Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### epartment 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)

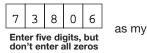
Taxpayer's name	Social security number
SRINIVASA RAO MAKKENA	351-87-3806
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31,	(Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	<b>1</b> 103,967.
<b>2</b> Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	4 3,649.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	et 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 my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Pareturn (original or amended) I am now authorizing. I consent to allow my intermediate service provide	art I above are the amounts from the income tax er, 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 any delay in processing the return or refund, and (c) the date of any refund. If applicable, I author	
Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acc	
payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financia	
authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at <b>1-888-353-4537</b> . Payment cancella	

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



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

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

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 ►	Da	ate 🕨	•							
	Practitioner PIN Method Returns Only—continue	belo	w							
Part III Certification and A	uthentication — Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-dig	git EFIN followed by your five-digit self-selected PIN.	5	8	 	 	6 all zer	 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 🕨	
Do			
For Donomucul: Deduction Act Nati		REV 02/01/21 RRO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/01/21 PRO

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	0	OMB No. 1	1545-007	4 IRS Us	e Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	s 🗙 د lf yo		] Marrie ame of y	ed filing s	eparately (N se. If you c	,			sehold (H0	) (HC	Qual	lifying wid	low(er) (QW)
Your first name	and mi	iddle initial	Last na	me							Your so	cial securi	ty number
SRINIVAS			MAKK									87-380	-
		s first name and middle initial	Last nai										curity number
Home address		er and street). If you have a P.O. box, see LACE	instructio	ons.					Apt. no.		Check h	nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belo	w.	State	e	ZIP	code				ntly, want \$3
SOUTH PI						NJ	-	0	7080			this fund.	Checking a
Foreign countr			F	- oreian pro	vince/state/c	-		-	eign postal	code		or refund.	•
· · · · · · · · · · · · · · · · · · ·	,			<u>-</u>			,		9 1			You	Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	or otherwi	se acquire	any f	inancial in	terest ir	n any virtu	ial cu	rrency?	Yes	X No
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retur	•		our spouse lual-status a		a depende	ent					
Age/Blindness	S You:	Were born before January 2, 1	956	Are bli	nd Spo	use:	🗌 Was	born be	efore Janu	Jary 2	2, 1956	Is bl	lind
Dependents				(2) S	cial security		(3) Relation				-	r (see instru	uctions):
If more		irst name Last name			number		to yo			tax cr			ther dependents
than four						-1						·	
dependents,										$\overline{\Box}$			
see instruction	s ——								r	$\overline{\Box}$			
here										$\overline{\Box}$			
	1	Wages, salaries, tips, etc. Attach F	Form(c) \	N 2							. 1	1	<u> </u>
Attach	<u> </u>		2a	vv-z .		. <u>.</u>				•	. 1 2b		11,307.
Sch. B if	2a 2a		2a 3a				axable inte			•	. 20 3b		
required.	3a						rdinary div			•			
/	4a		4a				axable am		· · ·	•	. 4b		
	5a		5a				axable am			•	. <u>5b</u>		
Standard Deduction for—	6a		6a				axable am				. <u>6b</u>		
Single or	7	Capital gain or (loss). Attach Schee		required	. If not requ	iired,	check he	re .			7		
Married filing separately,	8	Other income from Schedule 1, lin				•				•	. 8		<u>-7,350.</u>
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is you	r total inco	ome				.	▶ 9	1	04,217.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:					1	1					
Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions       10b       250         Add lines 10a and 10b. These are your total adjustments to income								0.			
<ul> <li>Head of</li> </ul>	С									► <u>10c</u>	;	250.	
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income								▶ 11	1	03,967.	
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deducti	ions (fron	n Schedule	A)					. 12		12,400.
any box under Standard	13	Qualified business income deduction	ion. Atta	ch Form	8995 or Foi	rm 89	995-A .				. 13		
Deduction, see instructions.	14	Add lines 12 and 13									. 14		12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ero or less,	enter	<u>-0-</u> .	<u> </u>	<u> </u>		. 15		91,567.
	Privac	v Act, and Paperwork Reduction Act N	otica sa	o conarat	instruction							Eorn	n <b>1040</b> (2020)

