Form <b>8879</b>
(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.

Submission Identification Number (SID)

Taxpaye	er's name	Social security	y numb	ber
HEM	ANTH SINGH BONDILI	862-69-	-5300	0
Spouse	's name	Spouse's soci	ial secu	urity number
Part	Tax Return Information – Tax Year Ending December 31, 2020 (Enter	year you a	re aut	thorizing.)
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		1	95,664.
2	Total tax		2	14,111.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	16,673.
4	Amount you want refunded to you		4	2,562.
5	Amount you owe		5	

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

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

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

9	5	3	0	0	00 m
Ent don	er fiv i't er	/e di nter a	gits, all ze	but ros	as my

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

Hemanth

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 s	signature
--------	-----------

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

I authorize

to enter or generate my PIN

Date

04/08/2021

		as my
	digits, k r all zer	

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 below												
Part III Certification and Authen	tication — Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFI	N followed by your five-digit self-selected PIN.	5	8	7			8 nter a	 	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 Date									
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
For Demonstral, Deduction Act Nation and		BEV 00/05/01 DDO	Farm 8870 (Day, 01 0001)						

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/25/21 PRO

E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	-0074	IRS Us	se Only	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ouse. If you		_			,		, 0	
Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number
HEMANTH	SIN	GH	BONI	DILI							862-	69-530	0
lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number
Home address 2900 W I		er and street). If you have a P.O. box, see LAND ST	instruct	ions.					. 81		Check	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	elow.	Sta	ite	ZIP co	de				ntly, want \$3
CHANDLEI	R					A	Z	852	24		Ŭ	low will not	Checking a change
Foreign country	/ name			Foreign p	province/stat	e/coun	ty	Foreig	n postal	code	1	x or refund	•
At any time du	ring 20	020, did you receive, sell, send, excl	nange,	or otherv	wise acquii	re any	financial intere	est in a	ny virtu	ial cu	Irrency?		X No
Standard Deduction Age/Blindness		eone can claim:  You as a de Spouse itemizes on a separate retur :  Were born before January 2, 1	n or you		dual-statu			rn befo	ore Jani	uary 2	2, 1956	🗌 ls b	lind
Dependents	s (see	instructions):		(2)	Social secu	rity	(3) Relations	nip	(4) 6	/ if q	ualifies fo	or (see instru	ictions):
If more		irst name Last name			number	to you Child				x credit Credit for other dep			
than four													
dependents, see instruction	e												
and check													
here 🕨 📃													
		Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .	· · · ·						. 1	1	03,865.
Attach Sch. B if	<b>2</b> a	Tax-exempt interest	2a			bΤ	axable interes	t.			. 2b	)	59.
required.	3a	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3b	)	
	4a	IRA distributions	4a			bΤ	axable amour	t			. 4b	)	
	5a	Pensions and annuities	5a			bΤ	axable amour	t			. 5b	)	
Standard	6a	···· · · · · · · · _	6a				axable amour	t		• _	. 6b	)	
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Schee	dule D i	f require	d. If not re	quired	, check here				_ 7		
Married filing separately,	8	Other income from Schedule 1, lin	e9.								. 8		-7,960.
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. <sup>-</sup>	This is yo	our <b>total ir</b>	come				•	▶ 9	_	95,964.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:					1	I.					
Qualifying	а							a			_		
widow(er), \$24,800	b	Charitable contributions if you take	the sta	ndard de	eduction. S	ee inst	ructions 10	b		30	0.		
Head of     household	С	Add lines 10a and 10b. These are								•	► 10		300.
household, \$18,650	11	Subtract line 10c from line 9. This								•	► <u>11</u>		95,664.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized		``		,							12,400.
Standard	13	Qualified business income deduction											
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	trom lir	ne 11. lf :	zero or les	s, ente	er-0				. 15	5	83,264.

