Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	yer's name	Social s	Social security number						
ANI	L KUMAR VUDEM	111	111-77-9630						
Spouse	e's name	Spouse	Spouse's social security number						
Par	t I Tax Return Information – Tax Year Ending December 31, 2020) (Ente	r year y	ou ar	e 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	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 periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Тахрау	er's PIN: check one box only					7	9	6	3 (
X	ERO firm name						Enter five digits, but don't enter all zeros				
	signature on the income tax return (original or amended) I am nov	v authorizing.				uon			11 2010	.5	
	I will enter my PIN as my signature on the income tax return (orig if you are entering your own PIN and your return is filed using the below.										
Your sid	gnature	D	ate 🕨	•		03/3	31/.	202	.1		
Spouse	ERO firm name signature on the income tax return (original or amended) I am nov I will enter my PIN as my signature on the income tax return (orig if you are entering your own PIN and your return is filed using the below.	inal or amended) I an	n nov	v autho	don orizir	n't en ng. (nter à Cheo		ut s is bo	
Spouse	's signature 🕨		ate 🕨								
	Practitioner PIN Method Returns		bel	W							
Part II	Certification and Authentication – Practitioner PIN	Method Only								· · · ·	
ERO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-	selected PIN.	5	8	2		<u> </u>	6 1	L 9	8	9
					Don'i	t ente	r all	zero	s		

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 ►			
	t Retain This Form — Se Form to the IRS Unless		
For Denormark Reduction Act Nation and your tax rat		BE\/ 02/12/21 BBO	Earm 8879 (Pov. 01 2021)

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	5-0074	IRS Use Only	y—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly Course of the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ouse. If you				· · ·		, ,	low(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	ime						Your so	cial securi	ty number
ANIL KU	MAR		VUDE	EM						111-	77-963	0
If joint return, s	spouse's	s first name and middle initial	Last na	ime						Spouse	's social see	curity number
Home address 955 ESC		er and street). If you have a P.O. box, see AVE	instructi	ons.					Apt. no. 308	Check	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP c	ode			ntly, want \$3 Checking a
SUNNYVA	LE					CZ	J	940	085		low will not	0
Foreign countr	y name			Foreign p	rovince/stat	e/coun	ty	Forei	gn postal code	your tax or refund.		
										You Spouse		
At any time du	uring 20	020, did you receive, sell, send, excl	nange, o	or otherv	vise acqui	re any	financial intere	est in a	any virtual cu	urrency?	Yes	🗙 No
Standard Deduction	_	neone can claim:	•		•		a dependent					
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are b	lind S	pouse	: 🗌 Was bo	rn bef	ore January	2, 1956	🗌 ls bl	lind
Dependent	s (see	instructions):		(2)	Social secu	rity	(3) Relations	nip	(4) ✔ if c	qualifies fo	or (see instru	uctions):
If more		irst name Last name			number	-	to you		Child tax o		1	her dependents
than four												
dependents, see instruction												
and check	15											
here 🕨 🗌												
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .						. 1		32,537.
Attach	2a	Tax-exempt interest	2a			bТ	axable interes	t.		. 2b	,	
Sch. B if required.	<u>3a</u>	Qualified dividends	3a			bC	ordinary divide	nds .		. 3b	,	
	4a	IRA distributions	4a			bТ	axable amour	nt		. 4b)	
	5a	Pensions and annuities	5a			bΤ	axable amour	nt		. 5b	,	
Standard	6a	Social security benefits	6a			bΤ	axable amour	nt		. 6b	,	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not re	quired	, check here		🕨 [7		
Married filing	8	Other income from Schedule 1, lin	e9.							. 8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our total ir	icome				▶ 9		32,537.
 Married filing 	10	Adjustments to income:										
Jointly or Qualifying	а	From Schedule 1, line 22					10	а	2,50	0.		
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard de	duction. S	ee inst	ructions 10	b				
 Head of 	с	Add lines 10a and 10b. These are your total adjustments to income							▶ 10	c	2,500.	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusteo	d gross in	come				▶ 11		30,037.
 If you checked 	12	Standard deduction or itemized	deduct	i ons (fro	m Schedu	ıle A)				. 12	<u> </u>	12,400.
any box under Standard	13	Qualified business income deduct	ion. Atta	ach Forn	n 8995 or l	Form 8	995-A			. 13	;	
Deduction, see instructions.	14	Add lines 12 and 13										12,400.
	15	Taxable income. Subtract line 14	from lin	ne 11. lf :	zero or les	s, ente	r-0			. 15	<u>نا</u> ز	17,637.
					-							1040 (

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

Form **1040** (2020)

