#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

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

Submission Identification Number (SID)

Тахрау	er's name	Social secu	irity numb	er					
SUR	ESH GOUD CHITLA	707-8	707-82-5835						
Spouse	's name	Spouse's s	ocial secu	rity number					
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	er year you	are 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	64,206.					
2	Total tax		2	7,192.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,188.					
4	Amount you want refunded to you		4	1,596.					
5	Amount you owe		5						
Par	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.

### Taxpayer's PIN: check one box only

				FBO firm name	5 ,	E
X	l authorize	GLOBAL '	TAXES	LLC	to enter or generate my PIN	2

2	5	8	3	5	as mv
Ent don	er fiv i't en	/e di nter a	gits, all ze	but ros	

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date ►						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Practit	ioner PIN Method Only						
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9						

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 🕨		
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/01/21 PRO	Form 8879 (Rev. 01-2021)

Filing Status       X       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 one hot.       Pour social security number         Your first name and middle initial       Last name       Your social security number         Tipont return, spouse's first name and middle initial       Last name       Spouse's social security number         Tipont return, spouse's first name and middle initial       Last name       Spouse's social security number         112.3       ME2DOWCREEK DR       Apt. no.       Presidential Bioction Campaign         112.3       ME2DOWCREEK DR       State       TX       750.38         City, town, or poot office. If you have a foreign address, also complete spaces below.       TX       750.38       boouse Hilling jointly, want 33         Foreign province/state/county       Foreign postal code       You       Spouse       You       Spouse         City, town or post diffice. If you have a separate return or you ware a dual-status alien       You       Spouse       You       You       Spouse         Dependents, see instructions:       (I) First name       Last name       You       Spouse       Chid tax credit credit returnery;	E <b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		(99) <b>urn</b>	20	20	OMB No. 154	5-0074	IRS Use Onl	y—Do not v	write or staple	in this space.
SURESH GOUD       CHITLA       707-82-5835         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         J123 MEADOWCREEK DR       242         City, town, or post office. If you have a P.O. box, see instructions.       Apt. no.         J2123 MEADOWCREEK DR       242         Greign country name       Foreign province/state/country       Foreign postal code         Foreign country name       Foreign province/state/country       Foreign postal code         Standard       Someone can claim:       You as dependent       You spouse a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Image: status allen         Age/Blindness You:       Were born before January 2, 1966       Are blind       Spouse:       Was born before January 2, 1966       Is blind         Dependents       (9) First ame       Last name       (9) Social security       (9) First ame/first for ather dependent       Image: status allen         If more       (1) First ame       Last name       Image: status allen       Image: status allen         If more       (1) First ame/first status allen       Image: status allen       Image: status allen       Image: status allen         Attach       2a       b Taxable amount       4b       Image:	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.       24.2         Chro, thorn, or post office. If you have a foreign address, also complete spaces below.       State       75.03.8         City, town, or post office. If you have a foreign address, also complete spaces below.       State       75.03.8         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       (see instructions):       (i) First name       (i) Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Was born before January 2, 1956       I stating         If more       (i) First name       Last name       (i) Social security       (i) P drauffices or (see instructions):         in dicheck	Your first name	e and m	iddle initial	Last na	ime						Your so	ocial securi	ity number
Home address (number and street). If you have a P.O. box, see instructions.       242       242       Check here if you, or your spouse if filing jointly, want 35       Check here if you, or your spouse if filing jointly, want 35       Check here if you, or your spouse if filing jointly, want 35       Check here if you, or your spouse if filing jointly, want 35       Check here if you, or your spouse it filing jointly, want 35       Check here if you, or your spouse it filing jointly, want 35       Check here if you, or your spouse it filing jointly, want 35       Check here if you, or your spouse it filing jointly, want 35       Check here if you, or your spouse it filing jointly, want 35       Check here if you, or your spouse it filing jointly, want 35       Check here if you, or your spouse it mission a separate return or you were a dual-status alien       Vou is pouse itemizes on a separate return or you were a dual-status alien       Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Check here if you, or effect         Dependents       (see instructions):       (i) Relationship       (i) Relationship       (i) I' if qualifies for (see instructions):       Child tax credit       Ceel to rehe dependent         If more than four dependents, see instructions       I       73,056.       I       73,056.       I       73,056.         Standard       Ga Chaline (hirde widends	SURESH (	GOUD		CHIT	TLA						707-	82-583	5
1123 MEADOWCREEK DR       242       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       TX       75038       topo to this trud. Checking a box below will not change you were ad ual-status alien         Standard Dependents (see instructions):       You as a dependent you you were ad ual-status alien         Age/Blindness You:       Were born before January 2, 1956       Are blind Spouse:       (a) Pleitionship (b) (J) (f) rulatifies for ree instructions;         If more than four dependents, see instructions;       (1) First name Last name instructions;       (a) Pleitionship (b) (J) (J) (J) (J) (J) (J) (J) (J) (J) (J	If joint return, s	spouse's	s first name and middle initial	Last na	ime						Spouse	's social se	curity number
