# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

> .... .

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

Submission Identification Number (SID)

| Taxpay | /er's name   |        | Soc   | al se | curity                          | numb        | er         |  |  |  |  |
|--------|--|--------|-------|-------|---------------------------------|-------------|------------|--|--|--|--|
| GAN    | GANESH NOMULA  |        |       |       |                                 | 046-65-5739 |            |  |  |  |  |
| Spouse | Spouse's name  |        |       |       | Spouse's social security number |             |            |  |  |  |  |
| Par    | t I Tax Return Information – Tax Year Ending December 31, 2020         | (Enter | r yea | ır yo | u are                           | e aut       | horizing.) |  |  |  |  |
| 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           | 63,917.    |  |  |  |  |
| 2      | Total tax  |        |       |       | . [                             | 2           | 7,088.     |  |  |  |  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          |        |       |       | . [                             | 3           | 9,682.     |  |  |  |  |
| 4      | Amount you want refunded to you  |        |       |       | . [                             | 4           | 4,394.     |  |  |  |  |
| 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 periury. 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.

| Taxpay  | er's PIN: che  | eck one bo  | ox only     |                      |                      |              |                          |            | 5      | 5                      | 7 3        | 9          | 1               |
|---------|----------------|-------------|-------------|----------------------|----------------------|--------------|--------------------------|------------|--------|------------------------|------------|------------|-----------------|
| X       | I authorize    | GLOBAL      | TAXES       | LLC                  |                      | to enter o   | enter or generate my PIN |            |        | Enter five digits, but |            |            | as my           |
|         |                |             |             | ERO firm name        |                      |              |                          |            |        |                        | iter all z |            |                 |
|         | signature or   | n the incom | ne tax retu | urn (original or ame | ended) I am now      | authorizing. |                          |            |        |                        |            |            |                 |
|         | I will enter n | ny PIN as r | ny signat   | ure on the income    | e tax return (origin | hal or ameno | ded) I am r              | now autho  | orizir | ng. (                  | Check      | this       | box <b>only</b> |
|         | if you are er  | ntering you | r own Pll   | N and your return    | is filed using the   | Practitione  | r PIN meth               | nod. The   | ERC    | ) mu                   | ist cor    | nplet      | te Part III     |
|         | below.         |             | R           | P -                  |                      |              |                          |            |        |                        |            |            |                 |
| Voursie | gnature 🕨      |             | - OS        |                      |                      |              | Date 🕨                   | Marc       | ch 1   | l 6th                  | า 202      | <u>2</u> 1 |                 |
|         |                |             | 7           | 1                    |                      |              |                          |            |        |                        |            |            |                 |
| Spouse  | 's PIN: chec   | k one box   | only        |                      |                      |              |                          |            |        |                        |            |            |                 |
|         | I authorize    |             | ,           |                      |                      | to enter o   | r generate               | my PIN     |        |                        |            |            | as my           |
|         | 1 ddthonze     |             |             | ERO firm name        |                      |              | generate                 | illy i liv | Ent    | er fiv                 | /e digits  | ⊥<br>⊧ but | asmy            |
|         | signature or   | the incom   | ne tax retu | urn (original or ame | ended) I am now      | authorizing. |                          |            |        |                        | iter all z |            |                 |
|         | 0              |             |             | ure on the income    | ,                    | 0            | hed) I am r              | now autho  | orizir | na (                   | Check      | this       | box only        |
|         |                |             | , ,         | N and your return    | ( )                  |              | ,                        |            |        | <u> </u>               |            |            | -               |
|         | below.         |             |             |                      | le mea demig are     |              |                          |            |        |                        |            |            |                 |
|         | 20.011         |             |             |                      |                      |              |                          |            |        |                        |            |            |                 |
| 0       |                |             |             |                      |                      |              | Data                     |            |        |                        |            |            |                 |
| Spouse  | 's signature 🕨 | •           |             |                      |                      |              | Date                     |            |        |                        |            |            |                 |
|         | -              |             |             | ctitioner PIN Me     |                      |              |                          | 1          |        |                        |            |            |                 |
| Part II | Certific       | ation and   | d Auther    | ntication — Prae     | ctitioner PIN M      | lethod Onl   | v                        |            |        |                        |            |            |                 |

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

7 2 7 8 б 1 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 🕨         |                          |
|--|--|----------------|--------------------------|
|  | Must Retain This Form — See Instruct<br>This Form to the IRS Unless Reques |                |                          |
| For Demonstrade Deduction Act Nation and service |  | 1 00/00/01 PPO | Farm 8870 (Day, 01 0001) |