Form 1040 (2020))										Page
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	1,918.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17 .								18	1,918.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	1,918.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0				23	0.
	24	Add lines 22 and 23. This is							. 🕨	24	1,918.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	1	,276		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c					·			25d	1,276.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return	ı				26	
qualifying child,	27	Earned income credit (EIC)		••			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					30	1	,800		
	31	Amount from Schedule 3, lir					31			-	
	32	Add lines 27 through 31. The					ble cr	edits	.)	32	1,800.
	33	Add lines 25d, 26, and 32. T								-	3,076.
	34	If line 33 is more than line 24								34	1,158.
Refund	35a	Amount of line 34 you want					•	-			1,158.
Direct deposit?	►b	Routing number 0 2 1			► c Ty		Check		Saving		
See instructions.	►d	Account number 3 8 1							ouving		
	36	Amount of line 34 you want a					36	'			
Amount	37	Subtract line 33 from line 24								37	
You Owe	57			-							
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line 1				sent all c	of the i	taxes you	owe to	pr	
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38				
Third Party		you want to allow another									
Designee		tructions	•					Yes. Co	telamo	e below.	× No
Decignee		signee's		Phone					•	ntification	
		me ►		no. 🕨				numl	oer (PIN) 🕨	
Sign		der penalties of perjury, I declare t									
Here	bel	ief, they are true, correct, and com	plete. Declaration			<i>,</i>	ised on	all information			, 0
	Yo	ur signature		Date	Your occ	cupation					nt you an Identity IN, enter it here
laint vature?						PS ENG	יד א די ד	סק		ee inst.)	
Joint return? See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date		s occupati		310	`	,	nt your spouse an
Keep a copy for			our maar orgin.	Duto		oooupuu	on				ection PIN, enter it here
your records.									(se	ee inst.) 🕨	
		one no.		Email address							
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA '	TALLAM	03/2	19/2021	P020	82703	Self-employed
Preparer	Firr	m's name ► GLOBAL TA	XES LLC						Pł	none no. (678)965-9522
Use Only	Firr	n's address ► 2530 Pebb	le Creek I	n Cummin	g GA 3	30041			Fi	rm's EIN 🕨	▶ 30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	03/13/21 PRC)		Form 1040 (2020

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 20

20

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

	Sequence No. 01
Your soc	ial security number
111-77	-9630

Attool

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

Department of the Treasury

Internal Revenue Service

	ne
ANIL KUMAR VUDEM	

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 ►		
		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Par	line 8	9	
		10	
10 11	Educator expenses	10	
	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	
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.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/13/21 PRO	Schedule	e 1 (Form 1040) 2020

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	PAYMEN	Τ VOUCHI	1555	3/16/21 PRO
Դ ԴԴ-ՀՀ-ժ	630	VU				2000918 PAYMEN	T AMOUNT
VUDEM ANIL KUMAR			l	sl4-620-	-1546	Ş	31.00
APT 308 955 ESCALON SUNNYVALE CA 94085	AVE	DE	PARTMEN	NT USE	ONLY		or money order le Pennsylvania of Revenue

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

			N	Extension	n.	N Am	nended Return.
1112779630				Residenc	v Status		
VUDEM			N			sident/ P art-Y	ear Resident
ANIL KUMAR	Occupati	on DEVOPS ENG	Z	Single, N		ing J ointly,	
	Occupati	on		Married/	Filing Sepa	arately, F ina	I Return
			N	Deceased	1		
			N	Taxpayer	Date of De	eath	
APT 308			N	Spouse D	Date of Dear	th	
955 ESCALON AVE			N	Farmers.			
SUNNYVALE	CA	94085		School D	istrict Nam	ne NOT I	IN PA
614-620-1546		99999	I	_			
1a Gross Compensation. Do not include o qualifying retirement benefits. See the	-		and		la		11537
1b Unreimbursed Employee Business Ex					ľр		0
1c Net Compensation. Subtract Line 1b f	rom Line	1a.			lc		11537
2 Interest Income. Complete PA Schedu	ıle A if red	guired.			2		0
3 Dividend and Capital Gains Distributio	ons Income	e. Complete PA Schedule B if r	equired.		2 3 4		0
4 Net Income or Loss from the Operation	1 of a Busi	iness, Profession or Farm.			7		
5 Net Gain or Loss from the Sale, Excha	ange or Di	isposition of Property.			5		0
6 Net Income or Loss from Rents, Roya	-				6		Ō
7 Estate or Trust Income. Complete and					7		0
8 Gambling and Lottery Winnings. Com					8		
9 Total PA Taxable Income. Add only 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD a			lc,		1		11537
10 Other Deductions. Enter the appropr		for the type of deduction.	Ν		10		D
See the instructions for additional info 11 Adjusted PA Taxable Income. Subtra		0 from Line 9.			רך ד		11537
1555 REV 03/16/21 PRO				L			