Form 1040 (2

Form 1040 (2020	))			Page <b>2</b>
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	16,058.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	16,058.
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	16,058.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	16,058.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	19,707.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
If you have	28	Additional child tax credit. Attach Schedule 8812		
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8		
see instructions.	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 13		
	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	33	19,707.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,649.
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,649.
Direct deposit?	►b	Routing number       X       X       X       X       X       X       X       X         For Type:       Checking       Savings		
See instructions.	►d	Account number X X X X X X X X X X X X X X X X X X X		
	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 <b>amount you owe now</b>	37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.		
instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		_
Designee	ins	structions	elow.	× No
		signee's Phone Personal identif		
<u></u>		ne  no.  number (PIN)		
Sign	Un bel	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	the bes	t of my knowledge and er has any knowledge.
Here				nt you an Identity
				N, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.) 🕨	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.	,		inst.) 🕨	ection PIN, enter it here
	b		100.7	
		one no. Email address eparer's name Preparer's signature Date PTIN		Check if:
Paid			1702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2021 P02082		
Use Only				678)965-9522
			's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/01/21 PRO		Form <b>1040</b> (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. <b>01</b>

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SRINIVASA RAO MAKKENA	351-87-3806
Part I Additional Income	

Par	Additional income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	<b>2</b> a	
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	-7,350.
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	-7,350.
Par	t II Adjustments to Incomo	5	-7,550.
10		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	
FOL Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/01/21 PRO	Schedu	ile 1 (Form 1040) 2020

	CHEDULE E Supplemental Income and Loss								No. 1545-	0074				
(Form 1	040)	(From	rental		yalties, partnersl						/ICs, etc	x) []	2020	)
Departm	ent of the Treasury				ach to Form 1040							Attac	hment	
	Revenue Service (99)			Go to www.irs.	gov/ScheduleE f	or inst	ruction	s and the	e latest	information			ience No.	
	shown on return											social securi	•	
	IVASA RAO	MAKKI		Pontol Bool	Estate and Ro	voltio	o Net	et lf vou	ore in th			-87-380		
Part					an individual, rep	-		-			-	• •		ise
				-	Ild require you to							-		No
					n(s) 1099?								_	No
1a					t, city, state, ZIF							· · 🗆		NU
A	-				NGANA IN 50									
В							-						_	
С														
1b	Type of Prop	oerty	2	For each renta	al real estate prop	perty l	isted		Fair	Rental	Perso	onal Use	QJ	v
	(from list be	low)		above report	the number of fa	ir rent	al and	,	C	Days	P	ays	QU	v
Α	3			if you meet the	days. Check the	o file a	is a	Α		365		0		
В				qualified joint	venture. See inst	ructic	ns.	В						
С								С						
	of Property:													
	gle Family Resid				rt-Term Rental				7 Self-					
	ti-Family Reside	ence	4	Commercial	Durantian	6 Ro	yalties		8 Othe	r (describe				
Incom	-				Properties:			A		E	3		С	
3	Rents received					3			500.					
4	Royalties recei	ived .				4								
Expen						5			100.					
5 6	Advertising . Auto and trave					6	K—		<u>100.</u> 350.					
7	Cleaning and r	-		-		7			200.					
8	Commissions.					8			200.					
9	Insurance					9								
10	Legal and othe					10								
11	Management f	-				11								
12	Mortgage inter					12								
13	Other interest.					13		7,	000.					
14	Repairs					14			200.					
15	Supplies					15								
16	Taxes					16								
17	Utilities					17								
18	Depreciation e	xpense	or de	pletion .		18								
19	Other (list) 🕨					19								
20	Total expenses					20		7,	850.					
21					r 4 (royalties). If									
	(				out if you must			_	250					
	file Form 6198	1				21		-/,	350.					
22					mitation, if any,	00	(			(				``
020	on Form 8582				 r all rental prope	<b>22</b>	(		350.) <b>23a</b>	(	500			)
23a b			-		r all royalty prope		• •		23a		500	).		
b D					or all properties		· · · ·		23D					
d					or all properties				23d					
e					or all properties				23e		7,850	).		
24			•		n line 21. <b>Do no</b>							24		
25					rental real estate		-		inter tota	al losses he		25 (	7,3	50.)
26					ome or (loss).									/
					page 2 do not									
					e, include this ar		-					26	-7,3	350.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

