E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single X Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you		_		, ,	_			
Your first name	and m	iddle initial	Last na	me					Your	r soc	ial security	/ number
VENKATA	SRI	RAMA KRIS	KODI	• •					014	014-51-6527		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spot	ıse's	social sec	urity number
BABY SO	MJAN	YA	KADA	ALI					976	976-98-7194		
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Pres	iden	tial Electio	n Campaign
8741 KI	LPEC:	K CT									ere if you, o	•
City, town, or p	ost offi	ce. If you have a foreign address, also	complete s	paces below.	Sta	te	ZIP c	ode			0,	ly, want \$3 Checking a
HENRICO					V	A	23	294	-		w will not o	•
Foreign country	y name		F	Foreign province/state	e/coun	ty	Fore	ign postal coc	de your	tax	or refund.	Spouse
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial intere	est in	any virtual	currenc	y?	Yes	X No
Standard Deduction		eone can claim:	•	-								
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn bet	fore Januar	y 2, 195	6	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸 i	f qualifies	s for	(see instruc	ctions):
If more	•	irst name Last name		number	•	to you	.	Child tax		- 1		er dependents
than four]			
dependents, see instruction										П		
and check	5 —									П		
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	9	0,549.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st .			2b		
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary divide	ends			3b		0.
	4a	IRA distributions	4a		b T	axable amoun	nt.			4b		
	5a	Pensions and annuities	5a		b T	axable amoun	nt.			5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	nt.			6b		
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quired	, check here		🕨	· 🗆 📙	7	_	3,000.
Single or Married filing	8	Other income from Schedule 1, li	ine 9 .							8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total inc	come				>	9	8	7,549.
Married filing	10	Adjustments to income:									4	
jointly or Qualifying	а	From Schedule 1, line 22				10	a					
widow(er), \$24,800	b	Charitable contributions if you tak	e the star	ndard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me			•	10c		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11	8	7,549.
If you checked	12	Standard deduction or itemize	d deduct	ions (from Schedul	e A)				. [12	2	4,800.
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or F	orm 8	8995-A			. [13		
Deduction, see instructions.	14	Add lines 12 and 13							. [14	2	4,800.
550 monuotions.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er -0			. [15	6	2,749.

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	7	,132.
	17	Amount from Schedule 2, lir							17		
	18	Add lines 16 and 17							18	7	,132.
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lir	ne 7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	7	,132.
	23	Other taxes, including self-e	mplovment tax.	from Schedule	e 2. line 10 .				23		0.
	24	Add lines 22 and 23. This is							24	7	,132.
	25	Federal income tax withheld	•								,
	а	Form(s) W-2				25a	15	,979.			
	b	Form(s) 1099				25b		,			
	c	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,						25d	15	,979.
	26	2020 estimated tax paymen							26	13	,,,,,,
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27			20		
attach Sch. EIC.	28	Additional child tax credit. A				28			_		
If you have nontaxable	29	American opportunity credit	+								
combat pay,		,		•		29 30	1	,800.	+		
see instructions.	30	Recovery rebate credit. See				31		,000.	-		
	31	Amount from Schedule 3, lir	- 00	1	0.00						
	32	Add lines 27 through 31. The	32		<u>,800.</u>						
	33	Add lines 25d, 26, and 32. T	33		<u>,779.</u>						
Refund	34	If line 33 is more than line 24	•			•	-	 ▶ □	34		,647.
Di	35a	Amount of line 34 you want	35a	10	<u>,647.</u>						
Direct deposit? See instructions.	►b	Routing number 0 2 1 Account number 3 8 1									
	► d										
	36	Amount of line 34 you want				_					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. ▶	37		
You Owe For details on		Note: Schedule H and Sch									
how to pay, see		2020. See Schedule 3, line									
instructions.	38	Estimated tax penalty (see in									
Third Party		you want to allow another	•				П у о		le e Le con	V N	
Designee		structions					∐ Yes. C	•		X No	
		signee's ne ▶		Phone no. ▶				onal iden ber (PIN)			\Box
Sign		der penalties of perjury, I declare	hat I have examine		d accompanying sch	nedules a				st of my know	vledge and
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If th	ne IRS ser	nt you an Ide	ntity
	k									IN, enter it he	ere
Joint return?	L				SOFTWARE 1		IEER	`	e inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion				nt your spous ection PIN, ei	
your records.					HOME MAKEI	P			e inst.) ▶		TIEF IL FIEFE
	————	one no. (973)980-421	Q	Email address	SRIRAM18.		INTI. CC)M			
		eparer's name	Preparer's signat	l .	PITTIMITO . I	Date	11 · CC	PTIN		Check if:	
Paid		•			מווסדם דמו.ו.אм		06/2021		27712	Self-en	nploved
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 08/26/2021 P02082 Firm's name ► GLOBAL TAXES LLC Phone									
Use Only		n's name ► GLOBAL TA n's address ► 2530 Pebb		n Cummin	~ GA 30041					678)965	17196
0-1				III CUIIIIIIII					n's EIN ▶	-	
GO TO WWW.Irs.go	ov/rorn	n1040 for instructions and the late	st information.		BAA	KEV	07/28/21 PRO	J		Form I	040 (2020)

