

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>RAJESH KUMAR GOLLA</b>	Social security number <b>181-29-9853</b>
Spouse's name <b>MANASA ATHALLUR</b>	Spouse's social security number <b>962-92-5996</b>

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	89,223.
<b>2</b> Total tax . . . . .	<b>2</b>	6,830.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	8,629.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	2,999.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	9	8	5	3
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 as my 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 GLOBAL TAXES LLC to enter or generate my PIN 

2	5	9	9	6
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 as my 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 – 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	6	1	9	8	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 ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. 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 person is a child but not your dependent ▶

Your first name and middle initial <b>RAJESH KUMAR</b>	Last name <b>GOLLA</b>	Your social security number <b>181-29-9853</b>
If joint return, spouse's first name and middle initial <b>MANASA</b>	Last name <b>ATHALLUR</b>	Spouse's social security number <b>962-92-5996</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>715 RICE RD</b>		Apt. no. <b>4A</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>RIDGELAND</b>		State <b>MS</b>
		ZIP code <b>39157</b>
Foreign country name	Foreign province/state/county	Foreign postal code

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 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 Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 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) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	JAYAN GOLLA	971-99-8642	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .				1 87,684.
Attach Sch. B if required.	2a Tax-exempt interest . . . . .	2a		b Taxable interest . . . . .	2b 0.
	3a Qualified dividends . . . . .	3a	25.	b Ordinary dividends . . . . .	3b 25.
	4a IRA distributions . . . . .	4a		b Taxable amount . . . . .	4b
	5a Pensions and annuities . . . . .	5a		b Taxable amount . . . . .	5b
	6a Social security benefits . . . . .	6a		b Taxable amount . . . . .	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>				7 10,602.
	8 Other income from Schedule 1, line 9 . . . . .				8 -9,088.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶				9 89,223.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:				
	a From Schedule 1, line 22 . . . . .	10a			
	b Charitable contributions if you take the standard deduction. See instructions . . . . .	10b			
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶				10c
	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶				11 89,223.
	12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .				12 24,800.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .				13
	14 Add lines 12 and 13 . . . . .				14 24,800.
	15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .				15 64,423.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,330.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,330.
19	Child tax credit or credit for other dependents	19	500.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,830.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	6,830.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,629.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,629.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,200.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	9,829.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,999.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,999.
b	Routing number 011900571		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 385018872767		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name RVSSMANIKUMARAPPANA	Preparer's signature RVSSMANIKUMARAPPANA	Date 05/17/2021	PTIN P02090332	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (646) 727-7157
Firm's EIN				30-1017196

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**SCHEDULE 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.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
RAJESH KUMAR GOLLA & MANASA ATHALLUR

Your social security number  
181-29-9853

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-9,180.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ <u>Other Income from box 3 of 1099-Misc</u> 92.	<b>8</b>	92.
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-9,088.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	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 . . . . .	<b>22</b>	

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

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](http://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  
**RAJESH KUMAR GOLLA & MANASA ATHALLUR**

Your social security number  
**181-29-9853**

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	3,907,434.	4,114,320.	244,342.	37,456.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 26,865. )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 10,591.

**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 lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	22.	15.	4.	11.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 11.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	10,602.
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	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 . . . . . ▶	<b>18</b>	
<b>19</b>	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 . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



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

Social security number or taxpayer identification number

RAJESH KUMAR GOLLA & MANASA ATHALLUR

181-29-9853

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	Various	03/20/20	22.	15.	W	4.	11.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				22.	15.		4.	11.

**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.



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

RAJESH KUMAR GOLLA & MANASA ATHALLUR

181-29-9853

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	MIYAPUR HYDERABAD TELANGANA IN 500049				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		130.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		1,350.		
<b>8</b>	Commissions. . . . .	<b>8</b>		540.		
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		2,560.		
<b>15</b>	Supplies . . . . .	<b>15</b>		2,450.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,650.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		9,680.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-9,180.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -9,180. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		9,680.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 9,180. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-9,180.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-9,180.