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

Form **1040** (2020)

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check if any from	n Form(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	14,111.
	17	Amount from Schedule 2, line 3 .						17	
	18	Add lines 16 and 17						18	14,111.
	19	Child tax credit or credit for other dep	endents					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 of	r less, enter -0					22	14,111.
	23	Other taxes, including self-employment	nt tax, from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is your total	ltax				. 🕨	24	14,111.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	16,	673.		
	b	Form(s) 1099			25b				
	с	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	16,673.
• If you have a	26	2020 estimated tax payments and am						26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		<sup>No</sup> .	27				
If you have	28	Additional child tax credit. Attach Sch	edule 8812		28				
nontaxable combat pay,	29	American opportunity credit from Forr	n 8863, line 8 .    .		29				
see instructions.	30	Recovery rebate credit. See instructio	ns		30				
	31	Amount from Schedule 3, line 13 .			31				
	32	Add lines 27 through 31. These are yo	our <b>total other paym</b>	ents and refund	lable cre	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. These are	your <b>total payments</b>				. 🕨	33	16,673.
Refund	34	If line 33 is more than line 24, subtract	t line 24 from line 33.	This is the amou	unt you <b>c</b>	overpaid		34	2,562.
	35a	Amount of line 34 you want refunded		3 is attached, che	eck here			35a	2,562.
Direct deposit?	►b	Routing number 1 0 7 0 0		► c Type: 🕨	Check	ing 🗌 S	avings		
See instructions.	►d	Account number 7 5 3 2 4	2 2 2 7 1						
	36	Amount of line 34 you want applied to	o your 2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24. This is the	ne <b>amount you owe</b>	now			. 🕨	37	
You Owe		Note: Schedule H and Schedule SE			of the t	axes you o	we for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and it	s instructions for det	ails.					
instructions.	38	Estimated tax penalty (see instruction	s)	🕨	38				
Third Party		you want to allow another person t				_			
Designee		tructions			. 🕨 [	_ Yes. Cor	•		× No
		signee's ne ▶	Phone no. ►				nal identif er (PIN) 🕨		
Ciana		der penalties of perjury, I declare that I have e			hodulos a		. ,		t of my knowledge and
Sign		ef, they are true, correct, and complete. Decla							
Here	Yo	ur signature	Date	Your occupation			If the	IRS ser	nt you an Identity
		R. Hemanth Singh	0.4/00/0004						IN, enter it here
Joint return?			04/08/2021	ENGINEER		POWER	•	nst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must s	sign. Date	Spouse's occupa	ation				nt your spouse an ection PIN, enter it here
your records.								nst.) 🕨	
	Ph	one no.	Email address	1					
			s signature		Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PI	0	GUPTA TALLAN			202082	2703	Self-employed
Preparer		n's name ► GLOBAL TAXES LL				., = = = = = = =			678)965-9522
Use Only		n's address ► 2530 Pebble Cre		g GA 30041				s EIN 🕨	
Go to www irs or		1040 for instructions and the latest informati		BAA		03/25/21 PRO			Form <b>1040</b> (2020)

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.

	Attachment Sequence No. <b>01</b>
r soc	ial security number
2-69	-5300

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information.		Sec
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	al se
HEMANTH SINGH	BONDILI	862-69	-530

# Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> 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	5	-7,960.
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,		
Par	line 8       . <th>9</th> <th>-7,960.</th>	9	-7,960.
		10	
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		18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19		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 <b>adjustments to income.</b> 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 03/25/21 PRO	Schedule	e 1 (Form 1040) 2020

SCHEDULE E	
(Form 1040)	

Department of the Treasury Internal Revenue Service (99)

N

# **Supplemental Income and Loss**

OMB No. 1545-0074 

	(From rental real estate, royaltie	s, partnerships, S corporations,	, estates, trusts,	, REMICs, etc.
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	·		· •		• •			,	,	,
•	Att	ach to	Form	1040	, 1040-	SR, 10	040-NF	l, or 104	1.	
► Go to www	.irs.	gov/S	chedul	leE fo	or instr	uction	s and	the lates	st inforr	nation.

