

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|---|--|
| Taxpayer's name LEELA SASIDHAR REDDY KOYYA | Social security number 795-68-5684 |
| Spouse's name ANASTASIYA ALEKSANDR YAROVA | Spouse's social security number 221-90-9237 |

Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|---|---|---------|
| 1 Adjusted gross income | 1 | 52,091. |
| 2 Total tax | 2 | 2,816. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 4,466. |
| 4 Amount you want refunded to you | 4 | 4,050. |
| 5 Amount you owe | 5 | |

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 8 | 5 | 6 | 8 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 0 | 9 | 2 | 3 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [] Single [X] 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

Form fields for personal information: Your first name and middle initial (LEELA SASIDHAR REDDY), Last name (KOYYA), Your social security number (795-68-5684), Spouse's social security number (221-90-9237), Home address (2 CAPANO DRIVE), Apt. no. (5), City (NEWARK), State (DE), ZIP code (19702), 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 [X] No

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

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

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

Main tax calculation table with rows 1-15: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (51,279); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss) (618); 8 Other income from Schedule 1, line 9 (194); 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (52,091); 10 Adjustments to income; 11 Subtract line 10c from line 9. This is your adjusted gross income (52,091); 12 Standard deduction or itemized deductions (24,800); 13 Qualified business income deduction (39); 14 Add lines 12 and 13 (24,839); 15 Taxable income (27,252).

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

| | | | |
|----|---|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 2,878. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 2,878. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | 62. |
| 21 | Add lines 19 and 20 | 21 | 62. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 2,816. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 2,816. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 4,466. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 4,466. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 2,400. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 2,400. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 6,866. |

• 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 overpaid | 34 | 4,050. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,050. |
| b | Routing number 031100089 | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number 5604466541 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

| | | | |
|---|------|-----------------------------------|---|
| Your signature | Date | Your occupation IT ADMIN | 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 ELECTRICAN | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (860) 944-4615 Email address SASIDHAAR.KL@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 08/04/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 |
| Firm's EIN | | | | 30-1017196 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
L KOYYA & A YAROVA

Your social security number
795-68-5684

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 | 194. |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | 194. |

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 | |
| 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 | |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
L KOYYA & A YAROVA

Your social security number
795-68-5684

Part I Nonrefundable Credits

| | | | |
|----------|--|----------|-----|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | 62. |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ | 6 | |
| 7 | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | 62. |

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|------------|--|
| 8 | Net premium tax credit. Attach Form 8962 | 8 | |
| 9 | Amount paid with request for extension to file (see instructions) | 9 | |
| 10 | Excess social security and tier 1 RRTA tax withheld | 10 | |
| 11 | Credit for federal tax on fuels. Attach Form 4136 | 11 | |
| 12 | Other payments or refundable credits: | | |
| a | Form 2439 | 12a | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | |
| c | Health coverage tax credit from Form 8885 | 12c | |
| d | Other: _____ | 12d | |
| e | Deferral for certain Schedule H or SE filers (see instructions) | 12e | |
| f | Add lines 12a through 12e | 12f | |
| 13 | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | 13 | |

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

BAA

REV 05/29/21 PRO

Schedule 3 (Form 1040) 2020

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

| | | |
|--|--|---|
| Name of proprietor ANASTASIYA ALEKSANDR YAROVA | | Social security number (SSN) 221-90-9237 |
| A Principal business or profession, including product or service (see instructions) AMAZON.COM | B Enter code from instructions ▶ 4 9 2 0 0 0 | |
| C Business name. If no separate business name, leave blank. AMAZON.COM | D Employer ID number (EIN) (see instr.) | |
| E Business address (including suite or room no.) ▶ 2 CAPANO DRIVE, Apt. 5 City, town or post office, state, and ZIP code NEWARK, DE 19702 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ | | |
| G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| H If you started or acquired this business during 2020, check here . . . <input type="checkbox"/> | | |
| I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| J If "Yes," did you or will you file required Form(s) 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part I Income

| | | |
|---|----------|---------|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/> | 1 | 16,359. |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 16,359. |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 16,359. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 ▶ | 7 | 16,359. |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | |
|---|------------|---------|---|------------|---|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions). | 9 | 2,875. | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | 7,440. |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). | 13 | | 21 Repairs and maintenance | 21 | 3,300. |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | 450. |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | 2,100. |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶ | 28 | 16,165. | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 194. | 27a Other expenses (from line 48) | 27a | |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 27b Reserved for future use | 27b | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | 194. | | | |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | | | 32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk. |

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

L KOYYA & A YAROVA

Your social security number

795-68-5684

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 22,909. | 22,428. | 137. | 618. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 618. |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | | |
|-----------|--|-----------|------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 618. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶ | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶ | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers. | 21 | () |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8880 for the latest information.**

