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)

Taxpay	er's name	Social securi	ty numb	er
JAS	WANTH MOGALIPUVVU	197-08	-4564	4
Spouse	s's name	Spouse's soc	ial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	er year you a	ire aut	thorizing.)
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	73,679.
2	Total tax		2	9,271.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,595.
4	Amount you want refunded to you		4	3,124.
5	Amount you owe		5	
Part	11 Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	v of v	our 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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

8	4	5	6	4	
Ent don	er fiv n't er	/e di iter a	gits, all ze	but ros	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

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 >							 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 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 >			
	D Must Retain This Form — See Inst hit This Form to the IRS Unless Req		
For Denominaria Deduction Act Nation and your		DEV 02/07/24 DDO	Earm 8879 (Bay, 01 2021)

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		(99) urn	202	0	OMB No. 1545	-0074	IRS Us	e Only	—Do not w	rite or staple	in this space.
Filing Statu Check only one box.	lf yc	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing se your spous		,	_			,		, ,	. , . ,
Your first name	e and m	iddle initial	Last na	me							Your so	cial securit	ty number
JASWANT	Н		MOGA	LIPUVV	U						197-	08-456	4
lf joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse'	s social sec	curity number
1716 EM	PRES								Apt. no. 3J		Check h	nere if you,	on Campaign or your htly, want \$3
		ce. If you have a foreign address, also co	mplete s	paces belov	v.	Stat		ZIP co					Checking a
ROANOKE						VA	-	240				ow will not	0
Foreign countr	ry name		F	oreign prov	/ince/state/c	ount	У	Foreig	n postal (code	your tax	or refund.	
At any time du	uring 20	D20, did you receive, sell, send, exch	nange, c	or otherwis	e acquire	any f	financial intere	est in a	ıny virtu	al cu	rrency?		
Standard Deduction	Som	eone can claim: You as a de Spouse itemizes on a separate retur	penden	t 🗌 Yo	our spouse	as	a dependent		-				
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	d Spo	use	Was bo	rn befo	ore Janu	ary 2	2, 1956	🗌 ls bl	lind
Dependent					cial security umber		(3) Relationsh to you	nip			1	r (see instru	
lf more than four	(1) ⊦	irst name Last name			umber		to you		Child	tax c	redit	Credit for ot	her dependents
dependents,													
see instruction	IS ——											[
and check here ►												l	
	1	Wages, salaries, tips, etc. Attach F	orm(s)	N_2							. 1		<u> </u>
Attach	2a		2a	<i>w ∠</i>	· · · ·	ьт	axable interes	•	• •	•	. 1 2b		55,270.
Sch. B if	3a	· -	3a				rdinary divide		• •	·	. <u>25</u> 3b		21.
required.			4a				axable amoun		• •	•	. 4b		
	5a		5a				axable amoun				. 5b		
Standard	6a		6a				axable amoun				. 6b		
Deduction for –	7	Capital gain or (loss). Attach Sched	dule D if	reauired.	lf not reau	ired.	check here			►	7 7		-3,000.
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.								. 8		-6,620.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your	total inco	me					▶ 9		73,679.
Married filing	10	Adjustments to income:		,									
jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er),	b	Charitable contributions if you take						b					
\$24,800 • Head of	с	Add lines 10a and 10b. These are	your tot	al adjustn	nents to ir	ncon	ne				► 10c	5	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted g	ross inco	me					▶ 11		73,679.
 If you checked 	12	Standard deduction or itemized									. 12		12,400.
any box under Standard	13	Qualified business income deducti				'	995-A				. 13		<u> </u>
Deduction, see instructions.	14	Add lines 12 and 13									. 14		12,400.
	15	Taxable income. Subtract line 14	from lin	<u>e 11. lf z</u> er	o or less,	ente	r-0	<u> </u>	<u> </u>		. 15		61,279.
			_										1040 (000)

