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)

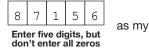
Taxpayer's r	name	Social securi	ty number					
SUDHIF	RURELLA	045-08	045-08-7156					
Spouse's na	me		Spouse's soc	ial security	/ number			
PRATIN	IA RYAKALA		179-57	-3657				
Part I	Tax Return Information – Tax Year Ending December 31,	er year you a	re autho	orizing.)				
Enter who	ble dollars only on lines 1 through 5.							
Note: For	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Ad	ljusted gross income			1	79,476.			
2 To	tal tax			2	2,166.			
3 Fe	deral income tax withheld from Form(s) W-2 and Form(s) 1099			3	9,410.			
4 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 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	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 [*] if qualifies for see instructions; If more than four dependents: see instructions; (2) Social security number (3) Relationship to you (4) V [*] if qualifies for see instructions; TATISHKA URELLA 771-95-2048 Daughter (4) V [*] 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		
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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											
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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>		
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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. * * * * * * * * * * * * * *				-									-			
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 Single or Married filing separately, \$12,400 Married filing jointy or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A Id Add lines 12 and 13 Add lines 12 and 13 Id Add lines 12 and 13 			···· · · · · · · · · ·		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														
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act 4,000 c Add lines 10a and 10b. These are your total adjustments to income	widow(er),															
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<i>Deduction,</i> see instructions. 14 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): 1 🗌 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 1040	(2020)

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