PA-40 - 2020

Social Security Number

111779630 Name(s) ANIL KUMAR VUDEM

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	73 75	354 323				
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.	ጔ4 ጔ5 ጔ6 ጔ7 ጔ8					
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.						
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 0 323 31 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 20 through 26 must equal Line 20	28 29	0 31				
30 31	The total of Lines 30 through 36 must equal Line 29. Refund – Amount of Line 29 you want as a check mailed to you. Credit – Amount of Line 29 you want as a credit to your 2021 estimated account.	31 30	0 0				
 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. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Befund donation line. Enter the organization code and donation amount. See instructions. Befund donation line. Enter the organization code and donation amount. See instructions. 							
	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all apanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.						
	Signature Spouse's Signature, if filing jointly						
SΥ	arer's Name and Telephone Number Date E-File Opt AM PRIYA RAM SAGAR GUPTA TALLAM D31921 39659522 Firm FEIN Preparer's	1	N 301017196 802042702				
	Preparer's 1555 REV 03/16/21 PRO	PTIN	P02082703				





PA-8879 (EX) 06-20

Declaration Control Number/Submission ID

Primary Taxpayer's N	Social	Security Number			
ANIL KUMAR VUD	EM	111-'	77-9630		
Secondary Taxpayer's	Social	Security Number			
SECTION I	TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2	2 020 (v	whole dollars only)		
1. Adjusted F	PA Taxable Income (Form PA-40, Line 11)		1	11,537	
2. PA Tax Liability (Form PA-40, Line 12) 2.					
3. Total PA Tax Withheld (Form PA-40, Line 13)					
4. Refund (F	orm PA-40, Line 30)		4		
5. Total Payr	nent (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 202	20 electronically filed income tax r	eturn.	
Signature		Date	03/31/2021
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 202	20 electronically filed income tax r	eturn.	
Signature		Date	
Practitioner PIN Program	Participants Only – Conti	nue Belov	v
SECTION III CERTIFICATION AND AUTHENT	TICATION		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your	our five-digit self-selected PIN	58	87278 / 61989
As a participant in the Practitioner PIN Program, I certify the 2020 electronically filed income tax return for the taxpayer Program in accordance with the requirements established	er(s) indicated above. I confirm I a		
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 111-77-9630

Name		
ANIL	KUMAR	VUDEM

				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		MICRONET IT SOLUTIONS INC 58-2483162	32,537.	<u>11,537.</u> 323.	PA

Pennsylvania W-2	Taxpayer 11,537.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6 Interface Non-Pennsylvania W-2 to Schedule SP, line 6 Interface		
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

JSe	Spor	Taxpayer	
			Pennsylvania Local W-2
			Federal Form 4137, Unreported Tips, line 6
			Withholding
			Federal Form 4137, Unreported Tips, line 6 Withholding

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

	*	Payer Name			Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
Executor fee H Other nonemployee compensation. Jury duty pay Director's fee Employer sponsored retirement/pension/deferred compensation plan Expert withers fee J Distribution from field framuities Covenant not to compete Distribution from Employee Stock Ownership Plan. Describe: Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Taxpayer Spouse Spouse Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Taxpayer Spouse Spouse Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Taxpayer Spouse Spouse Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Taxpayer Payer's EIN T Fed * Payer's EIN T Fed * Payer's EIN T Fed * Payer's EIN T Fed Pa * Descr										
Executor fee H Other nonemployee compensation. Dury duty pay Director's fee Employer sponsored retirement/pension/deferred compensation plan Expert witherss fee J Distribution from fife Insurance, Annuity or Endowment Contracts Covenant not to compete Distribution from Employee Stock Ownership Plan. Describe: Describe: N Fiduciary fees from a trust Other income not listed above Describe: Spouse Spouse Miscellaneous Compensation from Form 1099MISC/1099K/1099K/1099NEC. Taxpayer Spouse Witholding T Fed PA Gross PA Taxable PA T * Payer's EIN T Fed PA Distribution Basis PA Taxable With * Payer's EIN T Fed PA Gross PA Taxable With * Payer's EIN T Fed PA Distribution Basis PA Taxable With * Payer's EIN T Fed PA Gross PA Taxable Viti With * Payer's EIN T Fed FA Tra										
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* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

175	DO NOT M	MAIL THIS F	ORM TO THE FTB
TAXABLE YEAR			FORM
2020	California e-file Signature Authorization for Indi	viduals	8879
Your name	•	Your SSN or	ITIN
ANIL KUMAR	VUDEM	111-77-	9630
Spouse's/RDP's nam	ne	Spouse's/RD	P's SSN or ITIN
	Irn Information (whole dollars only)		
•	sted Gross Income (AGI). See instructions		
	mount Due. See instructions		
Part II Taxnav	er Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)		
tax identification n income tax return. and on form FTB 8 agrees with the dir agent to authorize return to the Franc provider, and/or tr does not receive fu read and consent t	turn originator (ERO), transmitter, or intermediate service provider (including my name, address, and umber) and the amounts shown in Part I above agree with the information and amounts shown on the If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated t 455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare tha ect deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appoin an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate servi hise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disc ansmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance c II and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest an o the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I ny signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Co	corresponding I ax payments as it direct deposit tment of the oth ce provider to tr lose to my ERO lue return, I und d penalties. I ac have selected a	ines of my electronic shown on my return refund amount on line 3 er spouse/RDP as an ansmit my complete , intermediate service erstand that if the FTB knowledge that I have
Taxpayer's PIN: ch			
I authorize <u>G</u>	LOBAL TAXES LLC to e	enter my PIN	7 9 6 3 0
aa mu aignati	ERO firm name ure on my 2020 e-filed California individual income tax return.		Do not enter all zeros
I will enter m	y PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only is using the Practitioner PIN method. The ERO must complete Part III below.	f you are enterin $03/31/202$	
0		05/51/20	
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Spouse's/RDP's sig	gnature 🕨 Date 🕨 _		
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Part III Certifi	cation and Authentication — Practitioner PIN Method Only		
ERO'S EFIN/PIN. E	nter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 Do not enter a	B 6 1 9	8 9
	ove numeric entry is my PIN, which is my signature for the 2020 California individual income tax ret submitting this return in accordance with the requirements of the Practitioner PIN method and FTB P		
ERO's signature	Date 03/19	/2021	