\$	2522	Passive Activity Loss Limitations	0	MB No. 1545-1008
Form	JJUL	► See separate instructions.		2020
Departm	ent of the Treasury	► Attach to Form 1040, 1040-SR, or 1041.	А	ttachment
	Revenue Service (99)	► Go to www.irs.gov/Form8582 for instructions and the latest information.	S	equence No. 858
Name(s	) shown on return		Identifying n	
	IIVASA RAO	MAKKENA	351-87-	3806
Part		Issive Activity Loss		
		Complete Worksheets 1, 2, and 3 before completing Part I.		
		Activities With Active Participation (For the definition of active participation, sor Rental Real Estate Activities in the instructions.)	see	
-		net income (enter the amount from Worksheet 1, column (a)) .   <b>1a</b>	0.	
b		net loss (enter the amount from Worksheet 1, column (b)) <b>1b</b> (7,35		
c		allowed losses (enter the amount from Worksheet 1, column (c)) 1c (		
			. 1d	-7,350.
		zation Deductions From Rental Real Estate Activities		1,550.
2a		evitalization deductions from Worksheet 2, column (a)   2a		*
b		Illowed commercial revitalization deductions from Worksheet 2,		
	column (b)	2b	)	
с	Add lines 2a a	nd 2b	. 2c	( )
All Ot	her Passive Ac	tivities		
3a	Activities with	net income (enter the amount from Worksheet 3, column (a)) . 3a		
b	Activities with	net loss (enter the amount from Worksheet 3, column (b))	)	
С	Prior years' un	allowed losses (enter the amount from Worksheet 3, column (c)) 3c (	)	
d	Combine lines	3a, 3b, and 3c	. <b>3d</b>	
4	Combine lines	a 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with y	our	
		es are allowed, including any prior year unallowed losses entered on line 1c, 2b, or	3c.	
	-	ses on the forms and schedules normally used	. 4	-7,350.
	If line 4 is a los	······································		
		• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part I		
Conti	ener If your filing	Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and	-	
		status is married filing separately and you lived with your spouse at any time during ead, go to line 15.	y the year,	do not complete
Part		Allowance for Rental Real Estate Activities With Active Participation		
		ter all numbers in Part II as positive amounts. See instructions for an example.		
5		ller of the loss on line 1d or the loss on line 4	. 5	7,350.
6	Enter \$150,00	0. If married filing separately, see instructions 6   150,00	0.	
7	Enter modified	adjusted gross income, but not less than zero. See instructions 7 111, 31	7.	
	Note: If line 7	is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherv	vise, go to line 8.		
8	Subtract line 7			
9		by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instruction		19,342.
10		<b>Iler</b> of line 5 or line 9	. 10	7,350.
D		oss, go to Part III. Otherwise, go to line 15.		
Part		Allowance for Commercial Revitalization Deductions From Rental Real		tivities
		ter all numbers in Part III as positive amounts. See the example for Part II in the instru		
11		reduced by the amount, if any, on line 10. If married filing separately, see instructions		
12				
13 14		2 by the amount on line 10		
Part		sses Allowed	. 14	
15		ne, if any, on lines 1a and 3a and enter the total	. 15	
15 16		allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instruction		0.
10		v to report the losses on your tax return		7,350.
For Pa		ion Act Notice, see instructions. BAA REV 02/01/21 PRO		Form <b>8582</b> (2020)
		BAA BAA		

# **Caution:** The worksheets must be filed with your tax return. Keep a copy for your records. **Worksheet 1–For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c) (d) Gain		(e) Loss		
GANDHI NAGAR	0.	7,350.			7,350.		
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	7,350.					

Worksheet 2-For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	<b>(a)</b> Current year deductions (line 2a)	<b>(b)</b> Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
2b			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

	Currer	nt year	Prior years	Overall ga	ain or loss
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	<b>(d)</b> Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c					

#### Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
GANDHI NAGAR	E Ln 22	7,350.	1.00000000	7,350.	0.
Total		7,350.	1.00	7,350.	0.
Total	ed Losses (see in		1.00	7,350.	

#### Worksheet 5—Allocation of Unallowed Losses (see instructions)

Total			1.00	
Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Loss	<b>(b)</b> Ratio	(c) Unallowed loss



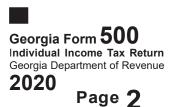


### Georgia Form 500 (Rev. 06/20/20) Individual Income Tax Return

Individual Income Tax Return Georgia Department of Revenue 2020(Approved software version)

Page 1									
Fiscal Year Beginning	STATE ISSUED								
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID								
YOUR FIRST NAME 1. SRINIVASA RAO	МІ	YOUR SOCIAL SECURITY NUMBER 351-87-3806							
LAST NAME (For Name Change See IT - MAKKENA	511 Tax Booklet)	SUFFIX							
SPOUSE'S FIRST NAME	МІ	SPOUSE'S SOCIAL SECURITY NUMBER	DEPARTMENT USE ONLY						
LAST NAME		SUFFIX							
ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2. 130 PERTH PLACE									
CITY (Please insert a space if the city has mu 3. SOUTH PLAINFIELD	ltiple names)	STATEZIP CODENJ07080							
(COUNTRY IF FOREIGN)			Residency Status						
4. Enter your Residency Status with the a	ppropriate number								
1. FULL- YEAR RESIDENT 2. PART- YEAR RES	IDENT	то	3. NONRESIDENT						
Omit Lines 9 thru 14 and use F	orm 500 Schedule 3	if you are a part-year or nonresi	ident filer.						
5. Enter Filing Status with appropriate I	ottor (Soo IT-511 Tay F	Rooklet)	Filing Status <b>5</b> . A						
A. Single B. Married filing joint C. Married fil	ing separate (Spouse's social s	ecurity number must be entered above) D. Head o	f Household or Qualifying Widow(er)						
6. Number of exemptions (Check appro	opriate box(es) and ente	er total in 6c.) 6a. Yourself 🗙 6	b. Spouse 🗌 6c. 1						
7a. Number of Dependents (Enter details of	on Line 7b., and DO NOT i	nclude yourself or your spouse)							
	(1-5) ARE REQ	UIRED FOR PROCESSI	NG						

