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/Form8	3879 for	the late	est information
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Submission Identification Number (SID)

		rity number 2–6563
Spouse	's name Spouse's s	ocial security number
Part	I Tax Return Information – Tax Year Ending December 31, (Enter year you	are authorizing.)
Enter	whole dollars only on lines 1 through 5.	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 30,347.
2	Total tax	2 1,954.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 3,683.
4	Amount you want refunded to you	
5	Amount you owe	

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

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.

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Toxpovor's DIN: abook one box only

X	I authorize GLOBAL TAXES LLC	to enter or generate my PIN Enter five digits, but as m
- 15	ERO firm name signature on the income tax return (original or amended) I am no	don't enter all zeros
	I will enter my PIN as my signature on the income tax return (ori if you are entering your own PIN and your return is filed using t below.	iginal or amended) I am now authorizing. Check this box on
Your sig	gnature ►	Date ►
Spouse	e's PIN: check one box only	
	l authorize	to enter or generate my PIN as m
	ERO firm name	Enter five digits, but don't enter all zeros
_	signature on the income tax return (original or amended) I am no	Jw authorizing.
	I will enter my PIN as my signature on the income tax return (ori if you are entering your own PIN and your return is filed using t	
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Spouse	e's signature ►	Date ►
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Part II	I Certification and Authentication – Practitioner PIN	I Method Only
ERO's E	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self	f-selected PIN. 5 8 7 2 7 8 6 1 9 8 9
		Don't enter all zeros
authorize	that the above numeric entry is my PIN, which is my signature for the ele ed to file for tax year indicated above for the taxpayer(s) indicated above nents of the Practitioner PIN method and Pub. 1345, Handbook for Author	ve. I confirm that I am submitting this return in accordance with th
ERO's s	signature 🕨	Date ►
	ERO Must Retain This Form	
	Don't Submit This Form to the IRS U	Inless Requested To Do So

Filing Status X Single Married filing participation Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying on box. Pour social security number Your first name and middle initial Last name Your social security number SNARAJ MALLA 715-72-6563 Home address (number and stree). If you have a P.O. box, see instructions. Apt. no. 12916 N 108TH STREET Ciev, on, or post office. If you have a P.O. box, see instructions. Apt. no. Ciev, on, or post office. If you have a foreign address, also complete spaces below. State ZIP code Ciev, on, or post office. If you have a so reign address, also complete spaces below. State ZIP code Your to below Will not chenge Correign province/state/courty Foreign postal code Your Spouse as a dependent Your spouse as a dependent You You Spouse Dependents, see instructions; (1) First name Last name Qi Social security You Spouse Spouse Spouse Spouse Spouse Spouse Spouse Spouse	104		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	i-0074	IRS Use C)nly–	-Do not wri	ite or staple	in this space.
SWARAJ MALLA 715-72-6563 If joint return, spouse's first name and middle initial Last name Spouse's social security number Joint address furnible and street, Hyou have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, town, or post office. Hyou have a foreign address, also complete spaces below. State ZP code top office. If you have a foreign address, also complete spaces below. State CP code top office. If you have a foreign address, also complete spaces below. State CP code top office. If you have a foreign address, also complete spaces below. State CP code top office. If you have a foreign address, also complete spaces below. State CP code top office. If you have a foreign address, also complete spaces below. You Spouse tar office. If you have a foreign province/state/county Foreign postal code you tax or refund. You Spouse tar office. You No Standard Someone can claim: You as a dependent You as a dependent You as a dependent Out are dependent Immore Immore Immore Immore No No If more (if First name Last name Immore You Someone con claim: You as a dependent Immore Immore Immore<	Check only	lf yc	ou checked the MFS box, enter the n	ame of						· -		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 12916 W 108TH STREET Check here if you, or your Check here if you, or your Spouse's social security want St OVERLAND PARK State ZIP code Check here if you, or your Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Dependents (see instructions): (i) First name (i) Social security (i) P di qualifies or (see instructione): (if more than four dependents, see instructions): (i) First name Last name (i) P di qualifies or (see instructione): in d check iii d carcalit Capital gain or (ses), Attach Form(s) W-2 iii data credit 2b Standard a Qualified dividends iii data b Taxable amount 5b 3b Dependents Gee instructions; Gie da	Your first name	e and m	iddle initial	Last na	me						Your soc	ial securi	ty number
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12916 W 108TH STREET Checkhere flyou, or your City, tow, or post office. If you have a foreign address, also complete spaces below. State ZIP code OVERLEAND PARK KS 66210 Foreign country name Foreign province/state/county Foreign postal code Out tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Out ax or refund. Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: No Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (1) First name Is blind Attach 2a Tax-exempt interest 2a 2b Jouing and check here 2b Standard 2a Gualified dividends 3a b Dordinary dividends 3b Adtach 3a Qualified dividends 3a b Dordinary	If joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse's	social se	curity number
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OVERLAND PARK KS 66210 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You You Spouse You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes Xo Standard Someone can claim: You as a dependent Your souse as a dependent You Spouse Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): and check	City, town, or	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode				
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? You Spouse Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: (A) ✓ I qualifies for (see instructions): If more than four dependents, see instructions (I) First name Last name Immer to you Child tar credit Credit for other dependents see instructions and check I 2a Tax-exempt interest I 28, 671. Attach 2a Tax-exempt interest I 28, 671. 2b Sb Standard Deduction for- 3a Do Ordinary dividends 3b Sb Sb Sb Standard Deduction for- Social security benefits 6a Social security benefits	OVERLAN	D PA	RK			K	S	662	210		0		0
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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 🗌 881	4 2	4972	3			16	1,954.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	1,954.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	1,954.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 1	▶ 24	1,954.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	3	,683		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c		C		
	d	Add lines 25a through 25c								25d	3,683.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return					26	
qualifying child,	27	Earned income credit (EIC)			^N	lo [.]	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	able cr	edits	. 1	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 1	33	3,683.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is th	ne amour	nt you	overpaid		34	1,729.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attach	ned, cheo	ck here	e		35a	1,729.
Direct deposit?	►b	Routing number 0 1 1	4 0 0 4	9 5	► c Ty	pe: 🗙	Checl	king	Saving	s	
See instructions.	►d	Account number 3 8 8	0 0 5 0	4 5 5 9	9 1						
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36	\Box			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				.)	37	
You Owe		Note: Schedule H and Sch		-						or 🗌	
For details on		2020. See Schedule 3, line 1			•						
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	he IRS?	See				
Designee	ins	structions	· · · · ·					Yes. C	omplet	e below.	🗙 No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					ber (PIN	/	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occ	•					nt you an Identity
	. 10	ur signature		Date	Tour occ	upation					IN, enter it here
Joint return?					JAVA	DEVEI	LOPEI		(s	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	occupati	ion				nt your spouse an
Keep a copy for your records.	•									,	ection PIN, enter it here
your recorde.									(5	ee inst.) 🕨	
		one no.	Dura and 1	Email address					יאידם		Oh a shaife
Paid		eparer's name	Preparer's signat		aus		Date	1 - / 0 - 0 - 1	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA :	TALLAM	01/	15/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA							P	hone no. (678)965-9522
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	80041			F	rm's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	01/08/21 PRO)		Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