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. CALIFORNIA FORM TAXABLE YEAR **Payment Voucher for** Individual e-filed Returns 3582 (e-file 2020 111-77-9630 VUDE 20 ANILKUMAR VUDEM 955 ESCALON AVE 308 APT SUNNYVALE CA 94085 Amount of Payment 196. 175 1251206 REV 03/16/21 PRO FTB 3582 2020 For Privacy Notice, get FTB 1131 ENG/SP.

2020 California Resident Income Tax Return

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06-24-1993											

		Enter your county at time of filing (see instructions)					
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lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 💌 🗙					
esic		If not, enter below your principal/physical residence address at the time of filing.					
Ä		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.					
Principal Residence	۲						
Prir		City State ZIP code					
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		If your California filing status is different from your federal filing status, check the box here					
sn	1	X Single 4 Head of household (with qualifying person). See instructions.					
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.					
iling		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					
	Fo	r 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.					
ns	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. $\bigcirc 7$ 1 X \$124 = \bigcirc \$ 124					
 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 1 X \$124 = (•) \$ 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2							
eml	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2					
Ĕ	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;					
		if both are 65 or older, enter 2					
		REV 03/16/21 PRO					
		175 3101204 Form 540 2020 Side 1					

10 Dependent: Dependent: Dependent 1 Dependent 2 Dependent 3 Find Name ● ● ● ● isst har ● ● ● ● ● Total dependent is examptions ●	Υοι	ır na	ame: VUDEM Your SSN or ITIN: 111-77-	9630	
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FTB 3800 FTB 3803 31 503 00 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. 32 124 00 33 Subtract line 32 from line 31. If less than zero, enter -0- 33 379 00 34 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 34 .00 35 Add line 33 and line 34 .00 .00 .00 .00 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. 40 .00 .00 43 Enter credit name OTHER STATE code 187 and amount 43 123 .00 44 Enter credit name .00 .00 .00 .00 .00 REV 03/16/21 PRO .00 .00 .00 .00 .00 .00 .00			× Tax Table Tax Rate Schedu	le	
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33 Subtract line 32 from line 31. If less than zero, enter -0- 33 379 00 34 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 34 .00 35 Add line 33 and line 34. .00 .00 .00 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. 40 .00 43 Enter credit name OTHER STATE code 187 and amount 43 123 .00 REV 03/16/21 PRO .00 .00 .00 .00 .00 .00		32	Exemption credits. Enter the amount from line 11. If your federal AGI is more	than 124	
33 Subtract line 32 from line 31. In less than 200, enter -0	Тах		\$203,341, see instructions.	•00	
35 Add line 33 and line 34		33	Subtract line 32 from line 31. If less than zero, enter -0		
35 Add life 33 and life 34		34	Tax. See instructions. Check the box if from: • Schedule G-1 •	FTB 5870A • 34	
REV 03/16/21 PRO		35	6 Add line 33 and line 34	• 35	
REV 03/16/21 PRO	ts	40	Nonrofundable Child and Dependent Care European Ore dit. One instructions		
REV 03/16/21 PRO	Credi			122	
REV 03/16/21 PRO	ecial	43	Code ● [107] al		
	Spe	44	Enter credit name code ● a	nd amount ● 4400	
			REV 03/16/21 PRO Side 2 Form 540 2020 175 3102204		