REV 01/23/21 PRO





YOUR SOCIAL SECURITY NUMBER 351-87-3806

 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

 First Name, MI.

 Last Name

**Social Security Number** 

**Relationship to You** 

**Relationship to You** 

First Name, MI.

Social Security Number

Social Security Number

Last Name

Last Name

Relationship to You

First Name, MI.

First Name, MI.

**Social Security Number** 

Last Name

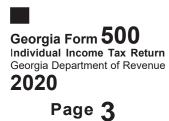
**Relationship to You** 

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8.	Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or		103967 <b>vour</b>
	W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Sche		
9.	Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	. 9.	
10.	Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.	103967
11.	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	11a.	4600
	b. Self: 65 or over? Blind? Total x 1,300= Spouse: 65 or over? Blind?	11b.	
	c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	11c.	4600
12.	Total Itemized Deductions used in computing Federal Taxable Income. If you use iter	mized deductions, you must include Feder	al Schedule A.
	a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.	
	b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
	c. Georgia Total Itemized Deductions	12c.	
13.	Subtract either Line 11c or Line 12c from Line 10; enter balance	13.	99367

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# **YOUR SOCIAL SECURITY NUMBER** 351-87-3806

14a.	Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b.	Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c.	Add Lines 14a. and 14b. Enter total	14c.	2700
	Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	15a. ₊15b.	96667
15c.	Georgia Taxable Income (Line 15a less Line 15b)	15c.	96667
16.	Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	5385
17.	Low Income Credit 17a. 17b.	17c.	
18.	Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19.	Credits used from IND-CR Summary Worksheet	19.	
20.	Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21.	Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22.	Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	5385

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE:
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 391882117	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 21709840H	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 111576	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 5873	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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I <b>ndi</b> Geo	orgia Form 500 vidual Income Tax Return rgia Department of Revenue 20		210041154	2		YOUR SOCIAL SECURITY NUMBER 351-87-3806
20	Page <b>4</b>					
1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. 2.	(INCOME STATEMENT E) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP	1. 2.	☐ W-2 ☐ G2-A ☐ G2-LP ☐ 1099 ☐ G2-FL ☐ G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING IE	3.	EMPLOYER/PAYER STATE WI	THHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		4.	GA WAGES / INCOME
5.	GA TAX WITHHELD	5.	GA TAX WITHHELD		5.	GA TAX WITHHELD
	Georgia Income Tax Withheld on Wag (Enter Tax Withheld Only and include W-2 Other Georgia Income Tax Withheld	2s and	/or 1099s)	23. 24.		5873
25.	(Must include G2-A, G2-FL, G2-LP and/o Estimated Tax paid for 2020 and Form			25.		
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electro			. 26.		
27.	Total prepayment credits (Add Lines 23	, 24, 2	25 and 26)	27.		5873
28.	If Line 22 exceeds Line 27, subtract Lin balance due			28.		
29.	If Line 27 exceeds Line 22, subtract Lin overpayment			. 29.		488
30.	Amount to be credited to 2021 ESTIN	IATE	О ТАХ	30.		0
31.	Georgia Wildlife Conservation Fund (N	o gift	of less than \$1.00)	31.		
32.	Georgia Fund for Children and Elderly	(No g	ift of less than \$1.00)	32.		
33.	Georgia Cancer Research Fund (No g	ift of l	ess than \$1.00)	33.		
34.	Georgia Land Conservation Program (I	No gif	t of less than \$1.00)	34.		
35.	Georgia National Guard Foundation (N	o gift (	of less than \$1.00)	35.		
36.	Dog & Cat Sterilization Fund (No gift o	fless	than \$1.00)	36.		
37.	Saving the Cure Fund (No gift of less	than \$	\$1.00)	37.		
38.	(No gift of less than \$1.00)		(REACH) Program	38. FOR PR	0	