2020
Attachment
Sequence No. **54**

Name(s) shown on return

L KOYYA & A YAROVA

Your social security number

795-68-5684



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2003; **(b)** is claimed as a dependent on someone else's 2020 tax return; or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2020. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2020 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2017 and **before** the due date (including extensions) of your 2020 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

| | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| 1 | | |
| 2 | | 615. |
| 3 | | 615. |
| 4 | | |
| 5 | | 615. |
| 6 | | 615. |
| 7 | | 615. |
| 8 | 52,091. | |

| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|--|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9— | | | | |
| --- | \$19,500 | 0.5 | 0.5 | 0.5 |
| \$19,500 | \$21,250 | 0.5 | 0.5 | 0.2 |
| \$21,250 | \$29,250 | 0.5 | 0.5 | 0.1 |
| \$29,250 | \$31,875 | 0.5 | 0.2 | 0.1 |
| \$31,875 | \$32,500 | 0.5 | 0.1 | 0.1 |
| \$32,500 | \$39,000 | 0.5 | 0.1 | 0.0 |
| \$39,000 | \$42,500 | 0.2 | 0.1 | 0.0 |
| \$42,500 | \$48,750 | 0.1 | 0.1 | 0.0 |
| \$48,750 | \$65,000 | 0.1 | 0.0 | 0.0 |
| \$65,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

| | |
|-----------|--------|
| 9 | x 0 .1 |
| 10 | 62. |
| 11 | 2,878. |
| 12 | 62. |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

L KOYYA & A YAROVA

Your taxpayer identification number

795-68-5684

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i | AMAZON.COM | 221-90-9237 | 194. |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 194. | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 () | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 194. | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 39. |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 () | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 10 39. |
| 11 | Taxable income before qualified business income deduction | 11 27,291. | |
| 12 | Net capital gain (see instructions) | 12 0. | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 27,291. | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 5,458. |
| 15 | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶ | | 15 39. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | 16 (0.) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | 17 (0.) |

Additional information from your 2020 Federal Tax Return

Schedule C (AMAZON.COM): Profit or Loss from Business

Ln 24b: 50% limit

Itemization Statement

| Description | Amount |
|----------------------------|-------------|
| MEALS EXPENSES(6M*150 P.M) | 900. |
| Total | 900. |

Schedule C (AMAZON.COM): Profit or Loss from Business

Line 20b

Itemization Statement

| Description | Amount |
|----------------------|---------------|
| RENT (6M*\$1240 P.M) | 7,440. |
| Total | 7,440. |

Schedule C (AMAZON.COM): Profit or Loss from Business

Line 21

Itemization Statement

| Description | Amount |
|--------------|---------------|
| CAR WASH | 1,900. |
| REPAIRS | 1,400. |
| Total | 3,300. |

Schedule C (AMAZON.COM): Profit or Loss from Business

Line 25

Itemization Statement

| Description | Amount |
|-------------------------------|---------------|
| INTERNET BILLS(6M*\$280 P.M) | 1,680. |
| TELEPHONE BILLS(6M*69.99 P.M) | 419.90 |
| Total | 2,100. |

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG, PA 17129-0001

NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),
DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2020 PA-40 V PA PAYMENT VOUCHER

1555
REV 04/06/21 PRO

795-68-5684

K0

221-90-9237

2000918793

PAYMENT AMOUNT

KOYYA
LEELA SASIDH
YAROVA
ANASTASIYA A
APT 5
2 CAPANO DRIVE
NEWARK
DE
19702

860-944-4615

⌘

15.00

DEPARTMENT USE ONLY

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

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

795685684 221909237
KOYYA
LEELA SASIDHAR Occupation IT ADMIN
ANASTASIYA ALEK Occupation ELECTRICAN
YAROVA
APT 5
2 CAPANO DRIVE
NEWARK DE 19702
860-944-4615 99999

N Extension. N Amended Return.
N Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name NOT IN PA

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

Table with 2 columns: Line Number and Amount. Rows include 1a (34386), 1b (0), 1c (34386), 2 (0), 3 (0), 4 (-256), 5 (481), 6 (0), 7 (0), 8 (0), 9 (34867), 10 (0), 11 (34867).



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

PA-40 - 2020

Social Security Number

795685684 Name(s) LEELA SASIDHAR R KOYYA

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
- 14 Credit from your 2019 PA Income Tax return.
- 15 2020 Estimated Installment Payments. REV-459B included. N
- 16 2020 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

| | | |
|-----|----|------|
| 12 | | 1070 |
| 13 | | 1055 |
| 14 | | 0 |
| 15 | | 0 |
| 16 | | 0 |
| 17 | | 0 |
| 18 | | 0 |
| 19a | 00 | |
| 19b | 00 | |
| 20 | | 0 |
| 21 | | 0 |
| 22 | | 0 |
| 23 | | 0 |
| 24 | | 1055 |
| 25 | | 0 |
| 26 | | 15 |
| 27 | | 0 |
| 28 | | 15 |
| 29 | | 0 |
| 30 | | 0 |
| 31 | | 0 |
| 32 | | |
| 33 | | |
| 34 | | |
| 35 | | |
| 36 | | |

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

| | | | |
|---|--|---------------------------------------|--|
| Your Signature | | Spouse's Signature, if filing jointly | |
| Preparer's Name and Telephone Number | | Date | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522 | | 080421 | |

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



PA-40 Schedule C - 2020
(07-20) Profit or Loss From Business or Profession (Sole Proprietorship)

