

**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 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 GOWTHAM	Last name VAKKAVANTHULA	Your social security number 780-10-0634	
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. 8715 ALDEBURGH DR		<b>Presidential Election Campaign</b> 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	
City, town, or post office. If you have a foreign address, also complete spaces below. HENRICO	State VA		ZIP code 23294
Foreign country name	Foreign province/state/county		Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):
					Child tax credit
If more than four dependents, see instructions and check here ▶ <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 . . . . .		1	68,044.
Attach Sch. B if required.	2a Tax-exempt interest . . . . .	2a		
	3a Qualified dividends . . . . .	3a		
	4a IRA distributions . . . . .	4a		
	5a Pensions and annuities . . . . .	5a		
	6a Social security benefits . . . . .	6a		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		7	
	8 Other income from Schedule 1, line 9 . . . . .		8	-5,540.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		9	62,504.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22 . . . . .	10a		
	b Charitable contributions if you take the standard deduction. See instructions . . . . .	10b		
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶		10c	
	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		11	62,504.
	12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		13	
	14 Add lines 12 and 13 . . . . .		14	12,400.
	15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		15	50,104.

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	6,818.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,818.
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	6,818.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	6,818.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,092.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,092.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	8,092.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,274.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,274.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 5 8 6 0 3 6 4 3 4 7 8 2		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> 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 STUDENT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> 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 03/06/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522			
Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Firm's EIN 30-1017196			

**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](http://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  
GOWTHAM VAKKAVANTHULA

**Your social security number**  
780-10-0634

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,540.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,540.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

GOWTHAM VAKKAVANTHULA

780-10-0634

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	3-218/A, EMMADI MOHANRAO ST NAYANAGAR, KODAD SURYAPET (DIST), TELANGANA IN 508206				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		350.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		70.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		250.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		120.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,200.		
<b>14</b>	Repairs. . . . .	<b>14</b>		250.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities . . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,890.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-5,540.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-5,540.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		350.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,890.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	5,540.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-5,540.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Keep for your records

Name(s) shown on return
GOWTHAM VAKKAVANTHULA

Social Security No.
780-10-0634

General Information:

Property description . . . . . 3-218/A, EMMADI MOHAN RAO STREET, NAYANAGAR, KODAD
Property type . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) . . . . . 3-218/A, EMMADI MOHANRAO ST
City . . . . . NAYANAGAR, KODAD State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . SURYAPET (DIST) , TELANGANA
Foreign postal code . . . . 508206 Foreign country . . . . India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes [ ] No [X]
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes [ ] No [ ]

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 365 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse [ ] B Owned jointly [ ]
C Active participation [X] D Material participation [ ]
E Qualified joint venture [ ] F Some investment is not at risk [ ]
G Other passive exceptions [ ] H Complete taxable disposition - See Help [ ]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX [ ]

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage [ ]
O Enter ownership percentage . . . . . %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A [ ]
Q Percentage of rental use . . . . . %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method [ ]
S Number of days property owned if less than the entire year . . . . .

**Property Location**

3-218/A, EMMADI MOHANRAO ST, NAYANAGAR, KODAD, SURYAPET (DIST), TELANGANA, 508206, India

Income		% if Different	Total
<b>3 Enter</b> rental income (not reported elsewhere) . . . .	350.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . .			
Total rents received . . . . .	350.	100.000000	350.
<b>4 Enter</b> royalties received (not reported elsewhere) .			
Royalty income from Form 1099-MISC . . . . .			
Royalty income from Form 1099-K . . . . .			
Royalty Income from Cancellation of Debt Wks . . . .			
Royalty Income from Schedule K-1 . . . . .			
Total royalties received . . . . .			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .	70.		70.		
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .	250.		250.		
<b>7</b> Cleaning and maint . . . . .	120.		120.		
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . . . . .					
From Form 1098 import					
Total mort insur qual . . . . .					
<b>b</b> Other Insurance . . . . .					
<b>10</b> Legal & other prof fees					
<b>11</b> Management fees . . . . .					
<b>12 a</b> Mortgage int qualified . . . . .					
From Form 1098 import					
Total mort int qualified					
<b>b</b> Mort int other . . . . .					
From Form 1098 import					
Total mort int other . . . . .					
<b>13</b> Other interest . . . . .	5,200.		5,200.		
<b>14</b> Repairs . . . . .	250.		250.		
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . . . .					
From Form 1098 import					
Total real estate taxes					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover					
<b>19</b> Other expenses . . . . .					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b> Indirect operating exp . . . . .					
<b>f</b> Operating exp carryover					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19	5,890.		5,890.		
<b>21</b> Income or (loss) . . . . .			-5,540.		
<b>22</b> Deductible rental real estate loss . . . . .			-5,540.		



