| E 104(| | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ 20 | 20 | OMB No. 1545 | 5-0074 | IRS Use Only | —Do not wr | ite or staple | in this space. |
|--|-----------|---|-----------------|--|-----------|------------------|----------|-----------------------------|--------------|---------------|------------------------------|
| Filing Statu Check only one box. | lf yc | Single Married filing jointly Course of the MFS box, enter the n son is a child but not your dependent | ame of | ed filing separate your spouse. If yo | | | | hold (HOH) box, enter th | | , , | . , . , |
| Your first name | e and m | iddle initial | Last na | me | | | | | Your so | cial securi | ty number |
| HRISHIK | ESH | | TEKE |] | | | | | 670-1 | L7-945 | 4 |
| lf joint return, s | spouse's | s first name and middle initial | Last na | me | | | | | Spouse's | s social se | curity number |
| | | er and street). If you have a P.O. box, see WELLESLEY DR | instructio | ons. | | | | Apt. no. 536 | Check h | ere if you, | |
| City, town, or p | oost offi | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | ate | ZIP co | ode | • | | ntly, want \$3 Checking a |
| HENRICO | | | | | V | A | 232 | 233 | 0 | w will not | • |
| Foreign countr | y name | | F | Foreign province/st | ate/cour | nty | Forei | gn postal code | your tax | or refund | |
| | | | | | | | | | | You | Spouse |
| At any time du | uring 20 | 020, did you receive, sell, send, excl | nange, c | or otherwise acqu | uire any | financial intere | est in a | any virtual cu | rrency? | Yes | 🗙 No |
| Standard Deduction | | neone can claim: | • | — · | | a dependent | | | | | |
| Age/Blindnes | s You | : 🗌 Were born before January 2, 1 | 956 | Are blind | Spouse | e: 🗌 Was bo | rn bef | ore January 2 | 2, 1956 | 🗌 ls b | lind |
| Dependent | s (see | instructions): | | (2) Social sec | urity | (3) Relationsh | nip | (4) 🗸 if qu | ualifies for | (see instru | ictions): |
| If more | | irst name Last name | | number | | to you | | Child tax cr | redit | Credit for ot | her dependents |
| than four | | | | | | | | | | | |
| dependents, see instruction | | | | | | | | | | | |
| and check | 15 | | | | | | | | | | |
| here 🕨 🗌 | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach F | orm(s) | W-2 | | | | | . 1 | | 64,505. |
| Attach | 2a | Tax-exempt interest | 2a | | b 1 | raxable interes | t. | | . 2b | | |
| Sch. B if required. | 3a | Qualified dividends | 3a | | b | Ordinary divide | nds . | | . 3b | | |
| required. | - 4a | IRA distributions | 4a | | b 7 | raxable amoun | ıt | | . 4b | | |
| | 5a | Pensions and annuities | 5a | | b | Faxable amoun | ıt | | . 5b | | |
| Standard | 6a | Social security benefits | 6a | | b 7 | Faxable amoun | ıt | | . 6b | | |
| Deduction for- | 7 | Capital gain or (loss). Attach Sche | dule D if | f required. If not i | requirec | l, check here | | ▶[| 7 | | |
| Single or Married filing | 8 | Other income from Schedule 1, line 9 | | | | | . 8 | | | | |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. T | his is your total | income | • | | | ▶ 9 | | 64,505. |
| Married filing | 10 | Adjustments to income: | | | | | | | | | |
| jointly or Qualifying | а | From Schedule 1, line 22 | | | | 10 | a | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take | the star | dard deduction. | See inst | tructions 10 | b | 300 | 0. | | |
| • Head of | с | Add lines 10a and 10b. These are | your tot | al adjustments | to inco | me | | | ► 10c | | 300. |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This | | | | | | | ▶ 11 | | 64,205. |
| If you checked | 12 | Standard deduction or itemized | | | | | | | | | 12,400. |
| any box under Standard | 13 | Qualified business income deducti | | | | 3995-A | | | | | |
| Deduction, | 14 | | | | | | | | | | 12,400. |
| see instructions. | 15 | Taxable income. Subtract line 14 | from lin | e 11. If zero or le | ess, ente | | | | | | 51,805. |
| | | | | | | | | | | | 1040 (0000) |