221909237 YAROVA ANASTASIYA ALEKS Method of Inventory: C=Cost, L=Lower of cost or market, O=Other 0
 AMAZONCOM ELECTRICAN Accounting Method: A=Accrual, C=Cash, O=Other C
 ANASTASIYA ALEKS YAROVA Home office expenses deducted N
 APT 5 492000 Business out of existence N
 2 CAPANO DRIVE Any change in determining quantities, costs or valuations N
 NEWARK DE 19702

| | | | | | |
|---------------------------------------|-----|-------|---|----|-------|
| 1a. Gross receipts or sales | 1A | 16359 | 2. Cost of goods sold/operations | 2 | 0 |
| 1b. Returns and allowances | 1B | 0 | 3. Gross profit | 3 | 16359 |
| 1c. Balance | 1C | 16359 | 4. Other Income (submit statement) | 4 | 0 |
| | | | 5. Total income | 5 | 16359 |
| 6. Advertising | 6 | 0 | 28. Supplies (not included on Schedule C-1) | 28 | 0 |
| 7. Amortization | 7 | 0 | 29. Taxes | 29 | 0 |
| 8. Bad debts from sales or services | 8 | 0 | 30. Telephone | 30 | 0 |
| 9. Bank charges | 9 | 0 | 31. Travel and entertainment | 31 | 900 |
| 10. Car and truck expenses | 10 | 2875 | 32. Utilities | 32 | 2100 |
| 11. Commissions | 11 | 0 | 33. Wages | 33 | 0 |
| 12. Cost depletion not % depletion | 12 | 0 | 34. IDCs (1/3 current expensing) | 34 | 0 |
| | | | 35. IDCs (amortization) | 35 | 0 |
| | | | 36. Start-up costs (direct expense) | 36 | 0 |
| 13a. Regular depreciation | 13A | 0 | 37. Other expenses (specify): | | |
| 13b. Section 179 expense | 13B | 0 | A | A | 0 |
| 14. Dues and publications | 14 | 0 | B | B | 0 |
| 15. Other employee benefit programs | 15 | 0 | C | C | 0 |
| 16. Freight (not on Schedule C-1) | 16 | 0 | D | D | 0 |
| 17. Insurance | 17 | 0 | E | E | 0 |
| 18. Interest on business indebtedness | 18 | 0 | F | F | 0 |
| | | | G | G | 0 |
| 19. Laundry and cleaning | 19 | 0 | H | H | 0 |
| 20. Legal and professional services | 20 | 0 | I | I | 0 |
| 21. Management fees | 21 | 0 | J | J | 0 |
| 22. Office supplies | 22 | 0 | | | |
| 23. Pension and profit-sharing plans | 23 | 0 | 37. Total other expenses | 37 | 0 |
| 24. Postage | 24 | 0 | 38. Total expenses (add Lines 6 through 37) | 38 | 16615 |
| 25. Rent on business property | 25 | 7440 | 39. Net profit or loss | 39 | -256 |
| 26. Repairs | 26 | 3300 | | | |
| 27. Subcontractor fees | 27 | 0 | | | |



PA-40 Schedule C - 2020

2003218563

Social Security Number 221909237

Name of owner YAROVA ANASTASIYA ALEKS

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

| | | |
|---|----|---|
| 1. Inventory at beginning of year (if different from last year's closing inventory, include explanation) | 1 | 0 |
| 2a. Purchases | 2A | 0 |
| 2b. Cost of items withdrawn for personal use | 2B | 0 |
| 2c. Balance (subtract Line 2b from Line 2a) | 2C | 0 |
| 3. Cost of labor (do not include salary paid to yourself or subcontractor fees) | 3 | 0 |
| 4. Materials and supplies | 4 | 0 |
| 5. Other costs (include schedule) | 5 | 0 |
| 6. Add Lines 1, 2c, 3, 4 and 5 | 6 | 0 |
| 7. Inventory at end of year | 7 | 0 |
| 8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Section I, Line 2 | 8 | 0 |

SCHEDULE C-2 - Depreciation (See Instructions)

| | | |
|--|---|---|
| 1. Total Section 179 depreciation (do not include in items below) | 1 | 0 |
| 2. Less: Section 179 depreciation included in Schedule C-1 | 2 | 0 |
| 3. Balance (subtract Line 2 from Line 1). Enter here and on Section II, Line 13b | 3 | 0 |

4. Other depreciation:

| Description of property (a) | Date acquired (b) | Cost or other basis (c) | Depreciation allowed or allowable in prior years (d) | Method of computing depreciation (e) | Life or rate (f) | Depreciation for this year (g) |
|--------------------------------|----------------------|----------------------------|---|---|---------------------|-----------------------------------|
| Buildings | 4A | 0 | 0 | | | 0 |
| Furniture /fixtures | 4B | 0 | 0 | | | 0 |
| Trans. equipment | 4C | 0 | 0 | | | 0 |
| Machinery | 4D | 0 | 0 | | | 0 |
| Other (specify) | 4E | 0 | 0 | | | 0 |
| | 4F | 0 | 0 | | | 0 |
| | 4G | 0 | 0 | | | 0 |
| | 4H | 0 | 0 | | | 0 |
| | 4I | 0 | 0 | | | 0 |
| | 4J | 0 | 0 | | | 0 |
| | 4K | 0 | 0 | | | 0 |
| | 4L | 0 | 0 | | | 0 |
| | 4M | 0 | 0 | | | 0 |
| | 4N | 0 | 0 | | | 0 |
| | 4O | 0 | 0 | | | 0 |
| | 4P | 0 | 0 | | | 0 |

| | | |
|---|---|---|
| 5. Totals | 5 | 0 |
| 6. Depreciation included in Schedule C-1 | 6 | 0 |
| 7. Balance (subtract Line 6 from Line 5) Enter here and on Section II, Line 13a | 7 | 0 |