# Oklahoma Individual Income Tax Declaration for Electronic Filing

**2020  
Form 511EF**

**NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511NR.**

**See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC.**

Your first name and middle initial GOWTHAM	Last name VAKKAVANTHULA	Your social security number 7 8 0 1 0 0 6 3 4	
If a joint return, spouse's first name and middle initial	Last name	Spouse's social security number	
Mailing address (number and street, including apartment number, rural route or PO Box) 8715 ALDEBURGH DR		Filing status <span style="border: 1px solid black; padding: 2px;">1</span>	
City, State, ZIP HENRICO VA 23294		Total number of exemptions <span style="border: 1px solid black; padding: 2px;">1</span>	

## Part One - Tax Return Information (whole dollars only)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511NR, Line 7) .....	1	62504	00
2	Oklahoma Income Tax and Use Tax (511, Line 22 or 511NR, Line 26) .....	2	802	00
3	Oklahoma Income Tax Payments and Credits (511, Line 33 or 511NR, Line 34) .....	3	790	00
4	Refund (511, Line 38 or 511NR, Line 39) .....	4	0	00
5	Balance Due (511, Line 43 or 511NR, Line 44) .....	5	12	00

**For a balance due return with an electronic payment complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.**

## Part Two - Declaration of Taxpayer

6a  I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b  I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2020 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: \_\_\_\_\_  
Your Signature Date Spouse's Signature (If joint return, both must sign) Date

## Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only ERO or Paid Preparer's Signature	03/06/2021 Date	PTIN
Paid Preparer Use Only Paid Preparer Signature	03/06/2021 Date	P02082703 PTIN
Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM		
address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041		
Phone number ( 678 ) 965-9522		

## State of Oklahoma Individual Income Tax Payment Voucher Instructions

**What is Form 511-V and Do You Have to Use It?**

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2020 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

**\* Due Date**

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. Log on to **tax.ok.gov** and visit the “**Online Services**” link to make a payment electronically.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

**How To Prepare Your Payment**

- Remit only one check or money order per voucher.
- Make your check or money order payable to the “Oklahoma Tax Commission”. Do not send cash.
- Make sure your name and address appear on your check or money order.

**How To Send In Your 2020 Tax Payment, and Form 511-V**

- Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.
- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- **Do not include a copy of your income tax return.** To use this form, your income tax return (either paper or electronic) should already be filed with the Oklahoma Tax Commission.
- Mail your 2020 tax payment and Form 511-V to:

Oklahoma Tax Commission  
PO Box 26890  
Oklahoma City, OK 73126-0890

● Do not fold, staple, or paper clip **Detach Here and Return Voucher with Payment** ● Do not tear or cut below line

#1555#

ITI-I  
**State of Oklahoma  
Individual Income Tax Payment Voucher**

FORM **511-V** 2020



Reporting Period <b>01-01-2020 to 12-31-2020</b>	Due Date* (Penalty and interest may be assessed if payment is not sent by the due date) <b>04-15-2021</b>
---	---

Your first name, middle initial and last name GOWTHAM VAKKAVANTHULA	
If joint return, spouse's first name, middle initial and last name	
Mailing address (number and street, including apartment number, rural route or PO Box) 8715 ALDEBURGH DR	
City, State, ZIP HENRICO VA 23294	

Your Social Security Number (if filing a joint return, enter the SSN shown first on your return) 780-10-0634	
Spouse's Social Security Number (if filing a joint return)	
Daytime phone number (optional) 3614888063	