Curry,	1123 ME	ADOW	CREEK DR							242	Check	here if you,	, or your
Foreign country name       Foreign province/state/county       Foreign postal code       Your tax or refund.         Your tax or refund.       \vertical vertical		oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.							
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       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:       (4) ✔' if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Immediate       Immediate         Attach       2a       Tax-exempt interest       2a       b       Daxable interest       2b         Attach       2a       IRA distributions       4a       b       Ordinary dividends       3b         Standard       Bernions and annuities       5a       b       Taxable amount       5b       Sb         Standard Deduction for-       Social security benefits       6a       Social security benefits       6a       6a       5b       7         Standard Deduction for-       Social security benefits       6a       Social security benefits       6a       5b       7         Standard Deduction for<									-				0
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       Yes       No         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' It qualifies for (see instructions):       Credit for other dependents         if more than four       (1) First name       Last name       Immeer       Im	Foreign countr	y name			Foreign p	rovince/stat	e/coun	ty	Forei	gn postal code	your ta		_
Standard 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         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If a see enstructions       Image: four       Ima	At any time du	uring 20	020, did you receive, sell, send, excl	hange, d	or otherv	vise acquii	re any	financial inter	est in a	any virtual c	urrency?		
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions and check here ▶		_		•		•		•					
If more than four dependents, see instructions and check       Image: task name       number       to you       Child tax credit       Credit for other dependents         see instructions and check       Image: task name       Ima	Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are b	lind S	pouse	: 🗌 Was bo	rn bef	ore January	2, 1956	Is b	lind
If more than four dependents, see instructions and check hards       Image: the transform of transfo	Dependent	s (see	instructions):		(2)		rity		hip	<b>(4) 🖌</b> if o	qualifies fo	pr (see instru	uctions):
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see instructions       Image: see instructions       Image: see instructions       Image: see instructions         and check       Image: see instructions													
and check       here       image: state in the		IS											
Attach       2a       1       73,056.         Sch. B if       7a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach       2a       3a       b       Tax-exempt interest       2b       3b         Sch. B if       required.       4a       IRA distributions       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       IRA distributions       5a       b       5b       5b         5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       7         Single or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       5b       5b       9       66, 706.         10       Adjustments to income:       7       8       -6, 350.       9       66, 706.         10       Adjustments to income:       10a       2, 500.       10b       2, 500.       10b         Widow(er),       Standard deduction or itemized deduction. See instructions													
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       a       Qualified dividends       a       a       b       Ordinary dividends       a       bb         required.       4a       IRA distributions       4a       b       Ordinary dividends       ab         5a       Pensions and annuities       5a       b       Taxable amount       bb         5a       Pensions and annuities       5a       b       Taxable amount       bb         5a       Scial security benefits       6a       b       Taxable amount       bb         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required income       Image: Capital gain or (loss). Attach Schedule D if required. If not required income       Image: Capital gain or (loss). Attach Schedule D if required. If not required check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required. Capital gain or (loss). Attach Schedule D if required. If not required check here       Image: Capital gain or (loss). Attach Schedule D if required. If not required. Capital gain or (loss). Attach Schedule D if not required. Capital gain or (los	here 🕨 🔝												
Sch. B if required.       2a		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .	· · ·					. 1		73,056.
required.       3a       Gualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       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       7         8       Other income from Schedule 1, line 9       7       8       -6, 350.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66, 706.         10       Adjustments to income:       10a       2, 500.       10         9       Add lines 10a and 10b. These are your total adjustments to income       10b       2, 500.         11       64, 206.       11       Subtract line 10c from line 9. This is your adjusted gross income       11       64, 206.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       12       12, 400.         14       12, 400.       14       12, 400.       14       12, 400.         14       12, 40		2a	Tax-exempt interest	2a			bΤ	axable interes	st.		. 2t	<u>،</u>	