2003218563

2003218563

Declaration Control Number/Submission ID

| | |
|--|---------------------------------------|
| Primary Taxpayer's Name LEELA SASIDHAR R KOYYA | Social Security Number 795-68-5684 |
| Secondary Taxpayer's Name ANASTASIYA ALEKS YAROVA | Social Security Number 221-90-9237 |

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

| | | |
|---|----|--------|
| 1. Adjusted PA Taxable Income (Form PA-40, Line 11) | 1. | 34,867 |
| 2. PA Tax Liability (Form PA-40, Line 12) | 2. | 1,070 |
| 3. Total PA Tax Withheld (Form PA-40, Line 13) | 3. | 1,055 |
| 4. Refund (Form PA-40, Line 30) | 4. | |
| 5. Total Payment (Tax Due) (Form PA-40, Line 28) | 5. | 15 |

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 85684 as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ Date _____

Secondary Taxpayer's PIN: (mark one oval only)

- I authorize GLOBAL TAXES LLC to enter my PIN 09237 as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

SECTION III CERTIFICATION AND AUTHENTICATION

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

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

ERO's signature _____ Date _____

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

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

Name
LEELA SASIDHAR R KOYYA

Social Security Number
795-68-5684

Federal Forms W-2

| # of W2 | * N T / T X B L | TS | N R H | Employer Name Employer identification number from box B | Federal wages from box 1 Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17 | ST ID |
|---------|-----------------|----|-------|--|---|---|-------|
| 1 | | T | | SCITECS INTERNATIONAL LTD 23-3040820 | 26,750. | 26,750. | PA |
| 2 | | S | | OCEAN COAST ELECTRIC LLC 81-2584404 | 24,529. | 7,636. | PA |
| 2 | X | S | | OCEAN COAST ELECTRIC LLC 81-2584404 | 25,144. | 17,241. | NJ |
| | | | | | | 0. | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|---|----------|---------|
| Pennsylvania W-2 | 26,750. | 7,636. |
| Pennsylvania W-2 to Schedule NRH, line 9 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Non-Pennsylvania W-2 to Schedule SP, line 6 | | 17,241. |
| Withholding | 821. | 234. |

Federal Forms W-2: Local Tax

| # of W2 | * N T / T X B L | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|---------|-----------------|----|---|---------------|---|--------------------------------------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Excess Reimbursements

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

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

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

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

Pennsylvania Payment type:

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

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

Compensation from Federal Forms 1099R

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

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

Pennsylvania Distribution type:

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

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

Total Gross Compensation

| | Taxpayer | Spouse |
|---|----------|--------|
| Total gross compensation to Form PA-40 line 1a | 26,750. | 7,636. |
| Total Schedule NRH gross compensation to PA-40, line 12 | _____ | _____ |
| Withholding to Form PA-40 line 13 | 821. | 234. |

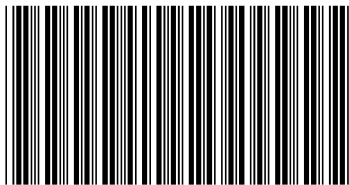
Total gross compensation to Form PA-40 line 1a 34,386.

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

2020 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2020
Page 1



040NV01200

For Taxable Year January 1, 2020 – December 31, 2020 or Other Tax Year
Beginning _____, 2020 Ending _____, 2021

1555

Your Social Security Number
795685684

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
KOYYA LEELE SASIDHAR REDDY & YAROVA

Spouse's/CU Partner's Social Security Number
221909237

State of Residency (outside NJ)
Delaware

Home Address (Number and Street, incl. apt. # or rural route)
2 CAPANO DRIVE, Apt. 5

Driver's License # (Voluntary)
1943304

State
DE

City, Town, Post Office
NEWARK

State ZIP Code
DE 19702

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

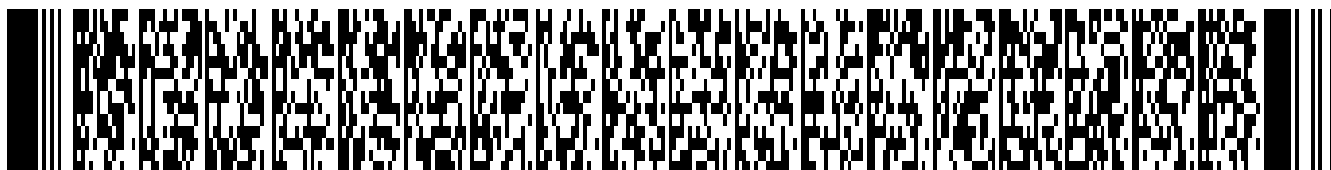
From:

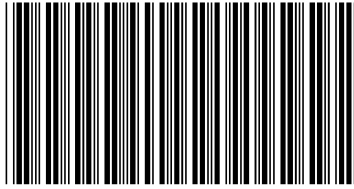
To:

Gubernatorial Elections Fund Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Yes
Yes

No
No





040NV02200

Name(s) as shown on Form NJ-1040NR
KOYYA LEELE SASIDHAR REDDY & YAROVA

Your Social Security Number
795685684

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

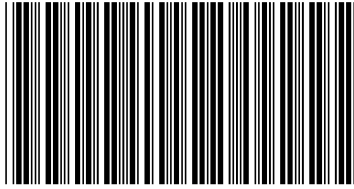
| | | | | | | | |
|---|------|-------------------|------------------|------|---|------|------|
| 6. Regular | Self | Spouse/CU Partner | Domestic Partner | 6. | 2 | | |
| 7. Age 65 or over | Self | Spouse/CU Partner | | 7. | | | |
| 8. Blind or Disabled | Self | Spouse/CU Partner | | 8. | | | |
| 9. Veteran Exemption | Self | Spouse/CU Partner | | | | 9. | |
| 10. Number of your qualified dependent children | | | | | | 10. | |
| 11. Number of other dependents | | | | | | 11. | |
| 12. Dependents attending colleges (See Instructions) | | | | 12. | | | |
| 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. | | | | 13a. | 2 | 13b. | 13c. |

Dependent Information

| 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

| | | | | |
|--|------|---------|------|---------|
| 15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72 | 15. | 17241 . | 15. | 17241 . |
| 16. Interest | 16. | . | 16. | . |
| 17. Dividends | 17. | . | 17. | . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) | 18. | 0 . | 18. | 0 . |
| 19. Net gains or income from disposition of property (From line 65) | 19. | 618 . | 19. | 0 . |
| 20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4) | 20. | . | 20. | . |
| 21. Net gambling winnings (See Instructions) | 21. | . | 21. | . |
| 22. Pensions, Annuities, and IRA Withdrawals | 22. | . | | |
| 23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4) | 23. | . | 23. | . |
| 24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4) | 24. | . | 24. | . |
| 25. Alimony and separate maintenance payments received | 25. | . | | |
| 26. Other – State Nature and Source _____ | 26. | . | 26. | . |
| 27. TOTAL INCOME (Add lines 15 through 26) | 27. | 17859 . | 27. | 17241 . |
| 28a. Pension Exclusion (See Instructions) | 28a. | . | | |
| 28b. Other Retirement Income Exclusion (See Worksheet and Instructions) | 28b. | . | 28b. | . |
| 28c. Total Exclusion Amount (Add line 28a and line 28b) | 28c. | . | 28c. | . |
| 29. Gross Income (Subtract line 28c from line 27) | 29. | 17859 . | 29. | 17241 . |
| 30. Total Exemption Amount (See Instructions) | 30. | 2000 . | | |
| 31. Medical Expenses (See Worksheet and Instructions) | 31. | . | | |
| 32. Alimony and separate maintenance payments | 32. | . | | |
| 33. Qualified Conservation Contribution | 33. | . | | |
| 34. Health Enterprise Zone Deduction | 34. | . | | |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 . | | |



040NV03200

Name(s) as shown on Form NJ-1040NR
KOYYA LEELA SASIDHAR REDDY & YAROVA ANASTA

Your Social Security Number
795685684

1555

| | | | | |
|-----|---|------|-------|---|
| 36. | Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . | . |
| 37. | Total Exemptions and Deductions (Add lines 30 through 36) | 37. | 2000 | . |
| 38. | TAXABLE INCOME (Subtract line 37 from line 29, column A) | 38. | 15859 | . |
| 39. | Tax on amount on line 38 (From Tax Table page 34) | 39. | . | . |
| 40. | Income Percentage B. (line 29) / A. (line 29) = <u>96.54</u> % | | | |
| 41. | NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40) | 41. | . | . |
| 42. | Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions) | 42. | . | . |
| 43. | Gold Star Family Counseling Credit (See Instructions) | 43. | . | . |
| 44. | Credit for Employer of Organ/Bone Marrow Donor (See instructions) | 44. | . | . |
| 45. | Total credits (Add lines 42, 43, and 44) | 45. | . | . |
| 46. | Balance of Tax After Credits (Subtract line 45 from line 41) | 46. | 0 | . |
| 47. | Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed | 47. | . | . |
| 48. | Total Tax and Penalty (Add line 46 and line 47) | 48. | 0 | . |
| 49. | Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) | 49. | 291 | . |
| 50. | New Jersey Estimated Tax Payments/Credit from 2019 return | 50. | . | . |
| 51. | Tax paid on your behalf by Partnership(s) | 51. | . | . |
| 52. | EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450) | 52. | . | . |
| 53. | EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450) | 53. | . | . |
| 54. | EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450) | 54. | . | . |
| 55. | Pass-Through Business Alternative Income Tax Credit (See instructions) | 55. | . | . |
| 56. | Total Payments/Credits (Add lines 49 through 55) | 56. | 291 | . |
| 57. | If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE | 57. | . | . |
| 58. | If line 56 is MORE THAN line 48, enter OVERPAYMENT | 58. | 291 | . |
| 59. | Deductions from Overpayment on line 58 that you elect to credit to: | | | |
| | (A) Your 2021 Tax | 59A. | . | . |
| | (B) N.J. Endangered Wildlife Fund | 59B. | . | . |
| | (C) N.J. Children's Trust Fund | 59C. | . | . |
| | (D) N.J. Vietnam Veterans' Memorial Fund | 59D. | . | . |
| | (E) N.J. Breast Cancer Research Fund | 59E. | . | . |
| | (F) U.S.S. N.J. Educational Museum Fund | 59F. | . | . |
| | (G) Designated Contribution Code | 59G. | . | . |
| 60. | Total Deductions From Overpayment (Add lines 59A through 59G) | 60. | . | . |
| 61. | REFUND (Amount to be sent to you. Subtract line 60 from line 58) | 61. | 291 | . |