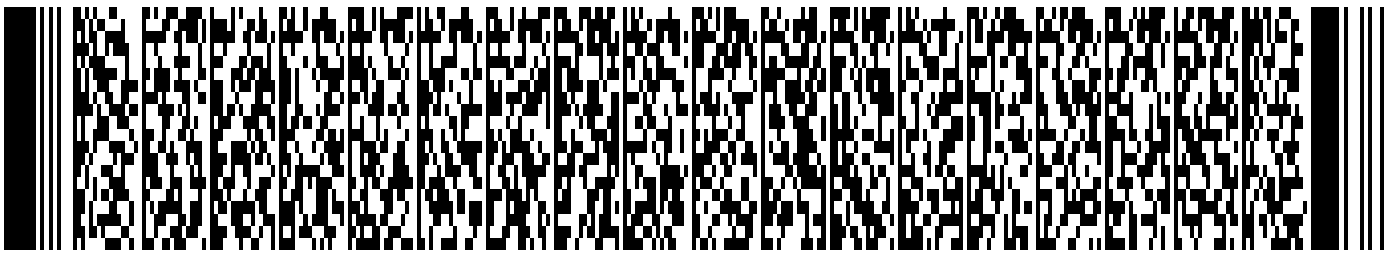
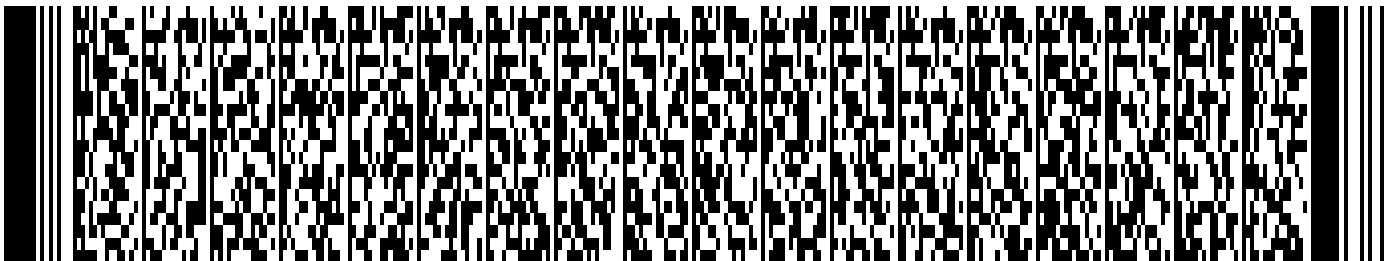
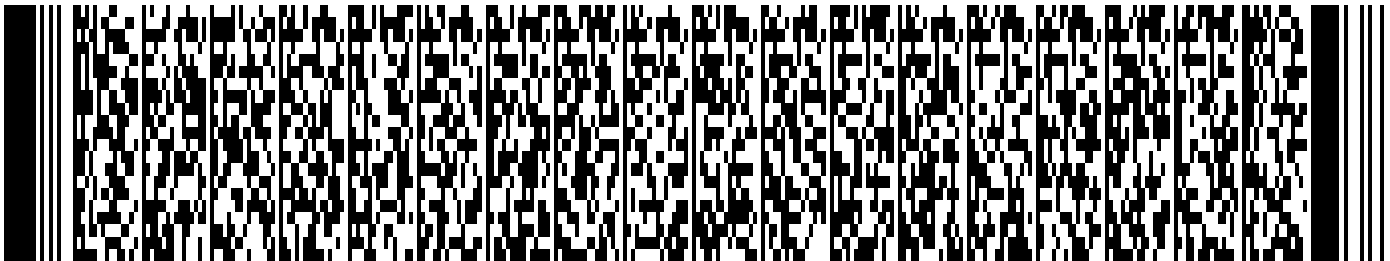
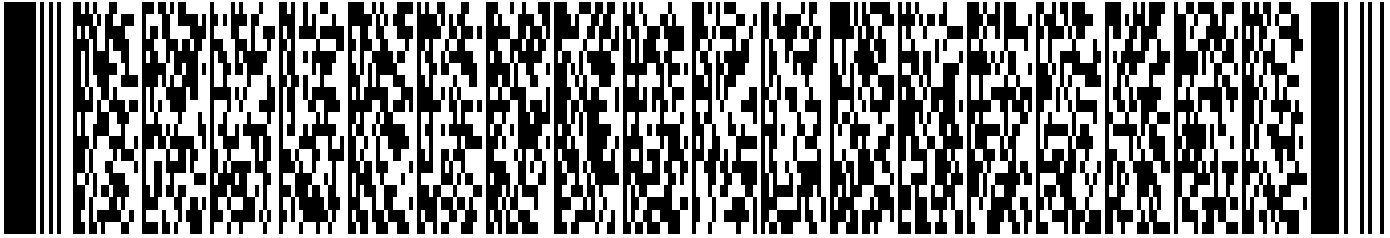
Do **not** enclose a copy of your Oklahoma tax return.