You	r nar	Ie: VUDEM		Your SSN or ITIN:	111-77-9630		•	
S	45	To claim more than	n two credits. See in:	structions. Attach Schedu	le P (540)	• 45		. 00
Special Credits	46	Nonrefundable Rei	nter's Credit. See ins	tructions		• 46	60	. 00
ecial (47	Add line 40 throug	h line 46. These are	your total credits		• 47	183	. 00
Spe	48	Subtract line 47 fro	om line 35. If less th	an zero, enter -0		• 48	196	. 00
	61			dule P (540)				• 00
xes	62	Mental Health Serv	vices Tax. See instruc	ctions		• 62		- 00
Other Taxes	63	Other taxes and cr	edit recapture. See ir	nstructions		• 63		. 00
ō	64	Excess Advance P	remium Assistance S	Subsidy (APAS) repaymen	t. See instructions	● 64		. 00
	65	Add line 48, line 6	I, line 62, line 63, an	d line 64. This is your tota	al tax	• 65	196	. 00
	71	California income t	tax withheld. See ins	tructions		• 71		. 00
	72			ents. See instructions				. 00
	73		1 592-B and/or 593).			. 00		
nts						. 00		
Payments	74		DI) withheld. See ins			. 00		
Δ.	75							
	76			tructions				• 00
	77 78		stance Subsidy (PAS h line 77. These are	··· ● 77 ··· ● 78		- <u>00</u>		
×								
Use Tax	91			uctions		tov obligati	on directly to CDTFA.	
> 		If line 91 is zero, c		IO USE LAX IS OWEU.	You paid your use	tax obligati		
altv	92	Individual Shared I	Responsibility (ISR)	Penalty. See instructions			- 00	
ISR Penaltv		• × Full-yea	r health care covera	ge.				
one	93	Doumonto balanco	If line 79 is more th	an line 91, subtract line 9	1 from line 79	. 02		. 00
/Tax I		-					0	. 00
id Tax	94 95	Payments after Inc	lividual Shared Resp	an line 78, subtract line 78 onsibility Penalty. If line 9	3 is more than line 92,	<u> </u>		
Overpaid Tax/Tax Due	96	Individual Shared I	Responsibility Penal	ty Balance. If line 92 is mo	ore than line 93, then	0 11		• 00 • 00
_		REV 03/16/21 PR				_		
				175 310	3204		Form 540 2020 Side 3	

You	ır nar	ne: VUDEM Your SSN or ITIN: 111-77-9630						
Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	97].	00		
Тах/Та	98	Amount of line 97 you want applied to your 2021 estimated tax						
rpaid	99	Overpaid tax available this year. Subtract line 98 from line 97	99].	00		
Ove	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	100	196].	00		
			<u>Code</u>	<u>Amount</u>	1	_		
		California Seniors Special Fund. See instructions	400].	.00		
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401].	.00		
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403].	.00		
		California Breast Cancer Research Voluntary Tax Contribution Fund.	405			00		
		California Firefighters' Memorial Voluntary Tax Contribution Fund	406			.00		
		Emergency Food for Families Voluntary Tax Contribution Fund	407		.	00		
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408].	.00		
		California Sea Otter Voluntary Tax Contribution Fund	410			.00		
suc		California Cancer Research Voluntary Tax Contribution Fund	413			.00		
Contributions		School Supplies for Homeless Children Fund	422			.00		
Conti		State Parks Protection Fund/Parks Pass Purchase	423].	00		
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	424] .	.00		
		Keep Arts in Schools Voluntary Tax Contribution Fund	425].	.00		
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431].	00		
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438] .	.00		
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439] .	.00		
		Rape Kit Backlog Voluntary Tax Contribution Fund	440].	.00		
		Schools Not Prisons Voluntary Tax Contribution Fund	443] _	00		
		Suicide Prevention Voluntary Tax Contribution Fund	• 444].	.00		
	110	Add code 400 through code 444. This is your total contribution	110] .	00		

REV 03/16/21 PRO Side 4 Form 540 2020

175

3104204

Γ

You	r nan	ne:	VUDEM			Your SS	N or	ITIN: 111-7	7-96	30					
Amount You Owe	111	Mail		E TAX E	BOARD, PO	BOX 942867	', SAC	9, add line 94, line CRAMENTO CA 94			1	e instru	uctions. Do	not send cash. 196	. 00
and ies	112 113		est, late return pe erpayment of esti			ayment pena	lties				112				. 00
Interest and Penalties		Chec	ck the box:	FTI	B 5805 attac	ched	F1	FB 5805F attache	d		113				.00
Ē	114	Total	amount due. Se	e instru	uctions. Enc	lose, but do l	not st	taple, any paymen	t		114			196	. 00
	115	REFL	UND OR NO AMO	UNT D	UE. Subtrac	ct the sum of	line	110, line 112 and	line 11	3 from line	99. See ir	nstructi	ions.		
		Mail	to: FRANCHISE 1	ГАХ ВО	ARD, PO B	OX 942840,	SACR	AMENTO CA 942	40-000)1	115				.00
Refund and Direct Deposit		All or	r the following ar Routing number	• Ty	of my refund pe Checking Savings	d (line 115) is ● Accoun	s auth t num	unt numbers? Use horized for direct hber ed for direct depo	deposi	t into the ac	count sho	• 116		eposit amount	. 00
IMP(To le	arn a	ANT: S	your privacy right	ts, how	Checking Savings ind out if you	e your inform	ch a c	copy of your comp	iences					eposit amount	.00
Unde knov	er per	nalties e and		lare that	at I have exa	amined this ta	ax ret	, call 800.852.571 aurn, including acc						o the best of my urn, both must sig	
			() Your email ac										Drafar	red phone numbe	
Ci,							5.							201546	;1
Sig He	-		Paid preparer's s	signatur	e (declaratio	n of preparer i	is bas	ed on all information	on of w	hich prepare	r has any	knowled	dge)		
	unlaw		SYAM PRI	YA R.	AM SAGA	R GUPTA	TAI	LLAM							
to for spou	ise's/		Firm's name (or	yours, if	f self-employe	ed)]		
RDP signa	''s ature.		GLOBAL T	AXES	LLC									P0208270)3
Joint tax return?			Firm's address							 Firm's FEIN 30101719 	96				
(See		ns)	2 Do you want to allow another person to discuss this tax return with us? See instructions						Yes	×No					
				-											
			REV 03/16/21 PRO)		175		3105204				Fo	orm 540	2020 Side 5	

