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

The first of the control							
Submission Identification Number (SID)							
Taxpayer's name		Social securit	y numbe	r			
KARTHIK DONTHULA		665-57-	-7755				
Spouse's name		Spouse's social security number					
Port I Tay Pature Information To	y Voor Ending December 21 2020 (En	tor voor vou o	ro outh	orizina)	<u> </u>		
	ax Year Ending December 31, 2020 (En	ter year you a	re autr	iorizirig.,	<u>'</u>		
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Lea	ve lines 1 2 3 and 5 blank						
•			11	54	,661.		
			2		,001.		
	(s) W-2 and Form(s) 1099		3		,323.		
			4		,232.		
			5		,252.		
Part II Taxpayer Declaration and Si	gnature Authorization (Be sure you get an	d keep a cop	y of yo	ur retur	rn)		
my knowledge and belief, it is true, correct, and coreturn (original or amended) I am now authorizing. I to send my return to the IRS and to receive from the for any delay in processing the return or refund, and Agent to initiate an ACH electronic funds withdrawa payment of my federal taxes owed on this return an authorization is to remain in full force and effect upayment, I must contact the U.S. Treasury Financh business days prior to the payment (settlement) day taxes to receive confidential information necessary.	nined a copy of the income tax return (original or amend omplete. I further declare that the amounts in Part I al consent to allow my intermediate service provider, transe IRS (a) an acknowledgement of receipt or reason for d (c) the date of any refund. If applicable, I authorize the didirect debit) entry to the financial institution account ind/or a payment of estimated tax, and the financial institution in the transport of the didirect depart at 1-888-353-4537. Payment cancellation refuse. I also authorize the financial institutions involved in the total and the income tax return (original or amended) and the formal or the income tax return (original or amended)	swe are the amount of the training of	ounts from the counts and its de ax preparentry to ation. To the electric the electric the counts of	om the inc rn originat ion, (b) the esignated la ration soft this accoon revoke (controlled and no late ectronic pay nowledge	come tax for (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the		
Taxpayer's PIN: check one box only		7	7 7				
X I authorize GLOBAL TAXES LLC	to enter or genera	te mv PIN 🖳		5 5	as my		
	firm name riginal or amended) I am now authorizing.		ter five di n't enter				
	n the income tax return (original or amended) I am I your return is filed using the Practitioner PIN me						
Your signature ▶	Date ▶						
Spouse's PIN: check one box only							
authorize	to enter or genera	te my PIN			as my		
	firm name	,	er five di	gits, but	aomy		
signature on the income tax return (or	riginal or amended) I am now authorizing.	do	n't enter	all zeros			
	n the income tax return (original or amended) I an I your return is filed using the Practitioner PIN me						
Spouse's signature ▶	Date ▶						
Practitio	ner PIN Method Returns Only—continue belo)W					
Part III Certification and Authenticat	tion — Practitioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN follows	owed by your five-digit self-selected PIN. 5	8 7 2 7 Don't ente	8 6 er all zero	1 9 8 os	9		
authorized to file for tax year indicated above for t	nich is my signature for the electronic individual income the taxpayer(s) indicated above. I confirm that I am su b. 1345, Handbook for Authorized IRS e-file Providers of	bmitting this retu	ırn in ac	cordance			
ERO's signature ▶	Date ▶	·					
	Must Retain This Form — See Instructions						
Don't Submit	This Form to the IRS Unless Requested To	o Do So					

Department of the Treasury-Internal Revenue Service IRS Use Only-Do not write **U.S. Nonresident Alien Income Tax Return** or staple in this space. **Filing X** Single ☐ Married filing separately (MFS) (formerly Married) Qualifying widow(er) (QW) **Status** If you checked the QW box, enter the child's name if the Check only qualifying person is a child but not your dependent one box. Your identifying number Your first name and middle initial Last name (see instructions) KARTHIK DONTHULA 665-57-7755 Home address (number and street or rural route). If you have a P.O. box, see instructions. Apt. no. Check if: X Individual Estate or Trust 4558 BOWNE ST ZIP code City, town, or post office. If you have a foreign address, also complete spaces below. State