Oklahoma Tax Commission  
PO Box 26890  
Oklahoma City, OK 73126-0890

Balance Due	\$	12
Amount of Payment	\$	0



**FAILURE TO SUBMIT THIS PAGE  
WILL DELAY PROCESSING OF YOUR RETURN**





# Oklahoma Nonresident/Part-Year Income Tax Return

**Your Social Security Number** 780100634 Place an 'X' in this box if this taxpayer is deceased

**Spouse's Social Security Number** (joint return only) \_\_\_\_\_ Place an 'X' in this box if this taxpayer is deceased

**AMENDED RETURN!**  
Place an 'X' in this box if this is an amended 511NR. See Schedule 511NR-H.

**Name and Address Please Print or Type**

Your first name Middle initial Last name  
GOWTHAM VAKKAVANTHULA

If a joint return, spouse's first name Middle initial Last name  
\_\_\_\_\_

Mailing address (number and street, including apartment number, rural route or PO Box)  
8715 ALDEBURGH DR

City State ZIP  
HENRICO VA 23294

**Filing Status**

1  Single

2  Married filing joint return (even if only one had income)

3  Married filing separate  
• If spouse is also filing, list Name: \_\_\_\_\_  
name and SSN in the boxes: SSN: \_\_\_\_\_

4  Head of household with qualifying person

5  Qualifying widow(er) with dependent child  
• Please list the year spouse died in box at right: \_\_\_\_\_

**Residency Status**

**Nonresident(s)** State of Residence: VA \_\_\_\_\_

**Part-Year Resident(s)** From \_\_\_\_\_ to \_\_\_\_\_

**Resident/Part-Year Resident/Nonresident**  
State of Residence: Yourself \_\_\_\_\_ Spouse \_\_\_\_\_

**Not Required to File**

Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions).....

\* Note: If claiming Special Exemption, see instructions on page 10 of 511NR Packet.

<b>Exemptions</b>	Regular	* Special	Blind	E	1	(a)			
	1	+					E		(b)
	0	+							
<b>Number of dependents</b>			E		(c)				
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:					E	1			

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions)  Yourself  Spouse

**Complete Schedule 511NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2).**

		Please Round to Nearest Whole Dollar	
		Federal Amount	Oklahoma Amount
1	Oklahoma source income (Schedule 511NR-1, line 18) .....		19500 00
2	Federal adjusted gross income (Schedule 511NR-1, line 19) .....	62504 00	
3	Oklahoma additions: Schedule 511NR-A, line 8 .....	00	00
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3) .....	62504 00	19500 00
5	Oklahoma subtractions: Schedule 511NR-B, line 17 .....	00	00
6	Adjusted gross income: <b>Oklahoma Source</b> (line 4 minus line 5) .....		19500 00
7	Adjusted gross income: <b>All Sources</b> (line 4 minus line 5) Also enter on line 8..	62504 00	
8	Adjusted gross income: <b>All Sources</b> (from line 7) .....		62504 00
9	Oklahoma Adjustments (Schedule 511NR-C, line 7) .....		00
10	Income after adjustments (line 8 minus line 9) .....		62504 00
11	Oklahoma itemized deductions (Schedule 511NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350) ..		6350 00
12	Exemptions: Enter the total number of exemptions claimed above <input type="text" value="1"/> X \$1,000 .....		1000 00
13	Total deductions and exemptions (add lines 11 and 12) .....		7350 00
14	<b>Oklahoma Taxable Income:</b> (line 10 minus line 13) .....		55154 00
15	(a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15 .....	2570 00	
15a	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15 .....	00	
15b	Oklahoma Income Tax (line 15a plus line 15b) .....		2570 00
16	Oklahoma child care/child tax credit (see instructions) .....		00
17	Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero) .....		2570 00

**STOP AND READ:** If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511NR-E.



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) shown on Form 511NR: GOWTHAM VAKKAVANTHULA Your Social Security Number: 780100634

Table with 3 columns: Line number, Description, and Amount. Includes lines 18-39 for Oklahoma Income Tax, credits, and payments.