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Georgia Form 500 Individual Income Tax Rete Georgia Department of Reven 2020		2100411552	YOUR SOCIAL SECURITY NUMBER 351-87-3806
Page 5			
39. Public Safety Memorial	Grant (No gift of less than \$1.00)		
40. Form 500 UET (Estima	ated tax penalty) 🗌 500 UET exce	eption attached 40.	
41. (If you owe) Add Lir MAKE CHECK PAYAE	ies 28, 31 thru 40 BLE TO GEORGIA DEPARTMENT (	41. <b>DF REVENUE</b>	
Amount Due Mail To: GEORGIA DEPARTME PROCESSING CENTER ATLANTA, GA 30374-0	R, PO BOX 740399		
THIS IS YOUR REFUN	d) Subtract the sum of Lines 30 thru 4 ID Pirect Deposit information or if yo ; 0nly)		488 Il be issued a paper check.
Type: Checking 🗌 Savings 🗌	Routing Number Account Number		Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740380 ATLANTA, GA 30374-0380
I/We declare under the penalties and belief, it is true, correct, and	complete. If prepared by a person other tha	n (including accompanying schedules an n the taxpayer(s), this declaration is base	DOCUMENTS, OR TAX RETURN. nd statements) and to the best of my/our knowledge ed on all information of which the preparer has knowledge. i, free of any expense to the State of Georgia.
Date		Date	
Date		Date	
Taxpayer's Phone Nun 973–941–8292	nber	I authorize DOR to discuss	this return with the named preparer.
my account(s).		t of Revenue to electronically notify me a	at the below e-mail address regarding any updates to
Taxpayer's E-mail Addre	255		
SYAM PRIYA RAM	SAGAR GUPTA TALLAM		's Phone Number 965–9522
Signature of Preparer Name of Preparer Other SYAM PRIYA RA		Preparer 30-1	čsFEIN .017196
Preparer's Firm Name GLOBAL TAXES	LLC		r's SSN/PTIN/SIDN 182703
			REV 01/23/21 PRO