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ▶ Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on return Your social security number 014-51-6527 VENKATA SRIRAMA KRIS KODI & BABY SOWJANYA KADALI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 27,476. 31,763. 1,090. -3,197.Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -3,197.Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the

	instructions for now to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked			1.		
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporate	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	14			
15	Net long-term capital gain or (loss). Combine lines 88 on the back	15	1.			

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -3,196.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Part I

Social security number or taxpayer identification number

014-51-6527

VENKATA SRIRAMA KRIS KODI & BABY SOWJANYA KADALI

instructions). For long-term transactions, see page 2.

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC | 09/08/20 | 12/15/20 27,476. 31,763. W 1,090. -3,197.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

27,476.

-3,197.

1,090.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

31,763.

Form 8949 (2020) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VENKATA SRIRAMA KRIS KODI & BABY SOWJANYA KADALI

Social security number or taxpayer identification number 014-51-6527

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.

(E) Long-term transactions							")
(F) Long-term transactions				is wash t reporte	ed to the ir	10	
(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis. See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	06/04/19	11/03/20	6.	5.			1.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your ne 9 (if Box E	6.	5.			1.

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.



Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th	ı: is form if you have, or are eligib	ole to get, a U.S.	social sec	urity number (S	SN).		ply for a new ITIN new an existing ITIN							
	ubmitting Form W-7. Read the ederal tax return with Form W													
a Nonresident	alien required to get an ITIN to cla	im tax treaty bene	efit											
b Nonresident	alien filing a U.S. federal tax return	1												
	t alien (based on days present in		_											
d Dependent of	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resident alie	n (see instr	ructions) 🕨								
e X Spouse of U		d or e , enter name			resident a	lien (see ins	·							
	,	ENKATA SRII					014-51-6527							
	alien student, professor, or resear	_	ederal tax re	turn or claiming a	n exceptio	n								
_	spouse of a nonresident alien holdi	ng a U.S. visa												
h U Other (see in					+iala mumb									
	on for a and f : Enter treaty country		lle name	and treaty a	Last na									
Name (see instructions)	BABY SOWJANYA	Wilde	ilo riarrio		KAD									
Name at birth if	1b First name	Mido	lle name		Last na									
different	1.01.1.61.1.6				2001									
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 8741 KILPECK CT													
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. HENRICO VA USA 23294 3 Street address, apartment number, or rural route number. Don't use a P.O. box number.													
Foreign (non- U.S.) Address	3 Street address, apartment nur	mber, or rural rout	e number. D	on't use a P.O. b	ox numbe	er.								
(see instructions)	City or town, state or province	e, and country. Inc	clude postal	code where appro	priate.									
Birth	4 Date of birth (month / day / year) 12/01/1995	Country of birth INDIA		City and state or	province	(optional)	5 Male							
Information		6b Foreign tax I.I	D. number (it	i anya) 60 Tyma	of II C via	o (if any) n	➤ Female umber, and expiration date							
Other Information	6a Country(ies) of citizenship INDIA	ob Foreign tax i.i	D. Humber (II	arry) 6C Type	amber, and expiration date									
	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D.													
	USCIS documentation Other Date of entry into													
		1048108	11/10		the United									
	Issued by: INDIA No.: U1847137 Exp. date: 11/19/2029 (MM/DD/YYYY):													
	6e Have you previously received		rnal Kevenue	e Service Number	(IRSN)?									
	No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).													
	6f Enter ITIN and/or IRSN ▶ 1		st on a sneet		RSN	HISHUCTION	and							
	name under which it was issu	ıed ▶		"	1014		anu							
	marne ander windirit was 1880	First	t name	Middle	name		Last name							
	6g Name of college/university or company (see instructions) ▶													
	City and state ▶ Length of stay ▶													
Sign Here	Under penalties of perjury, I (applic documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, it is true	, correct, a	nd complete	e. I authorize the IRS to share							
Keep a copy for your records.	Signature of applicant (if dele	/ year) I	Phone num	ber										
,	Name of delegate, if applicate	ole (type or print)		Delegate's relatio to applicant	nship	Parent Court-appointed guardian Power of attorney								
Acceptance	Signature			Date (month / day	/ year)	Phone Phone								
Acceptance					「	Fax								
Agent's Use ONLY	Name and title (type or print)		Name of co	ompany	EIN		PTIN							
O36 UNLI	7				Office co	Office code								

