Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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 number					
MAR	UTHI AMBATI	674-32-2790					
Spouse	's name	Spouse's soci	ial secu	rity number			
Part	Tax Return Information – Tax Year Ending December 31, 2020 (Enter	year you a	re aut	horizing.)			
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	84,660.			
2	Total tax		2	11,658.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,543.			
4	Amount you want refunded to you		4				
5	Amount you owe		5	2,115.			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our return)			
Under penalties of perjury, 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 Einancial 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.

lauthorize GLOBAL TAXES LLC to enter or generate my PIN

2	2	7	9	0	00 00
	er fiv i't er	as my			

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.

Your signature

X

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

as my Enter five digits, but don't enter all zeros

May 09, 2021

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 ►							 			
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7			8 nter a	 	9	8 9	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 >					
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So					
For Demonstrale Deducation Act Nation	and the second terms to advant terms		Form 8870 (Day, 01 0001)		

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

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.' ► Write your social security number (SSN) on your check or money order.

(99)

Enter the amount of your payment. 1555

2.115.

REV 04/20/21 PRO

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KX 40293-1000

MARUTHI AMBATI

104 W MAIN ST REAR MECHANICSBURG PA 17055

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	20	OMB No. 1545	-0074	IRS Use Onl	ly—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	Single D Married filing jointly but checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separatel your spouse. If yo				. ,		, 0	low(er) (QW) he qualifying
Your first name	and m	iddle initial	Last na	me					Your so	cial securi	ity number
MARUTHI			AMBA	TI					674-	32-279	0
If joint return, s	pouse':	s first name and middle initial	Last na	me					Spouse'	's social se	curity number
Home address 104 W M		er and street). If you have a P.O. box, see ST REAR	instructio	ons.			A	vpt. no.	Check ł	nere if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	de			ntly, want \$3 Checking a
MECHANI	CSBU	RG			P.	A	170	55		ow will not	•
Foreign countr	y name		F	oreign province/sta	ate/cour	ity	Foreig	n postal code	your tax	c or refund	
										You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	ire any	financial intere	est in a	ny virtual c	urrency?	Yes	X No
Standard Deduction		eone can claim:	•			a dependent					
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January	2, 1956	Is b	lind
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	nip	(4) 🗸 if e	qualifies fo	r (see instru	uctions):
If more		irst name Last name		number		to you		Child tax	redit Credit for other depende		
than four											
dependents, see instruction	~										
and check	5										
here 🕨 🗌											
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2					. 1		84,356.
Attach	2a	Tax-exempt interest	2a		b 1	axable interes	t.		. 2b)	
Sch. B if required.	3a	Qualified dividends	3a	443.	b	Ordinary divide	nds .		. 3b)	443.
	4a	IRA distributions	4a		b 1	axable amoun	t		. 4b)	
	5a	Pensions and annuities	5a		b 1	axable amoun	nt		. 5b	,	
Standard	6a	Social security benefits	6a		b 1	axable amoun	t		. 6b	,	
Deduction for-	7	Capital gain or (loss). Attach Schee	dule D if	required. If not r	equirec	l, check here		>	7		-159.
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.						. 8		20.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total i	ncome				▶ 9		84,660.
 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 take	the stan	dard deduction.	See inst	tructions 10	b				
 Head of 	с	Add lines 10a and 10b. These are your total adjustments to income									
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross i	ncome				▶ 11		84,660.
 If you checked 	12	Standard deduction or itemized	deducti	i ons (from Sched	ule A)				. 12		12,400.
any box under <i>Standard</i>	13	Qualified business income deduction	ion. Atta	ich Form 8995 or	Form 8	3995-A			. 13		
Deduction, see instructions.	14										12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0			. 15		72,260.
											1010