Schedule 511NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from Schedule 511NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511NR-G

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-39 for donations and refund amount.

Direct Deposit Note: Verify your account and routing numbers are correct. Is this refund going to or through an account that is located outside of the United States? Deposit my refund in my: Checking Account Savings Account

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-44 for tax due, donations, and total tax.

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief. Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Signature and occupation fields for Taxpayer, Spouse, and Paid Preparer. Includes address and phone number for the preparer.

A COPY OF FEDERAL RETURN MUST BE PROVIDED.

Please remit to: Oklahoma Tax Commission, P.O. Box 269045, Oklahoma City, OK 73126-9045



Note: Provide this page with your return.

Name(s) shown on Form 511NR: GOWTHAM VAKKAVANTHULA

Your Social Security Number: 780-10-0634

### Schedule 511NR-1: Income Allocation for Nonresidents and Part-Year Residents

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

	Federal Amount	Oklahoma Amount
1 Wages, salaries, tips, etc.....	68044 00	1 19500 00
2 Taxable interest income.....	00	2 00
3 Dividend income.....	00	3 00
4 Taxable IRA distribution.....	00	4 00
5 Taxable pensions and annuities.....	00	5 00
6 Taxable Social Security benefits (also enter on line 2 of Sch. 511NR-B)...	00	6 00
7 Capital gains or losses (Federal Schedule D).....	00	7 00
8 Taxable refunds (state income tax).....	00	8 00
9 Alimony received.....	00	9 00
10 Business income or (loss) (Federal Schedule C).....	00	10 00
11 Other gains or losses (Federal Form 4797).....	00	11 00
12 Rental real estate, royalties, partnerships, etc.....	-5540 00	12 0 00
13 Farm income or (loss).....	00	13 00
14 Unemployment compensation.....	00	14 00
15 Other income (identify: _____) )	00	15 00
16 Add lines 1 through 15.....	62504 00	16 19500 00
17 Total Federal adjustments to income (identify: _____) )	00	17 00
18 <b>Oklahoma source income</b> (line 16 minus line 17) Enter here and on page 1, line 1.....		18 19500 00
19 <b>Federal adjusted gross income</b> (line 16 minus line 17) Enter here and on page 1, line 2.....	62504 00	19

### Schedule 511NR-A: Oklahoma Additions See instructions for details on qualifications and required documents.

	Federal Amount	Oklahoma Amount
1 State and municipal bond interest.....	00	1 00
2 Lump sum distributions (not included in your Federal AGI).....	00	2 00
3 Federal net operating loss.....	00	3 00
4 Recapture depletion claimed on a lease bonus or add back of excess Federal depletion.....	00	4 00
5 Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s).....	00	5 00
6 Oklahoma loss distributed by an electing PTE.....	00	6 00
7 Miscellaneous: Other additions (enter number in box for the type of addition <input type="text"/> ).....	00	7 00
8 <b>Total additions</b> (add lines 1-7, enter total here and on line 3 of Form 511NR).....	00	8 00



Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: GOWTHAM VAKKAVANTHULA

Your Social Security Number: 780-10-0634

Schedule 511NR-B: Oklahoma Subtractions

See instructions for details on qualifications and required documents.

Table with columns: Federal Amount, Oklahoma Amount. Rows include Interest on U.S. government obligations, Taxable Social Security, Federal civil service retirement, Military Retirement, Oklahoma government or Federal civil service retirement, Other retirement income, U.S. Railroad Retirement Board Benefits, Additional depletion, Oklahoma net operating loss, Exempt tribal income, Gains from the sale of exempt government obligations, Nonresident military wages, Oklahoma Capital Gain Deduction, Income Tax Refund, Oklahoma income distributed by an electing PTE, Miscellaneous: Other subtractions, Total subtractions.

Schedule 511NR-C: Oklahoma Adjustments

See instructions for details on qualifications and required documents.