Foreign province/state/county

At any time duri	ng 20	020, did you receive, se	ll, send, e	kchang	e, or otherwise acq	uire any fir	nancial inte	erest in any vi	rtual currer	ncy?	_ Yes	X No
Dependents									(4) 🗸	if qualifie	es for (see i	nstr.):
(see instructions):				(2) Depen			ependent's	1 ' '	ax credit Credit for			
(,-		(1) First name	Last n	ame	identifying	identifying number		relationship to you			depen	dents
If more than four									<u> </u>		<u> </u>	
dependents, see									<u> </u>		<u> </u>	
instructions and									<u> </u>		<u> </u>	<u> </u>
check here ►												
Income	1a	Wages, salaries, tips,			` '					1a	59	,121.
Effectively	b	Scholarship and fello				•	1	nt. See instrud	ctions .	1b		
Connected	С	Total income exempt	-	-	,							
With U.S.	_	L, line 1(e)		1 1		1	_	1c		-		
Trade or	2a	Tax-exempt interest		2a		-		est		2b		
Business	3a	Qualified dividends		3a		1	-	dends		3b		
	4a	IRA distributions .		4a		1		unt		4b		
	5a	Pensions and annuitie		5a				unt		5b		
	6	Reserved for future us								6		
	7	Capital gain or (loss).								7	4	1.50
	8	Other income from So								8		,460.
	9	Add lines 1a, 1b, 2b,		, /, and	8. This is your tota	Il effective	ely conne	cted income	▶	9	54	,661.
	10	Adjustments to incom										
	a	From Schedule 1 (For	,,					10a		-		
	b	Charitable contribution					· –	10b		-		
	C											
	d 11									10d	E /	,661.
	11	Subtract line 10d from line 9. This is your adjusted gross income									54	,001.
	12	deduction. See instru	ctions .			\$to	d Dedn			12	12	,400.
	13a	Qualified business inc	ome dedu	ction.	Attach Form 8995 o	r Form 899	95-A	13a				
	b	Exemptions for estate	s and trus	ts only	. See instructions			13b				
	С	Add lines 13a and 13	э							13c		
	14	Add lines 12 and 13c								14	12	400.

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

FLUSHING NY 11355 Foreign country name

BAA

Foreign postal code

42,261.

