tax or refund.       You Spouse You Isson         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         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Spouse:       Was bon before January 2, 1956       Is blind         Dependents (see instructions):       [1] First name       Last name       (1) Spouse       (1) First name       (1) Print name	If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse's social security numbe				
5765 ZELKOVA DR       Check here if you, or your         City, two, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       spouse if filing jointly, want \$3         Cumming       GA       30040       box below will not change         Foreign country name       Foreign province/state/country       Foreign postal code       your tax or filing jointly, want \$3         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       You:       Spouse         Age/Blindness       You:       Ispace       (2) Social security       (2) Relationship       (4) \$4'       I qualifies for (see instructions):       Credit for other dependent         If more       ISHAAN       URELLA       771-95-2048       Daughter       Zb         Sch. Bif       a       Qualified dividends       3a       b       Tax-exempt interest       2b         Sch. Bif       a       Qualified dividends       5a       b       Taxable amount       5b         Attach       Sch. Bif       a       Qualified dividends       ab       b       Taxable amount       b <t< td=""><td>PRATIMA</td><td></td><td></td><td>RYAK</td><td>ALA</td><td></td><td></td><td></td><td></td><td></td><td></td><td>179-</td><td>57-365</td><td>7</td></t<>	PRATIMA			RYAK	ALA							179-	57-365	7		
Cutmin in g       Choice       Choice       Catababababababababababababababababababa				instructi	ons.				Ap	t. no.		Check	here if you,	, or your		
Claim ing       GA       30040       box below will not change         Foreign province/state/county       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       You:       No         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Gependents       (see instructions):       (2) Social security       (3) Relationship       (4) ✔' if qualifies for (see instructions):         than four       ISHAAN       URELLA       786-69-4675       Son       Xon       Image: Spouse and check       Image:	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ite	ZIP code	е						
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If cqualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (4) Mages, salaries, tips, etc. Attach Form(s) W-2       1       94, 256.         Sch. Bif       a       Qualified dividends       3a       b       b       1       94, 256.         Standard       Degingtion for       Sa       Social security benefits       6a       b       7       6b         Sch. Bif       Ga       Qualified dividends       3a       b	Cumming						G	A	3004	0		0		0		
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes   Yes No   Standard Someone can claim: You as a dependent Your spouse as a dependent   Deduction 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 itemizes on a separate return or you were a dual-status alien   Age/Blindness You: Were born before January 2, 1956 Are blind   Spouse itemizes on a separate return or you were a dual-status alien   Age/Blindness You: Were born before January 2, 1956 Are blind   Dependents (see instructions): (2) Social security (3) Relationship (4) V' if qualifies for (see instructions):   If more (1) First name Last name number ivyou   dependents, see instructions: TANISHKA URELLA 771-95-2048 Daughter   Tax-exempt interest 2a b Taxable interest 2b   Attach 2a 3a b Taxable amount 4b   Standard 5a Pensions and annuities 5a b Taxable amount 5b   Standard 6a Social security benefits 6a b Taxable amount 5b   Standard 6a Social security benefits 6a b Taxable amount 5b   Standard 6a Social security benefits 6a b Taxable amount	Foreign country	/ name		1	Foreign p	rovince/stat	e/coun	ty	Foreign	postal c	ode		x or refund	l		
Deduction       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         Dependents       (see instructions):       (1) First name       Last name       number       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         If more than four dependents, see instructions       ISHAN       URELLA       786-69-4675       Son       Image: Credit for other dependents         see instructions       TANI SHKA       URELLA       771-95-2048       Daughter       Image: Credit for other dependents         and check       and check       and check       Image: Credit for other dependents       Image: Credit for other dependents         Attach       3a       Oualified dividends       Image: Credit for other dependents       Image: Credit for other dependents         Attach       3a       Qualified dividends       Image: Credit for other dependents       Image: Credit for other dependents         Sch. Bi fi       age Qualified dividends       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         Standard       Ga Qualified dividends       Image: Credit for other dependen	At any time du	ring 20	020, did you receive, sell, send, excl	nange, c	or otherv	vise acquir	e any	financial intere	est in any	y virtua	ıl cu	rrency?				