Schedule E (Form 1040) 2020

**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
▶ **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment Sequence No. **70**

Taxpayer name(s) shown on return <b>RAJESH KUMAR GOLLA &amp; MANASA ATHALLUR</b>	Taxpayer identification number <b>181-29-9853</b>
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Enter preparer's name and PTIN <b>RVSSMANIKUMARAPPANA</b>	<b>P02090332</b>
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**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
  - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of this Form 8867.
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
    3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
    5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Mississippi Individual Income Tax Declaration For Electronic Filing 2020

Submission Number

Taxpayer First Name <b>RAJESH KUMAR</b>	Initial	Last Name <b>GOLLA</b>	<b>YOU MUST ENTER SSN</b>		
Spouse First Name <b>MANASA</b>	Initial	Last Name <b>ATHALLUR</b>			Taxpayer SSN <b>181299853</b>
Mailing Address (Number and Street, Including Rural Route) <b>715 RICE RD Apt. 4A</b>					Spouse SSN <b>962925996</b>
City <b>RIDGELAND</b>	State <b>MS</b>	Zip <b>39157</b>	County Code <b>45</b>		

**PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)**

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	71123
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	3316
3 Mississippi tax payments (Form 80-105, line 27; 80-205, line 29)	3	3903
4 Refund (Form 80-105, line 33; 80-205, line 34)	4	587
5 Amount you owe (Form 80-105, line 36; 80-205, line 37)	5	

**PART II: DIRECT DEPOSIT/DIRECT DEBIT**

1 Routing number <b>011900571</b>	3 Type of account:
2 Account number <b>385018872767</b>	Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/>

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

**PART III: DECLARATION OF TAXPAYER**

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature _____	Date _____	Spouse Signature _____	Date _____
--------------------------	------------	------------------------	------------

**PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

<b>ERO Use Only</b>	ERO Signature	Date <b>05172021</b>	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
	Firm Name (or yours if self-employed), address and ZIP code	<b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>		EIN <b>301017196</b>	Phone No. <b>(646)727-7157</b>

Under penalties of perjury, I declare that 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 declaration is based on all information of which I have any knowledge.

<b>Paid Preparer Use Only</b>	Preparer Signature	Date <b>05172021</b>	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed	Preparer SSN or PTIN <b>P02090332</b>
	Firm Name (or yours if self-employed), address and ZIP code	<b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>		EIN <b>301017196</b>	Phone No. <b>(646)727-7157</b>



# Mississippi Resident Individual Income Tax Return 2020

Amended

Taxpayer First Name <b>RAJESH KUMAR</b>		Initial	Last Name <b>GOLLA</b>	
Spouse First Name <b>MANASA</b>		Initial	Last Name <b>ATHALLUR</b>	
Mailing Address (Number and Street, Including Rural Route) <b>715 RICE RD Apt. 4A</b>				
City <b>RIDGELAND</b>	State <b>MS</b>	Zip <b>39157</b>	County Code <b>45</b>	

SSN **181299853**  
Spouse SSN **962925996**

- 1**  Married - Combined or Joint Return (\$12,000)
- 2** Married - Spouse Died in Tax Year (\$12,000)
- 3** Married - Filing Separate Returns (\$12,000)
- 4** Head of Family (\$8,000)
- 5** Single (\$6,000)

### EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)			8 Taxpayer Age 65 or Over	Spouse Age 65 or Over
6 (A) Name	(B)	(C) Dependent SSN	Taxpayer Blind	Spouse Blind
JAYAN GOLLA	C	971998642		
7 Total number of dependents (from line 6 and Form 80-491) <b>1</b>			9 Total dependents line 7 plus number of boxes checked line 8 <b>1</b>	
			10 Line 9 x <b>\$1,500</b>	10 <b>1500</b>
			11 Enter filing status exemption	11 <b>12000</b>
			12 Total (line 10 plus line 11)	12 <b>13500</b>

MISSISSIPPI INCOME TAX	Column A (Taxpayer)	Column B (Spouse)
------------------------	---------------------	-------------------