2020 Other State Tax Credit

Attach to Form 540, Form 540NR, or Form	n 541.						
Name(s) as shown on your California tax return			SSN, ITIN, or FEIN				
ANIL KUMAR V	UDEM		111779630				
Part I Double-Taxed Income (Read spec		,					
(a) Income item(s) description	(b) Double-taxed	income taxable by California	(c) Double-taxe	d income t	taxable by other s	state	
• WAGES, SALARIES, TIPS	•	11,537.	•		11,53	37.	
•	•		•				
•	•		•				
1 Total double-taxed income	•	11,537.	•		11,53	37.	
Part II Figure Your Other State Tax Cr	edit (Read specific line	instructions for Part II before co	mpleting.)				
2 California tax liability. See instructions) 2	319.	00	
3 Double-taxed income taxable by California.	Enter the amount from	Part I, line 1, column (b)) 3	11,537.	00	
4 California adjusted gross income. See instru	uctions			94	30,037.	00	
5 Divide line 3 by line 4. Do not enter more th	an 1.0000			95	0.3	841	
6 Multiply line 2 by line 5				96	123.	00	
7 Income tax liability paid to other state (use	7 Income tax liability paid to other state (use state's abbreviation) $\bigcirc \underline{PA}$ See instructions					00	
8 Double-taxed income taxable by other state		8	11,537	00			
9 Adjusted gross income taxable by other stat			9	11,537.	00		
10 Divide line 8 by line 9. Do not enter more that	an 1.0000) 10	1.0	000	
11 Multiply line 7 by line 10) 11	354.	00	
12 Other state tax credit. Enter the smaller of lir	ne 6 or line 11. Use cre	dit code 187 . See instructions .) 12	123.	00	

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

			N	Extension	n.	N Am	nended Return.
1112779630				Residenc	v Status		
VUDEM			N			sident/ P art-Y	ear Resident
ANIL KUMAR	Occupati	on DEVOPS ENG	Z	Single, N		ing J ointly,	
	Occupati	on		Married/	Filing Sepa	arately, F ina	I Return
			N	Deceased	1		
			N	Taxpayer	Date of De	eath	
APT 308			N	Spouse D	Date of Dear	th	
955 ESCALON AVE			N	Farmers.			
SUNNYVALE	CA	94085		School D	istrict Nam	ne NOT I	IN PA
614-620-1546		99999	I	_			
1a Gross Compensation. Do not include a qualifying retirement benefits. See the	-		and		la		11537
1b Unreimbursed Employee Business Ex					ľр		0
1c Net Compensation. Subtract Line 1b f	rom Line	1a.			lc		11537
2 Interest Income. Complete PA Schedu	ıle A if red	guired.			2		0
3 Dividend and Capital Gains Distributio	ons Income	e. Complete PA Schedule B if r	equired.		2 3 4		0
4 Net Income or Loss from the Operation	1 of a Busi	iness, Profession or Farm.			7		
5 Net Gain or Loss from the Sale, Excha	ange or Di	isposition of Property.			5		0
6 Net Income or Loss from Rents, Roya	-				6		Ō
7 Estate or Trust Income. Complete and					7		0
8 Gambling and Lottery Winnings. Com					8		
9 Total PA Taxable Income. Add only 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD a			lc,		1		11537
10 Other Deductions. Enter the appropr		for the type of deduction.	Ν		10		D
See the instructions for additional info 11 Adjusted PA Taxable Income. Subtra		0 from Line 9.			רך ד		11537
1555 REV 03/16/21 PRO				L			



PA-40 - 2020

Social Security Number

111779630 Name(s) ANIL KUMAR VUDEM

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	13 15	354 323
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	
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	
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 0 225 16 0 0 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	0 37
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2021 estimated account.REFUND	31 30	0 0
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. 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	r Signature Spouse's Signature, if filing jointly		
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D31921 59659522 1555 REV 03/16/21 PRO	N	N 30101314P 605095203
	Page 2 of 2		