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for - Single or Married filing separately, S12,400       6a       Social security benefits       6a       b       Taxable amount       7         8       Other income from Schedule 1, line 9       6b, 706.       7       8       -6, 350.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66, 706.       9         • Married filing jointly or Qualifying widow(er), S24.800       From Schedule 1, line 22       10a       2, 500.       9         • Head of household, S18,660       11       Subtract line 10c from line 9. This is your adjusted gross income       10b       2, 500.         11       64, 206.       11       Subtract line 10c from line 9. This is your adjusted gross income       12       12, 400.         • Head of household, S18,660       12       Standard deduction or itemized deductions. (from Schedule A)       12       12, 400.         • If you checked ary box under Standard       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       13       14       12, 400.         14       12, 400.       14       12, 400.		3a	Qualified dividends	3a			bС	Ordinary divide	ends .		. 3k	<u>،</u>	
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       >         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66,706.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66,706.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66,706.         10       Adjustments to income:       10a       2,500.         9       Charitable contributions if you take the standard deduction. See instructions       10b       2,500.         9       Add lines 10a and 10b. These are your total adjustments to income       10c       2,500.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       64,206.         11       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       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       51,806.		) 4a	IRA distributions	4a			bΤ	axable amour	nt		. 4k	)	
Deduction for-       7         • Single or Married filing separately, \$12,400       7         • Other income from Schedule 1, line 9       -         • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8         • Married filing jointly or Qualifying widow(er), \$24,800       9       66,706.         • Head of household, \$16,8650       10       Add lines 10a and 10b. These are your total adjustments to income       10a       2,500.         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       64,206.         • If you checked any box under Standard Deduction, see instructions.       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       12,400.       14       12,400.       15       51,806.		5a	Pensions and annuities	5a			bΤ	axable amour	nt		. 5k	)	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Head of household, \$10</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Head of household, \$11</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Had deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>5</li> <li>51, 806.</li> </ul>		6a	, <u>,</u>						nt		. 6k	<u>،</u>	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       6       6       7       6       7       6       7       6       7       6       7       6       7       9       6       7       9       6       7       9       6       7       9       6       7       0       9       6       7       0       9       6       6       7       0       9       6       6       7       0       9       6       6       7       0       0       0       6       7       0       0       0       6       7       0       0       6       7       0       6       7       0       0       6       7       0 <th0< th="">       0       <th0< th=""></th0<></th0<>		7	Capital gain or (loss). Attach Schee	dule D i	f require	d. If not re	quired	, check here		<b>&gt;</b>			
\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66, 708.         • Married filing jointy or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       2,500.         • Deduction, see instructions       • Octor rotal adjustments to income       10b       10c       2,500.         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.							. 8		
jointly or Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a       2,500.         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       .       .       .       .         11       Subtract line 10c from line 9. This is your adjusted gross income       .       .       .       .       .         12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       .       .       .       .       .         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       .       .       .       .       .       .         14       Add lines 12 and 13       .		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our <b>total in</b>	come				▶ 9		66,706.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22	The family set of the family s	10	Adjustments to income:										
\$24,800       ID       Charitable contributions if you take the standard deduction. See instructions       ID       ID       2,500.         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       ID       11       64,206.         • If you checked any box under Standard deduction, see instructions, see instructions, see instructions, see instructions.       ID       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       12,400.       14       12,400.       15       51,806.	Qualifying	а	From Schedule 1, line 22					10	a	2,50	0.		
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>If you checked any box under Standard Deductions.</li> <li>If you checked any box under Standard Deduction.</li> <li>If you checked any box under Standard D</li></ul>		b	Charitable contributions if you take	the star	ndard de	duction. S	ee inst	ructions 10	b				
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       64,206.         • If you checked any box under Standard       12       12,400.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.         14       12,400.       14       12,400.       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       51,806.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are your total adjustments to income						▶ 10	c	2,500.		
any box under Standard Deduction, see instructions.131314Add lines 12 and 13		11	Subtract line 10c from line 9. This	is your a	adjuste	d gross in	come				► <u>1</u> 1	1	64,206.
Standard Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       13       14       12,400.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       15	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	i <b>ons</b> (fro	m Schedu	ile A)				. 12	2	12,400.
see instructions.         14         12,400.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduction	ion. Atta	ach Forn	n 8995 or I	Form 8	8995-A			. 13	3	
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14											
		′ 15	Taxable income. Subtract line 14	from lin	ne 11. lf :	zero or les	s, ente	er-0			. 15	<u>ن</u> از	