13 Mississippi adjusted gross income (from page 2, line 65)	13A	89223	13B	0
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A	4600	14B	0
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A	13500	15B	0
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A	71123	16B	0
17 Income tax due (from Schedule of Tax Computation, see instructions)			17	3316
18 Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)			18	
19 Other credits (from Form 80-401, line 1)			19	0
20 Net income tax due (line 17 minus line 18 and line 19)			20	3316
21 Consumer use tax (see instructions)			21	
22 Catastrophe savings tax (see instructions)			22	
23 Total Mississippi income tax due (line 20 plus line 21 and line 22)			23	3316

### PAYMENTS

24 Mississippi income tax withheld (complete Form 80-107)	24	3903
25 Estimated tax payments, extension payments and/or amount paid on original return	25	
26 Refund received and/or amount carried forward from original return (amended return only)	26	
27 Total payments (line 24 plus line 25 minus line 26)	27	3903

### REFUND OR BALANCE DUE

(If no overpayment is due on line 28, skip to line 34)

28 Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)	28	587
29 Interest and penalty (from Form 80-320, line 11 and/or line 12)	29	
30 Adjusted overpayment (line 28 minus line 29)	30	587
31 Overpayment to be applied to next year estimated tax account	31	0
32 Voluntary contribution (from Form 80-108, part III)	32	
33 Overpayment refund (line 30 minus line 31 and line 32)	33	587
34 Balance due (if line 23 is more than line 27, subtract line 27 from line 23)	34	587
35 Interest and penalty (from Form 80-320, line 19)	35	
36 Total due (line 34 plus line 35)	36	587

Installment Agreement Request  
(see instructions for eligibility; attach Form 71-661)



# Mississippi Resident Individual Income Tax Return 2020

SSN

181299853

INCOME	Column A (Taxpayer)		Column B (Spouse)	
37 Wages, salaries, tips, etc. <b>(complete Form 80-107)</b>	37A	87684	37B	
38 Business income (loss) <b>(attach Federal Schedule C or C-EZ)</b>	38A		38B	
39 Capital gain (loss) <b>(attach Federal Schedule D, if applicable)</b>	39A	10602	39B	0
40 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	40A	-9180	40B	
41 Farm income (loss) <b>(attach Federal Schedule F)</b>	41A		41B	
42 Interest income (from Form 80-108, part II, line 3)	42A		42B	
43 Dividend income (from Form 80-108, part II, line 6)	43A	25	43B	0
44 Alimony received	44A		44B	
45 Taxable pensions and annuities <b>(complete Form 80-107)</b>	45A		45B	
46 Unemployment compensation <b>(complete Form 80-107)</b>	46A		46B	
47 Other income (loss) (from Form 80-108, part V, line 10)	47A	92	47B	
48 <b>Total income</b> (add lines 37 through 47)	48A	89223	48B	0

ADJUSTMENTS	Column A (Taxpayer)		Column B (Spouse)	
49 Payments to IRA	49A	0	49B	
50 Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A	0	50B	
51 Interest penalty on early withdrawal of savings	51A	0	51B	
52 Alimony paid (complete below)	52A		52B	
Name	SSN	State	Date of Divorce	
53 Moving expense <b>(attach Federal Form 3903)</b>	53A		53B	
54 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A		54B	
55 Mississippi Prepaid Affordable College Tuition (MPACT)	55A		55B	
56 Mississippi Affordable College Savings (MACS)	56A		56B	
57 Self-employed health insurance deduction	57A		57B	
58 Health savings account deduction	58A		58B	
59 Catastrophe savings account deduction	59A		59B	
60 Self-employment tax deduction	60A		60B	
61 First-time home buyer savings account deduction	61A		61B	
62 Agricultural disaster program compensation deduction	62A		62B	
63 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	63A		63B	
64 <b>Total adjustments</b> (add lines 49 through 63)	64A	0	64B	
65 <b>Mississippi adjusted gross income</b> (line 48 minus line 64; enter on page 1, line 13)	65A	89223	65B	0

**AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)**

This return may be discussed with the preparer  Yes  No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer Signature	Date	7692315666	P02090332	Taxpayer Phone Number	Paid Preparer PTIN
Spouse Signature	Date	6467277157	KUMAR@GTAXFILE.COM	Paid Preparer Phone Number	Paid Preparer Email Address
RVSSMANIKUMARAPPANA	05172021	2530 Pebble Cr	Cumming	GA	30041
Paid Preparer Signature	Date	Paid Preparer Address	City	State	Zip Code

**Mail REFUND returns to:** Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058  
**Mail all other returns to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Duplex and Photocopies NOT Acceptable**



# Mississippi Adjustments And Contributions 2020

Taxpayer Name

SSN 181299853

GOLLA, RAJESH KUMAR &amp; ATHALLU

**PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)**

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

<b>1</b> Federal adjusted gross income from Federal Form 1040, line 11	1	89223		
<b>2 a</b> Medical and dental expenses	2a		2c	
<b>b</b> Multiply line 1 by 7.5% (.075)	2b			
<b>c</b> Medical and dental expense deduction (line 2a minus line 2b)				
<b>3 a</b> Total taxes paid	3a	3903	3c	
<b>b</b> Less state income taxes (or other taxes in lieu of)	3b	3903		
<b>c</b> Total taxes paid deduction (line 3a minus line 3b)				
<b>4</b> Total interest paid			4	40
<b>5</b> Charitable contributions			5	
<b>6</b> Total casualty or theft loss ( <b>attach Federal Form 4684</b> )			6	
<b>7 a</b> Other miscellaneous deductions	7a		7c	
<b>b</b> Less Mississippi gambling losses	7b			
<b>c</b> Total other miscellaneous deductions (line 7a minus line 7b)				
<b>8 Mississippi itemized deductions</b> (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8	40

**PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)**

<b>1</b> Interest income from all sources	1			0
<b>2</b> Amount of Mississippi nontaxable interest in line 1	2			
<b>3</b> Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 42 or Form 80-205, line 43)	3			0
<b>4</b> Total dividends from all sources	4			25
<b>5</b> Amount of Mississippi nontaxable distributions reported in line 4	5			0
<b>6</b> Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	6			25

**PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)**

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at [www.dor.ms.gov](http://www.dor.ms.gov)) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund  
Burn Care Fund  
Wildlife Heritage Fund  
Educational Trust Fund

Wildlife Fisheries and Parks Foundation  
Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 32



# Mississippi Adjustments And Contributions 2020

SSN 181299853

**PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES**

**A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES**

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; <b>attach Federal Schedule E</b> )	A1	-9180
2 Add: depletion claimed in excess of cost basis	A2	
3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)	A3	-9180

**B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS**

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S
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**Total for Section B**

**C Total of Section A and B (enter here and on Form 80-105, line 40 or Form 80-205, line 41)** -9180

**PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME**

1 Net operating loss (enter from Form 80-155, line 2)	1	
2 First-time home buyer unqualified expenses	2	
3 Catastrophe savings taxable distribution	3	
<hr style="border: 0.5px solid black;"/>		
List other types of income (loss)		
<hr style="border: 0.5px solid black;"/>		
4 Other income from Form 1099-MISC	4	92
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 47 or Form 80-205, page 2, line 48	10	92





# Mississippi Income / Withholding Tax Schedule 2020

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)