Also enter on line 50:
• Payments made in connection with sale of NJ real property
• Payments by S corporation for nonresident shareholder

NOTE:
An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

Pay amount on line 57 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

Name(s) as shown on Form NJ-1040NR
 KOYYA LEEELA SASIDHAR REDDY & YAROVA ANASTASIYA ALEKSANDR

Your Social Security Number
 795685684

PART I Net Gains or Income From Disposition of Property List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

| (a) Kind of property and description | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Gross sales price | (e) Cost or other basis as adjusted (see instructions) and expense of sale | (f) Gain or (loss) (d less e) |
|--------------------------------------|-----------------------------------|-------------------------------|-----------------------|--|-------------------------------|
| 62. ROBINHOOD SECURITI | 01/02/2020 | 12/12/2020 | 3455 | 2968 | 487 |
| E TRADE SECURITIES | 01/02/2020 | 12/12/2020 | 19454 | 19323 | 131 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

63. Capital Gains Distribution
 64. Other Net Gains.....
 65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero) 618

PART II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

66. Amount reported on line 15 in column A required to be allocated
 67. Total days in taxable year
 68. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)
 69. Total days worked in taxable year (subtract line 68 from line 67)
 70. Deduct days worked outside New Jersey.....
 71. Days worked in New Jersey (subtract line 70 from line 69).....

72. ALLOCATION FORMULA $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} =$ (Include this amount on line 15, col. B)

PART III Allocation of Business Income to New Jersey (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____
 From Line No. _____ \$ _____ x _____ % = \$ _____
 From Line No. _____ \$ _____ x _____ % = \$ _____

| | |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040NR KOYYA, LEEEA SASIDHAR REDDY & YAROVA, ANASTASIYA ALEKSANDR | Social Security Number 795-68-5684 |
|--|---------------------------------------|

Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

| Part I Net Profits From Business | | List the net profit (loss) from business(es). See Instructions. | |
|---|--|--|---|
| | Business Name | Social Security Number/ Federal EIN | Profit or (Loss) |
| 1. | AMAZON.COM | 221909237 | -256. |
| 2. | | | |
| 3. | | | |
| 4. | Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter ZERO on line 18, column A.) | | 4. -256. |
| Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights | | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights | |
| | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN | Type – Enter number from list above |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter ZERO on line 20, column A.) | | 4. |
| Part III Distributive Share of Partnership Income | | List the distributive share of income (loss) from partnership(s). See instructions. | |
| | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter ZERO on line 23, column A.) | | |
| 5. | Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51. | | |
| Part IV Net Pro Rata Share of S Corporation Income | | List the pro rata share of income (usable loss) from S corporation(s). See instructions. | |
| | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter ZERO on line 24, column A.) | | 4. |

Keep a copy of this schedule for your records

Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

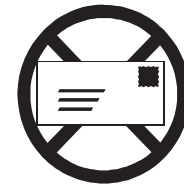
2020

| PART I Income (Loss) | | Column A | | Column B | |
|--|---|------------------------------------|------|------------------------------------|----------|
| | | Reportable Regular Business Income | | Alternative Business Income (Loss) | |
| 1. | Net Profits From Business | 1a. | 0. | 1b. | -256. |
| 2. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 2a. | 0. | 2b. | 0. |
| 3. | Distributive Share of Partnership Income | 3a. | 0. | 3b. | 0. |
| 4. | Net Pro Rata Share of S Corporation Income | 4a. | 0. | 4b. | 0. |
| 5. | Loss Carryforward From Tax Year 2019 | | | 5b. | () |
| 6. | Totals | 6a. | 0. | 6b. | -256. |
| PART II Adjustment Calculation | | | | | |
| 7. | Total Regular Business Income | 7. | 0. | | |
| 8. | Total Alternative Business Income/(Loss). (If loss, enter zero) | 8. | 0. | | |
| 9. | Business Increment (line 7 minus line 8) | 9. | 0. | | |
| 10. | Adjustment Percentage | 10. | 0.50 | | |
| 11. | Alternative Business Calculation Adjustment (line 9 x 0.50) | 11. | 0. | | |
| PART III Loss Carryforward to Tax Year 2021 | | | | | |
| 12. | Loss Carryforward to Tax Year 2021 | 12. | | | (256.) |

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records



2020

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING FOR THE YEAR JANUARY 1 - DECEMBER 31, 2020

DO NOT MAIL!

