Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

- Internal n	lever the Get vice					
Submis	ssion Identification Number (SID)					
Taxpayer	r's name	Social secu	rity num	ber		
SIND	HUJA BHOOMPALLY	580-4	1-031	2		
Spouse's	s name	Spouse's s	ocial sec	urity nu	mber	
В	To District To West Full Described 4			11	• • • •	
Part		r year you	are au	tnoriz	ing.)	
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		1 1	I	69	323.
	Total tax		2			$\frac{323.}{314.}$
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			118.
	Amount you want refunded to you		4			804.
	Amount you owe		5			001.
Part I		keep a co	py of y	our r	eturr	<u>n)</u>
my know return (c to send for any c Agent to paymen authoriz paymen business taxes to persona	renalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incert of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the lidentification number (PIN) below is my signature for the income tax return (original or amended) I agic Funds Withdrawal Consent.	ve are the anitter, or election of the J.S. Treasury dicated in the on to debit et the author juests must et processing payment. I fi	mounts tronic re transmi and its tax preperent entry ization. The receipt of the eurther ac	from the turn or the turn or the signal of the the terminal of	ie inco iginato (b) the ated Fin softwaccou oke (ca o later ic payredge t	ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the
	yer's PIN: check one box only	Г				
X	I authorize GLOBAL TAXES LLC to enter or generate	my DIN	1 0	3 1	2	ac my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		Inter five Ion't ente		but	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.					
Your si	gnature ▶ Date ▶					
Spous	e's PIN: check one box only	_				
Opous	I authorize to enter or generate	my DINI				as my
Ш	ERO firm name		nter five	digits.		as my
	signature on the income tax return (original or amended) I am now authorizing.	(lon't ente	er all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.		_			-
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	I				
Part I	II Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7	8 6	1 9	8	9
			nter all z	eros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	nitting this re	turn in	accord	anće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

E1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only				ed filing separately		_		•	_					
one box.		ou checked the MFS box, enter the son is a child but not your depender					or Q	v box, enter	trie Criii	usi	iame ii ine	e qualifying		
Your first name			Last na			<u>-</u>			Your	soc	ial security	y number		
SINDHUJA BI				MPALLY					580	580-41-0312				
If joint return, spouse's first name and middle initial Last r			Last na	me					Spot	Spouse's social security number				
										806-70-6874				
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Pres	iden	tial Electio	n Campaign		
1111 AB	RAMS	RD						217			ere if you,	•		
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ite	ZIP	code			0,	tly, want \$3		
Richard	son			TX			7!	5081	-	to go to this fund. Checking a box below will not change				
Foreign country	y name		F	oreign province/state	e/coun	ty	For	Foreign postal code		your tax or refund.				
											You	Spouse		
At any time du	iring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquir	e any	financial in	iterest ir	n any virtual	currenc	y?	Yes	⊠ No		
Standard		neone can claim:	•				ent							
Deduction	;	Spouse itemizes on a separate retu	ırn or you	were a dual-statu	s alier	1								
Age/Blindness	S You	: Were born before January 2,	1956	Are blind S	oouse	e: 🗌 Was	born b	efore Januar	y 2, 195	6	☐ Is bli	nd		
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relati	onship	(4) ✓ i	f qualifies	ifies for (see instructions):				
If more	(1) F	irst name Last name		number		to you		Child tax cred		C	redit for oth	er dependents		
than four														
dependents, see instruction	s ——											<u> </u>		
and check	·													
here ▶ 📗]					
A 1	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	7	75,023.		
Attach Sch. B if	2a	Tax-exempt interest	2a		b 7	axable inte	erest			2b				
required.	3a	Qualified dividends	3a		b Ordinary dividends			ds		3b				
	4a	IRA distributions	4a		b Taxable amount					4b				
	5a	Pensions and annuities	5a		b 7	axable am	ount .			5b				
Standard Deduction for—	6a	Social security benefits	6a			axable am			<u>.</u>	6b				
Single or	7	Capital gain or (loss). Attach Scho		•		•	re .	•	· 📙 📙	7				
Married filing separately,	8	Other income from Schedule 1, li	from Schedule 1, line 9						·	8		5,550.		
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				•	9	6	59,473.		
Married filing jointly or	10	Adjustments to income:												
Qualifying	а	From Schedule 1, line 22												
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 150.									4			
Head of household,	С	Add lines 10a and 10b. These are	•	-						10c	 _	150.		
\$18,650	11	Subtract line 10c from line 9. This	•							11		9,323.		
If you checked any box under	12	Standard deduction or itemized		,	-				.	12	$+$ $\frac{1}{}$	2,400.		
Standard Deduction,	13	Qualified business income deduc	tion. Atta	ich Form 8995 or F	orm 8	3995-A .			.	13				
see instructions.	14	Add lines 12 and 13							.	14		2,400.		
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	s, ente	er-0			.	15	5	6,923.		