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| Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       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 midow(er) (QW)       Tour spouse's first name and middle initial       Normal is a name       Vour spouse's name if the qualifying been of the child's name if the qualifying midow(er) (QW)         If piont return, spouse's first name and middle initial       Last name       Vour spouse's social security number         If piont return, spouse's first name and middle initial       Last name       Spouse's social security number         If piont return, spouse's first name and middle initial       Last name       Spouse's social security number         If piont return, spouse's first name and middle initial       Last name       Spouse's social security number         If piont return, spouse's first name and middle initial       Last name       Spouse's social security number         If piont return, spouse's first name and middle initial       Last name       Spouse's social security number         If piont return, spouse's first name and middle initial       Last name       Spouse status constructions;         If piont return, spouse's first name       Foreign province/ritate/county       Foreign province/ritate/county       You       Spouse         Edmond       Spouse </th <th>E1040</th> <th></th> <th>artment of the Treasury—Internal Revenue Servi<br/>S. Individual Income Tax</th> <th></th> <th><sup>(99)</sup> 202</th> <th>20</th> <th>OMB No. 1545</th> <th>5-0074</th> <th>IRS Use O</th> <th>nly—D</th> <th>)o not wr</th> <th>ite or staple</th> <th>in this space.</th>   | E1040   |           | artment of the Treasury—Internal Revenue Servi<br>S. Individual Income Tax |                  | <sup>(99)</sup> 202        | 20         | OMB No. 1545     | 5-0074    | IRS Use O  | nly—D  | )o not wr                       | ite or staple | in this space. |  |
|---|---|-----------|--|------------------|----------------------------|------------|------------------|-----------|------------|--------|---------------------------------|---------------|----------------|--|
| GANESH       NOMULA       046-65-5739         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address furmber and street). If you have a P.O. box, see instructions.       Apt. no.       2724         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       2724         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       Zita         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country         Standard       Someone can claim:       You as a dependent       You repute       You       Spouse it miling jointi/, want S3         Dependents       (see instructions):       (Poreign province/state/country       Foreign province/state/scountry       If additionation       If additionation         Age/Bindness You:       Ware some fore January 2, 1956       Are blind       Spouse it enstructions):       If additionation         If more       (I) First name       Last name       You Sa ad dependent       If additionation       If additionation         Scheinderts       Ware some before January 2, 1956       Are blind       Spouse' for additionation       If additionation         Dependents       in additionation       If addita  | Check only  | lf yc     | ou checked the MFS box, enter the n  | ame of           | •                          |            |                  |           | ```        |        | -                               | , ,           | . , . ,        |  |
| If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       27.24         157       STONEBRIDGE BLVD       27.24         City, town, or post office. If you have a foreign address, also complete spaces below.       State       27.30.3         Edmond       OK       73.01.3       box below will not change a box below ill not change a box below will not change a box below will not change a box below will not change a box below ill not change a box box below ill not change a box below ill n  | Your first name   | and m     | iddle initial  | Last na          | me                         |            |                  |           |            | Y      | our soc                         | ial securit   | y number       |  |
| Home address fumber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         157 STONEBRIDGE BLVD       2724       Check here if you, or your spouse if filing jointly, want S3       State       272.4       Check here if you, or your spouse if filing jointly, want S3         Editorind       Foreign country name       Foreign province/state/county       Foreign postal code       you bit his fund. Checking a box below will not change your its or refund.         You       Spouse itemizes on a separate return or you were adual-status alien       Someone can claim:       You as a dependent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were adual-status alien       Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (1) First name       Last name       (1) First name       (1) First name       Last name       (1) First name       Spouse       (1) First name       Spouse       (2) Social security       (3) Peletionship       (4) Vir (1) first name       Spouse       Spouse       Spouse       Spouse       Spouse       Spouse       Spouse       Spouse       Spouse       Spous       Spouse       Spouse       Spouse       Spouse </td <td>GANESH</td> <td></td> <td></td> <td>NOMU</td> <td>JLA</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>46-6</td> <td>5-573</td> <td>9</td>  | GANESH  |           |  | NOMU             | JLA                        |            |                  |           |            | 0      | 46-6                            | 5-573         | 9              |  |
| 157 STONEBRIDGE BLVD       2724       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       2/P code       Spouse if filling jointly, want \$3 to go to this fund. Checking a box below will not change         Foreign country name       Foreign province/statk/country       Foreign postal code       You \$\$ pouse it filling jointly, want \$3 to go to this fund. Checking a box below will not change         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       Someone can claim:       You as a dependent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1956       (2) Social security       (3) Pelationship       (4) ✓ If qualifies for (see instructions):         If more than four dependents, see instructions       Immediate to the dependent       Immediate to the dependent       Immediate to the dependent         here ▶       Immediate dividends       Immediate to the dependent       Immediate to the dependent       Immediate to the dependent         first, tana       Last name       Immediate to the dependent       Immediate to the dependent       Immediate to the dependent         firsore       Immediate to the dependent  | If joint return, spouse's first name and middle initial |           |  | Last na          | me                         |            |                  |           |            | S      | Spouse's social security number |               |                |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       spouse if filing jointly, wart \$3 to go to this fund. Checking a box below will not change a box below will not change a box below will not change a box below.       You       Spouse if filing jointly, wart \$3 to go to this fund. Checking a box below will not change a box below.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       You       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         Dependents (see instructions):       (1) First name       Last name       (2) Scial security       (3) Relationship       (4) V' If qualifies for (see instructions):       Credit for other dependents; see instructions;         If more than four dependents, see instructions       1       677, 196.       1       677, 196.         Attach       2a       3a       322.       b       b       Traxable amount       4b         Son Bif required.       3a       322.       b       Traxable amount       5b       6b         Standard Deduction f  |   |           |  | instructi        | ons.                       |            |                  |           |            |        |                                 |               |                |  |
| Edmond       OK       73013       Do go to this funct, checking a box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If ' if qualifies for (see instructions):         If more than four       (1) First name       Last name       Immetry   |   |           |  | molete s         | naces below                | Sta        | te               | 1 · · ·   |            |        |                                 |               |                |  |
| Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Your tax or refund.  |   | 0001 0111 |  | inpiete 3        | paces below.               |            |                  |           |            |        | •                               |               | 0              |  |
| At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Adal-status alien         Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents (see instructions):       (I) First name       Last name       (2) Social security       (3) Pelationship       (4) I' it qualifies for (see instructions):         If more than four dependents, see instructions       (I) First name       Last name       Immer       Imme  |   | v name    |  |                  | Foreign province/st        |            |                  |           |            |        |                                 |               | •              |  |
| Standard<br>Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       67, 196.         Attach       2a       3a       322.       b Taxable interest       2b         Standard       Feensions and annutites       5a       b       b Taxable amount       4b         Standard       Social security benefits       6a       b       7       1, 301.         Standard       Outer income from Schedule D if required. If not required, check here       6b       6b         Marined filing   | i oroigir oounu   | y name    |  |                  | oroigit province, ea       | 2007 00 UN |                  | l         |            |        |                                 | _             | _              |  |
| Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four dependents       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check       Imme       Last name       Imme   | At any time du  | uring 20  | 020, did you receive, sell, send, excl                                     | nange, c         | or otherwise acqu          | ire any    | financial intere | est in ar | ny virtual | curre  | ency?                           | Yes           | X No           |  |
| Dependents       (see instructions):       (1) First name       Last name       (2) Social security<br>number       (3) Relationship<br>to you       (4) ✓ if qualifies for (see instructions):         If more<br>than four<br>dependents,<br>see instructions<br>and check       (1) First name       Last name       Image: Credit for other dependents         see instructions<br>and check       Image: Credit for other dependents       Image: Credit for other dependents         here b       Image: Credit for other dependents       Image: Credit for other dependents         Attach       2a       Image: Credit for other dependents         Sch. B if<br>required.       a       Qualified dividends       Image: Credit for other dependents         Sa       Qualified dividends       Image: Credit for other dependents       Image: Credit for other dependents         Standard       Definition       Image: Credit for other dependents       Image: Credit for other dependents         Standard       Ga       Qualified dividends       Image: Credit for other dependents       Image: Credit for other dependents         Standard       B       Ga annuities       Sa       Image: Credit for other dependents       Image: Credit for other dependents         Single or       Ga and clustes       Ga and social security dependits       Image: Credit for other dependents       Image: Credit for other dependents         Standard   | Deduction   |           | Spouse itemizes on a separate retur  | n or you         | were a dual-stat           | us alier   | י<br>י<br>       |           |            |        |                                 |               |                |  |
| If more than four dependents, dependents, see instructions       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents, or dependents, and check         here b   | Age/Blindnes  | s You     | Were born before January 2, 1  | 956              | _ Are blind                | Spouse     | : 🗌 Was bo       | rn befoi  |            | -      |                                 |               | -              |  |
