Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEIIIAI N	evertue del vice						
Submis	ssion Identification Number (SID)						
Taxpayer	's name	Social secur	ity numl	per			
PRAN	AY RAHUL REMINISETTY	482-65-0387					
Spouse's		Spouse's so	cial sec	urity nu	mber		
Doub	Too Data was lafa was tisa. Too Va sa Fa dia a Dasa sa baa 04 (Fata sa			ula a!	· \		
Part		year you	are au	tnoriz	ing.)		
	hole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income		1 1		73	425.	
	Total tax		2			$\frac{125.}{216.}$	
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			174.	
	Amount you want refunded to you		4			758.	
	Amount you owe		5		۷,	750.	
Part I		eep a cop	y of y	our r	eturr	<u>1)</u>	
return (o to send for any o Agent to paymen authoriz paymen business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected or processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions are considered information necessary to answer inquiries and resolve issues related to the plated in identification number (PIN) below is my signature for the income tax return (original or amended) I ar its Funds Withdrawal Consent.	tter, or electication of the S. Treasury acated in the note to debit the the authorizests must be processing cayment. I fu	ronic recrease ransmisted and its control and	turn ori	ginato th) the ated Fin accou oke (ca o later c payredge t	r (ERO) reason nancial vare for nt. This ancel) a than 2 ment of hat the	
					_		
	/er's PIN: check one box only	DIN 5	0 :	8 8	7		
X	I authorize GLOBAL TAXES LLC to enter or generate r	. Ei	nter five		out	as my	
	signature on the income tax return (original or amended) I am now authorizing.	a	on't ente	r all zei	ros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.						
Your sig	gnature ► Date ►						
Spous	e's PIN: check one box only						
Opous	I authorize to enter or generate r	ny DINI				as my	
	ERO firm name		nter five	diaits. I		as my	
	signature on the income tax return (original or amended) I am now authorizing.	de	on't ente	r all zei	ros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.		_			_	
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	I 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	
	2	Don't en					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this ret	urn in a	accorda	anće v		
ERO's	signature ► Date ►						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of y	ed filing separately your spouse. If you		_		,	_			, , , ,	
Your first name and middle initial Last name				me Y							Your social security number		
PRANAY RAHUL RE			REMI	NISETTY					48	482-65-0387			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	Spouse's social security number			
Home address	•	er and street). If you have a P.O. box, se UCE	e instruction	ons.				Apt. no.	Che	eck h	ere if you,	•	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta			code			0,	tly, want \$3 Checking a	
SPRING									box below will not change				
Foreign country	y name		F	Foreign province/state/county F				Foreign postal code		your tax or refund. You Spouse			
At any time du	ıring 20	020, did you receive, sell, send, exc	change, o	or otherwise acquire	e any	financial in	nterest i	n any virtual	currence	cy?	Yes	⊠ No	
Standard Deduction	_	eone can claim:	•				ent						
Age/Blindness	s You:	Were born before January 2,	1956	Are blind Sp	oouse	: Was	s born b	efore Januai	ry 2, 19	56	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relat	ionship	(4) 🗸	if qualifie	qualifies for (see instructions):			
If more		irst name Last name		number to you		ou .	Child tax cred						
than four													
dependents, see instruction													
and check	5 —									П			
here ▶ 🗌													
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2					. [1	7	79,065.	
Attach	2a	Tax-exempt interest	2a		b T	axable int	erest		. [2b			
Sch. B if required.	3a	Qualified dividends	3a		b 0	Ordinary di	vidends		. [3b			
	4a	IRA distributions	4a		b T	axable an	nount .		. [4b			
	5a	Pensions and annuities	5a		b T	axable an	nount .		. [5b			
Standard	6a	Social security benefits	6a		b T	axable an	nount .		. [6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not red	quired	, check he	ere .	•	· 🗌 [7			
Married filing	8	Other income from Schedule 1, li	ne 9						. [8		-5,390.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						▶	9	7	73,675.		
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b 250.							250.				
Head of	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me			•	10c	;	250.	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				▶	11	7	73,425.	
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)				. [12	1	L2,400.	
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								13			
Deduction, see instructions.	14	Add lines 12 and 13								14	1	12,400.	
occ monuclions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er-0			. [15	6	51,025.	