Table with columns: Federal Amount, Oklahoma Amount. Rows include Military pay exclusion - Active Duty, Reserve and National Guard, Qualifying disability deduction, Qualified adoption expense, Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s), Deductions for providing foster care, Miscellaneous: Other adjustments, Total Adjustments.



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 5
Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: GOWTHAM VAKKAVANTHULA

Your Social Security Number: 780-10-0634

Schedule 511NR-D: Oklahoma Itemized Deductions

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

Form with 11 rows for itemized deductions including Federal itemized deductions, state and local taxes, medical and dental expenses, gifts to charity, and Oklahoma Itemized Deductions.

Enter your Oklahoma Itemized Deductions on line 11 of Form 511NR.

Schedule 511NR-E: Child Care/Child Tax Credit See instructions for details on qualifications and required documents.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the greater of:

- 20% of the credit for child care expenses allowed by the IRS Code. Your allowed Federal credit cannot exceed the amount of your Federal tax reported on your Federal return, OR
• 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

Form with 7 rows for child care/child tax credit calculation, including fields for Federal child care credit, child tax credit, and the final Oklahoma credit amount.



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 6
Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: GOWTHAM VAKKAVANTHULA

Your Social Security Number: 780-10-0634

Schedule 511NR-F: Earned Income Credit See instructions for details on qualifications and required documents.

Residents and part-year residents are allowed a credit equal to 5% of the Earned Income Credit allowed on the Federal return. The credit must be prorated on the ratio of Oklahoma source AGI to Federal AGI. Provide a copy of your Federal return.

Nonresidents do not qualify.

Form with 4 lines for Earned Income Credit calculation, including boxes for percentages and dollar amounts.

Schedule 511NR-G: Donations from Refund (Original return only)

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511NR-G Information on page 28 of the 511NR Packet.

Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right.

Table with 12 rows listing various donation programs (e.g., Support of Programs for Volunteers, Indigent Veteran Burial Program) and columns for dollar amounts and percentages.

Schedule 511NR-H: Amended Return Information

Did you file an amended Federal return? Yes [ ] No [ ]

If Yes, provide a copy of the IRS Form 1040X or 1045 AND proof of IRS acceptance, such as a copy of the IRS "Statement of Adjustment," IRS check or deposit slip.

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason.



Mail 760ES Voucher 1 To:

Director of Finance, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2021 FORM 760ES - Voucher 1**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 05-01-21

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 02/21/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
087	

7801006341 7621555 121053 087

Your Social Security Number (SSN)

780100634

GOWTHAM VAKKAVANTHULA

Spouses SSN (if filing a joint return)

8715 ALDEBURGH DR

HENRICO

VA 23294

Daytime Phone Number

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**237.00**



Mail 760ES Voucher 2 To:

Director of Finance, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2021 FORM 760ES - Voucher 2**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 06-15-21

- Check if this is a new address.
- Check here if this is your first payment for this taxable year.

REV 02/21/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
087	

7801006341 7621555 121061 087

Your Social Security Number (SSN)

780100634

GOWTHAM VAKKAVANTHULA

Spouses SSN (if filing a joint return)

8715 ALDEBURGH DR

HENRICO

VA 23294

Daytime Phone Number

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**237.00**

Mail 760ES Voucher 3 To:

Director of Finance, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2021 FORM 760ES - Voucher 3**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 09-15-21

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 02/21/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
087	

7801006341 7621555 121096 087

Your Social Security Number (SSN)

780100634

GOWTHAM VAKKAVANTHULA

Spouses SSN (if filing a joint return)

8715 ALDEBURGH DR

HENRICO

VA 23294

Daytime Phone Number

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**237.00**

Mail 760ES Voucher 4 To:

Director of Finance, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2021 FORM 760ES - Voucher 4**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 01-15-22

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 02/21/21 PRO 1555

LOCALITY NO.	FOR OFFICE USE
087	

7801006341 7621555 122017 087

Your Social Security Number (SSN)

780100634

GOWTHAM VAKKAVANTHULA

8715 ALDEBURGH DR

HENRICO

Daytime Phone Number

Spouses SSN (if filing a joint return)

VA 23294

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**237.00**

— Cut Here —

**Form 760-PMT 2020 Payment Coupon**  
(DOC ID 761) **Please do not staple**  
**To Be Used For Payments On Previously**  
**Filed 2020 Individual Income Tax Returns Only**

Your Social Security Number

Spouse's Social Security Number

780100634

7801006341 7611555 120006

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.