15

Form 1040-NR (2020)							Page 2
	16	Tax (see instructions). Check if any from Form	(s): 1 88	314 2 497	2 3 🗌		16	5,091.
	17	Amount from Schedule 2 (Form 1040), line 3					17	0.
	18	Add lines 16 and 17					18	5,091.
	19	Child tax credit or credit for other dependent	s				19	
	20	Amount from Schedule 3 (Form 1040), line 7					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less, e	enter -0				22	5,091.
	23a	Tax on income not effectively connected v from Schedule NEC (Form 1040-NR), line 15			23a			
	b	Other taxes, including self-employment tax, line 10		,	23b			
	С	Transportation tax (see instructions)			23c			
	d	Add lines 23a through 23c					23d	
	24	Add lines 22 and 23d. This is your total tax				. ▶	24	5,091.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 9	,323.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	9,323.
	е	Form(s) 8805					25e	
	f	Form(s) 8288-A					25f	
	g	Form(s) 1042-S					25g	
	26	2020 estimated tax payments and amount ap	•				26	
	27	Reserved for future use			27			
	28	Additional child tax credit. Attach Schedule 8	8812 (Form 10	40)	28			
	29	Credit for amount paid with Form 1040-C			29			
	30	Reserved for future use			30			
	31 Amount from Schedule 3 (Form 1040), line 13							
	32	Add lines 28 through 31. These are your total	I other payme	ents and refunda	ble credits	. ▶	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. The	se are your to	tal payments .		. ▶	33	9,323.
Refund	34	If line 33 is more than line 24, subtract line 24	from line 33.	This is the amoun	t you overpaid	 > [34	4,232.
	35a	Amount of line 34 you want refunded to you	35a	4,232.				
Direct deposit?	▶b	Routing number 0 5 1 0 0 0 0						
See instructions.	▶ d	Account number 4 3 5 0 3 8 7						
	►e	If you want your refund check mailed to an a						
		enter it here.			,			
	36	Amount of line 34 you want applied to your	2021 estimate	ed tax . 🕨	36			
Amount	37	Amount you owe. Subtract line 33 from line	24. For details	s on how to pay, s	ee instructions .	. ▶	37	
You Owe	38	, , ,		▶	38			
Third Party Designee	,	ou want to allow another person (other than with the IRS? See instructions	your paid pre	eparer) to discuss		Complete I	oelow.	⊠ No
(Other than paid preparer)	Desig name	nee's ▶	nal identific er (PIN)	cation ► [
Sign Here		penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of $\boldsymbol{\mu}$						
11616	Your	signature	Date	Your occupation			nt you an Identity	
			THE DAYS OF THE				ection P nst.) ▶[IN, enter it here
							1151.)	
	Phone	e no. urer's name Preparer's sig	Email addres	8	Date	PTIN		Check if:
Paid		'		מווחשת שאדד איי				Self-employed
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/02/2021 P02082							
Use Only								78)965-9522 0 1017196
	Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-103							

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

Attachment Sequence No. **7B**

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number KARTHIK DONTHULA 665-57-7755 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)			
	Nature of income			(b) 13%	(6) 30%	%	%		
1	Dividends and dividend equivalents:								
а	Dividends paid by U.S. corporations	1a							
b	Dividends paid by foreign corporations	1b							
С	Dividend equivalent payments received with respect to section 871(m) transactions	1c							
2	Interest:								
а	Mortgage	2a							
b	Paid by foreign corporations	2b							
С	Other	2c							
3	Industrial royalties (patents, trademarks, etc.)	3							
4	Motion picture or TV copyright royalties	4							
5	Other royalties (copyrights, recording, publishing, etc.)	5							
6	Real property income and natural resources royalties	6							
7	Pensions and annuities	7							
8	Social security benefits	8							
9	Capital gain from line 18 below	9							
10	Gambling - Residents of Canada only. Enter net income in column (c).								
_	If zero or less, enter -0								
a	Winnings	10-							
b 11	Losses	10c							
• • • • • • • • • • • • • • • • • • • •	Note: Losses not allowed	11							
12	Other (specify) ▶								
		12							
13	Add lines 1a through 12 in columns (a) through (d)	13							
14	Multiply line 13 by rate of tax at top of each column	14							
15	Tax on income not effectively connected with a U.S. trade or business. Add column					R, line 23a ► 15			
	Capital Gains and Losses F	rom	Sales or Excha	nges of Proper	ty				
losses f exchang within t	Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not (if necessary, attach statement of descriptive details not shown below) (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).		
	ely connected with a U.S. s. Do not include a gain								
or loss	on disposing of a U.S. real y interest; report these								
gains a	nd losses on Schedule D								
(Form 1									
exchan	property sales or ges that are effectively								
						()			
	18 Capital gain. Combine columns (f) and (g) of line 17	'. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0 ► 18			

SCHEDULE OI (Form 1040-NR)

Other Information

► Go to www.irs.gov/Form1040NR for instructions and the latest information.

► Attach to Form 1040-NR.

► Answer all questions.