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 2 497	72 3	3			. 16	11,	658.
	17	Amount from Schedule 2, lir	ne3							. 17		
	18	Add lines 16 and 17								. 18	11,	658.
	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	11,	658.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					. 23		0.
	24	Add lines 22 and 23. This is	your total tax							▶ 24	11,	658.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2				.	25a	9	,543	3.		
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)			. [25c					
	d	Add lines 25a through 25c								. 25d	9,	543.
• 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)			. No	.	27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		. [29					
combat pay, 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 refu	undab	ole cre	edits		▶ 32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments						▶ 33	9,	543.
Refund	34	If line 33 is more than line 24								. 34		
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached,	check	k here			35a		
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:		Check	king 🔲	Saving	gs		
See instructions.	►d	Account number X X X	X X X X	X X X Z	x x x x	X	ΧУ	<u>دا</u>				
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax		36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now				.	37	2,	115.
You Owe		Note: Schedule H and Sch		-						or		
For details on		2020. See Schedule 3, line 1						unco you	00001			
how to pay, see instructions.	38	Estimated tax penalty (see in					38					
Third Party	Do	you want to allow another					See					
Designee		structions	•					Yes. Co	omple	te below.	X No	
		signee's		Phone						entification		
		me 🕨		no. 🕨					ber (Pll	/		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here											nt you an Iden	0
	, TO	ur signature		Date	Your occupat	ION					IN, enter it her	
Joint return?					SOFTWAR	E EI	NGIN	IEER	(:	see inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occ	upation	n				nt your spouse	
Keep a copy for your records.	,									dentity Prot see inst.) ▶	ection PIN, en	ter it here
your recorder									(;	see mst.)		
		one no.	Duran and 1	Email address			Del		יאידם		Oharah 16	
Paid		eparer's name	Preparer's signat				Date	0 (0001	PTIN		Check if:	-1
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TAL	ЬΑМ	05/(9/2021		082703	Self-em	
Use Only		m's name ► GLOBAL TA		'		4.1					(678)965-	
		m's address ► 2530 Pebb		n Cummin	-	4⊥			F	irm's EIN I		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV	04/20/21 PRC)		Form 10	40 (2020)

Go to www.irs.gov/Form1040 for instructions and the latest information.

SCHEDULE	1
(Form 1040)	

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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							
674-32	-2790						

 Department of the Treasury Internal Revenue Service
 Go to www.irs.gov/F

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

MARUTHI AMBATI

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► <u>Substitute Payment from 1099-Misc</u> 20.	8	20.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	20.
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		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	

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

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

Schedule 1 (Form 1040) 2020

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SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Name(s) shown on return MARUTHI AMBATI

Department of the Treasury

Internal Revenue Service (99)

Your social security number

674-32-2790

Did you	dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	🗙 No	
If "Yes,"	attach Form 8949 and see its instructions for additional requirements for reporting	your gain	or loss.	

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	78,240.	86,737.	4,6	77.	-3,820.
2	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	17.	32.	-1,2	38.	-1,253.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	-		usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	(6,308.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-11,381.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain or loss Form(s) 8949, F		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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.					
Totals for all transactions reported on Form(s) 8949 with Box D checked	25,076.	13,855.		1.	11,222.
Totals for all transactions reported on Form(s) 8949 with Box E checked					
Totals for all transactions reported on Form(s) 8949 with Box F checked.	7.	7.			0.
		• •	· · ·	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
13 Capital gain distributions. See the instructions					
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					()
				15	11,222.
	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 8bTotals for all transactions reported on Form(s) 8949 with Box D checkedTotals for all transactions reported on Form(s) 8949 with Box E checkedTotals for all transactions reported on Form(s) 8949 with Box F checkedGain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructionsWorksheet in the instructionsNet long-term capital loss carryover. Enter the amount, if any Worksheet in the instructionsNet long-term capital gain or (loss). Combine lines 8a on the back	below. (d) form may be easier to complete if you round off cents to e dollars. Proceeds (sales price) 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 Totals for all transactions reported on Form(s) 8949 with Box D checked 25,076. Totals for all transactions reported on Form(s) 8949 with Box E checked 25,076. Totals for all transactions reported on Form(s) 8949 with Box F checked. 7. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824 7. Net long-term gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions . Net long-term capital loss carryover. Enter the amount, if any, from line 13 of y Worksheet in the instructions . Net long-term capital gain or (loss). Combine lines 8a through 14 in co on the back. .	below.(d) Proceeds (or other basis)form may be easier to complete if you round off cents to e dollars.(e) 	below.(d)(e) Cost (or other basis)Adjustmer to gain or loss Form(s) 8949, line 2, columTotals 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 8bImage: Cost (or other basis)Adjustmer to gain or loss Form(s) 8949, line 2, columTotals for all transactions reported on Form(s) 8949 with Box D checked25,076.13,855.Image: Cost (or other basis)Totals for all transactions reported on Form(s) 8949 with Box E checked25,076.13,855.Image: Cost (or other basis)Totals for all transactions reported on Form(s) 8949 with Box F checkedImage: Cost (or other basis)Image: Cost (or other basis)Box E checkedImage: Cost (or other basis)Image: Cost (or other basis)Image: Cost (or other basis)Totals for all transactions reported on Form(s) 8949 with Box F checkedImage: Cost (or other basis)Image: Cost (or other basis)Box E checkedImage: Cost (or other basis)Image: Cost (or other basis)Image: Cost (or other basis)Gain from Form Form 4797, Part I; long-term gain from Forms2439 and 6252; and long-term gain or (loss)form Form A684, 6781, and 8824Image: Cost (or other basis)Image: Cost (or other basis)Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital LossCarryoverWorksheet in the instructionsImage: Cost (or other basis)Image: Cost (or other basis)Net long-term capital	below. (d) Proceeds (sales price) (e) Proceeds (sales price) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) 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 Image: Column (g) Totals for all transactions reported on Form 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 Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box D checked 25,076 13,855 1. Totals for all transactions reported on Form(s) 8949 with Box E checked 7 7 7 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 13 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 13 13 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back 14 15