	Attachment Sequence No. <b>13</b>
10.)	2020

. ,									-
	NTH SINGH BONDILI							2-69-530	
Part		-		-				• • •	
	Schedule C. See instructions. If you are an individual, rep								
	I you make any payments in 2020 that would require you to		. ,						
	Yes," did you or will you file required Form(s) 1099?							🗌	Yes 🗌 No
1a	Physical address of each property (street, city, state, ZIF	,							
Α	RAMALINGESWARA PET VIJAYAWADA ANDHRA 1	PRADES	SH IN	5200	003				
В									
С									
1b	(from list below) 2 For each rental real estate pro above, report the number of fa	perty list air rental	ed and			Rental Days	Per	sonal Use Davs	QJV
Α	personal use days (check the	QJV bo	k only	Α		365		0	
 B	3 if you meet the requirements to qualified joint venture. See inst	o file as tructions	a	B		305		0	
C			-	C					
-	of Property:			U					
	gle Family Residence 3 Vacation/Short-Term Rental	5 Land	4	-	7 Self-	Rental			
	ti-Family Residence 4 Commercial	6 Roya				r (describe	)		
Incom				A			) 3		С
3	Rents received	3			500.				•
4	Royalties received	4							
Expen									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,	130.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11			900.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest.	13							
14	Repairs	14		2,	350.				
15	Supplies	15		1,	980.				
16	Taxes	16							
17	Utilities	17		2,	100.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,	460.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must			_	0.00				
	file Form 6198	21		-7,	960.				
22	Deductible rental real estate loss after limitation, if any,					(			、
00-	on <b>Form 8582</b> (see instructions)	22 (		-7,9	60.)	(	г <i>и</i>		)
23a	Total of all amounts reported on line 3 for all rental prope			•	23a		50	00.	
b	Total of all amounts reported on line 4 for all royalty prop	erties		•	23b				
c d	Total of all amounts reported on line 12 for all properties	• •		•	23c 23d				
d	Total of all amounts reported on line 18 for all properties	• •		·			0 //	5.0	
е 24	Total of all amounts reported on line 20 for all properties <b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>		 		23e		8,40	<b>24</b>	
24 25	<b>Losses.</b> Add royalty losses from line 21 and rental real estate		-		· ·		·	24 (	7,960.)
							F	2.5	1,900.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a							26	-7,960.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Form	8889
Depar	tment of the Treasury

# Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
HEMANTH SINGH BONDILI	have HSAs, see instructions ► 862-69-5300

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

Part			
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spouse.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.		
	See instructions	× Sel	f-only 🗌 Family
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 <b>every</b> month during 2020, you		
	were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3	3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853.		5,550.
-	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	3,550.
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	3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage		0
0	under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7 8	0.
8 9	Add lines 6 and 7       .	8	3,550.
10	Qualified HSA funding distributions   1   10	-	
11	Add lines 9 and 10	11	675.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,875.
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		arate H	ISAs, complete
	a separate Part II for each spouse.		
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	439.
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	
с		14c	439.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	439.
16	<b>Taxable HSA distributions.</b> 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	0.
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			efore
	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.		
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	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

\$	2522	Passive Activity Loss Limitations	0	MB No. 1545-1008
	PJUCZ lent of the Treasury Revenue Service (9	<ul> <li>See separate instructions.</li> <li>Attach to Form 1040, 1040-SR, or 1041.</li> </ul>	A	2020 ttachment equence No. 858
	) shown on return		Identifying n	
HEMA	ANTH SINGE	BONDILI	862-69-	-5300
Part	2020 F	assive Activity Loss		
	Cautio	: Complete Worksheets 1, 2, and 3 before completing Part I.		
Renta	I Real Estat	e Activities With Active Participation (For the definition of active participation,	see	
Specia	al Allowance	for Rental Real Estate Activities in the instructions.)		
<b>1</b> a		n net income (enter the amount from Worksheet 1, column (a)) . 1a	0.	
b		n net loss (enter the amount from Worksheet 1, column (b)) 1b ( 7,96	0.)	
С	-	nallowed losses (enter the amount from Worksheet 1, column (c))	)	
		s 1a, 1b, and 1c	. 1d	-7,960.
Comn		lization Deductions From Rental Real Estate Activities		
2a		revitalization deductions from Worksheet 2, column (a) 2a (	)	
b		allowed commercial revitalization deductions from Worksheet 2,		
	column (b)		)	
	Add lines 2a		. 2c	( )
	her Passive /			
		n net income (enter the amount from Worksheet 3, column (a)) . 3a		
b		n net loss (enter the amount from Worksheet 3, column (b)) 3b (	)	
c	-	nallowed losses (enter the amount from Worksheet 3, column (c))	)	
d 4		s 3a, 3b, and 3c	. 3d	
	return; all los	ses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or sees on the forms and schedules normally used	3c 	-7,960
Part II	or Part III. Ins	g status is married filing separately and you lived with your spouse at any time durin tead, go to line 15.	g the year,	do not complete
Part		I Allowance for Rental Real Estate Activities With Active Participation		
		nter all numbers in Part II as positive amounts. See instructions for an example.		
5		aller of the loss on line 1d or the loss on line 4	. 5	7,960.
6		00. If married filing separately, see instructions		
7		ad adjusted gross income, but not less than zero. See instructions <b>7</b> 103,62	4.	
		7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
0		Twise, go to line 8.	e l	
8 9		7 from line 6		72 100
				23,188.
10		aller of line 5 or line 9       .<	. 10	7,960.
Part		I Allowance for Commercial Revitalization Deductions From Rental Real	Fetato Ar	stivities
rart		nter all numbers in Part III as positive amounts. See the example for Part II in the instru	ictions	
	Note:	nter all numbers in Part III as positive amounts. See the example for Part II in the instru- or reduced by the amount, if any, on line 10. If married filing separately, see instruction		
11	Note: E Enter \$25,00	0 reduced by the amount, if any, on line 10. If married filing separately, see instruction	s. <b>11</b>	
11 12	Note: E Enter \$25,00 Enter the los	0 reduced by the amount, if any, on line 10. If married filing separately, see instructions s from line 4 .	6. <b>11</b> . <b>12</b>	
11 12 13	Note: E Enter \$25,00 Enter the los Reduce line	0 reduced by the amount, if any, on line 10. If married filing separately, see instructions s from line 4	6     11       .     12       .     13	
11 12 13 14	Note: E Enter \$25,00 Enter the los Reduce line Enter the sm	0 reduced by the amount, if any, on line 10. If married filing separately, see instructions         s from line 4         12 by the amount on line 10         allest of line 2c (treated as a positive amount), line 11, or line 13	6     11       .     12       .     13	
11 12 13 14 Part	Note: E Enter \$25,00 Enter the los Reduce line Enter the sm IV Total	0 reduced by the amount, if any, on line 10. If married filing separately, see instructions s from line 4	5.     11       .     12       .     13       .     14	
11 12 13 14 Part 15	Note: IEnter \$25,00Enter the losReduce lineEnter the smIVTotalAdd the income	0 reduced by the amount, if any, on line 10. If married filing separately, see instructions s from line 4	5     11       .     12       .     13       .     14	0.
11 12 13 14 Part	Note: E Enter \$25,00 Enter the los Reduce line Enter the sm V Total Add the inco Total losses	0 reduced by the amount, if any, on line 10. If married filing separately, see instructions s from line 4	S     11       .     12       .     13       .     14	

