

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name ANIL KUMAR VUDEM | Social security number 111-77-9630 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2020 (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 | 30,037. |
| 2 Total tax | 2 | 1,918. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 1,276. |
| 4 Amount you want refunded to you | 4 | 1,158. |
| 5 Amount you owe | 5 | |

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

Under penalties of 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 Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 9 | 6 | 3 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- 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 ▶ _____ Date ▶ _____

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 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. 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 person is a child but not your dependent

Your first name and middle initial: ANIL KUMAR
Last name: VUDEM
Your social security number: 111-77-9630
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.
955 ESCALON AVE
Apt. no.: 308
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
SUNNYVALE
State: CA
ZIP code: 94085
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation.

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

| | | | |
|----|---|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 1,918. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 1,918. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 1,918. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 1,918. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 1,276. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 1,276. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,800. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,800. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 3,076. |

Refund

| | | | |
|-----|---|---|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,158. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,158. |
| b | Routing number 021200339 | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number 381043420227 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---------------|------------------------------------|---|
| Your signature | Date | Your occupation DEVOPS ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 03/19/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 Firm's EIN 30-1017196 |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

Your social security number
111-77-9630

Part 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 ▶ _____ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | |

Part 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) ▶ _____ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | 2,500. |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | 2,500. |

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.

2020 PA-40 V PA PAYMENT VOUCHER

1555
REV 03/16/21 PRO

111-77-9630 VU

2000918793

PAYMENT AMOUNT

VUDEM
ANIL KUMAR

614-620-1546

\$ 31.00

APT 308
955 ESCALON AVE
SUNNYVALE
CA
94085

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

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

111779630

VUDEM

ANIL KUMAR

Occupation DEVOPS ENG

Occupation

APT 308

955 ESCALON AVE

SUNNYVALE

CA 94085

614-620-1546

99999

N Extension. N Amended Return.

N Residency Status. PA Resident/Nonresident/Part-Year Resident from to

S Single, Married/Filing Jointly, Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows: 1a (11537), 1b (0), 1c (11537), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (11537), 10 (0), 11 (11537)



EC OFFICIAL USE ONLY FC

PA-40 - 2020

Social Security Number

111779630

Name(s) ANIL KUMAR VUDEM

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2019 PA Income Tax return.

15 2020 Estimated Installment Payments. REV-459B included.

16 2020 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 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.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

| | | |
|-----|----|-----|
| 12 | | 354 |
| 13 | | 323 |
| 14 | | 0 |
| 15 | | 0 |
| 16 | | 0 |
| 17 | | 0 |
| 18 | | 0 |
| 19a | 00 | |
| 19b | 00 | |
| 20 | | 0 |
| 21 | | 0 |
| 22 | | 0 |
| 23 | | 0 |
| 24 | | 323 |
| 25 | | 0 |
| 26 | | 31 |
| 27 | | 0 |
| 28 | | 31 |
| 29 | | 0 |
| 30 | | 0 |
| 31 | | 0 |
| 32 | | |
| 33 | | |
| 34 | | |
| 35 | | |
| 36 | | |

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

| | |
|---|---------------------------------------|
| Your Signature | Spouse's Signature, if filing jointly |
| Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522 | Date 031921 |

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02082703



Declaration Control Number/Submission ID

| | |
|---|---------------------------------------|
| Primary Taxpayer's Name ANIL KUMAR VUDEM | Social Security Number 111-77-9630 |
| Secondary Taxpayer's Name | Social Security Number |

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)

| | | |
|---|----|--------|
| 1. Adjusted PA Taxable Income (Form PA-40, Line 11) | 1. | 11,537 |
| 2. PA Tax Liability (Form PA-40, Line 12) | 2. | 354 |
| 3. Total PA Tax Withheld (Form PA-40, Line 13) | 3. | 323 |
| 4. Refund (Form PA-40, Line 30) | 4. | |
| 5. Total Payment (Tax Due) (Form PA-40, Line 28) | 5. | 31 |

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 79630 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 2020 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 year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

SECTION III CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

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

Name
ANIL KUMAR VUDEM

Social Security Number
111-77-9630

Federal Forms W-2

| # of W2 | * N T / T X B L | TS | N R H | Employer Name Employer 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 withheld from box 17 | ST ID |
|---------|-----------------|----|-------|--|---|---|-------|
| 1 | | T | | MICRONET IT SOLUTIONS INC 58-2483162 | 32,537. | 11,537. 323. | PA |
| | | | | | | | |
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| | | | | | | | |

| | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 | 11,537. | 0. |
| 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 | 323. | |