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 –159.
	• 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 line 22.	
	• 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.	
17	Are lines 15 and 16 both gains?	
	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 amount, if any, from line 7 of that worksheet	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. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (159.)
	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.	

REV 04/20/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► 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.

Social security number or taxpayer identification number

vanie(s) shown on return	Social security number of ta
MARUTHI AMBATI	674-32-2790

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 to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(d) Cost or other basis. Proceeds See the Note below See the separate instructions. Gain Subtract		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	01/15/20	11/03/20	78,240.	86,737.	W	4,677.	-3,820.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc re is checked), lin	lude on your ne 2 (if Box B	78,240.	86,737.		4,677.	-3,820.

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.

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MARUTHI AMBATI

674-32-2790

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

- [] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss.If you enter an amount in column (g), enter a code in column (f).See the separate instructions.(f)(g) Code(s) from instructions(g) Amount of adjustment		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	01/03/19	06/04/20	25,076.	13,855.	W	1.	11,222.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your 1e 9 (if Box E	25,076.	13,855.		1.	11,222.

Note: If you checked Box D 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.

Form 8949	
------------------	--

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

20

(0

Attachment

7

Department of the Treasury Internal Revenue Service ► 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.

1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

Name(s) snown on return	Social security number or taxpayer identification nul
MARUTHI AMBATI	674-32-2790

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.

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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.

(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

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		g), (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 <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)			
ROBINHOOD SECURITIES LLC	10/03/20	12/08/20	17.	32.	Е	-1,238.	-1,253.			
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 C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	17.	32.		-1,238.	-1,253.			

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.

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MARUTHI AMBATI Social security number or taxpayer identification number 674-32-2790

Before you check Box D, E, or F 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.

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You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

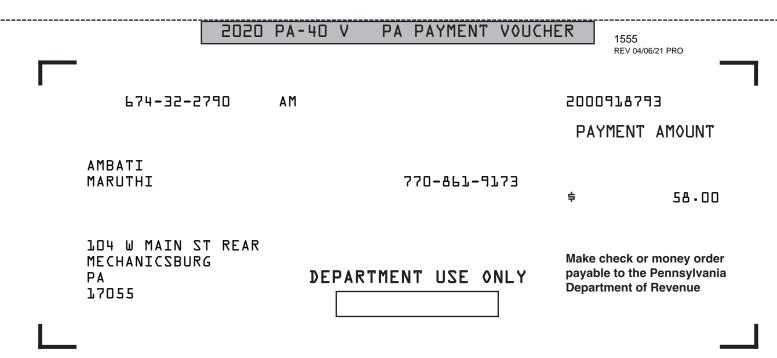
[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

K (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	Adjustment, if any, to gain or loss.If you enter an amount in column (g), enter a code in column (f).See the separate instructions.(f)(g) Code(s) from instructions(g) Amount of adjustment		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	05/17/17	12/24/20	7.	7.			0.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	7.	7.			0.