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): 1 🗌 881	4 2 4	972	3			16	9,271.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	9,271.
	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	9,271.
	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	9,271.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	10	,595		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	10,595.
• 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)			. _. No		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	1	,800		
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and re	funda	ble cre	edits	. 🕨	32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	12,395.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the	amoun	nt you e	overpaid		34	3,124.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached	d, chec	k here			35a	3,124.
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	:	Check	king 🗌 🗄	Savings	5	
See instructions.	►d	Account number X X X	X X X X	x x x z	x x x :	ХХ	XZ	Σ			
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax		36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						r	
For details on		2020. See Schedule 3, line 1			•			unice yea	0.110 .0		
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .				38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the	IRS?	See				
Designee	ins	tructions	· · · · ·					Yes. Co	omplete	e below.	🗙 No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occup	,					nt you an Identity
	. 10	ur signature		Date		ation					IN, enter it here
Joint return?					NETWOR	K EN	GINE	ER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's or	ccupatio	on				nt your spouse an
Keep a copy for your records.	,									entity Prot e inst.) 🕨	ection PIN, enter it here
,									(30	e inst.) 🕨	
		one no. eparer's name	Proparat'a aignet	Email address			Dete		PTIN		Chock if:
Paid			Preparer's signat			T T 7 14	Date	0/2021		00700	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TA	ылчы	02/1	9/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA		'		0.4.1					678)965-9522
		m's address ► 2530 Pebb		n Cummin	-	041			Fir	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV	02/07/21 PRC)		Form 1040 (2020

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

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.

OMB No. 1545-0074
2020
Attachment Sequence No. 01

► 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			
JASWANTH MOGALIPUVVU	197-08-4564			
Part I Additional Income				

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
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	-6,620.
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	-6,620.
Par	t II Adjustments to Income		-0,020.
10		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	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	e 1 (Form 1040) 2020
		Joneuul	5 . (i 5iiii 10 4 0/ 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. **12**

20

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

JASWANTH MOGALIPUVVU

Your social security number

197-08-4564

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	459,109.	542,562.	73,7	77.	-9,676.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an		our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	-9,676.

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.		Proceeds Cost to gai (sales price) (or other basis) Form(s		(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	0	() ()		15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-9,676.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 02/07/21 PRO

Schedule D (Form 1040) 2020

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return	Social security number or taxpayer identification number
JASWANTH MOGALIPUVVU	197-08-4564

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions adjustment		from column (d) and combine the result with column (g)	
Robinhood Securities LLC	09/02/20	05/09/20	459,109.	542,562.	W	73,777.	-9,676.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	459,109.	542,562.		73,777.	-9,676.			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

(Form 1	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											
Desertes	► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.											
	ent of the Treasury Revenue Service (99)		► Go to www.irs.g						information.		Attach Seque	nment ence No. 13
	shown on return		0							Your soci		
JASW	ANTH MOGALI	ΙΡIJΛΛ	τ ι							197-0	8-456	4
Part			From Rental Real	Estate and Rov	valties	s Note	: If you a	are in th	e business o			
			instructions. If you are a		-		-			÷ .		
A Did	l you make any p	payme	nts in 2020 that woul	d require you to	file F	orm(s) 1	099? S	ee instr	uctions .		. 🗆 ۱	∕es ⊠ No
B If "	Yes," did you or	r will yo	ou file required Form	(s) 1099?							. 🗆 ۱	res 🗌 No
1a	Physical addre	ess of e	each property (street	, city, state, ZIP	, code	e)						
Α	KUKATPALLY	Y HYD	ERABAD IN 5000)90								
В												
С												
1b	Type of Prop	perty	2 For each rental	real estate pror	pertv li	sted		Fair	Rental	Persona	l Use	0.11/
	(from list bel		above report t	he number of fai	ir ronta	hne le		E	Days	Days	s	QJV
Α	3		if you meet the	ays. Check the requirements to	QJV b	ox only s a	Α		365		0	
В			qualified joint v	enture. See inst	ructio	ns.	В					
С							С					
	of Property:						-					
	le Family Resid	ence	3 Vacation/Shor	t-Term Rental	5 Lar	nd	-	7 Self-	Rental			
	i-Family Reside		4 Commercial		6 Ro	valties	1	B Othe	r (describe)			
Incom	e:			Properties:		-	Α		B			С
3	Rents received				3			450.				
4					4							
Expen												
5	Advertising .				5							
6			nstructions)		6							
7	Cleaning and m	nainter	nance		7			850.				
8	Commissions.				8							
9	Insurance				9							
10			ssional fees		10							
11	Management fe	ees .			11		1,	220.				
12	Mortgage intere	est pai	d to banks, etc. (see	instructions)	12							
13	Other interest.				13							
14	Repairs				14		2,	250.				
15	Supplies				15		1,	950.				
16					16							
17	Utilities				17			800.				
18	Depreciation ex	xpense	e or depletion		18							
19	Other (list) ►				19							
20	Total expenses	s. Add	lines 5 through 19 .		20		7,	070.				
21			line 3 (rents) and/or	• •								
		-	instructions to find o	-			-	c o o				
	file Form 6198				21		-6,	620.				
22			estate loss after lim			1			1	`	1	
00	on Form 8582		-		22	(20.)	()	(
			eported on line 3 for			• •	· ·	23a		450.		
b			eported on line 4 for			• •	• •	23b				
C			eported on line 12 fo			• •		23c				
d			eported on line 18 fo		• •	• •		23d				
e			eported on line 20 fo			• •	· ·	23e		7,070.		
24			e amounts shown on			-		 	· · · ·	. 24	1	C C 0 0
25			sses from line 21 and i								(6,620.
26			ate and royalty inco									
			V, and line 40 on p 40), line 5. Otherwise							on . 26		-6,620.

