### 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

	7701140 0011100											
Submis	sion Identification	Number (SID)										
Taxpayer'	s name	. ,			Sc	ocial securit	y numb	er				
PRATI	HAMESH SIRSIK	CAR				732-55-	-5219	)				
Spouse's					Spouse's social security number							
Dort I	Toy Boturn	Information Tay Vo	or Ending Docomb	w 21	(Entor vo	201 1011 0	ro out	horizina	. \			
Part I		Information — Tax Ye	ar Ending December	ersi,	(Enter ye	ear you a	re aut	nonzing	J. <i>)</i>			
	•	n lines 1 through 5. use line 4 only. Leave line	se 1 2 3 and 5 blank									
		ome					1 1	64	1,107.			
	Total tax						2		7,170.			
		withheld from Form(s) W-2					3		3,854.			
	Amount you want r						4		3,480.			
	•						5		3,100.			
Part II		eclaration and Signatu					y of y	our retu	urn)			
my know return (or to send if for any of Agent to payment authoriza payment business taxes to personal	vledge and belief, it riginal or amended) I my return to the IRS lelay in processing the initiate an ACH elector of my federal taxes ation is to remain in I must contact the days prior to the pareceive confidential identification number	leclare that I have examined a is true, correct, and complet am now authorizing. I conse and to receive from the IRS (are return or refund, and (c) the retoric funds withdrawal (directowed on this return and/or a full force and effect until I now U.S. Treasury Financial Agyment (settlement) date. I also information necessary to an exer (PIN) below is my signature.	te. I further declare that that to allow my intermedia (a) an acknowledgement of date of any refund. If apt debit) entry to the finan payment of estimated tax orify the U.S. Treasury Fleent at 1-888-353-4537. So authorize the financial aswer inquiries and resologies.	he amounts in Pa re service provider of receipt or reaso oplicable, I authori- cial institution acc- in, and the financial nancial Agent to the Payment cancellar institutions involved ve issues related	rt I above a r, transmitten n for rejection ze the U.S. ount indicat institution to the tion request ed in the pro-	are the amount or or electron of the transverse and in the transverse depth of the transverse must be occasing of ment. I furt	ounts from the counts of the counts of the country to the country to the country the country the country the country action. The country t	om the ir urn origina sion, (b) the esignated aration so to this accorrevoke and no late ectronic personed	ncome tax ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the			
	c Funds Withdrawal er's PIN: check o								l			
X		BAL TAXES LLC		to optor or go	norata mu	DINI 5	5 2	1 9	00 mv			
		ERO firm na ncome tax return (original		_ to enter or ge	rierate my	Ent		digits, but all zeros	as my			
	I will enter my PII	N as my signature on the gyour own PIN <b>and</b> your	income tax return (orig	inal or amended								
Your sig	gnature ►			Da	ate ►	2/28/2	2021					
Snouse	e's PIN: check one	hov only										
Spouse	I authorize	S DOX OTHY		to enter or ge	noroto mu	DINI			00 mv			
Ш	Tauthonze	ERO firm na	ıme	_ to enter or ge	nerate my		er five o	ligits, but	as my			
	signature on the i	ncome tax return (original		authorizing.				all zeros				
	I will enter my PII	N as my signature on the i g your own PIN <b>and</b> your	income tax return (orig	inal or amended								
Spouse	's signature ►			Da	ate ▶							
		Practitioner P	IN Method Returns (	Only—continue	below							
Part II	Certification	n and Authentication -	<ul> <li>Practitioner PIN I</li> </ul>	Method Only								
ERO's l	EFIN/PIN. Enter yo	our six-digit EFIN followed	by your five-digit self-	selected PIN.	5 8 7	2 7 Don't ente	8 6 er all ze		8 9			
authorize	ed to file for tax year	ric entry is my PIN, which is r indicated above for the tax er PIN method and <b>Pub. 134</b>	payer(s) indicated above	I confirm that I a	ım submittir	ng this retu	ırn in a	ccordanc				
ERO's s	signature <b>&gt;</b>			Da	ate ▶							
		ERO Must	Retain This Form -	See Instructi	ions							
			Form to the IRS Un			So						

