

IRS e-file Signature Authorization

2019

▶ 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 ANUSHA CHOUDHRI | Social security number 116-43-4124 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

| | | |
|--|----------|---------|
| 1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35) | 1 | 39,285. |
| 2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61) | 2 | 3,055. |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a) | 3 | 5,975. |
| 4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a) | 4 | 2,920. |
| 5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75) | 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 my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 my electronic income tax return 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

| | | | | |
|---|---|---|---|---|
| 3 | 4 | 1 | 2 | 4 |
|---|---|---|---|---|

 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name
Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. 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 my tax year 2019 electronically filed income tax return.
ERO firm name
Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. 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 tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **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 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 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 ANUSHA | Last name CHOUDHRI | Your social security number 116-43-4124 |
| 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. 15209, NE 16TH PL | | Apt. no. 631B |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BELLEVUE WA 98007 | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | Foreign postal code |
| If more than four dependents, see instructions and ✓ here <input type="checkbox"/> | | |

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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

| (1) First name | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): | |
|----------------|--|----------------------------|-------------------------|--|-----------------------------|
| Last name | | | | Child tax credit | Credit for other dependents |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|------------|---|------------|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 41,785. |
| 2a | Tax-exempt interest | 2a | |
| 3a | Qualified dividends | 3a | |
| 4a | IRA distributions | 4a | |
| c | Pensions and annuities | 4c | |
| 5a | Social security benefits | 5a | |
| 6 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 6 | |
| 7a | Other income from Schedule 1, line 9 | 7a | |
| b | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶ | 7b | 41,785. |
| 8a | Adjustments to income from Schedule 1, line 22 | 8a | 2,500. |
| b | Subtract line 8a from line 7b. This is your adjusted gross income ▶ | 8b | 39,285. |
| 9 | Standard deduction or itemized deductions (from Schedule A) | 9 | 12,200. |
| 10 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | |
| 11a | Add lines 9 and 10 | 11a | 12,200. |
| b | Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | 11b | 27,085. |

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

| | | | |
|------------|---|------------|--------|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 12a | 3,055. |
| b | Add Schedule 2, line 3, and line 12a and enter the total ▶ | 12b | 3,055. |
| 13a | Child tax credit or credit for other dependents ▶ | 13a | |
| b | Add Schedule 3, line 7, and line 13a and enter the total ▶ | 13b | |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | 3,055. |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 15 | 0. |
| 16 | Add lines 14 and 15. This is your total tax ▶ | 16 | 3,055. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | 5,975. |
| 18 | Other payments and refundable credits: | | |
| a | Earned income credit (EIC) No | 18a | |
| b | Additional child tax credit, Attach Schedule 8812 | 18b | |
| c | American opportunity credit from Form 8863, line 8 | 18c | |
| d | Schedule 3, line 14 | 18d | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits ▶ | 18e | |
| 19 | Add lines 17 and 18e. These are your total payments ▶ | 19 | 5,975. |

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

Refund

| | | | |
|------------|---|------------|--------|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | 2,920. |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | 2,920. |
| b | Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3 1 3 8 9 3 5 7 7 | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax ▶ | 22 | |

Direct deposit?
See instructions.

Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶ | 23 | |
| 24 | Estimated tax penalty (see instructions) ▶ | 24 | |

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) 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 | 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 | | |

Joint return?
See instructions.
Keep a copy for your records.

Paid Preparer Use Only

| | | | | |
|--|-----------------------------------|--------------------------|-----------|---|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 07/15/2020 | P02082703 | <input type="checkbox"/> 3rd Party Designee |
| Firm's name ▶ GLOBAL TAXES LLC | | Phone no. (646) 727-7157 | | <input type="checkbox"/> Self-employed |
| Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 | | Firm's EIN ▶ 30-1017196 | | |

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

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

ANUSHA CHOUDHRI

Your social security number

116-43-4124

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

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 or 1040-SR, line 7a | 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. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a | 22 | 2,500. |

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

REV 05/19/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019



2019 Ohio IT 1040 Individual Income Tax Return Use only black ink/UPPERCASE letters.



19000133 Sequence No. 1

07 15 20

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if claiming a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Primary taxpayer's SSN (required) 116 43 4124 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 0405

First name ANUSHA M.I. Last name CHOUDHRI

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box

15209, NE 16TH PL

Address line 2 (apartment number, suite number, etc.)