Federal Forms W-2: Local Tax

| # of W2 | * N T / T X B L | 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 |
|---------|-----------------|----|---|---------------|---|--------------------------------------|-------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Withholding | | |

Excess Reimbursements

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements | | |

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

| * | Payer Name | Payer EIN | T/S | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|--------------------------|------------|-----------|-----|------|------------------|-----------------|-------------|
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |

Pennsylvania Payment type:

- | | |
|---|--|
| A Executor fee | H Other nonemployee compensation. Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan. Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above Describe: _____ |

| | Taxpayer | Spouse |
|--|----------|--------|
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. | _____ | _____ |
| Withholding | _____ | _____ |

Compensation from Federal Forms 1099R

| * | Payer's EIN Payer's Name | T S | Fed # | PA Type | Gross Distribution | Basis | PA Taxable | PA Tax Withheld |
|--------------------------|-----------------------------|--------|----------|------------|-----------------------|-------|------------|--------------------|
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|---|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

| | Taxpayer | Spouse |
|--|----------|--------|
| Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info) | _____ | _____ |
| Distribution from Charitable Gift Annuities | _____ | _____ |
| Compensation from Form 1099R (eligible retirement plans) | _____ | _____ |
| Withholding | _____ | _____ |

Total Gross Compensation

| | Taxpayer | Spouse |
|---|----------|--------|
| Total gross compensation to Form PA-40 line 1a | 11,537. | 0. |
| Total Schedule NRH gross compensation to PA-40, line 12 | _____ | _____ |
| Withholding to Form PA-40 line 13 | 323. | _____ |

Total gross compensation to Form PA-40 line 1a 11,537.

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

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (ANIL KUMAR VUDEM), Spouse's/RDP's name, SSN or ITIN (111-77-9630), Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (AGI) 30,037; 2 Amount You Owe 196; 3 Refund or No Amount Due.

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

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 tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 7 9 6 3 0 as my signature on my 2020 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's/RDP's PIN: check one box only

[] I authorize to enter my PIN as my signature on my 2020 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

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 2 7 8 6 1 9 8 9 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 03/19/2021

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
If amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2020 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar Year – File and pay by April 15, 2021.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.
Do not mail this voucher if you use Web Pay.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

2020

**Payment Voucher for
Individual e-filed Returns**

3582 (e-file)

111-77-9630 VUDE
ANILKUMAR VUDEM

20

955 ESCALON AVE APT 308
SUNNYVALE CA 94085

Amount of Payment 196.

2020 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

111-77-9630 VUDE
ANILKUMAR VUDEM

20

955 ESCALON AVE
SUNNYVALE CA 94085

APT 308

06-24-1993

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single

4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst.

5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$124 = \$ 124

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$124 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$124 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions ● 10 X \$383 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

| | | | |
|-----------|---|------------------------------------|---------------------------------|
| 12 | State wages from your federal Form(s) W-2, box 16 ● 12 | <input type="text" value="11537"/> | <input type="text" value="00"/> |
| 13 | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 | <input type="text" value="30037"/> | <input type="text" value="00"/> |
| 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● 14 | <input type="text"/> | <input type="text" value="00"/> |
| 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 | <input type="text" value="30037"/> | <input type="text" value="00"/> |
| 16 | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● 16 | <input type="text"/> | <input type="text" value="00"/> |
| 17 | California adjusted gross income. Combine line 15 and line 16 ● 17 | <input type="text" value="30037"/> | <input type="text" value="00"/> |
| 18 | Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions } ● 18 | <input type="text" value="4601"/> | <input type="text" value="00"/> |
| 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19 | <input type="text" value="25436"/> | <input type="text" value="00"/> |

| | | | |
|-----------|--|----------------------------------|---------------------------------|
| 31 | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 | <input type="text" value="503"/> | <input type="text" value="00"/> |
| 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ● 32 | <input type="text" value="124"/> | <input type="text" value="00"/> |
| 33 | Subtract line 32 from line 31. If less than zero, enter -0- ● 33 | <input type="text" value="379"/> | <input type="text" value="00"/> |
| 34 | Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34 | <input type="text"/> | <input type="text" value="00"/> |
| 35 | Add line 33 and line 34 ● 35 | <input type="text" value="379"/> | <input type="text" value="00"/> |

| | | | |
|-----------|---|----------------------------------|---------------------------------|
| 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 | <input type="text"/> | <input type="text" value="00"/> |
| 43 | Enter credit name <input type="text" value="OTHER STATE"/> code ● <input type="text" value="187"/> and amount. . . ● 43 | <input type="text" value="123"/> | <input type="text" value="00"/> |
| 44 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44 | <input type="text"/> | <input type="text" value="00"/> |

Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|--|----------------------------------|----|----------------------------------|---------------------------------|
| Special Credits | 45 | To claim more than two credits. See instructions. Attach Schedule P (540). | <input type="radio"/> | 45 | <input type="text"/> | <input type="text" value="00"/> |
| | 46 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 46 | <input type="text" value="60"/> | <input type="text" value="00"/> |
| | 47 | Add line 40 through line 46. These are your total credits | <input checked="" type="radio"/> | 47 | <input type="text" value="183"/> | <input type="text" value="00"/> |
| | 48 | Subtract line 47 from line 35. If less than zero, enter -0- | <input checked="" type="radio"/> | 48 | <input type="text" value="196"/> | <input type="text" value="00"/> |

| | | | | | | |
|--------------------|----|---|-----------------------|----|----------------------------------|---------------------------------|
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | <input type="radio"/> | 61 | <input type="text"/> | <input type="text" value="00"/> |
| | 62 | Mental Health Services Tax. See instructions | <input type="radio"/> | 62 | <input type="text"/> | <input type="text" value="00"/> |
| | 63 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 63 | <input type="text"/> | <input type="text" value="00"/> |
| | 64 | Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. | <input type="radio"/> | 64 | <input type="text"/> | <input type="text" value="00"/> |
| | 65 | Add line 48, line 61, line 62, line 63, and line 64. This is your total tax | <input type="radio"/> | 65 | <input type="text" value="196"/> | <input type="text" value="00"/> |

| | | | | | | |
|-----------------|----|---|----------------------------------|----|----------------------|---------------------------------|
| Payments | 71 | California income tax withheld. See instructions | <input type="radio"/> | 71 | <input type="text"/> | <input type="text" value="00"/> |
| | 72 | 2020 CA estimated tax and other payments. See instructions | <input type="radio"/> | 72 | <input type="text"/> | <input type="text" value="00"/> |
| | 73 | Withholding (Form 592-B and/or 593). See instructions | <input type="radio"/> | 73 | <input type="text"/> | <input type="text" value="00"/> |
| | 74 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 74 | <input type="text"/> | <input type="text" value="00"/> |
| | 75 | Earned Income Tax Credit (EITC) | <input type="radio"/> | 75 | <input type="text"/> | <input type="text" value="00"/> |
| | 76 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 76 | <input type="text"/> | <input type="text" value="00"/> |
| | 77 | Net Premium Assistance Subsidy (PAS). See instructions | <input type="radio"/> | 77 | <input type="text"/> | <input type="text" value="00"/> |
| | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | <input type="text"/> | <input type="text" value="00"/> |

| | | | | | | | |
|----------------|-------------------------------|---|-------------------------------------|---------------------|--------------------------------|---------------------------------|---|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | <input type="radio"/> | 91 | <input type="text" value="0"/> | <input type="text" value="00"/> | |
| | If line 91 is zero, check if: | | <input checked="" type="checkbox"/> | No use tax is owed. | | <input type="checkbox"/> | You paid your use tax obligation directly to CDTFA. |

| | | | | | | |
|--------------------|--|--|-----------------------|----|----------------------|---------------------------------|
| ISR Penalty | 92 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | 92 | <input type="text"/> | <input type="text" value="00"/> |
| | <input checked="" type="radio"/> Full-year health care coverage. | | | | | |

| | | | | | | |
|-----------------------------|----|--|----------------------------------|----|--------------------------------|---------------------------------|
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | <input checked="" type="radio"/> | 93 | <input type="text"/> | <input type="text" value="00"/> |
| | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | <input checked="" type="radio"/> | 94 | <input type="text" value="0"/> | <input type="text" value="00"/> |
| | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | <input checked="" type="radio"/> | 95 | <input type="text"/> | <input type="text" value="00"/> |
| | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. | <input checked="" type="radio"/> | 96 | <input type="text"/> | <input type="text" value="00"/> |