$\begin{array}{c} \textbf{2020 VA760CG} \\ \textbf{Individual Income Tax Return} \end{array} \textbf{Page 1} \hspace{0.1cm} \Big[$





VENKATA SRIR KODI BABY SOWJANY KADALI 8741 KILPECK CT

HENRICO		VA 23294					
SSN - You	KODI	014516527	Vendor ID 1555		xxxxxx		
SSN - Spouse	KADA	976987194					
Fed Adj Gross Income (Fa	AGI) 1.	87549.	Withholding (VA) - You	19A.	4769.		
Additions	2.		Withholding (VA) - Spouse	19B.			
Subtotal	3.	87549.	Estimated Payments	20.			
Age Deduction - You	4A.		2019 Overpayment	21.			
Age Deduction - Spouse	4B.		Extension Payments	22.			
Soc Sec & Tier 1 Railroad	d 5.		Credit - Low-Income or EIC	23.			
State Income Tax Overpayment 6.			Credit - Schedule OSC	24.			
Subtractions 7.			Credits - Schedule CR	25.			
Subtotal Subtractions 8.			Total Payments / Credits	26.	4769.		
Total VA Adj Gross Incom	e (VAGI) 9.	87549.	Tax You Owe	27.			
Itemized Deductions - VA	Sch A 10.		Tax Overpayment	28.	617.		
Standard Deduction	11.	9000.	Overpayment Credited to Next Yea	r 29.			
Exemptions	12.	1860.	VAC - Virginia 529 / ABLEnow	30.			
Deductions	13.		VAC - Other Contributions	31.			
Subtotal (Deductions & E	xemptions) 14.	10860.	Addition to Tax, Penalty & Interest	32.			
VA Taxable Income	15.	76689.	Sales and Use Tax	33.			
Amount of Tax	16.	4152.	Amount You Owe				
Spouse Tax Adjustment (STA) 17.	Will Pay by Credit/Debit Card N Your Refund		1	617.		
VAGI - Spouse	17A.		D 1 D 1 1 1		001000330		
Net Amount of Tax		4152.	Bank Routing #	C 2010	021200339		
	1		Bank Account #	381046535740			

__LAR __DLAR __DTD __LTD \$____

Page 1 of 2



Additional Filing Information



DOB - Spouse

VA Driver's License ID - Spouse

Filing Status, Age & License Information

Filing Status	2	Locality	760

Federal Head of Household Name or Filing Status Change

04151989 DOB - You Address Change

VA Driver's License ID - You VA Return Not Filed Last Year

VA Driver's License - Iss. Date - You Dependent on Another's Return

Spouse Name (Filing Status 3 Only) Farmer / Fisherman / Merchant Seaman

Amended 12011995

Reason Code

Overseas on Due Date VA Driver's License - Iss. Date - Spouse

Federal EIC & Amount Exemptions (B) Exemptions (A) 65 & Over - You **Deceased Indicator** You

1 Χ Spouse 65 & Over - Spouse No Sales & Use Tax Due Indicator

Obtain Electronic 1099G Dependents Blind - You

2 Total (A) Blind - Spouse ID Theft PIN

Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You ___ Phone - You 9739804218

Signature - Spouse _____ _____ Date Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 082621 6789659522 Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer. 7 P02082703 Preparer Information

GLOBAL TAXES LLC

Include Page 1, Page 2 and all 2530 PEBBLE CREEK LN supporting 760CG documents.