APT 631B

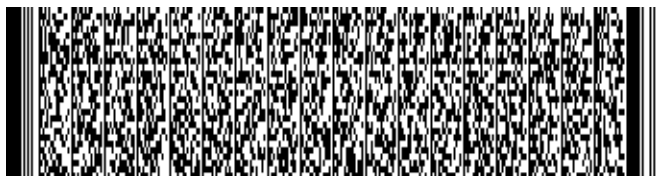
City BELLEVUE State WA ZIP code 98007 Ohio county (first four letters) LAKE

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary. Filing Status - Check one (as reported on federal income tax return). Ohio Nonresident Statement - See instructions for required criteria.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Includes Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.



MM-DD-YY Code

2019 Ohio IT 1040 Individual Income Tax Return



SSN 116 43 4124

Table with 3 columns: Line number, Description, and Amount. Includes lines 7a through 27, covering tax liability, credits, and refund calculations.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number (513) 800-9273
Spouse's signature _____ Date (MM/DD/YY) _____

Check here to authorize your preparer to discuss this return with the Department
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (646) 727-7157
Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057

2019 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



19280133

Sequence No. 7

07 15 20

116 43 4124

Nonrefundable Credits

| | | | |
|---|-----|-----|----|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) | 1. | 743 | 00 |
| 2. Retirement income credit (see instructions for table; include 1099-R forms) | 2. | | 00 |
| 3. Lump sum retirement credit (see instructions for worksheet; include a copy) | 3. | | 00 |
| 4. Senior citizen credit (must be 65 or older to claim this credit) | 4. | | 00 |
| 5. Lump sum distribution credit (see instructions for worksheet; include a copy) | 5. | | 00 |
| 6. Child care & dependent care credit (see instructions for worksheet; include a copy)..... | 6. | | 00 |
| 7. Displaced worker training credit (see instructions for all required documentation; include copies)..... | 7. | | 00 |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly | 8. | 0 | 00 |
| 9. Income-based exemption credit (\$20 times the number of exemptions) | 9. | 0 | 00 |
| 10. Total (add lines 2 through 9) | 10. | 0 | 00 |
| 11. Tax less credits (line 1 minus line 10; if less than zero, enter zero)..... | 11. | 743 | 00 |
| 12. Joint filing credit (see instructions for table). % times the amount on line 11..... | 12. | 0 | 00 |
| 13. Earned income credit | 13. | | 00 |
| 14. Ohio adoption credit..... | 14. | | 00 |
| 15. Nonrefundable job retention credit (include a copy of the credit certificate)..... | 15. | | 00 |
| 16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ... | 16. | | 00 |
| 17. Credit for purchases of grape production property | 17. | | 00 |
| 18. InvestOhio credit (include a copy of the credit certificate) | 18. | | 00 |
| 19. Opportunity zone investment credit (include a copy of the credit certificate)..... | 19. | | 00 |
| 20. Technology investment credit carryforward (include a copy of the credit certificate)..... | 20. | | 00 |
| 21. Enterprise zone day care & training credits (include a copy of the credit certificate) | 21. | | 00 |
| 22. Research & development credit (include a copy of the credit certificate)..... | 22. | | 00 |
| 23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 23. | | 00 |
| 24. Total (add lines 12 through 23) | 24. | 0 | 00 |
| 25. Tax less additional credits (line 11 minus line 24; if less than zero, enter zero)..... | 25. | 743 | 00 |

Do not staple or paper clip.



2019 Ohio Schedule of Credits

Primary taxpayer's SSN
116 43 4124



19280233

Sequence No. 8

Nonresident Credit

Date of nonresidency 07 01 19 to 12 31 19 State of residency WA

- 26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)26. 25279 00
- 27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)27. 39285 00
- 28. Divide line 26 by line 27 and enter the result here (four digits; do not round). 0.6434
Multiply this factor by the amount on line 25 to calculate your nonresident credit 28. 478 00

Resident Credit

- 29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident 29. 00
- 30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)30. 00
- 31. Divide line 29 by line 30 and enter the result here (four digits; do not round).
Multiply this factor by the amount on line 25 and enter the result here31. 00
- 32. Enter the 2019 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia 32. 00
- 33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax..... 33. 00
- 34. **Total nonrefundable credits** (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) .. 34. 478 00

Do not staple or paper clip.