# **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 ga	ain or loss
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss
RAMALINGESWARA PET	0.	7,960.			7,960.
Total. Enter on Form 8582, lines 1a, 1b,					
and 1c	0.	7,960.			

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)

Name of activity	Currer	nt year	Prior years	Overall gain or loss		
	(a) Net income (line 3a)	<b>(b)</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)	<b>(a)</b> Loss	<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a)
RAMALINGESWARA PET	E Ln 22	7,960.	1.00000000	7,960.	0.
	1				
Total		7,960.	1.00	7,960.	0.

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

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
Total			1.00	

# Arizona Form

### **E-file Signature Authorization**

2020

\*Do Not Truncate

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
HEMANTH SINGH	BONDILI	Enter	862   69   5300
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*

#### PART 1 – PURPOSE

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFO	RMATION		PART 3 – FINANCI	AL INSTIT	UTION INFORMATION
			Must be present whe	en requestir	ng direct debit or deposit.
1 Arizona Adjusted Gross Income	95,664 00		Foreign Account	Deposit/De	ebit: See instructions below.
2 Balance Of Tax	2,815 00		TYPE OF ACCOUNT		
<b>3</b> Arizona Income Tax Withheld	3,940 00		X Checking □ S	Savings	1 0 7 0 0 2 1 9 2
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER	<del></del>	
4 <b>REFUND:</b> Enter the amount of	f refund	1,12500	7 5 3 2 4 2 2	2 7 1	
5 AMOUNT YOU OWE: Enter th	e amount owed	00	DIRECT DEBIT REQUEST DAT	.TE \$	

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, *you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.* 

#### PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

#### I authorize GLOBAL TAXES LLC

#### (ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

HERE	<b>→</b>	B. Hemanth Sing	04/08/2021	
SE SIGN HE		YOUR PEN AND INK SIGNATURE	DATE	
PLEA		SPOUSE'S PEN AND INK SIGNATURE	DATE	