19

20

21

22

IRA deduction . . .

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. 01 Your social security number 715-72-6563

19

20

21

22

Schedule 1 (Form 1040) 2020

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REV 01/08/21 PRO

Department of the Treasury Internal Revenue Service	► Attack ► Go to <i>www.irs.gov/F</i>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR
SWARAJ MALLA	

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	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	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Gambling Winnings 1,676.	8	1,676.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	1,676.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		

c Date of original divorce or separation agreement (see instructions) ►

on Form 1040, 1040-SR, or 1040-NR, line 10a

For Paperwork Reduction Act Notice, see your tax return instructions.

Add lines 10 through 21. These are your adjustments to income. Enter here and

K-40 (Rev. 7-20		2020 ¹	KANSAS INDIVIDU	JAL INCOME TA	٩X	305	1	22820	
SWARAJ		MALLA		97830464	35	MALL	715	72650	53
)8TH PARK		KS 66210						
Name or address	has cha	nged?	Taxpayer or (spouse if filing joint)	died during this tax year		Taxpayer was eng	aged in corr	nmercial farr	ning/fishing in 2020
Amended Return:		Amended affects	Kansas only Amen	ded Federal tax return		Adjustment by the	IRS		
Filing Status:	Х	Single	Married Filing Joint (Even if	only one had income)		Married Filing Sep	arate		ead of Household (Do not neck if filing joint return)
Residency Status:	Х	Resident	NonResident (Complete Sch	h S, Part B)		State of Legal Res	idence		
		Part-Year Resider	nt (Complete Sch S, Part B) From		То				
Exemptions:	1		emptions for you, your spouse (if appli you claim as a dependent.			atus above is Head d, add one exempti		1 т	otal Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last Date	e of Birth - MMDDYYYY F	Relationship	SSN
--	-------------------------	--------------	-----

Food Sales Tax Credit:	etermine your qualifications and credit.	
A. Had a dependent child under the age of 18 all	who lived with you all year and was of 2020?	E. Number of exemptions claimed

B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)?		F. Number of dependents that are 18 years of age or older (born on or before January 1, 2003)
C. Were you (or spouse) totally and permanently disabled or blind all of 2020, regardless of age?		G. Total qualifying exemptions (subtract line F from line E)
D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 STOP HERE, you do not qualify for this credit.	0	H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.

REV 12/14/20 PRO

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2020 KANSAS INDIVIDUAL INCOME TAX



SWARAJ

MALLA

MALL 715726563

SWARAU	АППАН	МАЦЦ	115120505
1. Federal adjusted gross income	30347	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	30347	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	3000	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5250	28. Overpayment from original return	0
7. Taxable income	25097	29. Total refundable credits	220
8. Tax	994	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	994	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	1162	35. Overpayment	220
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	0	 Senior Citizens Meals On Wheels Contribution Program 	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	0	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	0	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	220	44. REFUND	220

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required)	Date	Preparer Signature	SYAM PRIYA RAM SAGAR	GUPTA	Preparer PTIN, EIN or SSN
Spouse Signature (Required)	Date	Preparer Phone Number	6789659522		P02082703

IMPORTANT: 1) Form K-40 is a 2 PAGE FORM - BOTH PAGES REQUIRED. WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

Page 2 of 2

INDIVIDUAL INCOME TAX PO Box 750260 TOPEKA KS 66699-0260

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