| If more than four dependents, see instructions and check here ▶       Image: the four dependents, see instructions and check here ▶       Image: the four dependents, see instructions and check here ▶       Image: the four dependents, see instructions and check here ▶       Image: the four dependents, see instructions and check here ▶       Image: the four dependents, see instructions and check here ▶       Image: the four dependents, see instructions and check here ▶       Image: the four dependents, see instructions Add check here ▶       Image: the four dependents, see instructions Add check here ▶       Image: the four dependents, see instructions Add check here ▶       Image: the four dependents, see instructions ↓       Im  | Dependent   |           |  |                  |                            | urity      |                  | nip       | • •        | •      |                                 |               | ,              |  |
| dependents, see instructions       Image: Construction of the second secon  |   | (1) F     | irst name Last name  |                  |                            |            |                  |           |            |        |                                 |               |                |  |
| and check       here       image: state intervent interve   |   |           |  |                  |                            |            |                  |           |            | 」<br>1 |                                 | [             | <u> </u>       |  |
| here       Image: solution of the solutis solution of the solutis solution of the solu  |   | s —       |  |                  |                            |            |                  |           |            | ן<br>ר |                                 | [             |                |  |
| Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       67, 196.         Attach       2a       b       Tax-exempt interest       2b         Sch. B if       3a       Qualified dividends       3a       322.       b       Ordinary dividends       3b       366.         4a       IRA distributions       4a       b       Taxaexempt interest       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         5a       Scala security benefits       6a       b       Taxable amount       5b       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1, 301.       8       -4, 946.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10b       10c       10c         10       Adgustments to income:   |   |           |  |                  |                            |            |                  |           |            | 」<br>1 |                                 | [             |                |  |
| Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if<br>required.       3a       322.       b       Ordinary dividends       3b       366.         3a       322.       b       Ordinary dividends       4b       3b       366.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1, 301.         8       -4, 946.       9       63, 917.       9       63, 917.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       10b       10c         9       Add lines 10a and 10b. These are your total adjustments to income       10a       10b       10c         9       63, 917.       11       63, 917.       11       63, 917.         9       64 lines 10a and 10b. These are your total adjustments to income       10c       10c<   |   | 1         | Wages, salaries, tips, etc, Attach F                                       | Form(s)          | W-2                        |            |                  |           |            |        | 1                               | 6             | <u> </u>       |  |
| Sch. B if<br>required.       3a       322.       b Ordinary dividends       3b       366.         4a       IRA distributions       4a       b       b       3b       366.         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7       1,301.         8       Other income from Schedule 1, line 9       6a       Taxable amount       6b       7       1,301.         8       Other income from Schedule 1, line 9       Standard deduction.       6b       7       1,301.         9       63,917.       63,917.       8       63,917.       9       63,917.         9       63,917.       10a       10b       10c       10c         9       63,917.       10d       10d       11       63,917.         9       63,917.       10d       10d       11       63,917.         9       63,917.       10d       10d       10d       11         9       63,917.       10d       10d       11       63,917.  | Attach  | <u> </u>  |  | L É              |                            | h T        | axable interes   | <br>t     |            |        |                                 |               |                |  |
| required.       4a       IRA distributions       4a       b       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or<br>Married filing<br>separately,<br>\$12,400       0 ther income from Schedule 1, line 9       6a       T       7       1,301.         • Married filing<br>jointly or<br>Wadw(er),<br>\$24,800       • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       •       9       63,917.         • Married filing<br>jointly or<br>Widow(er),<br>\$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b         • Head of<br>household,<br>\$18,650       • Add lines 10a and 10b. These are your total adjustments to income       •       11       63,917.         • If you checked<br>ary box under<br>Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,403.  |   | 3a        | · · –  |                  | 322.                       |            |                  |           |            | •      | 3b                              |               | 366.           |  |
| Standard Deduction for -       6a       b Taxable amount  | required.   | 4a        | IRA distributions  | 4a               |                            |            | -                |           |            |        | 4b                              |               |                |  |
| Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1,301.         • Single or<br>Married filing<br>separately,<br>\$12,400       8       Other income from Schedule 1, line 9       8       -4,946.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       63,917.         • Married filing<br>jointly or<br>Qualifying<br>widow(er),<br>\$24,800       10       Adjustments to income:       10a         • Head of<br>household,<br>\$18,650       • Add lines 10a and 10b. These are your total adjustments to income       10b       10c         • Head of<br>household,<br>\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       63,917.         • If you checked<br>any box under<br>Standard<br>Deduction,<br>see instructions,<br>*       12       12,400.       12       12,400.         14       Add lines 12 and 13       .       .       .       .       14       12,403.  |   | 5a        | Pensions and annuities   | 5a               |                            | bТ         | axable amoun     | nt        |            |        | 5b                              |               |                |  |
| <ul> <li>Single or<br/>Married filing<br/>separately,<br/>\$12,400</li> <li>Married filing<br/>separately,<br/>\$12,400</li> <li>Married filing<br/>jointly or<br/>Qualifying<br/>widow(er),<br/>\$24,800</li> <li>Head of<br/>household,<br/>\$18,650</li> <li>Head of<br/>household,<br/>\$18,650</li> <li>In the standard deduction or itemized deductions (from Schedule A)</li> <li>In the standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Married filing Joint or Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Married filing Joint or Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Married filing Joint or Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Married filing Joint or Complexity of Comp</li></ul> | Standard  | 6a        | Social security benefits   | 6a               |                            | bТ         | axable amoun     | nt        |            |        | 6b                              |               |                |  |
| Married filing<br>separately,<br>\$12,400       8       -4,946.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       63,917.         9       63,917.       9       63,917.         9       63,917.       9       63,917.         9       63,917.       9       63,917.         9       63,917.       9       63,917.         9       63,917.       9       63,917.         9       63,917.       9       63,917.         9       63,917.       9       63,917.         9       63,917.       9       63,917.         9       63,917.       10a       10a         9       63,917.       10b       10b       10b         9       63,917.       10b       10b       10c         9       63,917.       10b       10c       11       63,917.         9       10       10       10       10       10       10         9       63,917.       10       10       10       10       10         9       63,917.       10       10       10       10       10         10       10       10  |   | 7         | Capital gain or (loss). Attach Sche  | dule D if        | f required. If not r       | equired    | l, check here    |           | 🕨          |        | 7                               |               | 1,301.         |  |
| \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       63,917.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •   |   | 8         | Other income from Schedule 1, lin  | e9.              |                            |            |                  |           |            |        | 8                               |               | -4,946.        |  |
| <ul> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard</li> <li>Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> <li>Adjustments to income:</li> <li>IO</li> <li>IOa</li> <li>IOa</li> <li>IOa</li> <li>IOa</li> <li>IOb</li> <li>IOa</li> <li>IOb</li> <li>IOb</li> <li>IOb</li> <li>IOC</li> <li>IOC</li></ul>  |   | 9         | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,  | and 8. T         | his is your <b>total i</b> | ncome      |                  |           |            |        | 9                               | (             | 53,917.        |  |
| Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income   |   | 10        |  |                  |                            |            |                  |           |            |        |                                 |               |                |  |
| widow(er),<br>\$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10b       10b         • Head of<br>household,<br>\$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .  |   | а         | From Schedule 1, line 22   |                  |                            |            | 10               | a         |            |        |                                 |               |                |  |
| <ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>   | widow(er),  | b         |  |                  |                            |            |                  | b         |            |        |                                 |               |                |  |
| \$18,650       11       Subtract line for from line 9. This is your adjusted gross income       11       63,917.         • If you checked any box under Standard       13       Standard deduction or itemized deductions (from Schedule A)       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       3.         14       12,403.   |   | с         | Add lines 10a and 10b. These are   | your <b>to</b> l | al adjustments t           | to inco    | me               |           |            |        | 10c                             |               |                |  |
| If you checked<br>any box under<br>Standard1212,400.1313Qualified business income deduction. Attach Form 8995 or Form 8995-A133.1412,403.1412,403.  |   | 11        |  |                  |                            |            |                  |           |            |        | 11                              | (             | 53,917.        |  |
| any box under<br>Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A1313Deduction,<br>see instructions.14Add lines 12 and 131412,403   | <ul> <li>If you checked</li> </ul>                      | 12        | Standard deduction or itemized   | deduct           | ions (from Sched           | ule A)     |                  |           |            |        | 12                              |               | 12,400.        |  |
| Deduction,<br>see instructions.         14         Add lines 12 and 13         12,403   |   | 13        | Qualified business income deduct   | ion. Atta        | ach Form 8995 or           | Form 8     | 3995-A           |           |            |        | 13                              |               |                |  |
| 15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0   |   | 14        |  |                  |                            |            |                  |           |            |        | 14                              |               | 12,403.        |  |
|   |   | 15        | Taxable income. Subtract line 14   | from lin         | e 11. If zero or le        | ss, ente   | er-0             |           |            |        | 15                              |               | 51,514.        |  |