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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 midow(er) (QW)         Your first name and middle initial       Last name       Your social security number         SILIVIASA RAO       MAKKENA       351–67-3806         Home address (number and stree), If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         130       PERTH       PLACE       Spouse's social security number       Check here's you, or your         City, town, or poot office. If you have a toreign address, also complete spaces below.       NJ       O7080       box below will not chenge         SOUTH PLACE       Foreign postulcode       NJ       O7080       box below will not chenge       Your spouse as a dependent         Declution       Spouse itemizes on a separate return or you were a dual-status allen       South y wint as a dependent       You       Spouse         Age/Blindhess You:       (Here N and anvites S. Said       QU your spouse as a dependent       You       South elected to cherchecke iter       Child tax credit or advecked to cherchecke iter         If more than four dependents, see instructions:       (Here N and anvites Saida actints)	E1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		(99) <b>urn</b>	20	20	OMB No. 154	5-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
SRINIVASA RAO       MAKKENA       351-87-3806         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Joint return, spouse's first name and middle initial       Last name       Spouse's social security number         City, town, or post office. If you have a foreign address, also complete spaces below.       State       2/P code       Dop out at a first of initian Checking a box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       you tax or refund.         You       Spouse itemizes on a separate return or you were a dual-status alien       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You       Wages, salaries, tips, etc. Attach Form(s) W-2       I       1       111, 567.         Sch and check	Check only	lf yc	ou checked the MFS box, enter the n	ame of	-		. ,				,		, 0	. , . ,
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         130 DERTH PLACE       Check here if you, or your       Concek here if you, or your       Spouse's social security wants 3: tog to this fund. Checking a box below will not change box below will not change a box below will not change box be	Your first name	e and m	iddle initial	Last na	me							Your so	cial securi	ty number
Home address fnumber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your spouse if filing jointly, want 83 to go to filing. If you have a foreign address, also complete spaces below.       NJ       O'Deck here if you, or your spouse if filing jointly, want 83 to go to filing. If you have a foreign address, also complete spaces below.       NJ       O'Deck here if you, or your spouse if filing jointly, want 83 to go to filing. If you have a foreign address, also complete spaces below.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Vou       Spouse       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       You       Were born before January 2, 1956       Are blind         Dependents       (see instructions):       (i) Pirst name       Last name       Interest       1       111, 567.         Attach       Tax-exempt interest       2a       b Taxable interest       2b       2b         Attach       Ga Cualified dividends       Ga Low Altach       5b       6b	SRINIVA	SA R.	AO	MAKK	ENA							351-	87-380	6
130 PERTH PLACE       Check here if you, or your         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         SOUTH PLAINFIELD       NJ       07.080       go to this indiv. Checking a box below will not change your is or refurned.         Foreign country name       Foreign province/state/county       Foreign postal code       Will not change your is or refurned.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Will will not change your is or refurned.         Age/Blindness       You:       Spouse itemizes on a separate return or you were a dual-status allen       Monthematical interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Oreal control       Is blind         Dependents       see instructions):       (2) Social security       (3) Pelationship       (4) 4' if qualifies for (see instructions):       Is blind         finore       (1) First name       Last name       In umber       In unaber	If joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
Curry, or post office, in your name in long in address, also both parts spuces below.       State       20 Curry Processor       to go to this fund, checking a box below with of change your tax or refund.         SOUTT PLAINFIELD       Foreign province/state/county       Foreign province/state/county       Foreign postal code       you is box below with of change 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 X No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Dependents       See instructions):       (2) Social security       (2) Relationship       (4) If virtualines for (see instructions):         If more       (1) First name       Last name       (2) Social security       (2) Relationship       (4) If virtualines for (see instructions):         If more       (1) First name       Last name       (2) Social security       (2) Relationship       (4) If virtualines for (see instructions):         and check	130 PER	TH P	LACE									Check	here if you,	or your
SOUTH       PLAINFIELD       NJ       07080       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.       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 souse as a dependent       You       Spouse         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Yes       No         Dependents       (see instructions):       (f) First name       Last name       (g) Social security       (g) Relationship       (h/ V' I qualifies for (see instructions):         if more       (1) First name       Last name       inumber       inumber       inumber         and check       inumber       inuinus, social social socurity onumber			, ,	mplete s	paces be	low.	Sta	te						
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         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:       (a) V if qualifies for (see instructions):         If more than four dependents, see instructions       (i) First name       Last name       Immediate	SOUTH P	LAIN	FIELD				N	J	070	080		box be	low will not	change
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If wages, salaries, tips, etc. Attach Form(s) W-2       1       111, 567.       2b         Attach       2a       b       b       Taxable interest       2b         Standard       Ga       Qualified dividends       3a       b       Taxable amount       4b         Standard       Ga       Social security benefits       Ga       b       Taxable amount       6b         Tocapital gain or (loss). Attach Schedule D	Foreign countr	y name		1	Foreign pi	rovince/stat	e/coun	ty	Forei	gn postal c	code	your ta		_
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       (2) Social security       (3) Relationship       (4) ✓ If qualifies for (see instructions):         If more dependents, see instructions       Last name       (2) Social security       (3) Relationship       (4) ✓ If qualifies for (see instructions):         Attach       Immore       Immore <thimmore< th="">       Immore</thimmore<>	At any time du	uring 20	020, did you receive, sell, send, exch	nange, c	or otherw	vise acquii	re any	financial inter	est in a	any virtu	al cu	rrency?	Yes	X No
Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents;         see instructions and check here ▶		_		•		•								
If more than four dependents, see instructions and check       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check       Image: see instructions and check       Image: see instructions       Image: see i	Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are bl	lind <b>S</b>	pouse	: 🗌 Was bo	rn bef	ore Janu	ary 2	2, 1956	🗌 ls b	lind
If more than four dependents, see instructions and check dependents, see instructions and check here b       Image: the	Dependent				(2) S		rity		nip				1	
dependents, see instructions and check here <ul> <li>Wages, salaries, tips, etc. Attach Form(s) W-2</li> <li>Tax-exempt interest</li> <li>2a</li> <li>b Taxable interest</li> <li>2b</li> </ul> Attach       2a       a Qualified dividends       1       1111,567.         Sch. B if required.       3a       Qualified dividends       3b       2b         4a       b Taxable interest       3b       3b       3b         5a       b Taxable amount       5b       5b       5b         Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       5b         Standard Deduction for direct filing point 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         9       104, 217.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income                    10a              104, 217.              9       104, 217.              104, 217.              104, 217.              104, 217.              105, 250.              104, 217.              11       103, 967.              11		<b>(1)</b> F	irst name Last name		number to you				Child tax credi			Credit for ot	her dependents	
see instructions       Image: see instructions       Image: see instructions       Image: see instructions         and check       Image: see instructions														<u> </u>
here       I       Wages, salaries, tips, etc. Attach Form(s) W-2       I       1111, 567.         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       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, S12,400       6a       Other income from Schedule 1, line 9       5c       7       8       -7,350.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       104, 217.       9       104, 217.         10       Adjustments to income:       10a       10b       250.       104, 217.       10a       104, 217.         11       Subtract line 10c from line 9. This is your adjusted gross income       10a       102       250.       104, 217.         10       Add lines 10a and 10b. These are your total adjustments to income       10b       250.       102.		IS												<u> </u>