If more than four dependents, see instructions and check here       Image:	Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-statu	s alier	י. ו	rn before	e Janua	ary 2	2, 1956	🗌 ls b	lind		
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than four dependents, see instructions ISHAAN URELLA 786-69-4675 Son Image: Control of the c	-								• •		redit Credit for other dependent					
see instructions       IANTSHKA       OREFLIA       IT1=93=2048       Dadigite1       Image: Constructions         and check       Image: Constructions       Imag		ISH	HAAN URELLA	786-69-4675 Son			X									
and check   here   here<		TAN	IISHKA URELLA		771-95-2048 Daughter											
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       94,256.         Sch. B if       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach       2a       3a       b       Taxable interest       2b       3b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       6b       7         8       Other income from Schedule 1, line 9       5       6       -14,780.       9         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10b       -14,780.       9         9       Adjustments to income:       10b       10b       -14,780.       10c         10       Adjustments to income:       10b       -14,780.       10c	and check	s														
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       10a       7       8       -14,780         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       79,476       9         • Married filing jointly or Qualifying widow(en), \$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, 11       Subtract line 10c from line 9. This is your adjusted gross income       11       79,476.       11       79,476.         • Ityo		1	Wages salaries tins etc. Attach F	Form(s)	N_2					L		1	<u> </u>	94 256		
Sch. B if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Draxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       6a       b       Taxable amount       7         6a       Social security benefits       6a       b       Taxable amount       7         * Single or Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       5       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8       -14,780         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       9       79,476         10       Adjustments to income:       10a       10b       10c       11         11       79,476       10b       11       79,476       11         14       24,800       11       79,476       12       24,800       12       24,800         14 <td>Attach</td> <td></td> <td></td> <td> I</td> <td></td> <td></td> <td colspan="2">h Toyoblo into</td> <td colspan="2"> ct</td> <td>•</td> <td></td> <td></td> <td><u> </u></td>	Attach			I			h Toyoblo into		 ct		•			<u> </u>		
4a       IRA distributions       4a       b       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       6a         8       Other income from Schedule 1, line 9        7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       79, 476.         9       Add justments to income:       10a       10b       10c         9       Add lines 10a and 10b. These are your total adjustments to income       10b       10c         10       Add lines 10a and 10b. These are your total adjustments to income       11       79, 476.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       10c         11       79, 476.       12       24,800       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800. <td>Sch. B if</td> <td></td> <td>· ·</td> <td colspan="3"></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td>-</td> <td></td>	Sch. B if		· ·										-			
5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         * Single or Married filing separately, \$12,400       6a       Other income from Schedule 1, line 9       b       Taxable amount       b       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       79, 476.       9         10       Adjustments to income:       10a       10b       10b       10c         * Head of household, \$18,860       that the 10c from line 9. This is your adjusted gross income       10c       11       79, 476.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       79, 476.       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.       14       24,800.	required.												-			
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         * Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       *       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       *       8       -14, 780.         • Married filing jointly or Qualifying widow(er), \$24,800       *       Add lines 10a and 10b. These are your total adjustments to income       10a       10b         • Head of household, \$18,650       *       Add lines 10a and 10b. These are your adjusted gross income       *       11       79,476.         11       Subtract line 10c from line 9. This is your adjusted gross income       *       *       11       79,476.         12       24,800       *       *       11       79,476.       *       11         *       *       *       *       *       *       *       10c       *         *       *       *       *       *       *       *       *       *       12       24,800.         *       *       *       *       *       *       *       *       *       *       *       *       *       *				-									-			
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       7         • Single or Married filing separately, \$12,400       9       Other income from Schedule 1, line 9       >       >       8       -14,780.         9       79,476.       9       79,476.       9       79,476.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       •       •       10a       10b       •         • Head of household, \$18,650       •       •       •       10c       11       79,476.         11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       10c         11       79,476.       11       11       79,476.         12       24,800       11       79,476.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       24,800.       14       24,800.	Standard												-			
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Id Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Id Add lines 12 and 13</li> </ul>			···· · · · · · · · · ·		f require	d. If not re							-			
separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       79,476.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       •       Charitable contributions if you take the standard deduction. See instructions       10a       10b         • Head of household, \$14,8650       •       Add lines 10a and 10b. These are your total adjustments to income       •       •       10c         • Head of household, \$14,8650       •       11       79,476.       11       79,476.         • If you checked any box under standard       12       Standard deduction or itemized deductions (from Schedule A)       •       12       24,800.         • If you checked standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       •       13         • Head of household, \$14       Add lines 12 and 13       •       •       14       24,800.		8										. 8	_	14,780.		