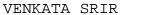
CUMMING GA 30041 Page 2 of 2

File by May 1, 2021

2020 Schedule INC/CG

014516527

Report all W-2s, 1099s & VK-1s with VA Withholding



KODI

BABY SOWJANY KADALI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
014516527	W	3116.	223093525	30223093525F001	58762.
014516527	W	1653.	223093525	30223093525F001	31787.

Total VA Withholding

You

014516527
4769.

Spouse

Total # of W-2s,1099s & VK-1s
02

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2020

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

You	Your Name B Your Social Security Number												curity Number									
VEN:	KA'	ra s	SRIR	AMA K	RIS	KOD	I										014	-51-65	27			
Spo	ıse	's Na	me														A Spouse's Social Security Number					
BAB	Y	SOW	JANY	A KAD.	ALI												976	976-98-7194				
Par	1	Ta	x Ret	urn Info	ormat	ion											A Sp	ouse	B Yourself			
1.	 Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 											87549.										
2.	V	irginia	Adjust	ed Gross	Incom	ie (For	m 760C	G, Lin	ne 9; 760	PY, L	_ine 10,	column	ns A & B;	Fo	orm 763, Li	ne 9)			87549.			
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)										76689.												
4.	V	irginia	Incom	e Tax (Fo	orm 76	OCG, I	Line 18;	760P	Y, Line 1	7, col	lumns <i>F</i>	4 & B; F	orm 763	Lir	ne 18)				4152.			
5.	V	/ithhol	ding (F	orm 7600	CG, Lir	ne 19a	& 19b;	760P\	Y, Lines	1 9 a &	، 19b; F	orm 76	3, Lines	19a	a & 19b)				4769.			
6.	Α	moun	t you O	we (Form	1760C	G, Lin	e 3 5 ; Fo	rm 76	0PY, Lir	ie 3 5 ;	Form 7	763, Lin	e 3 5)									
7.	R	efund	(Form	760CG, I	Line 36	5; 760I	PY, Line	36; F	orm 763	, Line	36)								617.			
Par				ion of																		
Dece Retu numl filing liable Virgi refur of the signa	Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filling a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																					
Taxpayer's e-File PIN: check one box only																						
X	I authorize the ERO named below to enter my e-File PIN 1 6 5 2 7 as my signature on my 2020 e-filed Virginia individual income tax return. Do not enter all zeros																					
	_	GLO:	BAL	TAXES	LL(7						-DO E:-	m Name									
				e-File PII n is filed (ginia in	dividua	lincome	tax		heck this bo	x only if you a	are entering	your own e-File PIN			
Your	Sig	nature	e												Da	te						
Spor	ıse'	s e-Fi	le PIN:	check o	ne bo	x only	1															
X	I	authoi	ize the	ERO nai	med be	elow to	enter m	ny e-F	ile PIN	8 7			as my	_		my 20 20 e-fi	led Virginia ir	ndividual inc	come tax return.			
	_	GLO:	BAL	TAXES	LLC	7																
	l a	will en nd you	ter my ur retur	e-File PII n is filed (N as m using t	y sign ne Pra	ature on	my 20 PIN n	020 e-file nethod.	ed Vir The E	ginia in	dividual	m Name income plete Pa	tax	k return. C II below.	heck this bo	x only if you a	are entering	your own e-File PIN			
Spot	se's	s Sign	ature												[Date						
Par	:	Ce	rtifica	ition ar	nd Au	then	ticatio	n – F	Practiti	one	r PIN	Metho	d Only	y								
ERO	's E	FIN/P	IN: En	ter your s	six-digi	t EFIN	followed	d by y	our five	digit s	elf-sele	cted PI	N. 5	5	8 7 2	7 8 6	1 9 8	9				
abov Elect or co	ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. ERO's Signature Date																					
LIVO	<i>J J</i>	griait																				