Note: If you checked Box D 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.

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG, PA 17129-0001 NOTE: WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT), DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.



PA-40 - 2020 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

				N	Extension.	Ν	Amended Return.
671	1322790			R	Residency Statu	15.	
AME	BATI				PA Resident/No		Part-Year Resident
мля	RUTHI	Occupatio	^{on} SOFTWARE E	Z	from Single, Married	l/Filing I o	to
IIAI		-			Married/Filing		
		Occupatio	on	N	Deceased		
				N	Taxpayer Date of	of Death	
				N	Spouse Date of	Death	
101	+ ₩ MAIN ST REAR			N	Farmers.		
ME	CHANICSBURG	PA	17055			Name ME	CHANICSBURG
	770-861-9173		21620				
1a	Gross Compensation. Do not include qualifying retirement benefits. See th			and	la		95945
1b	Unreimbursed Employee Business E	xpenses.			lb		Ο
1c	Net Compensation. Subtract Line 1b		la.		Гс		95945
2 3	Interest Income. Complete PA Sched Dividend and Capital Gains Distributi			auired	2		0 443
4	Net Income or Loss from the Operation		-	quireu.	4		0
5	Net Gain or Loss from the Sale, Excl	-			5		1471
6 7	Net Income or Loss from Rents, Roy		A • •		67		
8	Estate or Trust Income. Complete and Gambling and Lottery Winnings. Com				, a		
9	Total PA Taxable Income. Add only	-		1c.	9		97859
	2, 3, 4, 5, 6, 7 and 8. DO NOT ADD			,			
10	Other Deductions. Enter the approp	oriate code f	for the type of deduction.	N	10		٥
	See the instructions for additional in				,,		
11	Adjusted PA Taxable Income. Subt	ract Line 10) from Line 9.		11		97859
1555	REV 04/06/21 PRO						





Page 1 of 2

PA-40 - 2020

Social Security Number

674322790 Name(s) MARUTHI AMBATI

		7	
12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	13 13	3004 2946
14 15 16 17 18	Credit from your 2019 PA Income Tax return. 2020 Estimated Installment Payments. REV-459B included. N 2020 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	0 0 0 0
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	19a 19b 20 21	00 00 0
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	22 23 24 25 26 27	0 0 2946 0 58 0
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here. The total of Lines 30 through 36 must equal Line 29.	85 29	58 0
30 31	Refund – Amount of Line 29 you want as a check mailed to you. REFUND Credit – Amount of Line 29 you want as a credit to your 2021 estimated account. REFUND	31 30	0 0
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
You	Signature Spouse's Signature, if filing jointly		
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D50921 39659522 Firm FEI Preparer'	N	N 301017196 P02082703
	1555 REV 04/06/21 PRO Page 2 of 2		





2001210029

PA-40 B (EX) 06-20 (I) PA Department of Revenue	
PA Department of Revenue	

2020

Name shown first on the PA-40	(if filing jointly)
-------------------------------	---------------------

Social Security Number (shown first) 674-32-2790

OFFICIAL USE ONLY

MARUTHI AMBATI

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer 🝙 Spouse 🦲 Joint 🥽		
1. Dividend income from Line 3b of your federal return. See instructions.	1.	\$ 443
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$
 Other reduction adjustments. See instructions. Description:	4.	\$
5. Add the amounts on Lines 2, 3 and 4.	5.	\$
6. Subtract Line 5 from Line 1.	6.	\$ 443
7. Total exempt-interest dividends. See instructions.	7.	\$
 Other addition adjustments. See instructions. Description: 	8.	\$
 9. Repatriation of foreign income. See instructions. a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. b. Total payments of earnings and profits included in Line 9a received in prior years. 9b. 		
	9c.	\$
10. Capital Gains Distributions - See instructions.	10.	\$
 Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	11.	\$
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$ 443

1555 REV 04/06/21 PRO



PA SCHEDULE D

2001310024

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-20 (I) PA Department of Revenue

2020

lf you	need more space, you may photo	сору.	
Name of the taxpayer filing this schedule MARUTHI AMBATI			Social Security Number (shown first) $674 - 32 - 2790$
Taxpayer (Spouse 🔵	Joint 🔵	