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

Form **1040** (2020)

| Form 1040 (2020                  | ))      |   |                           |                     |              |   |           |                 |          |             | Pag                                     | e <b>2</b> |
|----------------------------------|---------|---|---------------------------|---------------------|--------------|---|-----------|-----------------|----------|-------------|---|------------|
|                                  | 16      | Tax (see instructions). Check                         | if any from Form          | (s): <b>1</b> 🗌 881 | 4 2 🗌        | 4972  | 3         |                 |          | 16          | 7,097                                   |            |
|                                  | 17      | Amount from Schedule 2, lir                           | ne3                       |                     |              |   |           |                 |          | 17          |   |            |
|                                  | 18      | Add lines 16 and 17                                   |                           |                     |              |   |           |                 |          | 18          | 7,097                                   |            |
|                                  | 19      | Child tax credit or credit for                        | other dependen            | ts                  |              |   |           |                 |          | 19          |   |            |
|                                  | 20      | Amount from Schedule 3, lir                           | ne7                       |                     |              |   |           |                 |          | 20          | 9                                       |            |
|                                  | 21      | Add lines 19 and 20                                   |                           |                     |              |   |           |                 |          | 21          | 9                                       |            |
|                                  | 22      | Subtract line 21 from line 18                         | . If zero or less,        | enter -0            |              |   |           |                 |          | 22          | 7,088                                   |            |
|                                  | 23      | Other taxes, including self-e                         | mployment tax,            | from Schedule       | e 2, line 10 |   |           |                 |          | 23          | 0                                       |            |
|                                  | 24      | Add lines 22 and 23. This is                          | your <b>total tax</b>     |                     |              |   |           |                 | . 🕨      | 24          | 7,088                                   |            |
|                                  | 25      | Federal income tax withheld                           | from:                     |                     |              |   |           |                 |          |             |   |            |
|                                  | а       | Form(s) W-2   |                           |                     |              |   | 25a       | 9               | ,682     |             |   |            |
|                                  | b       | Form(s) 1099  |                           |                     |              |   | 25b       |                 |          |             |   |            |
|                                  | с       | Other forms (see instruction                          | s)                        |                     |              |   | 25c       |                 |          |             |   |            |
|                                  | d       | Add lines 25a through 25c                             |                           |                     |              |   |           |                 |          | 25d         | 9,682                                   |            |
| • If you have a                  | 26      | 2020 estimated tax payment                            | ts and amount a           | pplied from 20      | )19 return   |   |           |                 |          | 26          |   |            |
| qualifying child,                | 27      | Earned income credit (EIC)                            |                           |                     | No           | ç.  | 27        |                 |          |             |   | _          |
| attach Sch. EIC.                 | 28      | Additional child tax credit. A                        |                           |                     |              |   | 28        |                 |          |             |   |            |
| nontaxable                       | 29      | American opportunity credit                           | from Form 8863            | 3, line 8           |              |   | 29        |                 |          |             |   |            |
| combat pay, see instructions.    | 30      | Recovery rebate credit. See                           | instructions .            |                     |              |   | 30        | 1               | ,800     |             |   |            |
|                                  | 31      | Amount from Schedule 3, lir                           | ne 13                     |                     |              |   | 31        |                 | -        |             |   |            |
|                                  | 32      | Add lines 27 through 31. The                          | ese are your <b>tot</b> a | al other paym       | ents and     | refunda                                     | ble cr    | edits           | . 🕨      | 32          | 1,800                                   |            |
|                                  | 33      | Add lines 25d, 26, and 32. T                          | hese are your <b>to</b>   | tal payments        |              |   |           |                 | . 🕨      | 33          | 11,482                                  |            |
| Defined                          | 34      | If line 33 is more than line 24                       | •                         |                     |              |   |           |                 |          | 34          | 4,394                                   |            |
| Refund                           | 35a     | Amount of line 34 you want                            |                           |                     |              |   |           | -               |          | 35a         | 4,394                                   |            |
| Direct deposit?                  | ►b      | Routing number 0 1 1                                  |                           |                     | ► c Typ      |   | Checl     |                 | Saving   |             | ,                                       | -          |
| See instructions.                | ►d      | Account number 0 0 4                                  |                           |                     |              |   |           |                 | ouring   |             |   |            |
|                                  | 36      | Amount of line 34 you want                            |                           |                     |              |   | 36        | Γ΄              |          |             |   |            |
| Amount                           | 37      | Subtract line 33 from line 24                         |                           |                     |              |   |           |                 |          | 37          |   |            |
| You Owe                          | 07      |   |                           | -                   |              |   |           |                 |          |             |   |            |
| For details on                   |         | Note: Schedule H and Sch 2020. See Schedule 3, line 1 |                           |                     | •            |   | n the     | laxes you       | owe ic   |             |   |            |
| how to pay, see<br>instructions. | 38      | Estimated tax penalty (see in                         |                           |                     |              |   | 38        |                 |          |             |   |            |
| Third Party                      |         | you want to allow another                             |                           |                     |              |   |           |                 |          |             |   |            |
| Designee                         |         | structions  | •                         |                     |              |   |           | Yes. Co         | omplet   | e below.    | × No                                    |            |
|                                  | De      | signee's  |                           | Phone               |              |   |           | Pers            | onal ide | ntification |   | _          |
|                                  | nar     | me 🕨  |                           | no. 🕨               |              |   |           | num             | oer (PIN | ) 🕨         |   |            |
| Sign                             |         | der penalties of perjury, I declare t                 |                           |                     |              |   |           |                 |          |             |   |            |
| Here                             |         | ief, they are true, correct, and com                  | plete. Declaration        |                     |              |   | sed on    | all information |          |             | , ,                                     | e.         |
|                                  | Yo      | ur signature  |                           | Date                | Your occu    | ipation                                     |           |                 |          |             | nt you an Identity<br>IN, enter it here |            |
| Joint return?                    |         |   |                           |                     | SOFTW        | ARE D                                       | । ज V ज ( | OPER            |          | ee inst.)   |   |            |
| See instructions.                | Sp      | ouse's signature. If a joint return, I                | ooth must sian.           | Date                | Spouse's     |   |           |                 | lf ·     | the IRS se  | nt your spouse an                       |            |
| Keep a copy for                  |         |   |                           |                     |              |   |           |                 | ld       | entity Prot | ection PIN, enter it h                  | ere        |
| your records.                    |         |   |                           |                     |              |   |           |                 | (se      | ee inst.) 🕨 |   |            |
|                                  |         | one no.   | 1                         | Email address       |              |   |           |                 |          |             | 1                                       |            |
| Paid                             | Pre     | eparer's name   | Preparer's signat         | ture                |              |   | Date      |                 | PTIN     |             | Check if:                               |            |
| Preparer                         | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM                          | SYAM PRIYA                | RAM SAGAR           | GUPTA T      | ALLAM                                       | 03/3      | 16/2021         | P020     | 82703       | Self-employed                           | 1          |
|                                  | Fin     | m's name 🕨 GLOBAL TA                                  | XES LLC                   |                     |              |   |           |                 | Pł       | none no. (  | 678)965-952                             | 2          |
| Use Only                         | Fin     | m's address ► 2530 Pebb                               | le Creek I                | n Cummin            | g GA 3       | 0041  |           |                 | Fi       | rm's EIN 🕨  | 30-101719                               | 6          |
| Go to www.irs.go                 | ov/Forn | n1040 for instructions and the late                   | st information.           |                     | BA           | <u>ــــــــــــــــــــــــــــــــــــ</u> | REV       | 03/06/21 PRC    | )        |             | Form <b>1040</b> (2)                    | J20)       |

Go to www.irs.gov/Form1040 for instructions and the latest information.

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

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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<br>Sequence No. <b>01</b> |  |

-4,970.

24.

-4,946.