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       111, 567.         Attach       2a       b       Tax-exempt interest       2b         Sch. B if       a       Qualified dividends       3a       b       Other         4a       IRA distributions       4a       b       Definition       3b         5a       Pensions and annuities       5a       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       6a       b       Taxable amount       5b         Standard       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       8       -7, 350.         9       104, 217.       10       Adjustments to income:       10b       250.         9       104, 217.       10       Adjustments to income:       10b       250.         9       104, 217.       10       Adjustments to income:       10b       250.         9       104, 217.       10       Adjustments to income:       10b       250.<														<u> </u>
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       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       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 1, line 9       Image: Capital gain or (loss). Attach Schedule 2.       Image: Capital gain or (loss). Attach Schedule 2.       Image: Capital gain or (loss). Attach Schedule 3.       Image: C	nere 🕨 🔛											- 1		
Sch. B if required.       2a       2a       2a       2a       2a         Sch. B if required.       3a       Qualified dividends       3a       3b       3b         Standard       IRA distributions       4a       b       b       Taxable amount       3b         Standard       Pensions and annuities       5a       b       5a       b       5b         Standard       Ga       Social security benefits       6a       b       Taxable amount       5b         Ga       Social security benefits       6a       b       Taxable amount       7       7         Sigle or Married filing jointly or Qualifying widow(er), \$24,800       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8       -7, 350.         9       104, 217.       9       104, 217.       9       104, 217.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10b       250.         9       104, 217.       9       104, 217.       9       104, 217.         9       Add lines 10 and 10b. These are your total adjustments to income       10b       250.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       103, 967. <td< td=""><td>Attach</td><td><u> </u></td><td></td><td> î</td><td>W-2 .</td><td>· · ·</td><td>• •</td><td></td><td></td><td>• •</td><td>·</td><td></td><td></td><td>11,567.</td></td<>	Attach	<u> </u>		î	W-2 .	· · ·	• •			• •	·			11,567.
required.       3a       Gualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         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       7       8       -7, 350.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       104, 217.         10       Adjustments to income:       10a       10b       250.         10       Add lines 10a and 10b. These are your total adjustments to income       10c       250.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       103,967.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       12       12,400.         13       Qualified business income deduction. A		2a	· -				bΤ	axable interes	st.		•			
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       Social security benefits       6a       b       Taxable amount       6b         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       6a       -7, 350.       9       104, 217.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       9       104, 217.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       10a       104, 217.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       104, 217.         9       104, 217.       10       Adgiustments to income:       10a       10b       250.         9       104, 217.       10       Add lines 10a and 10b. These are your total adjustments to income       10a       10c       250.         11       103, 967.       11       103, 967.       11       103, 967.       12       12       12, 400.         13       14       Add lines 12 and 13       14       12, 400.								-			·			
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       9       104, 217.       9         • Married filing jointly or Qualifying widow(er), \$24,800       •       From Schedule 1, line 22       .       10a         • Married filing jointly or Qualifying widow(er), \$24,800       •       Add lines 10a and 10b. These are your total adjustments to income:       10b       250.         •       •       Deduction or itemized deductions (from Schedule A)       •       11       103,967.         •       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         •       13       Add lines 12 and 13       .       .       14       12,400.         •       14       12,400.       15       91,567.       15       91,567.				-							·			
Deduction for-       7         • Single or Married filing separately, \$12,400       7         • Other income from Schedule 1, line 9       -         • Married filing separately, \$12,400       9         • Married filing jointly or Qualifying widow(er), \$24,800       9         • Married filing jointly or Qualifying widow(er), \$24,800       9         • Capital gain or (loss). Attach Schedule 1, line 9       -         • Married filing jointly or Qualifying widow(er), \$24,800       9         • Charitable contributions if you take the standard deduction. See instructions household, \$18,650       10a         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •         • If you checked any box under Standard Deduction, see instructions.       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       13         • Add lines 12 and 13       -       -       14       12,400.         • I       14       12,400.       14       12,400.		5a									·			
<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>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Head of household, \$14</li> <li>Add lines 12 and 13</li> <li>Married filing yidow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>Household, \$14</li> <li>12</li> <li>91,567.</li> </ul>		6a	···· · · · · · · · _						nt		• _			
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -7,350         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       104,217         9       104,217       9       104,217         9       104,217       9       104,217         9       104,217       9       104,217         9       104,217       10a       10a         9       104,217       10a       10a         9       104,217       10a       104,217         9       104,217       10a       10a         9       104,217       10a       10a         9       104,217       10a       10a       10a         9       104,217       10a       10a       10a       10a         9       104,217       10a       10b       250       10c       250         9       104,217       10a       10b       250       10c       250         9       10a       10b       250       11       103,967       11       103,967         16       Standard deduction or itemized deductions (from Schedule A)       12       12,400       12,400       13<		7	1 0 ( )		f required	d. If not re	quired	, check here				_		
\$12,400       9       Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income       9       104, 217.         • Married filing jointy or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointy or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10b       250.       10c       250.         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	,								•			
jointly or Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       250.         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .       .       .       .         11       Subtract line 10c from line 9. This is your adjusted gross income       .       .       .       .       .         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .       .       .       .       .         14       Add lines 12 and 13       .       .       .       .       .       .       .       .       .         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       .		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is yo	our <b>total ir</b>	come				·	▶ 9	1	04,217.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       250.         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .       .       .       .       .       .       11       103,967.         • If you checked any box under Standard Deduction, see instructions.       12       Standard deduction or itemized deductions (from Schedule A)       . <td< td=""><td>The family and the second seco</td><td>10</td><td>Adjustments to income:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	The family and the second seco	10	Adjustments to income:											
\$24,800       • If the contributions if you take the standard deduction, dee instructions       • If the contributions       250.         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Qualifying	а	From Schedule 1, line 22					10	а			_		
<ul> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>Subtract line 10c from line 14 from line 11. If zero or less, enter -0-</li> </ul>		b	Charitable contributions if you take	the star	ndard de	duction. S	ee inst	ructions 10	b		25	0.		
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       103,967.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       12,400.       14       12,400.       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       91,567.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>to</b> l	al adjus	stments to	o incol	me				► <u>10</u>		
any box under Standard Deduction, see instructions.131314Add lines 12 and 13		11	Subtract line 10c from line 9. This	is your a	adjusted	l gross in	come					► <u>11</u>	1	03,967.
Standard Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       91,567.		12	Standard deduction or itemized	deduct	i <b>ons</b> (fro	m Schedu	ile A)					. 12	2	12,400.
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduction	ion. Atta	ach Form	n 8995 or l	Form 8	995-A				. 13	3	
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14												
		′ <b>1</b> 5	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or les	s, ente	er-0				. 15	5	