RETURN.			Arizona Form	R	Resident	Persor	nal Inco	ome Tax	Return	F		endar year	
RE	32F		heck box 82F filing under extension	on OR FISCA	L YEAR BEGI			12,0,2,0		; <u> </u>		<u> </u>	66F
TO THE	_`	Your F	irst Name and Middle Ini	itial		Last	Name		Ente	Your	Social	Security Nu	mber
0	1		IANTH SINGH				DILI		your	. 86		59 <u> </u> 530	
ST	_	Spous	e's First Name and Midd	lle Initial (if box 4 c	or 6 checked)	Last	Name		SSN	Shou	se's So	ocial Security	/ No.
ΣĮ	1	urror	nt Home Address - numb	or and stroot rura	l routo			Apt. No.	Day	time Phone	(with c		
E	2		0 W HIGHLAND ST	,	rioute			181		(575)313			
ANY ITEMS			own or Post Office		ate		ZIP Code	-	Last Names Use	. ,			erent)
	3	CHA	NDLER	A	Z		85224						97
DO NOT STAPLE	FILINGSTATUS	4	Married filing joint re	eturn 4a 🗌 Inj	ured Spouse	Protection	of Joint Ov	/erpayment	REVENUE USE	ONLY. DO NO	OT MAF	RK IN THIS AF	REA.
ST	TAT	5	Head of household.	. Enter name of qua	lifying child or d	ependent or	next line:		88				
5	5 U												
õ		6 7	Married filing separa	ate return. Enter s	pouse's name a	nd Social Se	ecurity Numb	per above.					
		1	<ul> <li>✓ Single</li> <li>✓ Enter the number of</li> </ul>	claimed. Do not	out a check r	nark.							
		8	Age 65 or over (you		If completing li		11a, also con	nplete lines 38,					
	10b	9	Blind (you and/or sp	pouse)	39, and 41. For	lines 10a and	l 10b, also co	mplete line 49.	81 PM		80 F	RCVD	
	and 10b	10a	Dependents: Under	-	10b De	pendents: /	Age 17 and	d over.					
	10a ;	11a	Qualifying parents a										
	ents		(Box 10a and 10b): De	ependent Informat (a)	ion. See instr			T	the box and (d)		bage 4	, Part 1.	
	- Dependents		FIRSTA	ND LAST NAME		(t SOCIAL SEC		(c) RELATIONSH	P NO. OF MONTH	(e) S ✓ Dependent included		✓ if you did no this person on	t claim
	Dep		(Do not list	yourself or spouse.)					LIVED IN YOUF HOME IN 2020	1	2	federal return c educational cr	iue to
	1a -	40-								(Box 10a) (B	ox 10b)		cuito
	and 11a	10c 10d									╞┤╴╎		
	9, al	10a											
	1s 8,		(Box 11a): Qualifying p	parents and grand	parents. See	instruction	s. For mo	re space, cheo	ck the box 🗌 ar	nd complete	page 4	I, Part 2.	
140	ptio			(a)		(k	o)	(C)	(d)	(e)		(f) ✓ IF DIED	
after Form 140	Exemptions			ND LAST NAME yourself or spouse.)		SOCIAL SEC	JURITY NO.	RELATIONSH	LIVED IN YOUF	R OVEI		2020	IN
Fo	ш			1					HOME IN 2020				
ter		11b								<u> </u>		<u> </u>	
s af		11c			<u> </u>							<u> </u>	00
ents			Federal adjusted gross Non-Arizona municipal ir									95,004	00
ñ	su		Partnership Income adju							Г			00
OCI	Additions		Total federal depreciation										00
erc	Ad	16	Net capital (loss) derived	from the exchang	je of legal ten	der: See ins	structions			16			00
th			Other Additions to Incom						-			05 664	00
or			<b>Subtotal:</b> Add lines 12 thr Total net capital gain or (									95,664	100
es			Total net short-term capit							00			
np			Total net long-term capita	-						00			
che		22	Net long-term capital gai	n from assets acq	uired <i>after</i> De	cember 31	, 2011. See	e instructions.	22	0 00			_
Z S(			Multiply line 22 by 25% (									0	00
Ρp	ŀ	24 This b	<u>Net capital gain derived f</u> lox may be blank or may cor	from investment in ntain a printed barcoo	qualified sma	all busines: your return.	3 1 a						00
an	su	ll N	s ing	nt die 122 maa kie by	s being ben	(3)05 III		Sapital gain CA	change of legal				00
ral	Subtractions	, j		vie name in second			1		ona depreciation le adjustment				00
ede	ubtra	l B	erene kenekenik	AND AND A THE CARD AND A THE AN			1		bligations				00
d fe	งิ		gererererere	Riririri	*******		1		tate or local govt. p				00
lire		l K		, n n n n n . n n n	R.4-R.4-R.4-R.4 R.4-R.4-R.4-R.4		29b Pensi	ons-Uniformed S	ervices retired/retair	ner pay <b>29b</b>			00
nbə							1	-	or Railroad Retiren				00
y r		₩Ľ.				086 III	1	-	merican Indians				00
an		ΠŠ	linkhin loobereaksin	821073181631535782246	NER BURNE	2 <b>4</b> 7/6	1		an active service m adjustment				00
Place any required federal and AZ schedules or other docume							1		College Savings P				00
P		4000	10110 (00)				35 Subtr	act lines 23 thro	ugh 34 from line18	3 <b>35</b>		95,664	00
		ADOR	10413 (20) 1555			AZ F0	rm 140 (20	J∠U)	REV 0	3/17/21 PRO		Page	1015