**GOLLA, RAJESH KUMAR & ATHALLUR, MANASA**

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	<p>Check appropriate box W-2      W-2G      1099      K-1</p> <p>If 1099-R, Code in Box 7 <b>204801500</b></p> <p>Employer or Payer ID from W-2, 1099, K-1 <b>RAJESH KUMAR GOLLA</b> Taxpayer Name <b>181299853</b> Taxpayer Social Security Number</p>	<p><b>MS</b>      <b>84745</b> State      State Wages, Tips, Etc.</p> <p style="text-align: right;"><b>3770</b></p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p><b>INFOSHARE SYSTEMS INC</b> Employer or payer name <b>26040 ACERO STE 111</b> Address <b>MISSION VIEJO      CA 92691</b> City, State, ZIP</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	<p>Check appropriate box W-2      W-2G      1099      K-1</p> <p>If 1099-R, Code in Box 7 <b>061432821</b></p> <p>Employer or Payer ID from W-2, 1099, K-1 <b>RAJESH KUMAR GOLLA</b> Taxpayer Name <b>181299853</b> Taxpayer Social Security Number</p>	<p><b>MS</b>      <b>2939</b> State      State Wages, Tips, Etc.</p> <p style="text-align: right;"><b>133</b></p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p><b>GSS INFOTECH CT INC</b> Employer or payer name <b>2050 STATE ROUTE 27 STE</b> Address <b>NORTH BRUNSWICK      NJ 08902</b> City, State, ZIP</p>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box W-2      W-2G <input checked="" type="checkbox"/>      1099      K-1</p> <p>If 1099-R, Code in Box 7 <b>132967453</b></p> <p>Employer or Payer ID from W-2, 1099, K-1 <b>RAJESH KUMAR GOLLA</b> Taxpayer Name <b>181299853</b> Taxpayer Social Security Number</p>	<p><b>MS</b>      <b>0</b> State      State Wages, Tips, Etc.</p> <p style="text-align: right;"><b>0</b></p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p><b>APEX CLEARING</b> Employer or payer name Address City, State, ZIP</p>

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box W-2      W-2G <input checked="" type="checkbox"/>      1099      K-1</p> <p>If 1099-R, Code in Box 7 <b>470533629</b></p> <p>Employer or Payer ID from W-2, 1099, K-1 <b>RAJESH KUMAR GOLLA</b> Taxpayer Name <b>181299853</b> Taxpayer Social Security Number</p>	<p><b>MS</b>      <b>0</b> State      State Wages, Tips, Etc.</p> <p style="text-align: right;"><b>0</b></p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p><b>AMERITRADE</b> Employer or payer name Address City, State, ZIP</p>



# Mississippi Income / Withholding Tax Schedule 2020

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)

**GOLLA, RAJESH KUMAR & ATHALLUR, MANASA**

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <p>W-2      W-2G <input checked="" type="checkbox"/>      1099      K-1</p> <p>If 1099-R, Code in Box 7 043523567</p> <p>Employer or Payer ID from W-2, 1099, K-1 RAJESH KUMAR GOLLA</p> <p>Taxpayer Name 181299853</p> <p>Taxpayer Social Security Number</p>	<p><b>MS</b>      0</p> <p>State      State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p>FIDELITY BROKERAGE SERVIC</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <p>W-2      W-2G <input checked="" type="checkbox"/>      1099      K-1</p> <p>If 1099-R, Code in Box 7 043523567</p> <p>Employer or Payer ID from W-2, 1099, K-1 RAJESH KUMAR GOLLA</p> <p>Taxpayer Name 181299853</p> <p>Taxpayer Social Security Number</p>	<p><b>MS</b>      0</p> <p>State      State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p>FIDELITY BROKERAGE SERVIC</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <p>W-2      W-2G <input checked="" type="checkbox"/>      1099      K-1</p> <p>If 1099-R, Code in Box 7 384019216</p> <p>Employer or Payer ID from W-2, 1099, K-1 RAJESH KUMAR GOLLA</p> <p>Taxpayer Name 181299853</p> <p>Taxpayer Social Security Number</p>	<p><b>MS</b>      0</p> <p>State      State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p>Robinhood Securities LLC</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <p>W-2      W-2G      1099      K-1</p> <p>If 1099-R, Code in Box 7</p> <p>Employer or Payer ID from W-2, 1099, K-1</p> <p>Taxpayer Name</p> <p>Taxpayer Social Security Number</p>	<p><b>MS</b></p> <p>State      State Wages, Tips, Etc.</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>