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	9,216.
	17	Amount from Schedule 2, lir					_	17	
	18	Add lines 16 and 17						18	9,216.
	19	Child tax credit or credit for	other dependent	ts				19	
	20	Amount from Schedule 3, lir	ne 7					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	9,216.
	23	Other taxes, including self-e	emplovment tax.	from Schedule	e 2. line 10			23	0.
	24	Add lines 22 and 23. This is						24	9,216.
	25	Federal income tax withheld	•						3,220.
	а	Form(s) W-2				25a 1	0,174.		
	b	Form(s) 1099				25b		1	
	c	Other forms (see instruction				25c		1	
	d	Add lines 25a through 25c	,					25d	10,174.
	26	2020 estimated tax paymen						26	10/1/11
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		20	
attach Sch. EIC.	28	Additional child tax credit. A				28		-	
If you have nontaxable	29	American opportunity credit				29		-	
combat pay,				•			1,800.	-	
see instructions.	30	Recovery rebate credit. See					1,000.	-	
	31	Amount from Schedule 3, lin				31	▶	-	1 000
	32	Add lines 27 through 31. Th	32	1,800.					
	33	Add lines 25d, 26, and 32. These are your total payments							11,974.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □							2,758.
D: 1.1 :10	35a		35a	2,758.					
Direct deposit? See instructions.	►b	Routing number 0 8 1				Checking _	Savings		
	► d	Account number 3 5 5 0 0 4 5 1 8 9 1 3							
	36								
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe	now		▶	37	
You Owe For details on		Note: Schedule H and Sch							
how to pay, see		2020. See Schedule 3, line	•			1 1			
instructions.	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•					la - 1	₩.
Designee						_	•		⊠ No
		signee's ne ▶		Phone no. ▶			sonal identi nber (PIN) l		
Sian			that I have examine		d accompanying sch				at of my knowledge and
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								
Here	Yo	ur signature		Date	Your occupation		If the	e IRS ser	nt you an Identity
	k								IN, enter it here
Joint return?	L				ELECTRICAL		' '	inst.) ▶	
See instructions. Keep a copy for				Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							I	inst.) ▶	CLIOIT FIIN, EILEF IL HEIE
	————	one no.		Email address			,		
-		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.אא	02/06/2021	P0208	2703	Self-employed
Preparer							ne no. (678)965-9522		
Use Only		m's address ► 2530 Pebb		n Cummin	~ GA 30041				
0-1				III CUIIIIIIII				i's EIN ▶	
GO TO WWW.Irs.go	ov/rorn	n1040 for instructions and the late	st miormation.		BAA	REV 02/01/21 PF	(U		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020
Attachment
Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

PRANAY RAHUL REMINISETTY

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

Your social security number 482-65-0387

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,390.
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 9	0	F 200
Par	t II Adjustments to Income	9	-5,390.
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		
С	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 E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment

Sequence No. 13

Department of the Treasury

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

Internal Revenue Service (99) Name(s) shown on return Your social security number 482-65-0387 PRANAY RAHUL REMINISETTY Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α GANDHI NAGAR HYDERABAD TELANGANA IN 500072 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 0 Α Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 650. 3 4 Royalties received 4 Expenses: Advertising 5 5 90. 6 Auto and travel (see instructions) . . . 6 260. 7 Cleaning and maintenance . . . 7 90. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 5,500. 14 Repairs. 14 100. 15 15 Supplies . Taxes 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 6,040. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -5,390. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -5,390.) 650 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 6,040. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 5,390. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-5,390.

26