If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Name(s) and Address

GOWTHAM VAKKAVANTHULA

8715 ALDEBURGH DR  
HENRICO

VA 23294

Amount of  
Payment 

945.00

Daytime Phone Number:



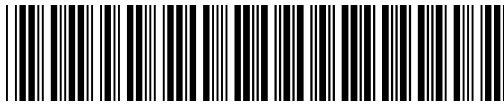
GOWTHAM VAKKAVANTHULA  
 8715 ALDEBURGH DR  
 HENRICO VA 23294

SSN - You █ VAKK 780100634 Vendor ID 1555 XXXXX █

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	62504 .	Withholding (VA) - You	19A.	1277 .
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	62504 .	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	802 .
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	2079 .
Total VA Adj Gross Income (VAGI)	9.	62504 .	Tax You Owe	27.	945 .
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	
Standard Deduction	11.	4500 .	Overpayment Credited to Next Year	29.	
Exemptions	12.	930 .	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	5430 .	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	57074 .	Sales and Use Tax	33.	
Amount of Tax	16.	3024 .	<b>Amount You Owe</b>		945 .
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N		
VAGI - Spouse	17A.		<b>Your Refund</b>		
Net Amount of Tax	18.	3024 .	Bank Routing #		
			Bank Account #		





Filing Status, Age & License Information

Additional Filing Information

Filing Status 1  
 Federal Head of Household  
 DOB - You 06101994  
 VA Driver's License ID - You B64220469  
 VA Driver's License - Iss. Date - You 01072021  
 Spouse Name (Filing Status 3 Only)  
 DOB - Spouse  
 VA Driver's License ID - Spouse  
 VA Driver's License - Iss. Date - Spouse

Locality 087  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman  
 Amended  
 Reason Code  
 Overseas on Due Date  
 Federal EIC & Amount  
 Deceased Indicator  
 No Sales & Use Tax Due Indicator X  
 Obtain Electronic 1099G  
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You  
 Spouse 65 & Over - Spouse  
 Dependents Blind - You  
 Total (A) 1 Blind - Spouse  
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date  
 Signature - Spouse \_\_\_\_\_ Date  
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 030621

Phone - You  
 Phone - Spouse  
 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02082703

**File by May 1, 2021**  
 Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC  
 2530 PEBBLE CREEK LN  
 CUMMING

**2020 Schedule INC/CG** 780100634

Report all W-2s, 1099s & VK-1s with VA Withholding



GOWTHAM

VAKKAVANTHULA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
780100634	W	1277.	731678698	30731678698F001	46250.

Total VA Withholding	SSN	VA Withholding
You	780100634	1277.
Spouse		

Total # of W-2s, 1099s & VK-1s 01

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**

**2020 Schedule OSC/CG**

Enclose other state tax returns when filing



780100634

**Credit Computation State 1**

**If Claiming border state**

1. Filing Status - other state's return	1	6. Other State Abbreviation	OK
2. Person Claiming the Credit	1	7. Virginia Income Tax	3024.
3. Qualifying Taxable Income - other state	17207.	8. Income percentage	30.1
4. Virginia Taxable Income	57074.	9. Virginia Ratio of Income Tax	910.
5. Qualifying Tax Liability - other state	802.	10. Credit Allowed	802.

**Credit Computation State 2**

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

**Credit Computation State 3**

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	802.

Enclose other state tax returns when filing your Virginia tax return.



DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

Grid for SID identification number

Table with columns: Your Name, Spouse's Name, Part I Tax Return Information, B Your Social Security Number, A Spouse's Social Security Number, A Spouse, B Yourself.

Part II Declaration of Taxpayer and Signature Authorization

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

Taxpayer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN [0][0][6][3][4] as my signature on my 2020 e-filed Virginia individual income tax return. Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN [ ][ ][ ][ ][ ] as my signature on my 2020 e-filed Virginia individual income tax return. Do not enter all zeros

ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

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 ERO EFIN/PIN, which is my signature for the 2020 Virginia individual 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020).

ERO's Signature \_\_\_\_\_ Date 03-06-21