Your name: Your SSN or ITIN:

| | |
|-----------------------------|---|
| Overpaid Tax/Tax Due | 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> 97 <input type="text"/> .00 |
| | 98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/> 98 <input type="text"/> .00 |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99 <input type="text"/> .00 |
| | 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100 <input type="text" value="196"/> .00 |

| Contributions | | Code | Amount |
|----------------------|---|----------------------------------|--------------------------|
| | California Seniors Special Fund. See instructions | <input type="radio"/> 400 | <input type="text"/> .00 |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | <input type="radio"/> 401 | <input type="text"/> .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | <input type="radio"/> 403 | <input type="text"/> .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund. | <input type="radio"/> 405 | <input type="text"/> .00 |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | <input type="radio"/> 406 | <input type="text"/> .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | <input type="radio"/> 407 | <input type="text"/> .00 |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. | <input type="radio"/> 408 | <input type="text"/> .00 |
| | California Sea Otter Voluntary Tax Contribution Fund | <input type="radio"/> 410 | <input type="text"/> .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | <input type="radio"/> 413 | <input type="text"/> .00 |
| | School Supplies for Homeless Children Fund | <input type="radio"/> 422 | <input type="text"/> .00 |
| | State Parks Protection Fund/Parks Pass Purchase | <input type="radio"/> 423 | <input type="text"/> .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund. | <input type="radio"/> 424 | <input type="text"/> .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | <input type="radio"/> 425 | <input type="text"/> .00 |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | <input type="radio"/> 431 | <input type="text"/> .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | <input type="radio"/> 438 | <input type="text"/> .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. | <input type="radio"/> 439 | <input type="text"/> .00 |
| | Rape Kit Backlog Voluntary Tax Contribution Fund | <input type="radio"/> 440 | <input type="text"/> .00 |
| | Schools Not Prisons Voluntary Tax Contribution Fund | <input type="radio"/> 443 | <input type="text"/> .00 |
| | Suicide Prevention Voluntary Tax Contribution Fund | <input type="radio"/> 444 | <input type="text"/> .00 |
| | 110 Add code 400 through code 444. This is your total contribution | <input type="radio"/> 110 | <input type="text"/> .00 |

Your name: Your SSN or ITIN:

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties **112** Interest, late return penalties, and late payment penalties **112**
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113**
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● **116** Direct deposit amount

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● **117** Direct deposit amount

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address. ● Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

2020 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

| | |
|---|---------------------------------|
| Name(s) as shown on your California tax return A N I L K U M A R V U D E M | SSN, ITIN, or FEIN 111779630 |
|---|---------------------------------|

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

| (a) Income item(s) description | (b) Double-taxed income taxable by California | (c) Double-taxed income taxable by other state |
|--|---|--|
| <input checked="" type="radio"/> WAGES, SALARIES, TIPS | <input checked="" type="radio"/> 11,537. | <input checked="" type="radio"/> 11,537. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 Total double-taxed income | <input checked="" type="radio"/> 11,537. | <input checked="" type="radio"/> 11,537. |

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

| | | | |
|---|--|---------|----|
| 2 California tax liability. See instructions | <input checked="" type="radio"/> 2 | 319. | 00 |
| 3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) | <input checked="" type="radio"/> 3 | 11,537. | 00 |
| 4 California adjusted gross income. See instructions | <input checked="" type="radio"/> 4 | 30,037. | 00 |
| 5 Divide line 3 by line 4. Do not enter more than 1.0000 | <input checked="" type="radio"/> 5 | 0.3841 | |
| 6 Multiply line 2 by line 5 | <input checked="" type="radio"/> 6 | 123. | 00 |
| 7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> PA See instructions | <input checked="" type="radio"/> 7 | 354. | 00 |
| 8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) | <input checked="" type="radio"/> 8 | 11,537 | 00 |
| 9 Adjusted gross income taxable by other state. See instructions | <input checked="" type="radio"/> 9 | 11,537. | 00 |
| 10 Divide line 8 by line 9. Do not enter more than 1.0000 | <input checked="" type="radio"/> 10 | 1.0000 | |
| 11 Multiply line 7 by line 10 | <input checked="" type="radio"/> 11 | 354. | 00 |
| 12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions | <input checked="" type="radio"/> 12 | 123. | 00 |

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

111779630

VUDEM

ANIL KUMAR

Occupation DEVOPS ENG

Occupation

APT 308

955 ESCALON AVE

SUNNYVALE

CA 94085

614-620-1546

99999

N Extension. N Amended Return.