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

Describe th 100 shares of	a) ne property: f XYZ stock, or auphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(0	(f) Gain or loss: d) minus (e) ss, fill in the oval).
1.ROBINHOOD	SECURITIES	01/15/20	11/03/20	78,240.	86,737.	LOSS	8,497.
ROBINHOOD	SECURITIES	10/03/20		17.	1,270.	LOSS	1,253.
ROBINHOOD		01/03/19	06/04/20	25,076.	13,855.	LOSS	11,221.
ROBINHOOD		05/17/17		7.	7.	LOSS	0.
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
						LOSS	
2. Net gain (loss) from					LOSS 2.	\bigcirc	1,471.
0 ()	t sales from PA Schedule [±, ±/±•
	from C corporations		_				
					= 4.		
	the sale of 6-1-71 property	,			LOSS 5.		
• • •	and partnership gain (loss			K-1			

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

	(a)	(b)	(C)	(d)	(e)	(f)
	Address of	Date acquired:	Date sold:	Gross sales price	Cost or adjusted basis of	Gain or loss:
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
7.	Taxable gain from the sale of your principal residence. If y	ou realized a los	s on the sale of	vour principal residence	e. enter a zero.	
If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1 7.						
8. Taxable distributions from partnerships from REV-999 8.						
9.	Taxable distributions from PAS corporations from REV-	998				
10.	Taxable gain from exchange of insurance contracts				10.	
11.	Total PA Taxable Gain (Loss). Add Lines 2 through 10.	Enter on Line 5	of your PA-40. (If a net loss, fill in the o	oval) Coss 11.	1,471.





2001310024

OFFICIAL USE ONLY

CLGS-32-1 (04-16)
a A a
NA SAN SA
127551

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

HARRISBURG

*If you have relocated during the tax year, please supply addition		i, appeai, eniorce	sinent, retund an			x Year 2		
	ADDRESS (No PO Box, RD or	RR)	CITY (OR POST OFF	ICE	STATE		ZIP
то		/			-	-		
то								
			1	**lf you i	need addition	al space - ple	ase see ba	ck of form.
LAST NAME, FIRST NAME, MIDDLE INITIAL		SPOUSE'S LA	ST NAME, FIR	ST NAME, MID	DLE INITIAL	-		
AMBATI, MARUTHI								
STREET ADDRESS (No PO Box, RD or RR) 104 W MAIN ST REAR								
SECOND LINE OF ADDRESS								
CITY MECHANICSBURG			STATE	Ξ	ZIP CODE			
DAYTIME PHONE NUMBER	RESIDENT PSD CODE				17055			
(770)861-9173	2 2 0 4 0 1	EXTE	INSION	AMENDED F	RETURN	NON-	RESIDENT[
		s	Social Security	/#	Sp	ouse's Soc	ial Securi	ty #
The calculations reported in the first column MUST pe in the column, regardless of whether the husband		6 7 4		790				
Combining income is NOT perm					lf you	had NO E		
ONLY USE BLACK OR BLUE INK TO COM	IDI ETE THIS FORM		NO EARNED			had NO E/ check the		
		disabled deceased	d 🗌	student military		bled eased	=	tudent nilitary
Single Married, Filing Jointly Married, Filing	Separately Final Return*	homema		retired		emaker	re	etired
			yed		unei unei	mployed		
1. Gross Compensation as Reported on W-2(s). (En	close W-2s)			95945.00				0.00
2. Unreimbursed Employee Business Expenses. (Er	close PA Schedule UE)			0.00				0.00
3. Other Taxable Earned Income *				0.00				0.00
4. Total Taxable Earned Income (Subtract Line 2 from	Line 1 and add Line 3)			95945 .00				0.00
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings check this box:				0.00				0.00
6. Net Loss (Enclose PA Schedules*)				0.00				0.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. I	f less than zero, enter zero)			0.00				0.00
8. Total Taxable Earned Income and Net Profit (Add L	ines 4 and 7)			95945 .00				0.00
9. Total Tax Liability (Line 8 multiplied by 1.00	00)			959.00				0.00
10. Total Local Earned Income Tax Withheld (May not	equal W-2 - See Instructions)			959.00				0.00
11.Quarterly Estimated Payments/Credit From Previo	ous Tax Year			0.00				0.00
12. Out-of-State or Philadelphia Credits (include suppo	orting documentation)			0.00				0.00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10	through 12)			959.00				0.00
14. Refund IF MORE THAN \$1.00, enter amount (o	r select option in 15)			0.00				0 .00
15. Credit Taxpayer/Spouse (Amount of Line 13 you war	t as a credit to your account) \ldots			0.00				0.00
16. EARNED INCOME TAX BALANCE DUE (Line 9	minus Line 13)			0.00				0.00
17. Penalty after April 15* (multiply Line 16 by)			0.00				0.00
18. Interest after April 15* (multiply Line 16 by)			0.00				0.00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)				0.00				0.00
*See Instructions	REV 04/06/21 PRO							
	ry, I (we) declare that I (we) have atements and to the best of my							
YOUR SIGNATURE		SIGNATURE (If				DATE	(MM/DD/Y	YYY)
PREPARER'S PRINTED NAME & SIGNATURE SYAM PRIYA RAM SAGAR GUPTA TALI	JAM				PHONE NU (678)9	MBER 65-952	2	