PA-8879 (EX) 06-20

Declaration Control Number/Submission ID

Primary Taxpayer's N	ame	Social Security Numbe	cial Security Number			
ANIL KUMAR VUD	111-77-9630	111-77-9630				
Secondary Taxpayer's Name Social Security Number						
SECTION I	TAX RETURN INFORMATION – TAX YEAR ENDIN	G DEC. 31, 2020 (whole dollars only)			
1. Adjusted I	PA Taxable Income (Form PA-40, Line 11)	1	11,537			
2. PA Tax Lia	ability (Form PA-40, Line 12)	2	354			
3. Total PA T	ax Withheld (Form PA-40, Line 13)		323			
4. Refund (F	orm PA-40, Line 30)					
5. Total Payr	nent (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)

X I authorize GLOBAL TAXES LLC	to enter my PIN	79630	as my signature on my tax
year 2020 electronically filed income t	ax return.		
I will enter my PIN as my signature or	my tax year 2020 electronically filed income tax	return.	
Signature	Frit	Date	03/31/2021
Secondary Taxpayer's PIN: (mark o	ne oval only)		
I authorize	to enter my PIN		as my signature on my tax
year 2020 electronically filed income t	ax return.		
I will enter my PIN as my signature or	n my tax year 2020 electronically filed income tax	return.	
Signature		Date	
Practitioner	PIN Program Participants Only – Con	tinue Belov	N
SECTION III CERTIFICATION	AND AUTHENTICATION		
ERO's EFIN/PIN. Enter your six-digit EF	IN followed by your five-digit self-selected PIN	5	87278 / 61989
	rogram, I certify the above numeric entry is my PI m for the taxpayer(s) indicated above. I confirm I nents 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

Social Security Number 111-77-9630

Name		
ANIL	KUMAR	VUDEM

				Federal Form	s W-2		
# of W2	* NT / TX B L	TS	NRH	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 tax withheld from box 17	ST ID
				MICRONET IT SOLUTIONS INC 58-2483162	<u>32,537.</u> 	<u>11,537.</u> 323.	PA

Pennsylvania W-2	Taxpayer 11,537.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6 Interface Non-Pennsylvania W-2 to Schedule SP, line 6 Interface		
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