2020 Attachment Sequence No. 7C

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR Your identifying number KARTHIK DONTHULA 665-57-7755 Α Of what country or countries were you a citizen or national during the tax year? INDIA In what country did you claim residence for tax purposes during the tax year? United States В C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: X No Yes 1. A U.S. citizen? X No Yes If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. Ε immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change ▶ G List all dates you entered and left the United States during 2020. See instructions. Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2018 ______, 2019 ______, and 2020 ______365 ___. Did you file a U.S. income tax return for any prior year? X Yes No Т X No Ves J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a Yes No Κ Yes X No No If "Yes," did you use an alternative method to determine the source of this compensation? L Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. M Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

KARTHIK DONTHULA

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

665-57-7755

Additional Income Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -4,460. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -4,460. Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 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 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . 20 20 21 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.)

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

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

OMB No. 1545-0074 Attachment Sequence No. **13**

Name(s) shown on return

Department of the Treasury

Internal Revenue Service (99)

Your social security number

KART	HIK DONTHULA							66	55-57	7-775	5	
Part	Income or Loss Fro	om Rental Real Estate and Roy	altie	s Note	: If you a	are in th	e business o	f rent	ing per	sonal pr	operty, use	
	Schedule C. See instr	ructions. If you are an individual, repo	ort farı	m rental ir	ncome o	r loss fi	rom Form 48	35 or	n page 2	2, line 40).	
A Dic	A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions										'es 🔀 No	
B If "	"Yes," did you or will you file required Form(s) 1099?									. <u> </u>	es 🗌 No	_
1a	Physical address of each property (street, city, state, ZIP code)											
Α												_
В												_
С												_
1b	71	For each rental real estate prop	porty listed			Rental	Per	Personal Use		QJV		
	(from list below)	above, report the number of fair personal use days. Check the	JV b	ox onlv⊢	_	L	Days		Days			_
A	3	if you meet the requirements to qualified joint venture. See instr	file a	ıs a	A		365			0		
В		quaimed joint venture. See instr	uctio	115.	В							_
_ C					С							_
	of Property:	0 V		1	_	7 0-14	Dantal					
-		3 Vacation/Short-Term Rental				Self-						
Incom		4 Commercial Properties:	ь кс	yalties		Othe	r (describe)					-
		•	3		Α	2.5.0	В	•			С	-
<u>3</u> 4			4			350.						-
Expen			4									-
5			5						l.			
6		uctions)	6									-
7	Cleaning and maintenance	· · · · · · · · · · · · · · · · · · ·	7			330.						-
8	Commissions		8			330.						-
9	Insurance		9									-
10		onal fees	10									-
11			11			500.						-
12		banks, etc. (see instructions)	12			,,,,,						-
13	Other interest		13									
14	Repairs	i i	14		1,3	350.						-
15	Supplies	+	15			140.						-
16	Taxes	Ī	16									
17	Utilities		17		ç	990.						
18	Depreciation expense or	depletion	18									
19	Other (list)		19									
20		s 5 through 19	20		4,8	310.						
21	Subtract line 20 from line	3 (rents) and/or 4 (royalties). If										
		ructions to find out if you must										
	file Form 6198		21		-4,4	160.						_
22		tate loss after limitation, if any,		,	_		,		, .			
	on Form 8582 (see instru	,		(-4,4		()()
		rted on line 3 for all rental proper				23a		3	50.			
b		rted on line 4 for all royalty prope	erties			23b						
C	·	rted on line 12 for all properties				23c						
d		rted on line 18 for all properties				23d		1 0	1.0			
		rted on line 20 for all properties	احصا			23e		4,8				
24	•	nounts shown on line 21. Do not		,					24		1 100	_
25	* *	s from line 21 and rental real estate							25 (4,460.	1
26		and royalty income or (loss). C										
		and line 40 on page 2 do not a line 5. Otherwise, include this an						OIJ	26		-4,460.	
	33.734410 1 (1 OIIII 1070),	S. Suito wiss, include tills all	Joann		July Oil I	10 - 1	on page 2				-, -00.	