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

Form **1040** (2020)

| Form 1040 (2020 | D) | | | | | _ | | | | Page 2 |
|--------------------------------------|--------|---|--------------------------|---------------------|------------------|------------------|--------------|---------------------------------------|----------|--|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | | 16 | 7,192. |
| | 17 | Amount from Schedule 2, lin | ie3 | | | | | | 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, lin | | | | | | | 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 total tax | | | | | . 🕨 | 24 | 7,192. |
| | 25 | Federal income tax withheld | from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 7, | 391. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 7,391. |
| • If you have a | 26 | 2020 estimated tax payment | | | | | | | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | ^{No} . | 27 | | | | |
| If you have | 28 | Additional child tax credit. A | ttach Schedule | 8812 | | 28 | | | | |
| nontaxable combat pay, | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | | |
| see instructions. | 30 | Recovery rebate credit. See instructions | | | | | | | | |
| | 31 | Amount from Schedule 3, lin | ie 13 | | | 31 | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tota | al other paym | ents and refund | lable cre | dits | . 🕨 | 32 | 1,800. |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | | | | | 33 | 9,191. | |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 2 | 4 from line 33. | This is the amou | unt you o | verpaid | | 34 | 1,999. |
| noruna | 35a | Amount of line 34 you want | | | is attached, che | eck here | | | 35a | 1,999. |
| Direct deposit? | ►b | Routing number 0 2 1 | | | ► c Type: 🚺 | | ing 🗌 Sa | avings | | |
| See instructions. | ►d | Account number 3 8 1 | 0 5 1 8 | 980 |) 3 | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2021 estimate | ed tax . ト | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | now | | | . 🕨 | 37 | |
| You Owe | | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for | | | | | | | | |
| For details on how to pay, see | | 2020. See Schedule 3, line 12e, and its instructions for details. | | | | | | | | |
| instructions. | 38 | Estimated tax penalty (see in | nstructions) . | | 🕨 | 38 | | | | |
| Third Party | | you want to allow another | | | | _ | - | | | |
| Designee | | structions | | | | . 🕨 🛛 | Yes. Cor | • | | X No |
| | | signee's ne ► | | Phone no. | | | | nal identi er (PIN) | | |
| 0: | | der penalties of perjury, I declare t | hat I have examine | | | bodulos a | | () | | t of my knowlodgo and |
| Sign | | ief, they are true, correct, and com | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | If the | IRS se | nt you an Identity |
| | | 0 | | | | | | Prote | | IN, enter it here |
| Joint return? | | | | SOFTWARE ENGINEER | | | ` | inst.) 🕨 | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, t | ooth must sign. | Date | Spouse's occupa | ation | | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | | | | | inst.) 🕨 | |
| | Ph | Phone no. (361)228-1461 Email address HRISHIKESHTEKE@GMAIL.COM | | | | | ` | | | |
| | | eparer's name | Preparer's signat | | INTOITIVEOU | Date | | PTIN | | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | , , | | GUPTA TALLAN | | | 20208 | 2703 | Self-employed |
| Preparer | | | | IGEN DROAK | COL III IAUUAI | . 07/1 | | | | 678)965-9522 |
| Use Only | | | | | | | 's EIN ▶ | · · · · · · · · · · · · · · · · · · · | | |
| Go to wave inc. or | | 1040 for instructions and the late | | | - | | 7/20/24 55.0 | 1 | | Form 1040 (2020) |
| GO IO WWW.IIS.go | UV/FOM | 11040 IOI INSTRUCTIONS and the late | scinionnation. | | BAA | REV (|)7/28/21 PRO | | | Form 1040 (2020) |

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| | Cut Here | | | |
|---|--|---|--|--|
| Form 760-PMT 2020 Payment Coupon | Your Social Security Number Spouse's Social Security Number | r | | |
| (DOC ID 761) Please do not staple To Be Used For Payments On Previously Filed 2020 Individual Income Tax Returns Only | 670179454 | | | |
| 6701794549 7611555 120006 | If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478. | | | |
| Name(s) and Address HRISHIKESH TEKE | If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return. | | | |
| 11834 CHASE WELLESLEY DR APT # 536 HENRICO VA 23233 | Amount of Payment 36.00 | | | |

Daytime Phone Number: 361-228-1461



HRISHIKESH



TEKE



| 11834 CHASE WELLESLEY DR APT 536 | | | | | | | | |
|---------------------------------------|-----------|--|----------------|--|--|--|--|--|
| HENRICO | VA 23233 | | | | | | | |
| SSN - You TEKE | 670179454 | Vendor ID 1555 | xxxxx 7 | | | | | |
| Fed Adj Gross Income (FAGI) 1. | 64205. | Withholding (VA) - You | 19A. 3086. | | | | | |
| Additions 2. | | Withholding (VA) - Spouse | 19B. | | | | | |
| Subtotal 3. | 64205. | Estimated Payments | 20. | | | | | |
| Age Deduction - You 4A. | | 2019 Overpayment | 21. | | | | | |
| Age Deduction - Spouse 4B. | | Extension Payments | 22. | | | | | |
| Soc Sec & Tier 1 Railroad 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. 3086. | | | | | |
| Total VA Adj Gross Income (VAGI) 9. | 64205. | Tax You Owe | 27. 36. | | | | | |
| Itemized Deductions - VA Sch A 10 | | Tax Overpayment | 28. | | | | | |
| Standard Deduction 11 | 4500. | Overpayment Credited to Next Year | 29. | | | | | |
| Exemptions 12 | 930. | VAC - Virginia 529 / ABLEnow | 30. | | | | | |
| Deductions 13 | | VAC - Other Contributions | 31. | | | | | |
| Subtotal (Deductions & Exemptions) 14 | 5430. | Addition to Tax, Penalty & Interest | 32. | | | | | |
| VA Taxable Income 15 | 58775. | Sales and Use Tax | 33. | | | | | |
| Amount of Tax 16 | 3122. | Amount You Owe Will Pay by Credit/Debit Card N | 36. | | | | | |
| Spouse Tax Adjustment (STA) 17 | | Your Refund | | | | | | |
| VAGI - Spouse 17A | | Bank Routing # | | | | | | |
| Net Amount of Tax 18 | 3122. | Bank Account # | | | | | | |
| L | | | | | | | | |