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your social security number |
|---|-----------------------------|
| GANESH NOMULA                                   | 046-65-5739                 |
|   | •                           |

#### Additional Income Part I 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 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 7 Other income. List type and amount ► Other Income from box 3 of 1099-Misc 24. 8 Combine lines 1 through 8. Enter here and on Form 1040. 1040-SR. or 1040-NR. line 8. 9 Adjustments to Income Part II Educator expenses . . . . . . . . 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 12 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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22                          |
| For Pa |  | Schedule 1 (Form 1040) 2020 |

# **Additional Credits and Payments**

OMB No. 1545-0074

2020

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

|        | Department of the Treasury<br>Internal Revenue Service         ► Attach to Form 1040, 1040-SR, or 1040-NR.           ► Go to www.irs.gov/Form1040 for instructions and the latest information. |                 |         |          | Attachment<br>Sequence No. 03 |  |  |
|--------|--|-----------------|---------|----------|-------------------------------|--|--|
|        | (s) shown on Form 1040, 1040-SR, or 1040-NR  |                 |         |          | curity number                 |  |  |
|        | ESH NOMULA   |                 | 046-6   | 55-573   | 39                            |  |  |
| Par    | rt I Nonrefundable Credits   |                 |         |          |                               |  |  |
| 1      | Foreign tax credit. Attach Form 1116 if required   |                 |         | 1        | 9.                            |  |  |
| 2      | Credit for child and dependent care expenses. Attach Form 2  | 441             |         | 2        |                               |  |  |
| 3      | Education credits from Form 8863, line 19  |                 |         | 3        |                               |  |  |
| 4      | Retirement savings contributions credit. Attach Form 8880 .  |                 |         | 4        |                               |  |  |
| 5      | Residential energy credits. Attach Form 5695   |                 |         | 5        |                               |  |  |
| 6      |  | 6               |         |          |                               |  |  |
| 7      | Add lines 1 through 6. Enter here and on Form 1040, 1040-SF  |                 |         | 7        | 9.                            |  |  |
| Par    | t 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 instruction  | s)              |         | 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:  |                 |         |          |                               |  |  |
| а      | Form 2439  | . 12a           |         |          |                               |  |  |
| b      | Qualified sick and family leave credits from Schedule(s) H a Form(s) 7202  |                 |         |          |                               |  |  |
| с      | Health coverage tax credit from Form 8885  | . <b>12c</b>    |         |          |                               |  |  |
| d      | Other:   | 12d             |         |          |                               |  |  |
| е      | Deferral for certain Schedule H or SE filers (see instructions)  | . <b>12e</b>    |         |          |                               |  |  |
| f      | Add lines 12a through 12e  |                 |         | 12f      |                               |  |  |
| 13     | Add lines 8 through 12f. Enter here and on Form 1040, 1040-S   | SR, or 1040-NR, | line 31 | 13       |                               |  |  |
| For Pa | aperwork Reduction Act Notice, see your tax return instructions. BAA   | REV 03/06/21 PF | २० ६    | Schedule | 3 (Form 1040) 2020            |  |  |

## SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Name(s) shown on return GANESH NOMULA

Department of the Treasury

Internal Revenue Service (99)

Your social security number 046-65-5739

IOMULA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X 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)

|    | instructions for how to figure the amounts to enter on the below.   | <b>(d)</b><br>Proceeds | (e)<br>Cost       | <b>(g)</b><br>Adjustment<br>to gain or loss |         | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|----|---|------------------------|-------------------|---|---------|--|
|    | s form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, P. line 2, column   |                        |                   |   | Part I, | combine the result<br>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 <b>Box A</b> checked  | 11,990.                | 10,477.           | -2  | 03.     | 1,310.   |
| 2  | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                        |                   |   |         |  |
| 3  | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                        |                   |   |         |  |
| 4  | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4      | 684, 6781, and 88 | 324   | 4       |  |
| 5  | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |                        |                   |   | 5       |  |
| 6  | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   | -                      | 6                 | ( )   |         |  |
| 7  | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  | 0                      | ()                | , ,   | 7       | 1,310.   |

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

|      | instructions for how to figure the amounts to enter on the below.  | (d)                       | (e)                      | <b>(g)</b><br>Adjustmen  | ts  | (h) Gain or (loss)<br>Subtract column (e)                    |
|------|--|---------------------------|--------------------------|--|-----|--|
| This | form may be easier to complete if you round off cents to e dollars.  | Proceeds<br>(sales price) | Cost<br>(or other basis) | to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) |     | from column (d) and<br>combine the result<br>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 <b>Box D</b> checked   | 1,922.                    | 1,958.                   |  | 23. | -13.   |
| 9    | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                           |                          |  |     |  |
| 10   | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                           |                          |  |     |  |
| 11   | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |                           |                          |  | 11  |  |
| 12   | Net long-term gain or (loss) from partnerships, S corporat   | ions, estates, and        | trusts from Scheo        | dule(s) K-1  | 12  |  |
| 13   | Capital gain distributions. See the instructions   |                           |                          |  | 13  | 4.   |
| 14   | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  |                           | 14                       | ( )  |     |  |
| 15   | Net long-term capital gain or (loss). Combine lines 8a on the back   | •                         |                          |  | 15  | -9.  |

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

| Part | III Summary   |           |
|------|---|-----------|
| 16   | Combine lines 7 and 15 and enter the result   | 16 1,301. |
|      | • If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.  |           |
|      | • If line 16 is <b>zero</b> , 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 <b>both</b> gains?  |           |
|      | No. Skip lines 18 through 21, and go to line 22.  |           |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet  | 18        |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet  | 19        |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul> |           |
|      | □ 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> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>  | 21 ()     |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.  |           |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?   |           |
|      | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.   |           |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |

REV 03/06/21 PRO

Schedule D (Form 1040) 2020

| Form   | 8949 |  |
|--------|------|--|
| FOIIII |      |  |

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020 Attachment Sequence No. 12A

| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| GANESH NOMULA           | 046-65-5739  |
|                         |  |

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property  | <b>(b)</b><br>Date acquired               | <b>(c)</b><br>Date sold or                   | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                       | g), (h)<br>Gain or (loss).<br>Subtract column (e)            |  |
|---|---|--|-------------------------------------|---|--|---------------------------------------|--|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                           | disposed of<br>(Mo., day, yr.)               | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions           | (f)<br>Code(s) from<br>instructions  | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |  |
| ACORNS SECURITIES LLC   | 06/12/20                                  | 07/31/20                                     | 5,205.                              | 4,923.  | W  | 1.                                    | 283.   |  |
| DRIVEWEALTH, LLC  | 03/10/20                                  | 04/08/20                                     | 981.                                | 939.  |  |                                       | 42.  |  |
| ROBINHOOD SECURITIES LLC  | 04/15/20                                  | 12/28/20                                     | 5,804.                              | 4,615.  | E  | -204.                                 | 985.   |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
|   |   |  |                                     |   |  |                                       |  |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box C | I here and inc<br>is checked), <b>lir</b> | lude on your<br><b>1e 2</b> (if <b>Box B</b> | 11,990.                             | 10,477.   |  | -203.                                 | 1,310.   |  |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

| Form 8949 (2020)  | Attachment Sequence No. 12A                           | Page <b>2</b> |
|---|---|---------------|
| -<br>Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side | Social security number or taxpayer identification num | ber           |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side GANESH NOMULA

046-65-5739

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property   | <b>(b)</b><br>Date acquired                | (c)<br>Date sold or                          | (d)<br>Proceeds                     | (e)<br>Cost or other basis.<br>See the <b>Note</b> below | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                       | , (h)<br>Gain or (loss).<br>Subtract column (e)              |  |
|--|--|--|-------------------------------------|--|--|---------------------------------------|--|--|
| (Example: 100 sh. XYZ Ćo.)   | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.)               | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions    | (f)<br>Code(s) from<br>instructions  | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |  |
| ACORNS SECURITIES LLC  | 06/01/19                                   | 07/31/20                                     | 1,922.                              | 1,958.   | W  | 23.                                   | -13.   |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
|  |  |  |                                     |  |  |                                       |  |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 8b (if Box D above<br>above is checked), or line 10 (if Box | al here and inc<br>is checked), <b>lir</b> | lude on your<br><b>1e 9</b> (if <b>Box E</b> | 1,922.                              | 1,958.   |  | 23.                                   | -13.   |  |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