### **£1040**

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 one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the son is a child but not your dependent	name of y	ed filing separately your spouse. If you		_		, ,	_			
Your first name	and m	iddle initial	Last na	me	You	r soc	cial security	y number				
PRATHAM	ESH		SIRS	SIKAR			55-5219					
If joint return, s	pouse's	s first name and middle initial	Last na	me	Spot	Spouse's social security number						
Home address		er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Che	ck he	ere if you,	•
	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta			code			0,	tly, want \$3 Checking a
KEARNY					N <sub>1</sub>		-	032			w will not	change
Foreign country	y name		F	Foreign province/state	e/coun	ty	Fore	eign postal cod	le your	tax	or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial intere	est in	any virtual	currenc	y?	Yes	<b>⊠</b> No
Standard Deduction		neone can claim:	•			•						
Age/Blindness	You	: Were born before January 2,	1956	Are blind Sp	oouse	: Was bo	rn be	fore Januar	y 2, 195	56	☐ Is blii	nd
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸 it	f qualifies	s for	(see instruc	ctions):
If more		irst name Last name		number	•	to you	.	Child tax		- 1		er dependents
than four									]	$\Box$		
dependents, see instruction									]			
and check									]			<u> </u>
here ▶									]			
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	6	59,728.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divide	nds			3b		
	4a	IRA distributions	4a		<b>b</b> T	axable amoun	ıt.		.	4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	ıt.		.	5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	ıt.		· -	6b		
Deduction for— Single or	7	Capital gain or (loss). Attach School	edule D if	required. If not red	quirec	, check here		▶		7		-621.
Married filing	8	Other income from Schedule 1, li	ne 9							8	_	5,000.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				<b>•</b>	9	6	54,107.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	ndard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	e your <b>tot</b>	al adjustments to	inco	me			•	10c		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11	6	54,107.
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedul	le A)					12	1	2,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13							. [	14	1	2,400.
550 monuotions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	s, ente	er -0			. [	15	5	51,707.

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	7,170.
	17	Amount from Schedule 2, lir						17	0.
	18	Add lines 16 and 17						18	7,170.
	19	Child tax credit or credit for	other dependen	ts				19	
	20	Amount from Schedule 3, lir	ne 7					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18						22	7,170.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			23	0.
	24	Add lines 22 and 23. This is						24	7,170.
	25	Federal income tax withheld	l from:						,
	а	Form(s) W-2				25a	8,854		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	8,854.
	26	2020 estimated tax paymen						26	, , , , ,
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit. A				28			
nontaxable	29	American opportunity credit							
combat pay, see instructions.	30	Recovery rebate credit. See							
	31	Amount from Schedule 3, lir	•						
	32	Add lines 27 through 31. The	32	1,796.					
	33	Add lines 25d, 26, and 32. T	_	10,650.					
	34	If line 33 is more than line 24							3,480.
Refund	35a	Amount of line 34 you want	35a	3,480.					
Direct deposit?	▶b	Routing number 0 4 3	s	3,133.					
See instructions.	▶d	Account number 6 0 1							
	36	Amount of line 34 you want			ed tax ▶	36			
Amount	37	Subtract line 33 from line 24					•	37	
You Owe	0.	Note: Schedule H and Sch							
For details on		2020. See Schedule 3, line	"						
how to pay, see instructions.	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another							
Designee		structions	e below.	X No					
· ·	De	signee's		Phone		ntification			
		ne 🕨		no.			umber (PIN		
Sign		der penalties of perjury, I declare to							
Here		ief, they are true, correct, and com	ipiete. Declaration			ased on all inform			-
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?		XVV		2/28/2021	SENIOR DEV		ee inst.)		
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.	,							,	ection PIN, enter it here
your records.							(Se	ee inst.) <b>&gt;</b>	
-		one no.	I	Email address		T	D-T-11		
Paid		eparer's name	Preparer's signat			Date 02/24/202	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM		82703	Self-employed	
Use Only		m's name ► GLOBAL TA		one no. (678)965-9522					
	Fir	m's address ▶ 2530 Pebb	m's EIN	n's EIN ► 30-1017196					
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/15/21	PRO		Form <b>1040</b> (2020)

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

Your social security number

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** 

OMB No. 1545-0074

PRAT	THAMESH SIRSIKAR   73	32-55-	-5219	)
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received	. 2	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	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	э Е <b>_ </b>	5	-5,000.
6	Farm income or (loss). Attach Schedule F	6	6	
7	Unemployment compensation		7	
8	Other income. List type and amount ▶			
		<u> </u>	3	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-N line 8	·	9	-5,000.
Par	t II Adjustments to Income	.   `		
10	Educator expenses	. 1	0	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	ent	1	
12	Health savings account deduction. Attach Form 8889	. 1	2	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	. 1	3	
14	Deductible part of self-employment tax. Attach Schedule SE	. 1	4	
15	Self-employed SEP, SIMPLE, and qualified plans	. 1	5	
16	Self-employed health insurance deduction	. 1	6	
17	Penalty on early withdrawal of savings	. 1	7	
18a	Alimony paid	. 18	3a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) ▶			
19	IRA deduction		9	
20	Student loan interest deduction	. 2	20	
21	Tuition and fees deduction. Attach Form 8917	. 2	1	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here at on Form 1040, 1040-SR, or 1040-NR, line 10a		2	

#### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 732-55-5219 PRATHAMESH SIRSIKAR

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

#### If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . . . . 131,088. 141,243. 9,534. -621. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 -621. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -621. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. Are lines 15 and 16 both gains? 17 ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 621.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### Form **8949**

### **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020

Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

732-55-5219

PRATHAMESH SIRSIKAR

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	d to you on F	orm 1099-B	·			
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	08/20/20	12/28/20	131,088.	141,243.	W	9,534.	-621.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	131.088.	141.243.		9.534.	-621.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

### **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 ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99)

Attachment Sequence No. 13

Name(s) shown on return Your social security number PRATHAMESH SIRSIKAR 732-55-5219 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) Α RAMBAUG LANE 4 KALYAN WEST MAHARASHTRA IN 421301 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 0 Α Α qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 500. 3 4 Royalties received . . . . . . 4 Expenses: Advertising . . . . . . 5 5 100. 6 Auto and travel (see instructions) . . . 6 200. 7 Cleaning and maintenance . . . 7 8 8 Commissions. . . . . . 9 Insurance . . . . . . . . . 9 10 Legal and other professional fees . . . 10 11 11 100. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. . . . . . . . . 13 5,000. 14 100. 14 Repairs. . . . . . . . 15 15 Supplies . Taxes . . . . . . 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 5,500. 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 file Form 6198 . . . . . . . . . . . . . . . . . 21 -5,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . -5,000.) 500 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 5,500. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 5,000. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-5,000.

26

# $\begin{array}{c} \textbf{2020 VA760CG} \\ \textbf{Individual Income Tax Return} \end{array} \textbf{Page 1} \hspace{0.1cm} \Big[$





PRATHAMESH

SIRSIKAR

211 QUINCY AVE APT 4

KEARNY	NJ	07032

SSN-You SI	RS	732555219	Vendor ID 1555	Σ	xxxxx 7		
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	64107.	Withholding (VA) - You	19A.	3399.		
Additions	2.		Withholding (VA) - Spouse	19B.			
Subtotal	3.	64107.	Estimated Payments	20.			
Age Deduction - You	4A.		2019 Overpayment	21.			
Age Deduction - Spouse	4B.		Extension Payments	22.			
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.			
State Income Tax Overpaymen	t 6.		Credit - Schedule OSC	24.			
Subtractions	7.		Credits - Schedule CR	25.			
Subtotal Subtractions	8.		Total Payments / Credits	26.	3399.		
Total VA Adj Gross Income (VA	GI) 9.	64107.	Tax You Owe	27.			
Itemized Deductions - VA Sch	A 10.		Tax Overpayment	28.	283.		
Standard Deduction	11.	4500.	Overpayment Credited to Next Year	r 29.			
Exemptions	12.	930.	VAC - Virginia 529 / ABLEnow	30.			
Deductions	13.		VAC - Other Contributions	31.			
Subtotal (Deductions & Exemp	tions) 14.	5430.	Addition to Tax, Penalty & Interest	32.			
VA Taxable Income	15.	58677.	Sales and Use Tax	33.			
Amount of Tax	16.	3116.	Amount You Owe Will Pay by Credit/Debit Card N				
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	1	283.		
VAGI - Spouse	17A.		Doub Doubles #		042200720		
Net Amount of Tax	18.	3116.	Bank Routing #	C 601215	043300738		
L	-		Bank Account #	6012178268			

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_\_

Page 1 of 2





Г

1												
Filing Status, Age &	& License	Information			Additional Filing	Information						
Filing Status			1	Lo	ocality	059						
Federal Head of H	ousehold			N	ame or Filing Status Change							
DOB - You		101	L61991	Ad	Address Change							
VA Driver's Licens	e ID - You	В653	322271	VA	VA Return Not Filed Last Year							
VA Driver's Licens	e - Iss. Date	e - You 082	282020	De	Dependent on Another's Return							
Spouse Name (Fil	ing Status 3	3 Only)		Fa	armer / Fisherman / Merchant Sea	ıman						
				Aı	mended							
DOB - Spouse	15.0			Re	Reason Code							
VA Driver's Licens				0	Overseas on Due Date							
VA Driver's Licens	e - Iss. Date	e - Spouse		Fe	Federal EIC & Amount							
Exemptions (A) You	1	Exemptions (B) 65 & Over - You		De	Deceased Indicator							
Spouse		65 & Over - Spouse	е	N	o Sales & Use Tax Due Indicator	X						
Dependents		Blind - You		Ol	btain Electronic 1099G							
Total (A)	1	Blind - Spouse		ID	Theft PIN							
		Total (B)										
					ur) knowledge, it is a true, correct & comp ed is for a domestic account within the ter							
Signature - You			_ Date	Phone	- You	8144311583						
0: 1 0					_							

022421

File by May 1, 2021

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

The Tax Department may discuss my/our return with my/our preparer.