Form 1040 (2020))									Page 2		
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	8,314.		
	17	Amount from Schedule 2, lin	ne 3						17			
	18	Add lines 16 and 17							18	8,314.		
	19	Child tax credit or credit for	other dependen	ts					19			
	20	Amount from Schedule 3, lin	ne 7						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	8,314.		
	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 total tax					. •	24	8,314.		
	25	Federal income tax withheld	from:							·		
	а	Form(s) W-2				25a	10,	118.				
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c	,						25d	10,118.		
	26	2020 estimated tax payment							26			
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27						
attach Sch. EIC. If you have	28	Additional child tax credit. A				28			1			
nontaxable	29	American opportunity credit				29			-			
combat pay, see instructions.	30	Recovery rebate credit. See		•		30			-			
	31	,				31			-			
	32	Amount from Schedule 3, line 13										
	33	ŭ	•						32	10,118.		
	34	Add lines 25d, 26, and 32. These are your total payments							34	1,804.		
Refund	35a							35a	1,804.			
Direct deposit?	b b								33a	1,004.		
See instructions.	►d	Account number 4 4 4				J CHECKII	ig ∐s ∷	aviriys				
	36					36	j					
Amarint		Amount of line 34 you want a							37			
Amount You Owe	37	Subtract line 33 from line 24		•					31			
For details on		Note: Schedule H and Sch										
how to pay, see	00	2020. See Schedule 3, line 12e, and its instructions for details.										
instructions.	38	Estimated tax penalty (see instructions)										
Third Party		you want to allow another	•				Yes. Cor	moloto	holow	⊠ No		
Designee		signee's		Phone				nal identi		≥ NO		
		me >		no.				er (PIN)				
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying scl	nedules an	d statement	s, and to	the bes	st of my knowledge and		
•	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh							n prepar	er has any knowledge.		
Here	Yo	ur signature		Date	Your occupation					nt you an Identity		
	k							- 1		IN, enter it here		
Joint return? See instructions.				IT EMPLOYEE					e inst.)			
Keep a copy for	Sp	ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupa	tion				nt your spouse an ection PIN, enter it here		
your records.								inst.) ▶				
	——Ph	one no.		Email address	l							
		eparer's name	Preparer's signat	l .		Date		PTIN		Check if:		
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALIAM	01/30)/2021 I	0208	2703	Self-employed		
Preparer		m's name ► GLOBAL TA				1 - 1 , 30	-	\neg		678)965-9522		
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041				ı's EIN ▶			
Go to www ire or		m1040 for instructions and the late			BAA	DEV 04	I/25/21 PRO	1	3 = 11 + 1	Form 1040 (2020		
40 10 WWW.113.90	JULI OIL	most of monuclions and the late	or information.		DAA	KEV 0	1/20/21 PKU			101111 1040 (2020		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

Attachment Sequence No. **01** Your social security number

SINI	DHUJA BHOOMPALLY 5	80-41-03	312
Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1	
2 a	Alimony received	. 2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	. 3	
4	Other gains or (losses). Attach Form 4797	. 4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	e E 5	-5,550.
6	Farm income or (loss). Attach Schedule F	. 6	
7	Unemployment compensation	. 7	
8	Other income. List type and amount ▶		
		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-N		F FF0
Par	t II Adjustments to Income	. 9	-5,550.
10	Educator expenses	. 10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
• •	officials. Attach Form 2106	1 1	
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 a on Form 1040, 1040-SR, or 1040-NR, line 10a	1 1	

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. **13** Your social security number

SIND	HUJA BHOOMPALL	·Υ						58	0-41-0	312	
Part		From Rental Real Estate and Roy	valties	Note: If	vou ar	e in th	e business c				rtv. use
. are		instructions. If you are an individual, repo	-		•				.		,, a
A Dic		nts in 2020 that would require you to									X No
		ou file required Form(s) 1099?		. ,							
		each property (street, city, state, ZIF		· · ·			<u> </u>				
A	KUKATPALLY HYDERABAD TELANGANA IN 365										
В											
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only						Personal Use Days			QJV
A	3	personal use days. Check the of if you meet the requirements to	if you meet the requirements to file as a qualified joint venture. See instructions.			365	0				
В		qualified joint venture. See inst									
С											$\overline{\Box}$
	of Property:										
	le Family Residence	3 Vacation/Short-Term Rental	5 Land		7	Self-l	Rental				
	ti-Family Residence		6 Roya				r (describe)	١			
Incom		Properties:	Ī		4	0 11.10	<u> </u>			С	;
3	Rents received		3		5	00.					
4	Rovalties received .		4								
Expen											
5			5								
6	_	nstructions)	6		1	50.					
7	· ·	nance	7								
8			8								
9			9								
10		ssional fees	10								
11			11		2.	00.					
12	_	d to banks, etc. (see instructions)	12			-					
13			13		5,3	00.					
14			14			00.					
15			15								
16			16								
17			17								
18		or depletion	18								
19	Other (list)		19								
20	` ′	lines 5 through 19	20		6,0	50.					
21	<u>-</u>	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
			21	-	-5,5	50.					
22	Deductible rental real on Form 8582 (see in	estate loss after limitation, if any, structions)	22 (_!	5,55	50.)	()()
23a	-	eported on line 3 for all rental prope				23a		5(00.		
b		eported on line 4 for all royalty prope				23b					
С		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		6,05	50.		
24		e amounts shown on line 21. Do no							24		
25	·	sses from line 21 and rental real estate		-		ter tota	ıl losses her	e.	25 (5	,550.)
26	• •	ate and royalty income or (loss). (-	Ì		
_0	here. If Parts II, III, I	V, and line 40 on page 2 do not a 40), line 5. Otherwise, include this ar	apply to	you, al	so er	nter th	is amount	on	26	_	5,550.