Refundable Credits

- 35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)..... 35. 00
- 36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)36. 00
- 37. Pass-through entity credit (include a copy of the Ohio IT K-1s)..... 37. 00
- 38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... 38. 00
- 39. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)..... 39. 00
- 40. Venture capital credit (include a copy of the credit certificate) 40. 00
- 41. **Total refundable credits** (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)..... 41. 00

Filing Status 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 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 ANUSHA | Last name CHOUDHRI | Your social security number 116-43-4124 |
| 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. 15209, NE 16TH PL | | Apt. no. 631B |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BELLEVUE WA 98007 | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | Foreign postal code |
| If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/> | | |

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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

| (1) First name | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): | |
|----------------|--|----------------------------|-------------------------|--|-----------------------------|
| Last name | | | | Child tax credit | Credit for other dependents |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under *Standard Deduction*, see instructions.

| | | | | | |
|-----|---|----|---------|-----|---|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | | 41,785. |
| 2a | Tax-exempt interest | 2a | | b | Taxable interest. Attach Sch. B if required |
| 3a | Qualified dividends | 3a | | b | Ordinary dividends. Attach Sch. B if required |
| 4a | IRA distributions | 4a | | b | Taxable amount |
| c | Pensions and annuities | 4c | | d | Taxable amount |
| 5a | Social security benefits | 5a | | b | Taxable amount |
| 6 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | | 6 | |
| 7a | Other income from Schedule 1, line 9 | | | 7a | |
| b | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶ | | | 7b | 41,785. |
| 8a | Adjustments to income from Schedule 1, line 22 | | | 8a | 2,500. |
| b | Subtract line 8a from line 7b. This is your adjusted gross income ▶ | | | 8b | 39,285. |
| 9 | Standard deduction or itemized deductions (from Schedule A) | 9 | 12,200. | | |
| 10 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | | | |
| 11a | Add lines 9 and 10 | | | 11a | 12,200. |
| b | Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | | 11b | 27,085. |

| | | | |
|------------|---|------------|--------|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 12a | 3,055. |
| b | Add Schedule 2, line 3, and line 12a and enter the total ▶ | 12b | 3,055. |
| 13a | Child tax credit or credit for other dependents | 13a | |
| b | Add Schedule 3, line 7, and line 13a and enter the total ▶ | 13b | |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | 3,055. |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 15 | 0. |
| 16 | Add lines 14 and 15. This is your total tax ▶ | 16 | 3,055. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | 5,975. |
| 18 | Other payments and refundable credits: | | |
| a | Earned income credit (EIC) No | 18a | |
| b | Additional child tax credit, Attach Schedule 8812 | 18b | |
| c | American opportunity credit from Form 8863, line 8 | 18c | |
| d | Schedule 3, line 14 | 18d | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits ▶ | 18e | |
| 19 | Add lines 17 and 18e. These are your total payments ▶ | 19 | 5,975. |

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

Refund

| | | | |
|------------|---|------------|--------|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | 2,920. |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | 2,920. |
| b | Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3 1 3 8 9 3 5 7 7 | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax ▶ | 22 | |

Direct deposit?
See instructions.

Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶ | 23 | |
| 24 | Estimated tax penalty (see instructions) ▶ | 24 | |

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) 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 | 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 | | |

Joint return?
See instructions.
Keep a copy for your records.

Paid Preparer Use Only

| | | | | |
|--|-----------------------------------|--------------------------|-----------|---|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 07/15/2020 | P02082703 | <input type="checkbox"/> 3rd Party Designee |
| Firm's name ▶ GLOBAL TAXES LLC | | Phone no. (646) 727-7157 | | <input type="checkbox"/> Self-employed |
| Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 | | Firm's EIN ▶ 30-1017196 | | |

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

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

ANUSHA CHOUDHRI

Your social security number

116-43-4124

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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 or 1040-SR, line 7a | 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. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a | 22 | 2,500. |

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

REV 05/19/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019