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___LAR ___DLAR ___DTD ___LTD \$_____

670179454





| Filing Status, Age | & License | e Information | | Additional | Filing Information |
|-----------------------------|--------------|-----------------------------------|------|---|--------------------|
| Filing Status | | | 1 | Locality | 087 |
| Federal Head of H | lousehold | | | Name or Filing Status Chang | е |
| DOB - You | | 1011 | 1993 | Address Change | |
| VA Driver's Licens | e ID - You | | | VA Return Not Filed Last Yea | r |
| VA Driver's Licens | se - Iss. Da | te - You | | Dependent on Another's Retu | ım |
| Spouse Name (Fi | ling Status | 3 Only) | | Farmer / Fisherman / Mercha | nt Seaman |
| | | | | Amended | |
| DOB - Spouse | | | | Reason Code | |
| VA Driver's Licens | | | | Overseas on Due Date | |
| VA Driver's Licens | se - Iss. Da | te - Spouse | | Federal EIC & Amount | |
| xemptions (A) You | 1 | Exemptions (B) 65 & Over - You | | Deceased Indicator | |
| Spouse | | 65 & Over - Spouse | | No Sales & Use Tax Due Indi | icator X |
| Dependents | | Blind - You | | Obtain Electronic 1099G | |
| Total (A) | 1 | Blind - Spouse | | ID Theft PIN | |
| | | Total (B) | | | |
| | | | | e best of my (our) knowledge, it is a true, correct rmation provided is for a domestic account withi | |
| Signature - You | | [| Date | Phone - You | 3612281461 |
| | | | | | |

| Signature - Spouse Date | e | Phone - Spouse | | | |
|--|----------------|-----------------------|----|-------|-------------|
| Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u> Date | e 091421 | Phone - Preparer | | 67896 | 59522 |
| The Tax Department may discuss my/our return with my/our prepare | er. | Preparer Information | 7 | P020 | 82703 |
| File by May 1, 2021 | GLOBA | L TAXES LLC | | | |
| L File by May 1, 2021 Include Page 1, Page 2 and all supporting 760CG documents. | 2530 CUMMII | PEBBLE CREEK LN NG | GA | 30041 | Page 2 of 2 |

2020 Schedule INC/CG 670179454

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

HRISHIKESH TEKE



| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| Г | | | | | Г |
| 670179454 | W | 3086. | 454175774 | 30454175774F001 | 64505. |

| Total VA Withholding | SSN | VA Withholding |
|-------------------------------|-----------|----------------|
| You | 670179454 | 3086. |
| Spouse | | |
| Total # of W-2s,1099s & VK-1s | 01 | |

To avoid delays - be sure to enter all information, including the Employer's FEIN.

.

Virginia Individual Income Tax e-File Signature Authorization

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

| Virginia Submission Identification Number (SID) | | | | | | |
|--|--------------------------------|---------------------|--|--|--|--|
| | | ·· • • | | | | |
| Your Name | B Your Social Sec | 5 | | | | |
| HRISHIKESH TEKE Spouse's Name | 670–17–94 A Spouse's Social | | | | | |
| Spouse's manie | A Spouse's Social | | | | | |
| Part I Tax Return Information | A Spouse | B Yourself | | | | |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) | | 64205. | | | | |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | 64205. | | | | |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) | | 58775. | | | | |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) | | 3122. | | | | |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) | | 3086. | | | | |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35) | | 36. | | | | |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36) | | | | | | |
| Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying | | | | | | |
| 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 filing 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 | | | | | | |
| I authorize the ERO named below to enter my e-File PIN 7 9 4 5 4 as my signature on my 2020 e-filed Virginia individual income tax return. Do not enter all zeros | | | | | | |
| GLOBAL TAXES LLC ERO Firm Name | | | | | | |
| I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this be and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. | ox only if you are entering | your own e-File PIN | | | | |
| Your Signature Date | | | | | | |
| Spouse's e-File PIN: check one box only | | | | | | |
| I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e- Do not enter all zeros | filed Virginia individual inc | ome tax return. | | | | |
| ERO Firm Name | | | | | | |
| I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this be and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. | ox only if you are entering | your own e-File PIN | | | | |
| Spouse's Signature Date | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Method Only | | | | | | |
| ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 | 61989 | | | | | |
| 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 Date | 14-21 | | | | | |