PA-8879 (EX) 06-20

Declaration Control Number/Submission ID

Primary Taxpayer's Name S	Social Security Nun	nber
MARUTHI AMBATI 6	574-32-2790	
Secondary Taxpayer's Name S	Social Security Nun	nber
SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 20	020 (whole dollars o	only)
1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1	97,859
2. PA Tax Liability (Form PA-40, Line 12)	2	3,004
3. Total PA Tax Withheld (Form PA-40, Line 13)	3	2,946
4. Refund (Form PA-40, Line 30)	4	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5	58

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)

I authorize GLOBAL TAXES LLC	to enter my PIN	22790	as my signature on my tax
year 2020 electronically filed income tax return.			
I will enter my PIN as my signature on my tax year 202	0 electronically filed income tax	return.	
Signature		Date	
Secondary Taxpayer's PIN: (mark one oval only)			
 I authorize	to enter my PIN		as my signature on my tax
□ I will enter my PIN as my signature on my tax year 2020	0 electronically filed income tax	return.	
Signature		Date	
Practitioner PIN Program	Participants Only – Con	tinue Belov	v
SECTION III CERTIFICATION AND AUTHENT	ICATION		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	ur five-digit self-selected PIN	58	87278 / 61989
As a participant in the Practitioner PIN Program, I certify th 2020 electronically filed income tax return for the taxpayer Program in accordance with the requirements established	e above numeric entry is my PII r(s) indicated above. I confirm I	N, which is my	signature on the tax year
ERO's signature		Date	

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

Social Security Number 674-32-2790

Name	
MARUTHI	AMBATI

				Federal Form	s W-2		
# of W2	* N T / T X B L	TS	N R H	Employer Name identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
		T		ACCLAIM SYSTEMS INC 36-4182176	84,356. 95,945.	<u>95,945.</u> 2,946.	PA

Pennsylvania W-2	Taxpayer 95,945.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	2,946.	

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		T	<u>36-4182176</u> 	220401	95,945.	<u>959.</u>	<u>PA</u>

Pennsylvania Local W-2	Taxpayer 95,945.	Spouse
Federal Form 4137, Unreported Tips, line 6	93,943.	
Withholding	959.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