|        | ent of the Treasury<br>Revenue Service (99) | ► Go to www.irs.gov/ScheduleE f                                      |         |            |          |           |               |         |             | Attacl | hment<br>ence No. | 13   |
|--------|---|--|---------|------------|----------|-----------|---------------|---------|-------------|--------|-------------------|------|
|        | shown on return                             | 0  |         |            |          |           |               | Yo      | ur social s |        |                   |      |
| GANE   | SH NOMULA                                   |  |         |            |          |           |               | 04      | 46-65-      | 573    | 9                 |      |
| Part   | Income or Loss                              | s From Rental Real Estate and Ro                                     | yaltie  | s Note     | : If you | are in th | ne business c | of rent | ing perso   | nal p  | roperty,          | use  |
|        |   | instructions. If you are an individual, rep                          | -       |            | -        |           |               |         | •           | •      |                   |      |
| A Dic  |   | nts in 2020 that would require you to                                |         |            |          |           |               |         |             |        |                   | No   |
|        |   | ou file required Form(s) 1099?                                       |         |            |          |           |               |         |             | _      | _                 | No   |
| <br>1a | Physical address of                         | each property (street, city, state, ZIF                              | code    | ə)         |          |           |               |         |             |        |                   |      |
| A      |   | CHAMMAM TELANGANA IN 5070  |         | -/         |          |           |               |         |             |        |                   |      |
| В      |   |  |         |            |          |           |               |         |             |        |                   |      |
| C      |   |  |         |            |          |           |               |         |             |        |                   |      |
| 1b     | Type of Property                            | 2 For each rental real estate prop                                   | nertv l | isted      |          | Fai       | r Rental      | Per     | sonal U     | se     |                   |      |
|        | (from list below)                           | above, report the number of fa                                       | ir rent | al and     |          |           | Days          |         | Days        |        | QJ                | V    |
| Α      | 3   | personal use days. Check the   | QJV b   | ox only    | Α        |           | 310           |         | 0           |        |                   | 1    |
| В      |   | if you meet the requirements to<br>qualified joint venture. See inst | tructio | ns.        | B        |           | 010           |         |             |        |                   | 1    |
| C      |   |  |         | ŀ          | C        |           |               |         |             |        |                   | 1    |
|        | of Property:                                |  |         |            | -        |           |               |         |             |        |                   |      |
|        | gle Family Residence                        | 3 Vacation/Short-Term Rental   | 5 La    | nd         |          | 7 Self-   | -Rental       |         |             |        |                   |      |
| -      | ti-Family Residence                         | 4 Commercial   |         | yalties    |          |           | er (describe) |         |             |        |                   |      |
| Incom  |   | Properties:  |         |            | Α        | 0 0 0 0 0 | E             |         |             |        | С                 |      |
| 3      | Rents received                              | · · · · · · · · · · · ·  | 3       |            |          | 300.      |               |         |             |        |                   |      |
| 4      |   |  | 4       |            |          |           |               |         |             |        |                   |      |
| Expen  |   |  |         |            |          |           |               |         |             |        |                   |      |
| 5      |   |  | 5       |            |          |           |               |         |             |        |                   |      |
| 6      |   | nstructions)   | 6       |            |          |           |               |         |             |        |                   |      |
| 7      | -   | nance  | 7       |            |          | 850.      |               |         |             |        |                   |      |
| 8      |   |  | 8       |            |          |           |               |         |             |        |                   |      |
| 9      |   |  | 9       |            |          |           |               |         |             |        |                   |      |
| 10     |   | essional fees  | 10      |            |          |           |               |         |             |        |                   |      |
| 11     |   |  | 11      |            |          | 500.      |               |         |             |        |                   |      |
| 12     |   | id to banks, etc. (see instructions)                                 | 12      |            |          |           |               |         |             |        |                   |      |
| 13     |   |  | 13      |            |          |           |               |         |             |        |                   |      |
| 14     |   |  | 14      |            | 1,       | 450.      |               |         |             |        |                   |      |
| 15     |   |  | 15      |            |          | 220.      |               |         |             |        |                   |      |
| 16     |   |  | 16      |            |          |           |               |         |             |        |                   |      |
| 17     |   |  | 17      |            | 1,       | 250.      |               |         |             |        |                   |      |
| 18     |   | e or depletion   | 18      |            |          |           |               |         |             |        |                   |      |
| 19     | Other (list) 🕨                              | ·  | 19      |            |          |           |               |         |             |        |                   |      |
| 20     |   | lines 5 through 19   | 20      |            | 5,       | 270.      |               |         |             |        |                   |      |
| 21     | Subtract line 20 from                       | line 3 (rents) and/or 4 (royalties). If                              |         |            |          |           |               |         |             |        |                   |      |
|        |   | instructions to find out if you must                                 |         |            |          |           |               |         |             |        |                   |      |
|        |   |  | 21      |            | -4,      | 970.      |               |         |             |        |                   |      |
| 22     | Deductible rental real                      | l estate loss after limitation, if any,                              |         |            |          |           |               |         |             |        |                   |      |
|        |   | structions)  | 22      | (          | -4,9     | 970.)     | (             |         | )(          |        |                   | )    |
| 23a    | Total of all amounts r                      | eported on line 3 for all rental prope                               | rties   |            |          | 23a       |               | 3       | 00.         |        |                   |      |
| b      | Total of all amounts r                      | eported on line 4 for all royalty prop                               | erties  |            |          | 23b       |               |         |             |        |                   |      |
| С      | Total of all amounts r                      | eported on line 12 for all properties                                |         |            |          | 23c       |               |         |             |        |                   |      |
| d      | Total of all amounts r                      | eported on line 18 for all properties                                |         |            |          | 23d       |               |         |             |        |                   |      |
| е      | Total of all amounts r                      | eported on line 20 for all properties                                |         |            |          | 23e       |               | 5,2     | 70.         |        |                   |      |
| 24     | Income. Add positiv                         | e amounts shown on line 21. <b>Do no</b>                             | t inclu | ide any    | losses   |           |               |         | 24          |        |                   |      |
| 25     | Losses. Add royalty lo                      | sses from line 21 and rental real estate                             | losse   | s from lir | ie 22. E | inter tot | al losses her | е.      | <b>25</b> ( |        | 4,9               | 70.) |
| 26     | Total rental real est                       | ate and royalty income or (loss).                                    | Comb    | ine lines  | 24 an    | nd 25. E  | Enter the rea | sult    |             |        |                   |      |
|        | here. If Parts II, III, I                   | V, and line 40 on page 2 do not                                      | apply   | to you,    | also     | enter t   | his amount    | on      |             |        |                   |      |
|        | Schedule 1 (Form 104                        | 40), line 5. Otherwise, include this ar                              | mount   | in the to  | otal on  | line 41   | on page 2     |         | 26          |        | -4,               | 970. |

