Form **8879**

(Rev. August 2020)

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

Submi	ssion Identification Number (SID)	
Taxpaye	r's name	Social security number
SITA	A RAM VADDI	686-44-1681
Spouse's	s name	Spouse's social security number
ABH1	NAYA SAHADEVA	APPLIED FOR
Part	Tax Return Information — Tax Year Ending December 31, (Enter	r year you are authorizing.)
Enter v	whole dollars only on lines 1 through 5.	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 107,237.
2	Total tax	2 9,714.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 16,820.
4	Amount you want refunded to you	4 8,906.
5	Amount you owe	5
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy of your return)
my kno return (i to send for any Agent to paymer authoriz paymer busines taxes to persona	penalties 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 local initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into the financial 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 preceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	ve are the amounts from the income tax nitter, or electronic return originator (ERO) jection of the transmission, (b) the reason J.S. Treasury and its designated Financial dicated in the tax preparation software for ion to debit the entry to this account. This is the authorization. To revoke (cancel) a quests must be received no later than 2 be processing of the electronic payment of payment. I further acknowledge that the
X	I authorize GLOBAL TAXES LLC to enter or generate 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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.	enter five digits, but don't enter all zeros
Your s	ignature ▶ Date ▶	
•		
· —	e's PIN: check one box only	BIN TO THE STATE OF THE STATE O
X	I authorize GLOBAL TAXES LLC to enter or generate	
	signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
	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 met below.	
Spous	e's signature ▶ Date ▶	
Spous	Practitioner PIN Method Returns Only—continue below	4
Part I		<u>'</u>
r are i		
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 Don't enter all zeros
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income seed to 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 return in accordance with the
ERO's	signature ▶ Date ▶	
	ERO Must Retain This Form — See Instructions	

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single X Married filing jointly Cubecked the MFS box, enter the nonis a child but not your dependent	ame of y								
Your first name and middle initial			Last na	me				Your social security number			
SITA RAM			VADD	ΟI				686-44-1681			
If joint return, s	oouse's	first name and middle initial	Last na	me				Spouse's social security number			
ABHINAYA	A		SAHA	ADEVA				APPLIED FOR			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ential Electi	ion Campaign	
5260 DAY	/ENP	ORT LN							here if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	State	ZIP	code		٠,	ntly, want \$3 Checking a	
DUBLIN			OH 4			43	3016		to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/county Foreign province/state/county			eign postal code	your ta	x or refund		
									You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, excl			any financial i	nterest ir	n any virtual c	urrency?	Yes	⋈ No	
Standard Deduction		eone can claim:	•			lent					
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	use: 🗌 Wa	s born b	efore January	2, 1956	☐ Is b	lind	
Dependents				(2) Social security					or (see instru	uctions):	
If more		First name Last name number to you Child tax credit				1	ther dependents				
than four										$\overline{\Box}$	
dependents,											
see instructions and check	s ——			_							
here ▶ □											
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	W-2				. 1	1	07,527.	
Attach	2a	Tax-exempt interest	2a		b Taxable int	erest		. 2k	,		
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary d	ividends		. 3k	,		
required.	4a	IRA distributions	4a		b Taxable an			. 4k)		
	5a	Pensions and annuities	5a		b Taxable an	nount .		. 5k)		
Standard	6a	Social security benefits	6a		b Taxable an	nount .		. 6k)		
Deduction for—	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here						□				
 Single or Married filing 	8	Other income from Schedule 1, line 9									
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inco	ome			▶ 9	1	07,527.	
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	ndard deduction. See	instructions	10b	29	0.			
Head of	С	Add lines 10a and 10b. These are	your tot	tal adjustments to ir	ncome			▶ 10	С	290.	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross inco	me			▶ 11	<u>ı 1</u>	07,237.	
 If you checked 	12	Standard deduction or itemized	deducti	ions (from Schedule	A)			. 12	2	24,800.	
any box under Standard	13	Qualified business income deduct	on. Atta	ach Form 8995 or For	rm 8995-A .			. 13	3		
Deduction, see instructions.	14	Add lines 12 and 13						. 14		24,800.	
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less,	enter -0			. 15	5	82,437.	

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

Form **1040** (2020)

Form 1040 (2020)			Page 2			
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,714.			
	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	9,714.			
	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	9,714.			
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.			
	24	Add lines 22 and 23. This is your total tax	24	9,714.			
	25	Federal income tax withheld from:					
	а	Form(s) W-2	-				
	b	Form(s) 1099					
	С	Other forms (see instructions)		1.5.000			
	d	Add lines 25a through 25c	25d	16,820.			
• 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 nontaxable	28	Additional child tax credit. Attach Schedule 8812					
combat pay,	29	American opportunity credit from Form 8863, line 8	4				
see instructions.	30	Recovery rebate credit. See instructions	-				
	31	Amount from Schedule 3, line 13	-	1 000			
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.			
-	33	Add lines 25d, 26, and 32. These are your total payments	33	18,620.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,906.			
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □ Routing number X X X X X X X X X	35a	8,906.			
See instructions.	►b	Routing number X					
	► d 36	Amount of line 34 you want applied to your 2021 estimated tax 36					
Amount			37				
You Owe	37	Subtract line 33 from line 24. This is the amount you owe now	31				
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.					
how to pay, see instructions.	38	Estimated tax penalty (see instructions)					
Third Party		you want to allow another person to discuss this return with the IRS? See					
Designee		structions	selow.	X No			
	De		Personal identification				
-		ne ▶ no, ▶ number (PIN) ▶					
Sign		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					
Here				nt you an Identity			
	, 10			N, enter it here			
Joint return?		SOFTWARE ENGINNER (see	inst.) ▶				
See instructions.	Sp			nt your spouse an			
Keep a copy for your records.	,		tity Prote inst.) ▶	ection PIN, enter it here			
		HOTE PERCEN	11131.)				
		one no. Email address sparer's name Preparer's signature Date PTIN	$\overline{}$	Check if:			
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2021 P0208	2702	Self-employed			
Preparer							
Use Only			Phone no. (678)965-9522 Firm's EIN ► 30-1017196				
Co to want iro or			S EIIN P	30-1017196 Form 1040 (2020)			
GO to www.irs.go)V/FOIII	n1040 for instructions and the latest information. BAA REV 01/15/21 PRO		Form 1040 (2020)			

Form **8889**

Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2020
Attachment Sequence No. 52

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 686-44-1681

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

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	Solf only	▼ Family
_		Self-Offly	<u> </u>
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,100.
9	Employer contributions made to your HSAs for 2020		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	5,600.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	rate HSAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
C	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	
Part			
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate HSAs	5,
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and		
	enter "HSA" and the amount on the dotted line	20	