	*	Payer Name			Pa	yer EIN	T/S	Code	PA Taxable Comp.	e PA Tax Withheld	Fed. Income
Executor fee H Other nonemployee compensation. Jury duty pay Director's fee Expert withers fee Honorarium Expert withers fee Covenant not to compete Distribution from IRA (Traditional or Roth) Distribution from tot to compensation from Form 1099MISC/1099K/1099NEC. M Distribution from Form 1099MISC/1099K/1099NEC. Taxpayer Spouse Spouse Mitcellaneous Compensation from Form 1099MISC/1099K/1099NEC. Taxpayer Payer's EIN T Payer's EIN T Payer's Name S # Payer's Name * Payer's Name * Fed Payer's Name S * Payer's Name * Fed * Payer's Name * Fed * Fed * Fed * Fed * Payer's EIN * Fed * Payer's Name * Fed * Fed * Fed <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>											
Executor fee H Other nonemployee compensation. Jury duty pay Director's fee Expert withers fee Honorarium Expert withers fee Covenant not to compete Distribution from IRA (Traditional or Roth) Distribution from tot to compensation from Form 1099MISC/1099K/1099NEC. M Distribution from Form 1099MISC/1099K/1099NEC. Taxpayer Spouse Spouse Mitcellaneous Compensation from Form 1099MISC/1099K/1099NEC. Taxpayer Payer's EIN T Payer's EIN T Payer's Name S # Payer's Name * Payer's Name * Fed Payer's Name S * Payer's Name * Fed * Payer's Name * Fed * Fed * Fed * Fed * Payer's EIN * Fed * Payer's Name * Fed * Fed * Fed <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding Payer's EIN S Yeaver's EIN S S Payer's Name No entry PA school, state, or municipal employee plan U.S. Civil service retirement/disability/annuity Anuity or Nor-Allocated ESOP Nor-Allocated ESOP Stock Dividend Vistribution from Life Insurance, An	Exe Jur Dire Exp Hor Cov Dar Iost	ecutor fee y duty pay ector's fee port witness fee norarium venant not to compete mages or settlement fo wages, other than	I I r I	J - M	Descril Employ Distribu Distribu Distribu Distribu Descril Fiducia Other i	be: yer spons ution from ution from ution from be: ary fees fr ncome no	ored re IRA (¹ Life Ir Chari Emplo	tiremer raditior surance able Gir oyee Sto	nt/pension/de nal or Roth) e, Annuity or ft Annuities ock Ownershi	Endowment C p Plan.	ontracts
Payer's EIN Payer's Name T S Fed # PA Type Gross Distribution Basis PA Taxable PA Tax Withheld Image: Second Sec	Miscel Withho	laneous Compensation	n fron	n Fo	orm 109	9MISC/1	099K/1	099NE	С		opouse
* Payér's Name S # Type Distribution Basis PA Taxable Withheld			Cor	npe	ensati	on from	Fede	al For	ms 1099R		
Insylvania Distribution type: I/No entry I/2 I'm not eligible yet; plan is eligible in PA J PA school, state, or municipal employee plan J1 Traditional or Roth IRA; I'm over 59.5 J United Mine Workers pension J2 Traditional or Roth IRA; I'm under 59.5 Military pension J2 Traditional or Roth IRA; I'm under 59.5 Military pension J2 Traditional or Roth IRA; I'm under 59.5 V.S. Civil service retirement/disability/annuity K3 Life insurance or endowment Annuity or Non-civil service disability/annuity K3 Life insurance or endowment L Distribution from Charitable Gift Annuities M1 Rollover M1 ESOP: Non-Allocated ESOP Stock Dividend M3 KSOP: Taxable ESOP within a 401(k) I'm eligible; plan is eligible (no PA tax) M4 KSOP: Nontaxable ESOP within a 401(k) Distribution from Life Insurance, Annuity, Endowment Contracts or	*	Payer's EIN Payer's Name						E	Basis	PA Taxable	PA Tax Withheld
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Distribution from Life Insurance, Annuity, Endowment Contracts or Taxpayer Spouse Distribution from Life Insurance, Annuity, Endowment Contracts or Distribution from Charitable Gift Annuities Spouse Distribution from Charitable Gift Annuities Spouse Spouse Compensation from Form 1099R (eligible retirement plans) Spouse Spouse Withholding Total Gross Compensation Taxpayer Spouse	N No 1 PA 1 Uni 2 Mili 3 U.S 1 Anr (inc 1 Ear 2 Rol	entry school, state, or munic ted Mine Workers pen- tary pension 6. Civil service retiremen nuity or Non-civil servic cluding Qual Joint Surv ly distribution from a re- lover	cipal e sion nt/dis e dis ivorsl etirem	sabil abili hip <i>I</i> nent	ity/ann ty Annuity plan	uity	J1 J2 K3 I M1 M2 M3	Tradi Tradi Non- Life i Distri ESO ESO KSO	itional or Rotl itional or Rotl qualified defe nsurance or e bution from (P: Allocated I P: Non-Alloca P: Taxable E	n IRA; I'm over n IRA; I'm und erred compens endowment Charitable Gift ESOP Stock D ated ESOP Sto SOP within a	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
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I UTAL GLOSS COMPENSATION TO FORM PA-40 line 1a			۰ ۲ -		A 40 "	no 1-					•

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.