[	Your	Name (as shown on page 1)	Your Social Security Nu	mber		
	HEI	MANTH SINGH BONDILI	862-69-5300			
				20		00
	36					1
_	37				95,664	1
ons	38					00
npti	39					00
Exemptions	40					00
ш	41				05.664	00
	42				95,664	
_	43				12,400	
	44					00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	83,264	
Tax	46				2,815	1
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		47		00
nce	48	Subtotal of tax: Add lines 46 and 47 and enter the total		48	2,815	1
Bala	49	Dependent Tax Credit. See instructions		49		00
	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51					00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	n line 48, enter "0"	52	2,815	1
	53				3,940	1
and dits	54	2020 AZ estimated tax payments <b>54a</b> 00 Claim of Right <b>54b</b>	00 Add 54a and 54b	54c		00
Cre	55	2020 AZ extension payment (Form 204)		55		00
able	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00
rotal Payments and Refundable Credits	57	Property Tax Credit from Arizona Form 140PTC		57		00
Ref	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 582349	58		00
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total		59	3,940	00
or	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lin	nes 61, 62 and 63	60		00
overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay	/ment	61	1,125	00
lax Due or verpaymen	62	Amount of line 61 to be applied to 2021 estimated tax		62	0	00
ò	63		<u></u>	63	1,125	00
fts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	65 00			
G		Child Abuse Prevention	68 00			
Itar			Fund <b>71</b> 00			
Voluntary Gifts		Neighbors Helping Neighbors       69       00       Special Olympics       70       00       Veterans' Donations I         I Didn't Pay Enough Fund	als <b>74</b> 00			
>	75		753 Republican			
Ity	76			76		00
enalty	77					
•	78			78		00
-	79			79	1,125	
a or Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se	e instructions. <b>79A</b>			
ut C		C⊠ Checking or S Savings         ROUTING NUMBER         ACCOUNT NUMBER           1007002192         7532422271				
Amount Owed						1
Ā	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write and include with your return		•••		00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				ire
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on of which prepare	has any	knowledge.	
<b>W</b>	→	B. Hemanth Singh 04/08/2021 FI		DOLLER		
直			NGINEER II - CCUPATION	POWER	2	-
I I						
SIGN HERE	€					
ร		SPOUSE'S SIGNATURE DATE SI	POUSE'S OCCUPATION			-
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 04072021 GLOBAL TAXES LI	LC			
PLEASE		PAID PREPARER'S SIGNATURE     DATE     FIRM'S NAME (PREPARER'S I				-
Ш		2530 Pebble Creek Ln	30-1017	196		
Б		PAID PREPARER'S STREET ADDRESS	PAID PREPARE			-
		Cumming GA 30041	(678)96			
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPARE	ER'S PHONE	ENUMBER	_

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

# 2020 Form 140 - Standard Deduction Increase for Charitable Contributions

# You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

**NOTE 1:** If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you *must* reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

**NOTE 2:** You *must* reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

**NOTE 3:** If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine your allowable increased standard deductioin for charitable contributions.

1C	2020 Gifts by cash or check	1C	300	00
2C	2020 Other than by cash or check	2C		00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	300	00
5C	If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See <b>Note 1</b> )	5C	300	00
6C	Total charitable contributions made in 2020 for which you are claiming a credit under Arizona law for the current (2020) or prior (2019) tax year	6C		00
7C	Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0"	7C	0	00
8C	Multiply line 7C by 25% (.25) and enter the result	8C	0	00

• Enter the amount shown on line 8C on page 2, line 44.

- Be sure to check box 43S for Standard Deduction on line 43.
- Check box 44C for charitable deductions on line 44. If you do not check this box, you may be denied the increased standard deduction.