Married filing jointly or Qualifying widow(er), \$22,800       10       Adjustments to income:       10a         b       From Schedule 1, line 22       10a       10b         b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       10c         • If you checked any box under Standard       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.	separately,	9														
jointly or Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .       .       .         11       79,476.       11       79,476.       12       24,800.         If you checked any box under Standard Deduction, see instructions, see instructions, and the standard 13       13       12       24,800.		10		•												
widow(er), \$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income	jointly or	а	•													
act 4,000       c       Add lines 10a and 10b. These are your total adjustments to income	widow(er),															
household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       79,476.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.											▶ 10	с				
If you checked any box under Standard Deduction, see instructions.       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       24,800.	household,			-							. 1			79,476.		
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 131424,800.				•	-	-										
<i>Deduction,</i> see instructions. <b>14</b> Add lines 12 and 13	any box under															
	Deduction,												-	24,800.		
		15	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or les	s, ente	er-0 <u>.</u> .		<u></u>		. 15				

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

Form **1040** (2020)

Form 1040 (2020	))										Р	Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2	4972	3			16	6,16	
	17	Amount from Schedule 2, lin	ie3							17		
	18	Add lines 16 and 17								18	6,16	56.
	19	Child tax credit or credit for	other dependen	ts						19	4,00	)0.
	20	Amount from Schedule 3, lin	ie7							20		
	21	Add lines 19 and 20								21	4,00	.00
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	2,16	56.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	10.				23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	2,16	
	25	Federal income tax withheld	from:								,	
	а	Form(s) W-2					25a	9	,410			
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								25d	9,41	LO.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 retur	n				26		
qualifying child,	27	Earned income credit (EIC)					27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See		-			30					
	31	Amount from Schedule 3, lin					31					
	32	Add lines 27 through 31. These are your total other payments and refundable credits								32		
	33	Add lines 25d, 26, and 32. These are your total payments									9,41	10.
	34	If line 33 is more than line 24	,							34	7,24	
Refund	35a	Amount of line 34 you want	-					-			7,24	
Direct deposit?	►b	Routing number 0 1 1			► c Ty		Check		Saving		.,	
See instructions.	►d	Account number 9 5 2							ournig			
	36	Amount of line 34 you want a			ed tax	i	36					
Amount	37	Subtract line 33 from line 24							. •	37		
You Owe	57			-						-		
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line 1			•	esent all c	of the t	axes you	owe to	r		
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38					
Third Party		you want to allow another										
Designee		structions	•					Yes. Co	omplete	e below.	× No	
200.9.100	De	Designee's Phone Personal ident										
		me ►		no. 🕨				num	oer (PIN)			
Sign		der penalties of perjury, I declare t										
Here	bel	ief, they are true, correct, and com	plete. Declaration				ased on a	all informatio			2	
	Yo	ur signature		Date	Your oc	cupation					nt you an Identity IN, enter it here	
loint roturn?			IT EMPLOYE					e inst.) 🕨				
Joint return? See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date		's occupati				,	nt your spouse ar	
Keep a copy for	- Opt		our maar algin.	Duto	opouoo	oooupun					ection PIN, enter	
your records.					HOME	MAKER			(se	ee inst.) 🕨		
		one no.		Email address								
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:	
	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	02/1	2/2021	P020	82703	Self-emplo	yed
Preparer	Firr	m's name 🕨 GLOBAL TAX	XES LLC						Ph	one no.	(678)965-95	522
Use Only	Firr	m's address ► 2530 Pebb.	le Creek I	n Cummin	g GA	30041			Fir	m's EIN 🕨	30-1017	196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		B	AA	REV	02/07/21 PRC	)		Form <b>1040</b>	(2020)

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