YOUR SOCIAL SECURITY NUMBER 795685684 SPOUSE'S SOCIAL SECURITY NUMBER 221909237
FIRST NAME(S) AND INITIAL(S) LEELA SASIDHAR REDDY & ANASTASIYA ALEKSANDR LAST NAME KOYYA
HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) 2 CAPANO DRIVE, APT. 5
CITY, TOWN OR POST OFFICE, STATE & ZIP CODE NEWARK DE 19702
DAYTIME TELEPHONE NUMBER (860) 944-4615

STATE OF DELAWARE

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

Table with 5 rows: 1. TOTAL DELAWARE ADJUSTED GROSS INCOME... 52091; 2. TOTAL DELAWARE TAX... 1774; 3. DELAWARE INCOME TAX WITHHELD...; 4. NET REFUND...; 5. NET BALANCE DUE... 708

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Type of Account Checking Savings 7. Routing number
8. Account number
9. Is this refund going to or through an account that is located outside of the United States? Yes No

PART 3 DECLARATION OF TAXPAYER

10. I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

X I do not want direct deposit of my refund or am not receiving a refund.

I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct Debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue 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. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements and 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 Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN HERE

SIGNATURE DATE SPOUSE'S SIGNATURE DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN THE "2020 DELAWARE INDIVIDUAL MEF E-FILE HANDBOOK FOR SOFTWARE DEVELOPERS, TRANSMITTERS, AND EROs WHO FILE DELAWARE INDIVIDUAL INCOME TAX RETURNS" AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDER PENALTIES OF PERJURY, I DECLARE THAT 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. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN HERE ERO'S SIGNATURE DATE GLOBAL TAXES LLC
FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) CHECK IF ALSO PREPARER CHECK IF SELF-EMPLOYED
2530 PEBBLE CREEK LN CUMMING GA 30041 (678) 965-9522
ADDRESS (STREET, CITY, STATE & ZIP CODE) Business phone #

UNDER PENALTIES OF PERJURY, I DECLARE THAT 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. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN HERE PREPARER'S SIGNATURE DATE SYAM PRIYA RAM SAGAR GUPTA TALLAM
FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) CHECK IF SELF-EMPLOYED
2530 PEBBLE CREEK LN CUMMING GA 30041
ADDRESS (STREET, CITY, STATE & ZIP CODE)



2020

DELAWARE DIVISION OF REVENUE
Electronic Filer Payment Voucher
Individual Form 200-V

DO NOT WRITE OR STAPLE IN THIS AREA



1. Social Security Number

7 9 5 6 8 5 6 8 4

2. First four letters of your last name

K O Y Y

3. Amount of the payment you are making

\$ 708

4. Spouse's Social Security Number
if a joint return

2 2 1 9 0 9 2 3 7

5. Name(s)

L KOYYA & A YAROVA

Address

2 CAPANO DRIVE, APT. 5

City

NEWARK

State

DE

Zip Code

19702

(Rev 06/2020)

Mail To:
Delaware Division of Revenue
P.O. Box 830
Wilmington, DE 19899-0830



DF21420011555

1555 REV 04/06/21 PRO

DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT



For Fiscal year beginning and ending Your Social Security No. Spouse's Social Security No. 7 9 5 6 8 5 6 8 4 2 2 1 9 0 9 2 3 7

Your Last Name KOYYA Spouse's Last Name YAROVA First Name and Middle Initial Jr., Sr., III, etc. LEELA SASIDHAR REDDY Spouse's First Name, Jr., Sr., III, etc. ANASTASIYA ALEKSANDR



ATTACH LABEL HERE

Present Home Address (Number and Street) Apt. # 2 CAPANO DRIVE 5

City State Zip Code NEWARK DE 19702

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms 5. Head of Household 2. Joint 4. X Married & Filing Combined Separate on this form

Attached

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.

Table with 3 columns: Line, Column A, Column B. Row 1: 1, 24723 00, 27368 00

1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here.. > 1

2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... X

Filing Statuses 1, 3 & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B



DF20120011555

b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here.....

Filing Statuses 1, 2, 3 and 5, enter itemized deductions from reverse side, Line 48 in Column B Filing Status 4 enter itemized deductions from reverse side, Line 48 in Columns A and B

Table with 3 columns: Line, Column A, Column B. Row 2: 2, 3250 00, 3250 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.

Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind

Table with 3 columns: Line, Column A, Column B. Row 3: 3, 00, 00

4. TOTAL DEDUCTIONS - Add line 2 & 3 and enter here.....

Table with 3 columns: Line, Column A, Column B. Row 4: 4, 3250 00, 3250 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount.....

Table with 3 columns: Line, Column A, Column B. Row 5: 5, 21473 00, 24118 00

6. Tax Liability from Tax Rate Table/Schedule

Column A Column B

See Instructions..... 818 00 956 00

7. Tax on Lump Sum Distribution (Form 329).....

00 00

8. TOTAL TAX - Add Lines 6 and 7 and enter here.....> 8

Table with 3 columns: Line, Column A, Column B. Row 8: 8, 818 00, 956 00

9a. PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

Enter number of exemptions 2 x \$110.....

