

(Rev. August 2010)

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Table with 2 columns: Field Name, Value. Taxpayer's name: VENKAT RATNAM CHELUKALA; Social security number: 718-63-2095; Spouse's name: ; Spouse's social security number:



Part I Tax Return Information— Tax Year Ending December 31, (Enter year you are authorizing)

Enter whole dollars only on lines 1 through 5

Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

Table with 3 columns: Line number, Description, Amount. Line 1: Adjusted gross income, 42,630. Line 2: Total tax, 3,430. Line 3: Federal income tax withheld from Form(s) W-2 and Form(s) 1099, 5,058. Line 4: Amount you want refunded to you, 3,428. Line 5: Amount you owe, blank.

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 acknowledgment 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

- [X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 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.

Pin entry box containing digits 3, 2, 0, 9, 5. Text: Enter five digits, but don't enter all zeros.

Your signature Date

Spouse's PIN: check one box only

- [ ] I authorize to enter or generate my PIN 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.

Empty pin entry box. Text: Enter five digits, but don't enter all zeros.

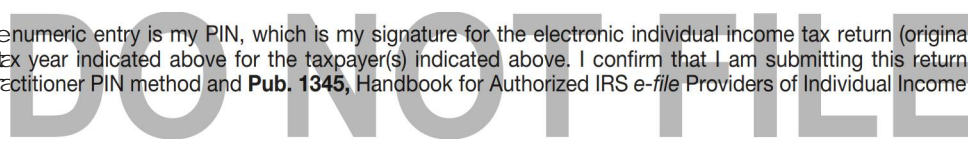
Spouse's signature Date

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. Box contains: 5 8 7 2 7 8 6 1 9 8 9. Text: 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 authorizing 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>VENKAT RATNAM</b>	Last name <b>CHELUKALA</b>	Your social security number <b>718-63-2095</b>
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. <b>427 FOREST DR</b>		Apt no.
City, town, or post office. If you have a foreign address, also complete spaces below. <b>EDISON</b>		State <b>NJ</b>
Foreign country name		ZIP code <b>08817</b>
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  Spouse itemizes on a separate return or you were a dual-status alien  
 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):	(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"/>					<input type="checkbox"/>	<input 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	42,630.
Attach Sch B if required	2a	Tax-exempt interest . . . . .	2a	b Taxable interest . . . . .	2b	
	3a	Qualified dividends . . . . .	3a	b Ordinary dividends . . . . .	3b	
	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	
	8	Other income from Schedule 1, line 9 . . . . .			8	
	9	Add lines 1, 2a, 3a, 4a, 5a, 6a, 7, and 8. This is your total income . . . . . ▶			9	42,630.
Standard Deduction for— • 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 Standard Deduction, 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 total adjustments to income . . . . . ▶			10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income . . . . . ▶			11	42,630.
	12	Standard deduction or itemized deductions (from Schedule A) . . . . .			12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			13	
	14	Add lines 12 and 13 . . . . .			14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 . . . . .			15	30,230.

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	3,430.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	3,430.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3 line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,430.
23	Other taxes, including self-employment tax, from Schedule 2 line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	3,430.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,058.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,058.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>No</b>	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	1,800.
31	Amount from Schedule 3 line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	6,858.
<b>Refund</b>	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,428.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,428.
Direct deposit? See instructions	▶ b Routing number 044000037 ▶ c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number 870808305		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
<b>Amount You Owe</b>	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions	Note: 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	

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

**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 VALIDATION ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation	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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/19/2021	PTIN P02082703	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. (678) 965-9522
				Firm's EIN 30-1017196