GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming, GA 30041 (678) 965-9522 syam@gtaxfile.com

January 23, 2021

SHARON ROSE MALLU 1111 S LAFLIN ST, Apt. 1212 CHICAGO, IL 60607

Dear SHARON ROSE,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2020. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 1040 Federal Individual Income Tax Return

The Illinois income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form IL-1040 Illinois Individual Income Tax Return

The California income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 540NR CA Nonresident or Part-Year Resident Return

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Tax Summary and Instructions for Filing 2020 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	\$ 90,623.00
Federal taxable income	\$ 78,223.00
Payment due IRS	\$ 379.00

Your return will be electronically filed.

Please file Form 1040-V and a check or money order in the amount of \$379.00, payable to "United States Treasury". Write "2020 Form 1040" and your social security number on the check. This is due April 15, 2021.

Mail Form 1040-V and your check to:

Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000

Tax Summary and Instructions for Filing 2020 Illinois Individual Income Tax Return

Summary of Form IL-1040 Information:	
State taxable income	\$ 88,298.00
State refund	\$ 569.00

Your Illinois return will be electronically filed.

Your Illinois refund of \$569.00 will be directly deposited in your bank account.

Tax Summary and Instructions for Filing 2020 California Individual Income Tax Return

Summary of Form 540NR Information: State taxable income	\$ 5,494.00
Payment due State	\$ 238.00

Your California return will be electronically filed.

You have a balance due of \$238.00. Listed below are the filing instructions for the Form 3582.

The due date of Form 3582, Payment Voucher for Electronically Transmitted Returns, is April 15, 2021.

Include Form 3582 and a check or money order in the amount of \$238.00, payable to "Franchise Tax Board." Write your social security number and "2020 Form 3582" on the check.

Mail to:

Franchise Tax Board P.O. Box 942867 Sacramento, CA 94267-0008

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January 23, 2021

SHARON ROSE MALLU 1111 S LAFLIN ST, Apt. 1212 CHICAGO, IL 60607

Dear SHARON ROSE,

This letter is to confirm our understanding of the terms of our agreement and outline the nature and extent of services we will provide. Based upon the information you furnish to us, we will prepare your Federal and applicable state income tax returns for 2020.

We will not audit or verify the data you submit to us, although we may ask you for clarification when necessary. All the information you submit to us will, to the best of your knowledge, be correct and complete and include all other information necessary for the completion of your tax return.

We will also prepare 2021 estimated tax vouchers if required, based on your income and withholding taxes for 2020. If you anticipate a substantial change in income or withholding taxes for 2021, please advise us as soon as possible. We will then determine whether an adjustment should be made to your tax estimates.

Your returns are subject to review by the taxing authorities. Any items that may be resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available upon request to represent you, or to review the results of any examination. Billing for these additional services will be at our standard rates.

The charges for our services are based on our fee schedule and the complexity of the returns.

You have the final responsibility for your income tax returns. Please review them carefully before you sign and mail them.

If the above is in accordance with your understanding of the terms and conditions of our agreement, please sign and return a copy of this letter.

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Accepted by:		
Client signature		
Date		

GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming, GA 30041 (678) 965-9522 syam@gtaxfile.com

January 23, 2021

SHARON ROSE MALLU 1111 S LAFLIN ST, Apt. 1212 CHICAGO, IL 60607

RE: Our Privacy Policy, Compliance with the Gramm-Leach-Bliley Act, Public Law 106-102 (FTC 16 CFR Part 313)

Dear SHARON ROSE,

The privacy of your client information has always been important to us, and we have always been bound by professional standards of confidentiality. However, we are now required by law to formally inform you of our privacy policy.

We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization. This information may come from various sources, including information we receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted or required by law, or when necessary to process transactions requested by a client.

We restrict access to nonpublic personal information about you to members of our firm who need to know that information in order to provide you professional services. We retain records relating to the professional services that we provide you in accordance with accounting and government standards.

We employ physical, electronic, and procedural security safeguards to protect your nonpublic personal information.

Your confidence and trust are important to us. If you have any questions or concerns regarding the privacy of your nonpublic personal information, please contact us.

Sincerely,

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Consent to Disclosure of Tax Return Information

SYAM PRIYA RAM SAGAR GUPTA TALLAM ("we", "us" and "our) Printed name of tax preparer

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

This consent authorizes the disclosure of a copy of your entire tax return or all information contained within your tax return to [insert to whom the disclosures will be made] for the purpose of [describe the product or service for which the tax return information will be used].

If you would like us to use your tax return information to determine whether these services may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose the information you provide to us during the preparation of your 2020 tax return to [insert to whom the disclosures will be made] for the purpose of providing the services described above.

Printed Name of Taxpayer: SHARON ROSE MALLU	
Taxpayer Signature:	Date:
Printed Name of Joint Taxpayer: <@FDISPSig>	
Joint Taxpayer Signature:	Date:

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov*.

Consent to Use of Tax Return Information

SYAM PRIYA RAM SAGAR GUPTA TALLAM ("we", "us" and "our) Printed name of tax preparer

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

For your convenience, we have entered into an arrangement with [describe outside party] to provide qualifying taxpayers with the opportunity to [insert details on what is being offered]. To determine whether these services may be available to you, we will need to use your tax return information by [describe the nature of how tax return information will be used].

If you would like us to use your tax return information to determine whether these services may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2020 tax return to determine whether to present you with the opportunity to [insert details on what is being offered].

Printed Name of Taxpayer: SHARON ROSE MALLU	
Taxpayer Signature:	Date:
Printed Name of Joint Taxpayer: <@FDISPSig>	
Joint Taxpayer Signature:	Date:

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov*.