Table with 3 columns: Line, Column A, Column B. Row 9a: 9a, 110 00, 110 00

On Line 9a, enter the number of exemptions for: Column A 1 Column B 1

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B)

Enter number of boxes checked on Line 9b x \$110.....

Table with 3 columns: Line, Column A, Column B. Row 9b: 9b, 00, 00

10. Tax imposed by State of PA. (Must attach copy of DE Schedule I and other state return.)

Table with 3 columns: Line, Column A, Column B. Row 10: 10, 00, 956 00

11. Volunteer Firefighter Co.# - Spouse (Column A) Self (Column B) Enter credit amount.....

Table with 3 columns: Line, Column A, Column B. Row 11: 11, 00, 00

12. Other Non-Refundable Credits (see instructions on Page 7)

Table with 3 columns: Line, Column A, Column B. Row 12: 12, 00, 00

13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit)

Table with 3 columns: Line, Column A, Column B. Row 13: 13, 00, 00

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation.....

Table with 3 columns: Line, Column A, Column B. Row 14: 14, 00, 0 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here

Table with 3 columns: Line, Column A, Column B. Row 15: 15, 110 00, 1066 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero).....

Table with 3 columns: Line, Column A, Column B. Row 16: 16, 708 00, 0 00

17. Delaware Tax Withheld (Attach W2s/1099s).....

Table with 3 columns: Line, Column A, Column B. Row 17: 17, 00, 00

18. Estimated Tax Paid & Payments with Extensions...

Table with 3 columns: Line, Column A, Column B. Row 18: 18, 00, 00

19. S Corp Payments and Refundable Business Credits.

Table with 3 columns: Line, Column A, Column B. Row 19: 19, 00, 00

20. Capital Gains Tax Payments (Attach Form 5403)..

Table with 3 columns: Line, Column A, Column B. Row 20: 20, 00, 00

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here.....>

Table with 3 columns: Line, Column A, Column B. Row 21: 21, 00, 00

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here.....>

Table with 3 columns: Line, Column A, Column B. Row 22: 22, 708 00, 0 00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here.....>

Table with 3 columns: Line, Column A, Column B. Row 23: 23, 00, 0 00

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III.....

Table with 3 columns: Line, Column A, Column B. Row 24: 24, 00, 00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2021 ESTIMATED TAX ACCOUNT.....ENTER >

Table with 3 columns: Line, Column A, Column B. Row 25: 25, 00, 00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$800, see estimated tax instructions.....ENTER >

Table with 3 columns: Line, Column A, Column B. Row 26: 26, 00, 00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9).....PAY IN FULL >

Table with 3 columns: Line, Column A, Column B. Row 27: 27, 708 00, 00

For all other filing statuses, enter Line 22 plus Lines 24 and 26

NET REFUND (For Filing Status 4, see instructions, page 9).....ZERO DUE/TO BE REFUNDED >

Table with 3 columns: Line, Column A, Column B. Row 28: 28, 00, 00

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

Table with 4 columns: Line number, Description, Column A amount, Column B amount. Includes lines 29-33.

SECTION B - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Column A amount, Column B amount. Includes lines 34-42.

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH DELAWARE SCHEDULE A) If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

Table with 4 columns: Line number, Description, Column A amount, Column B amount. Includes lines 43-48.

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

Form with fields: a. Routing Number, b. Type: Checking Savings, c. Account Number, d. Is this refund going to or through an account that is located outside of the United States? Yes No

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Form with fields: Your Signature, Date, Signature of Paid Preparer, Date, Spouse's Signature, Date, Address, Home Phone, Business Phone, City, State, Zip, E-Mail Address, EIN, SSN or PTIN, Business Phone, E-Mail Address

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27)

DELAWARE DIVISION OF REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508

REFUND (LINE 28):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8710
WILMINGTON, DE 19899-8710

ALL OTHER RETURNS:

DELAWARE DIVISION OF REVENUE
P.O. BOX 8711
WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE
PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



Names: L KOYYA & A YAROVA

Social Security Number: 7 9 5 6 8 5 6 8 4

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY Spouse Information COLUMN A All other filing statuses You or You plus Spouse COLUMN B

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in HIGHEST to LOWEST amount order.

Table with 6 rows for tax credits. Row 1: Tax imposed by State of PA (enter 2 character state name) 1 00 956 00. Row 6: Enter the total here and on Resident Return, Page 1 Line 10. You must attach a copy of the other state return(s) with your Delaware tax return. 6 00 956 00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

Qualifying Child Information

7a. Child's First Name 7b. Child's Last Name 8. Child's SSN 9. Child's Date of Birth

Table for EITC with columns CHILD 1, CHILD 2, CHILD 3. Rows 10-16 for eligibility questions and tax amounts. Row 14: Delaware EITC Percentage (20%) 14 .20

See the instructions on Page 8 for ALL required documentation to attach.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See Page 13 for a description of each worthwhile fund listed below.

Table with 17 rows for special fund contributions. Columns A-N. Row 17: A. Non-Game Wildlife 00 H. DE National Guard 00 O. Senior Trust Fund 00

Enter the total Contribution amount here and on Resident Return, Line 24 17 00

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.