N Residency Status. PA Resident/Nonresident/Part-Year Resident from to

S Single, Married/Filing Jointly, Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (11537), 1b (0), 1c (11537), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (11537), 10 (0), 11 (11537).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] [] [] []

PA-40 - 2020

Social Security Number

111779630

Name(s) ANIL KUMAR VUDEM

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2019 PA Income Tax return.

15 2020 Estimated Installment Payments. REV-459B included.

16 2020 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 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.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

| | | |
|-----|----|-----|
| 12 | | 354 |
| 13 | | 323 |
| 14 | | 0 |
| 15 | | 0 |
| 16 | | 0 |
| 17 | | 0 |
| 18 | | 0 |
| 19a | 00 | |
| 19b | 00 | |
| 20 | | 0 |
| 21 | | 0 |
| 22 | | 0 |
| 23 | | 0 |
| 24 | | 323 |
| 25 | | 0 |
| 26 | | 31 |
| 27 | | 0 |
| 28 | | 31 |
| 29 | | 0 |
| 30 | | 0 |
| 31 | | 0 |
| 32 | | |
| 33 | | |
| 34 | | |
| 35 | | |
| 36 | | |

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

| | |
|----------------|---------------------------------------|
| Your Signature | Spouse's Signature, if filing jointly |
|----------------|---------------------------------------|

| | |
|---|----------------|
| Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522 | Date 031921 |
|---|----------------|

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



Declaration Control Number/Submission ID

| | |
|---|---------------------------------------|
| Primary Taxpayer's Name ANIL KUMAR VUDEM | Social Security Number 111-77-9630 |
| Secondary Taxpayer's Name | Social Security Number |

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)

| | | |
|---|----|--------|
| 1. Adjusted PA Taxable Income (Form PA-40, Line 11) | 1. | 11,537 |
| 2. PA Tax Liability (Form PA-40, Line 12) | 2. | 354 |
| 3. Total PA Tax Withheld (Form PA-40, Line 13) | 3. | 323 |
| 4. Refund (Form PA-40, Line 30) | 4. | |
| 5. Total Payment (Tax Due) (Form PA-40, Line 28) | 5. | 31 |

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 79630 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 2020 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 year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

SECTION III CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

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

Name
ANIL KUMAR VUDEM

Social Security Number
111-77-9630

Federal Forms W-2

| # of W2 | * N T / T X B L | TS | N R H | Employer Name Employer 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 withheld from box 17 | ST ID |
|---------|-----------------|----|-------|--|---|---|-------|
| 1 | | T | | MICRONET IT SOLUTIONS INC 58-2483162 | 32,537. | 11,537. 323. | PA |
| | | | | | | | |
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| | | | | | | | |

| | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 | 11,537. | 0. |
| 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 | 323. | |

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 |
|---------|---|----|---|---------------|---|--------------------------------------|-------|
| | | | | | | | |
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| | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Withholding | | |

Excess Reimbursements

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
| | | | | |
| | | | | |
| | | | | |

| | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements | | |

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

| * | Payer Name | Payer EIN | T/S | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|--------------------------|------------|-----------|-----|------|------------------|-----------------|-------------|
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |

Pennsylvania Payment type:

- | | |
|---|--|
| A Executor fee | H Other nonemployee compensation. Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan. Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above Describe: _____ |

| | Taxpayer | Spouse |
|--|----------|--------|
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. | _____ | _____ |
| Withholding | _____ | _____ |

Compensation from Federal Forms 1099R

| * | Payer's EIN Payer's Name | T S | Fed # | PA Type | Gross Distribution | Basis | PA Taxable | PA Tax Withheld |
|--------------------------|-----------------------------|--------|----------|------------|-----------------------|-------|------------|--------------------|
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|---|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

| | Taxpayer | Spouse |
|--|----------|--------|
| Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info) | _____ | _____ |
| Distribution from Charitable Gift Annuities | _____ | _____ |
| Compensation from Form 1099R (eligible retirement plans) | _____ | _____ |
| Withholding | _____ | _____ |

Total Gross Compensation

| | Taxpayer | Spouse |
|---|----------|--------|
| Total gross compensation to Form PA-40 line 1a | 11,537. | 0. |
| Total Schedule NRH gross compensation to PA-40, line 12 | _____ | _____ |
| Withholding to Form PA-40 line 13 | 323. | _____ |

Total gross compensation to Form PA-40 line 1a 11,537.

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