	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		

1PA school, state, or municipal employee planJ1Transmit1United Mine Workers pensionJ2Transmit	ent/pension/defe ional or Roth) nce, Annuity or E Gift Annuities Stock Ownership /e Taxpa IEC. 	ndowment Cont 9 Plan.	-
Éxecutor fee H Other nonemployee comper Jury duty pay Director's fee I Employer sponsored retirem Expert witness fee J Distribution from IRA (Tradit Honorarium K Distribution from Life Insurar Covenant not to compete Distribution from Charitable Damages or settlement for lost wages, other than personal injury N Fiduciary fees from a trust O Other income not listed abov Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099N Withholding N Miscellaneous Compensation from Form 1099MISC/1099K/1099N Vithholding Image: Compensation from Form 1099MISC/1099K/1099N Mithholding M S # PA Gross * Payer's EIN T Fed PA Gross * Payer's Name S # Type Distribution *	ent/pension/defe ional or Roth) nce, Annuity or E Gift Annuities Stock Ownership /e Taxpa IEC. 	ayer S	pouse PA Tax
Executor fee H Other nonemployee comper Jury duty pay Director's fee I Employer sponsored retirem Expert witness fee J Distribution from IRA (Tradit Honorarium K Distribution from Life Insurar Covenant not to compete Distribution from Charitable Damages or settlement for lost wages, other than personal injury M Distribution from Employee S Miscellaneous Compensation from Form 1099MISC/1099K/1099N Withholding M Miscellaneous Compensation from Form 1099MISC/1099K/1099N M Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099N M M Withholding S Fed PA Gross * Payer's EIN T Fed PA Gross * Payer's Name S # Type Distribution I * Payer's Name S Fed PA Gross I	ent/pension/defe ional or Roth) nce, Annuity or E Gift Annuities Stock Ownership /e Taxpa IEC. 	ayer S	pouse PA Tax
Éxecutor fee H Other nonemployee comper Jury duty pay Director's fee I Employer sponsored retirem Expert witness fee J Distribution from IRA (Tradit Honorarium K Distribution from Life Insurar Covenant not to compete Distribution from Charitable Damages or settlement for lost wages, other than personal injury N Fiduciary fees from a trust O Other income not listed abov Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099N Withholding N Miscellaneous Compensation from Form 1099MISC/1099K/1099N Other income not listed abov Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099N Y Y Miscellaneous Compensation from Form 1099MISC/1099K/1099N Withholding I I * Payer's EIN T Fed PA Gross * Payer's Name S # Type Distribution * Payer's Name S # Type Distribution * Enter an 'X' if this income is Not subject to Pennsylvania tax I I I No entry	ent/pension/defe ional or Roth) nce, Annuity or E Gift Annuities Stock Ownership /e Taxpa IEC. 	ayer S	pouse PA Tax
Director's fee Expert witness fee Honorarium J Distribution from IRA (Tradit Honorarium Covenant not to compete Damages or settlement for lost wages, other than personal injury N Fiduciary fees from a trust O Other income not listed abov Describe:	ional or Roth) nce, Annuity or E Gift Annuities Stock Ownership /e Taxpa IEC. prms 1099R	ayer S	pouse PA Tax
Expert witness fee J Distribution from IRA (Tradit Honorarium K Distribution from Life Insurar Covenant not to compete Distribution from Charitable Damages or settlement for Istribution from Employee 3 Describe: N Personal injury N Fiduciary fees from a trust O Other income not listed abov Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099N Withholding Compensation from Federal Fed	ional or Roth) nce, Annuity or E Gift Annuities Stock Ownership /e Taxpa IEC. prms 1099R	ayer S	pouse PA Tax
Covenant not to compete Damages or settlement for lost wages, other than personal injury L Distribution from Charitable Distribution from Employee 3 Describe: N Fiduciary fees from a trust O Other income not listed abov Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099N Withholding * Payer's EIN Payer's Name T Fed PA Type Gross Distribution * Payer's Name S * Enter an 'X' if this income is Not subject to Pennsylvania tax * No entry I22 I PA school, state, or municipal employee plan J1 J1 Tra	Gift Annuities Stock Ownership /e IEC. prms 1099R	ayer S	pouse PA Tax
lost wages, other than personal injury Describe: N Fiduciary fees from a trust O ther income not listed abov Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099N Withholding Compensation from Federal Formation from Formation from Federal Formation from Federal Formation from Federal Formation from Federal Formation from Formation from Federal Formation from Formation from Federal Formation from Formation from Formation from Formation from Federal Formation from Formation from Formation from Formation from Formation from Formation from F	/e IEC orms 1099R	ayer S	PA Tax
O Other income not listed above Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099N Withholding Compensation from Federal For Payer's EIN Y Payer's Name S Fed PA Gross Distribution S Fed Type Distribution S	Taxpa		PA Tax
Miscellaneous Compensation from Form 1099MISC/1099K/1099N Withholding Compensation from Federal Form * Payer's EIN T Fed PA Gross Distribution # Payer's Name Fed # Payer's Name Fed # Type Distribution # Hype Hype # Hype Distribution # Hype Hype * Enter an 'X' if this income is Not subject to Pennsylvania tax <tr< td=""><td>IEC</td><td></td><td>PA Tax</td></tr<>	IEC		PA Tax
Withholding Compensation from Federal Formation * Payer's EIN Payer's Name T Fed PA Type Gross Distribution * Payer's Name T # PA Gross Distribution PA Gross Distribution * Payer's Name Image: Strand Stribution Image: Stribution Image: Stribution Image: Stribution * Enter an 'X' if this income is Not subject to Pennsylvania tax Image: Stribution type: Image: Stribution type: Image: Stribution type: N No entry Image: Stribution type: Image: Stribution type: Image: Stribution type: N No entry Image: Stribution type: Image: Stribution type: Image: Stribution type: 1 PA school, state, or municipal employee plan Image: Stribution type: Image: Stribution type: 1 United Mine Workers pension J2 Train training	orms 1099R	PA Taxable	
* Payer's EIN Payer's Name T S Fed # PA Type Gross Distribution		PA Taxable	
* Payer's EIN Payer's Name T S Fed # PA Type Gross Distribution		PA Taxable	
* Payer's Name S # Type Distribution	Basis P	PA Taxable	
nnsylvania Distribution type:I22 I'mNo entryI22 I'mPA school, state, or municipal employee planJ1 TraUnited Mine Workers pensionJ2 Tra			
nnsylvania Distribution type:I22 I'mN No entryI22 I'm1 PA school, state, or municipal employee planJ1 Tra1 United Mine Workers pensionJ2 Tra			
nnsylvania Distribution type:I22 I'mN No entryI22 I'm1 PA school, state, or municipal employee planJ1 Tra1 United Mine Workers pensionJ2 Tra			
nnsylvania Distribution type:I22 I'mN No entryI22 I'm1 PA school, state, or municipal employee planJ1 Tra1 United Mine Workers pensionJ2 Tra			
nnsylvania Distribution type:I22 l'mN No entryI22 l'm1 PA school, state, or municipal employee planJ1 Tra1 United Mine Workers pensionJ2 Tra			
nnsylvania Distribution type:I22 I'mN No entryI22 I'm1 PA school, state, or municipal employee planJ1 Tra1 United Mine Workers pensionJ2 Tra			
nnsylvania Distribution type:I22 I'mN No entryI22 I'm1 PA school, state, or municipal employee planJ1 Tra1 United Mine Workers pensionJ2 Tra	- PA Part-Year a	nd Nonresidents	s Only.
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Total Gross Compensa	tion		
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Total gross compensation to Form PA-40 line 1a Total Schedule NRH gross compensation to PA-40, line 12	11	.537.	0

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