**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.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

2

## **Qualified Business Income Deduction Simplified Computation**

Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-2294

2020 Attachment Sequence No. 55

Name(s) shown on return

Your taxpayer identification number

GANESH NOMULA

046-65-5739

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   |                   | (c) Qualified business income or (loss) |                         |  |
|---------|--|-------------------|---|-------------------------|--|
|         |  |                   |   |                         |  |
| i       |  |                   |   |                         |  |
|         |  |                   |   |                         |  |
| ii      |  |                   |   |                         |  |
| iii     |  |                   |   |                         |  |
|         |  |                   |   |                         |  |
| iv      |  |                   |   |                         |  |
|         |  |                   |   |                         |  |
| v       |  |                   |   |                         |  |
|         |  |                   |   |                         |  |
| 2       | Total qualified business income or (loss). Combine lines 1i through 1v,                            |                   |   |                         |  |
|         | column (c)   | 2                 | -                                       |                         |  |
| 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                 | _                                       |                         |  |
| 5       | Qualified business income component. Multiply line 4 by 20% (0.20)                                 |                   | 5                                       |                         |  |
| 6       | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | <b>6</b> 13.      |   |                         |  |
| 7       | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior                      |                   |   |                         |  |
| •       | year   | 7 ( )             |   |                         |  |
| 8       | Total gualified REIT dividends and PTP income. Combine lines 6 and 7. If zero                      | ,                 |   |                         |  |
|         | or less, enter -0  | 8 13.             |   |                         |  |
| 9       | REIT and PTP component. Multiply line 8 by 20% (0.20)  |                   | 9                                       | 3.                      |  |
| 10      | Qualified business income deduction before the income limitation. Add lines 5 an                   | d 9               | 10                                      | 3.                      |  |
| 11      | Taxable income before qualified business income deduction  | <b>11</b> 51,517. |   |                         |  |
| 12      | Net capital gain (see instructions)  | <b>12</b> 322.    |   |                         |  |
| 13      | Subtract line 12 from line 11. If zero or less, enter -0   |                   |   |                         |  |
| 14      | Income limitation. Multiply line 13 by 20% (0.20)  |                   | 14                                      | 10,239.                 |  |
| 15      | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also                  |                   |   | 2                       |  |
| 16      | the applicable line of your return   |                   | 15                                      | $\frac{3}{2}$           |  |
| 16      | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than               |                   | 16                                      | ( 0.)                   |  |
| 17      | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0       |                   | 17                                      | ( 0.)                   |  |
| For Pri |  | 06/21 PRO         |   | Form <b>8995</b> (2020) |  |



#### **Electronic Filina** 2020 NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511NR. Form 511EF See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC. Your first name and middle initial Last name Your social 0 4 6 6 5 5 7 3 9 security number GANESH NOMULA If a joint return, spouse's first name and middle initial Last name Spouse's social security number Mailing address (number and street, including apartment number, rural route or PO Box) Filing status 157 STONEBRIDGE BLVD 2724 City, State, ZIP Total number of exemptions 1 EDMOND OK 73013 Part One - Tax Return Information (whole dollars only) Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511NR, Line 7) ..... 1 63917 00 2 Oklahoma Income Tax and Use Tax (511, Line 22 or 511NR, Line 26) ...... 2 2640 00 3 Oklahoma Income Tax Payments and Credits (511, Line 33 or 511NR, Line 34)..... 3 2841 00 4 Refund (511, Line 38 or 511NR, Line 39) ..... 201 00 4 5 Balance Due (511, Line 43 or 511NR, Line 44) ..... 5 000 For a balance due return with an electronic payment complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day. Part Two - Declaration of Taxpaver 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Oklahoma income tax return. × If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 6b I authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Oklahoma taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2020 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Sign Here: Spouse's Signature (If joint return, both must sign) Your Signature Date Date Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO Use Only 03/16/2021 ERO or Paid Preparer's Signature Date PTIN Paid Preparer 03/16/2021 P02082703 Use Only Paid Preparer Signature PTIN Date Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041

Oklahoma Individual Income Tax Declaration for

|  | Phone number | ( <u>678</u> | ) <u>965-9522</u> |
|--|--------------|--------------|-------------------|
|--|--------------|--------------|-------------------|

2020 Form 511 Resident Income Tax Return 2D Barcode Page

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN



# Oklahoma Resident Income Tax Return

#1555#



Form 511

2020

| Your          | Social Security Number  |  | Spouse's Social S   | ecurity N                           |  | ce an 'X' in this  |                       | DED RETUR                  |                     |
|---------------|---|--|---|-------------------------------------|--|--|-----------------------|----------------------------|---------------------|
| 04            | 6-65-5739   | box if this taxpayer<br>is deceased —  |   |                                     | box  | c if this taxpayer<br>leceased —                             | this is a             | in amended 51<br>le 511-l. |                     |
| Nam           | e and Address - Please Pri  | nt or Type   |   |                                     |  |  |                       |                            |                     |
| Your          | first name  | Middle initial Last name   | lf  | a joint returr                      | n, spouse's first  | name Middle init   | ial Last nar          | me                         |                     |
| GAN           | IESH  | NOMULA   |   |                                     |  |  |                       |                            |                     |
| Maili         | ng address (number and street, includin   | ng apartment number, rural route or  | PO Box) C   | ity                                 |  |  | State                 | ZIP                        |                     |
| 157           | 7 STONEBRIDGE BLVD  | ), APT. 2724   | E   | DMOND                               |  |  | OK                    | 7301                       | 3                   |
|               | 1 X Single  |  | d income)   |                                     | Claiming Spectronic Spectronic Spectronic Spectronic Spectro S | cial Exemption, see ins<br>Regular * Special                 | structions o<br>Blind | n page 9 of 5              | i11 Packet.         |
|               | <ul> <li>2 Married filing joint i</li> <li>3 Married filing sepa</li> </ul>   | return (even if only one ha  | a income)   | Exemptions                          | Spouse   | 0 + +  |                       |                            | — (b)               |
| atus          |   | ling, list name and SSN in a   | the boxes   | jd                                  |  |  |                       |                            |                     |
| Filing Status | Name  | SSN  |   | en                                  |  | Number of depe   | ndents                |                            | (c)                 |
| ing           |   |  |   | ы ж                                 | Add the To   | otals from boxes (a), (b                                     | ) and (c).            |                            |                     |
| Ë             |   |  |   | _                                   |  | Enter the TOT  |                       | <b>a</b> 1                 |                     |
|               | 4 Head of household   | d with qualifying person   |   |                                     |  | claimed as a depende<br>gular exemption.                     | nt on anot            | her return, e              | nter "0" in the     |
|               | 5 Qualifying widow(e  | er) with dependent child   |   |                                     |  |  |                       |                            |                     |
|               | Please list the year spectrum   | pouse died in box at right:  |   | Age 65                              | 5 or Older?  | (Please see instructions)                                    | ר                     | ourself                    | Spouse              |
| ΡΑ            | RT ONE: TO ARRIVE   | AT OKI AHOMA AD.   | IUSTED GRO  |                                     | COME   |  | Rou                   | nd to Neares               | st Whole Dollar     |
| 1             | Federal adjusted gross incor  |  |   |                                     |  |  | 1                     |                            | 63917 00            |
| 2             | Oklahoma Subtractions (pro  |  |   |                                     |  |  |                       |                            | 00                  |
| 3             | Line 1 minus line 2   | ,  |   |                                     |  |  | 3                     |                            | 63917 00            |
| 4             | Out-of-state income, except   |  |   |                                     |  |  | U                     |                            | 0001                |
| -             | (Provide Federal schedule with  | detailed description; see ins  | tructions)  |                                     |  |  | 4b                    |                            | 00                  |
| 5             | Line 3 minus line 4b  |  |   |                                     |  |  | 5                     |                            | 63917 00            |
| 6             | Oklahoma Additions (provide   | e Schedule 511-B)  |   |                                     |  |  | 6                     |                            | 00                  |
| 7             | Oklahoma adjusted gross   | income (line 5 plus line 6)  | )   |                                     |  |  | 7                     |                            | 63917 00            |
| PA            | (If line 7 is different than<br>RT TWO: OKLAHOMA  |  | -   | -                                   | s  |  |                       |                            |                     |
| 8             | Oklahoma Adjustments (prov  |  | •   |                                     |  |  | 8                     |                            | 00                  |
| 9             | Oklahoma income after adju  | ,  |   |                                     |  |  | 9                     |                            | 63917 00            |
|               | AND READ: If line 4b is zero, com<br>Oklahoma itemized deductio<br>(Single or Married Filing                                | nplete lines 10-11. If line 4b is m<br>ons (from Schedule 511-D,<br>Separate: <b>\$6,350 • Marri</b> | ore than zero, see S<br>line 11) or Oklah<br>ed Filing Joint o                          | Schedule 5<br>oma stan<br>r Qualify | 11-E and do n<br>Idard deduc<br><b>ring Widow</b>  | ot complete lines 10-11.<br>tion<br>( <b>er): \$12,700 •</b> |                       |                            |                     |
|               | Head of Household: \$9,3  |  |   |                                     |  |  |                       |                            | 6350 00             |
| 11            | Exemptions: Enter the total i   |  |   |                                     |  |  |                       |                            | 1000 00             |
| 12<br>13      | Total deductions and exemp<br>Oklahoma Taxable Income (   | •  |   |                                     | ,  |  |                       |                            | 7350 00<br>56567 00 |
| 13            | (a) Oklahoma Income Tax from  |  | 8 of instructions) o  | or if using                         | Farm Incom   | e Averaging,   |                       |                            | 56567 00            |
|               | (b) If paying the Health Saving<br>and enter a "2" in box on lin<br>Tax Credit, add recaptured<br>an Oklahoma installment p |  | ix, add additional t<br>ahoma Affordable<br>n box on line 14. li<br>stion 965(b) and 68 | ax here<br>Housing<br>f making      | C  | 2640 00  | 14a<br>14b            |                            |                     |
|               | Oklahoma Income Tax (line   | 14a plus line 14b)   |   |                                     |  |  | 14                    |                            | 2640 00             |
| STOP          | AND READ: If line 7 is equal to or larg   |  |   |                                     |  |  |                       |                            |                     |
| 15            | Oklahoma child care/child ta  | . ,  |   |                                     |  |  | 15                    |                            | 00                  |
| 16            | Oklahoma earned income cr   | . ,  |   |                                     |  |  |                       |                            | 00                  |
| 17            | Credit for taxes paid to anoth  |  | ,   |                                     |  |  |                       |                            | 00                  |
| 18            | Form 511CR - Other Credits  |  |   |                                     |  |  | 18                    |                            | 00                  |
| 19            | (   | ines 15-18) Do not enter le<br>JNT. PAYMENT IS FIGUR   |   |                                     |  |  | 19                    |                            | 2640 00             |