Include Page 1, Page 2 and all supporting 760CG documents.

2530 PEBBLE CREEK LN CUMMING

GLOBAL TAXES LLC

Phone - Spouse

Phone - Preparer

Preparer Information

GA 30041

7

Page 2 of 2

6789659522

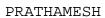
P02082703

Signature - Spouse \_\_

### 2020 Schedule INC/CG

732555219

Report all W-2s, 1099s & VK-1s with VA Withholding



SIRSIKAR



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
732555219	W	628.	133785492	30133785492F001	12046.
732555219	W	2771.	264435075	30264435075F001	57682.

Total VA Withholding

You
732555219
Spouse
Total # of W-2s,1099s & VK-1s

02

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2020

## DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

You	. Nan	ne																B You	ır Social S	Security	Number
PRA	THAI	MESH	S	IRSII	KAR														2-55-5	•	
		Name																			urity Number
Par	t I	Tax I	Retu	ırn In	forma	tion												A S	pouse	В	Yourself
1.	Fed	deral A	djuste	ed Gros	ss Incon	ne (Fo	rm 7600	G, Lir	ne 1; 76	0PY,	Line 1,	column	ıs A & B	; F0	orm 763,	Line 1)	)				64107.
2.	Virg	ginia A	djuste	ed Gros	ss Incon	ne (Fo	rm 760C	G, Lir	ne 9; 760	PY, L	ine 10,	columr	ns A & E	3; F	orm 763,	, Line 9	)				64107.
<b>3.</b> Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) 586											58677.										
4 NULL TO (5 TABLE ) A TABLE (1 TABLE )											3116.										
5.	Wit	hholdir	ıg (F	orm 76	OCG, Lii	ne 1 <b>9</b> a	a & 19b;	760P	Y, Lines	1 <b>9</b> a &	19b; F	orm 76	3, Lines	19	9a & 19b)	)					3399.
6.	Am	ount yo	ou O	we (For	m 760C	G, Lin	ie 3 <b>5</b> ; Fo	rm 76	0PY, Lir	ne 3 <b>5</b> ;	Form 7	'63, Lin	ie 3 <b>5</b> )								
7.							PY, Line														283.
Par							and S														
Dece Retu numl filing liable Virgi refur of the signa	Under penalties of perjury, I declare that I have examined a copy of my 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 information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filling a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.  Taxpayer's e-File PIN: check one box only																				
X																					
	_G	LOBA	L :	TAXE	S LL	<u> </u>						.DO E.									
											ginia ind	dividua		e ta	ıx return. III below.		this box	only if you	ı are enteri	ing your c	own e-File PIN
Your	Signa	ature .													[	Date _					
Spo	ıse's	e-File	PIN:	check	one bo	x only	/														
	lau	uthoriz∈	the	ERO n	amed b	elow to	o enter n	ny e-F	ile PIN		Do	not e	as my nter all	`	•	on my 2	20 <b>20</b> e-filo	ed Virginia	individual	income ta	ax return.
											E	RO Fir	m Nam	ie							
	l wi and	ill enter d your r	my e eturr	e-File F i is filed	PIN as m d using t	ny sign he Pra	ature on actitioner	my 2 PIN r	020 e-fil nethod.	ed Vir The E	ginia ind ERO mu	dividua ust com	l income nplete P	e ta: art	ıx return. III below.	Check	this box	only if you	ı are enteri	ing your c	own e-File PIN
Spot	ıse's S	Signatu	ire _													_ Date					
Par	t III	Certi	fica	tion a	nd Aเ	ıthen	ticatio	n – I	Practit	ione	r PIN I	Metho	od Onl	y							
ERO	's EF	IN/PIN	: Ent	ter you	six-dig	t EFIN	I followe	d by y	our five	digit s	elf-sele	cted PI	N. [	5	8 7	2 7	8 6	1 9	8 9		
abov Elect or co	Do not enter all zeros  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																				
EKU	s Sigi	nature														ngie -	02-2	<del>1</del> -∠1			