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

Form **1040** (2020)

Form 1040 (2020	))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2	4972	3			16	7,192.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	7,192.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	7,192.
	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	7,192.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	8	,188		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	8,188.
• 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)			<sup>No</sup>	<u>.</u>	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30		600		
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tota</b>	al other paym	ents and r	refunda	ble cr	edits	. )	32	600.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	8,788.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the	e amour	nt you	overpaid		34	1,596.
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attache	ed, chec	ck here			<b>35</b> a	1,596.
Direct deposit?	►b	Routing number 0 3 1			► c Typ		Chec		Saving	s	
See instructions.	►d	Account number 3 8 3	0 1 6 4	0 1 0 !	5   1			Ť.	•		
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36	$\Box$			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe	now .				. •	37	
You Owe		Note: Schedule H and Sch		-						or 🗌	
For details on		2020. See Schedule 3, line 1						lance yea	0.00.0		
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with th	e IRS?	See				1
Designee		structions	•					Yes. Co	omplet	e below.	X No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					ber (PIN	/	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here								an mornau			nt you an Identity
	, TO	ur signature		Date	Your occu	ipation					IN, enter it here
Joint return?					SOFTW	ARE E	INGI	NEER	(s	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	occupatio	on				nt your spouse an
Keep a copy for your records.	<b>,</b>										ection PIN, enter it here
your records.									(S	ee inst.) 🕨	
		one no.		Email address					D711		
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA T	ALLAM	03/	03/2021		82703	Self-employed
Use Only		m's name 🕨 GLOBAL TA							Pl	none no. (	678)965-9522
	Fin	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30	0041			Fi	rm's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	4	REV	03/01/21 PRC	)		Form <b>1040</b> (2020

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

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

Internal Revenue Service

# **Additional Income and Adjustments to Income**

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

OMB No. 1545-0074
2020
Attachment Sequence No. <b>01</b>

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SURESH GOUD CHITLA	707-82-5835
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,350.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
	line 8	9	-6,350.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	2,500.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,500.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO	Schedu	le 1 (Form 1040) 2020

SCHEDULE E	
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

## **Supplemental Income and Loss**

OMB No. 1545-0074

20

► Attach to Form 1040, 1040-► Go to www.irs.gov/ScheduleE for instru

SR, 1040-NR, or 1041.									
uctions and the latest information.									

9

Name(s) shown on return Yo							Your	our social security number		
							70	707-82-5835		
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-	-				• ·		
A Dic	Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions									
	f "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZIP code)									
A	KANKADURGA COLONY, DVK ROA NALGONDA TELANGANA IN 508001									
В				20						
C										
1b	Type of Property (from list below)	2 For each rental real estate prop above, report the number of fa	r rental and		Fair Rental Days		Personal Use Days		QJV	
Α	3	personal use days. Check the if you meet the requirements to	QJV box or		185		0			
В		qualified joint venture. See inst	ructions.	B						
С		1		C						
	of Property:	1		-	I					
	le Family Residence	3 Vacation/Short-Term Rental	5 Land		7 Self-	Rental				
-	i-Family Residence	6 Royaltie		8 Other (describe)						
Incom		4 Commercial Properties:		Α		B			С	
3	Rents received	· · · · · · · · · · · ·	3		350.				-	
4			4							
Expen										
5			5							
6		nstructions)	6							
7	```	nance	7		900.					
8			8							
9			9							
10		essional fees	10							
11			11		900.					
12		d to banks, etc. (see instructions)	12							
13	·		13							
14			14	2	200.					
15			15		200.					
16			16	± ,	200.					
17			17	1	500.					
18		e or depletion	18	±,	500.					
19	Other (list)		19							
20	Total expenses Add	lines 5 through 19	20	6	700.					
			20	υ,	100.					
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must	21	-6.	350.					
22		l estate loss after limitation, if any,	22 (		350.)	(		)(	)	
23a		eported on line 3 for all rental prope			23a		35	0.	,	
b		eported on line 4 for all royalty prop			23b					
c		eported on line 12 for all properties			23c					
d		eported on line 18 for all properties			23d					
e		eported on line 20 for all properties			23e		6,70	0.		
24		e amounts shown on line 21. <b>Do no</b>	t include a	nv losses				<u>24</u>		
25		sses from line 21 and rental real estate			nter tot	al losses her		25 (	6,350.)	
		ate and royalty income or (loss).						(		
26	here. If Parts II, III, I	V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar	apply to y	ou, also e	enter th	nis amount	on	26	-6,350.	