2020 Form 511 - Resident Income Tax Return - Page 2

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.



|                  | e(s) shown<br>orm 511: GANESH NOMULA   |                               |                    |  | Your So<br>Security |                 | 46-65-5739                        |
|------------------|--|-------------------------------|--------------------|--|---------------------|-----------------|-----------------------------------|
| PA               | RT THREE: TAX, CREDITS AND F   | PAYMENTS                      |                    |  |                     |                 |                                   |
| 20               | Total from line 19   |                               |                    |  |                     | 20              | 2640 00                           |
| 20               | Use tax due on Internet, mail order, or  |                               |                    |  |                     |                 | 2640 00                           |
|                  | (For use tax table, see page 14 of the   | •                             |                    |  |                     |                 | 00                                |
| 22               | Balance (add lines 20 and 21)  |                               |                    |  |                     | 22              | 2640 00                           |
| 23               | Oklahoma withholding (provide all W-2s   |                               |                    |  | 2841 00             |                 |                                   |
| 24               | 2020 estimated tax payments  |                               |                    |  | 00                  |                 |                                   |
| 25               | 2020 payment with extension  |                               |                    |  | 00                  |                 |                                   |
| 26               | Low Income Property Tax Credit (provi  | de Form 538-H)                |                    | 26   | 00                  |                 |                                   |
| 27               | Sales Tax Relief Credit (provide Form  | 538-S)                        |                    | 27   | 00                  |                 |                                   |
| 28               | Natural Disaster Tax Credit (provide Fo  |                               |                    | 28   | 00                  |                 |                                   |
| 29               | Credits from Form  | a) 577b                       | ) 578              | 29   | 00                  |                 |                                   |
| 30               | Amount paid with original return plus a (amended return only)  | •                             |                    | 30   | 00                  |                 |                                   |
| 31               | Payments and credits (add lines 23-3   | 30)                           |                    |  |                     | 31              | 2841 00                           |
| 32               | Overpayment, if any, as shown on orig  | •                             |                    | · /  |                     |                 |                                   |
|                  | as previously adjusted by Oklahoma (a  | • •                           |                    |  |                     |                 | 00                                |
| 33               | Total payments and credits (line 31 m  | minus 32)                     |                    |  |                     | 33              | 2841 00                           |
| PA               | RT FOUR: REFUND  |                               |                    |  |                     |                 |                                   |
|                  |  | line 00 from line 00. This is |                    |  |                     | 0.1             | 0.01 0.0                          |
| 34               | If line 33 is more than line 22, subtract  |                               |                    | ayment   |                     | 34              | 201 00                            |
| 35               | Amount of line 34 to be applied to 2021 (<br>(For further information regarding estimation)                    |                               | 3,                 | 35   | 00                  |                 |                                   |
| Scho             | dule 511-H provides you with the opportu   |                               | ,                  |  |                     |                 |                                   |
|                  | nizations. Please place the line number of<br>than one organization, put a "99" in the                         | box. Provide Schedule 511-H   |                    | _  |                     | -               |                                   |
| 36               | Donations from your refund (total from   | ,                             |                    |  | 00                  |                 |                                   |
| 37               | Total deductions from refund (add lines  |                               |                    |  |                     |                 | 00                                |
| 38               | Amount to be refunded to you (line 34  | minus line 37)                |                    |  |                     | 38              | 201 00                            |
| Di               | rect Deposit Note: 🔶 Is  | this refund going to or throu | igh an acco        | unt that is located                                    | outside of the U    | nited States    | ? Yes N No                        |
|                  |  | eposit my refund in my:       |                    |  |                     |                 |                                   |
| are              | correct. If your direct deposit fails rocess or you do not choose direct                                       | × checking account            | Routing            | 011000138  |                     |                 |                                   |
| dep              | osit, you will receive a debit card.   |                               |                    | 011000130  |                     |                 |                                   |
|                  | the 511 Packet for direct deposit and it card information.   | savings account               | Account<br>Number: | 0046634397   | 13                  |                 |                                   |
| $\geq$           |  | E                             |                    |  |                     |                 |                                   |
| 39               | If line 22 is more than line 33, subtract  | line 33 from line 22. This is | your tax du        |  |                     | 39              | 00                                |
| 40               | a) Donation: Support the Oklahoma Ge   |                               |                    |  |                     |                 | 00                                |
|                  | b) Donation: Public School Classroom   |                               |                    |  |                     |                 | 00                                |
| 41               | Underpayment of estimated tax interes<br>(If you have an underpayment of estim                                 |                               |                    |  |                     | 41              | 00                                |
| 42               | For delinquent payment add penalty of  |                               |                    |  |                     |                 |                                   |
|                  | plus interest of 1.25% per month   |                               | \$                 |  |                     | 42              | 00                                |
| 43               | Total tax, donation, penalty and interest  |                               |                    |  |                     | 43              | 0 00                              |
|                  | penalty of perjury, I declare the information containe<br>nents and schedules, is true and correct to the best | a in the accounting and an    |                    | is box if the Oklahoma Ta<br>return with your tax prep |                     |                 |                                   |
| Тахра            | yer's signature Date   | e Spouse's signature          |                    | Date   | Paid Preparer's sig | nature          | Date                              |
|                  |  |                               |                    |  | SYAM PRIYA RAM SAG  | AR GUPTA TALLAM | 03/16/2021                        |
| Taxpa            | nyer's   | Spouse's occupation           |                    |  | Paid Preparer's add | Iress and phon  | <sup>e number</sup> (678)965-9522 |
|                  | TWARE DEVELOPER  |                               |                    |  | 2530 PEBE           |                 |                                   |
| Daytii<br>(optio | ne Phone<br>nal)   | Daytime Phone<br>(optional)   |                    |  | CUMMING             |                 | GA 30041                          |
| (0010            |  |                               |                    |  | Paid Preparer's PT  | N P0208         | 32703                             |

 Do not staple
 documentation to this form. To attach items, please use a paper clip.

 Mailing Address for this form:
 P.O. Box 269045, Oklahoma City, OK 73126-9045