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

Form **1040** (2020)

Form 1040 (2020	))										F	Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2 🗌 4	4972	3			16	16,0	58.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	16,0	58.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	16,0	58.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 1	▶ 24	16,0	58.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	19	,707			
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								25d	19,7	07.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return .					26		
qualifying child,	27	Earned income credit (EIC)			. No		27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and re	efunda	ble cr	edits	. 1	32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. )	▶ 33	19,7	07.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the	amoun	nt you	overpaid		34	3,6	49.
neruna	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	3 is attache	d, chec	k here			35a	3,6	49.
Direct deposit?	►b						s					
See instructions.	►d	Account number X X X	X X X X	x x x z	X X X	XX	XZ	x				
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax		36					
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now				. 🕨	37		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for					or 🗌					
For details on		2020. See Schedule 3, line 1			•							
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .				38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the	e IRS?	See					
Designee	ins	tructions	· · · · ·					Yes. Co	omplet	e below.	🗙 No	
		signee's		Phone						ntification		
		ne 🕨		no. 🕨					oer (PIN	/		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occup	,	500 011	an informatio			nt you an Identity	•
	. 10	ur signature		Dale	rour occup	Jation					IN, enter it here	/
Joint return?			SOFTWARE		ARE E	ENGINEER		(s	ee inst.) 🕨			
See instructions.	Sp	pouse's signature. If a joint return, <b>both</b> must sign. Date			Spouse's occupation					nt your spouse a		
Keep a copy for your records.	•									ection PIN, enter	it here	
your recorde.									(S	ee inst.) 🕨		
		one no.	Dura and 1	Email address					יאידם		Observity 'f	
Paid		parer's name	Preparer's signat		611D		Date		PTIN	00505	Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TA	ALLAM	02/0	04/2021		82703	Self-emplo	<u> </u>
Use Only		m's name ► GLOBAL TA							P	none no. (	678)965-9	
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30	041			Fi	rm's EIN 🕨		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV	02/01/21 PRC	)		Form <b>1040</b>	<b>)</b> (2020)

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

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

OMB No. 1545-0074

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

r soc	al security number
	Attachment Sequence No. <b>01</b>

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information.				
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al secu		
SRINIVASA RAO	MAKKENA	351-87	-3806		

#### Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	<b>2</b> a	
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	-7,350.
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	-7,350.
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 02/01/21 PRO	Schedu	e 1 (Form 1040) 2020