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074







JASWANTH N	IOGALIP	UVVU			
1716 EMPRESS DR	NW APT	8J			
ROANOKE	V	A 24012			
SSN - You MOGA	Ĩ	197084564	Vendor ID 15	555	XXXXX
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	73679.	Withholding (VA) - You	19A.	
Additions	2.		Withholding (VA) - Spous	e 19B.	
Subtotal	3.	73679.	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 E	IC 23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	
Total VA Adj Gross Income (VAGI)	9.	73679.	Tax You Owe	27.	
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 / ABLE	now 30.	
Deductions	13.		VAC - Other Contributions	3 1.	
Subtotal (Deductions & Exemption	is) 14.	5430.	Addition to Tax, Penalty &	Interest 32.	
VA Taxable Income	15.	68249.	Sales and Use Tax	33.	
Amount of Tax	16.	3667.	Amount You Owe	1 NT	
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card Your Refund	i N	
VAGI - Spouse	17A.		Pank Douting #		
Net Amount of Tax	18.	3667.	Bank Routing # Bank Account #		
L			Bank Account #		

]

___LAR ___DLAR ___DTD ___LTD \$_____

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4112.

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197084564





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1			
Filing Status, Age & License Info	ormation	Additional Filing Information	
Filing Status	1	Locality	161
Federal Head of Household		Name or Filing Status Change	
DOB - You	05011994	Address Change	
VA Driver's License ID - You		VA Return Not Filed Last Year	
VA Driver's License - Iss. Date - Y	ou	Dependent on Another's Return	
Spouse Name (Filing Status 3 On	ly)	Farmer / Fisherman / Merchant Seaman	
		Amended	
DOB - Spouse VA Driver's License ID - Spouse		Reason Code	
VA Driver's License - Iss. Date - S	201120	Overseas on Due Date	
		Federal EIC & Amount	
Exemptions (A) F You 1	Exemptions (B) 65 & Over - You	Deceased Indicator	
Spouse	65 & Over - Spouse	No Sales & Use Tax Due Indicator	Х
Dependents	Blind - You	Obtain Electronic 1099G	
Total (A) 1	Blind - Spouse	ID Theft PIN	
	Total (B)		
C	ontact Information		

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

Signature - You	Date	Phone - You		8132789709
Signature - Spouse	Date	Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date 021921	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pro	reparer.	Preparer Information	7	P02082703
File by May 1, 2021	GLOB.	AL TAXES LLC		1
Include Page 1, Page 2 and all supporting 760CG documents.	2530 CUMM	PEBBLE CREEK LN ING	GA 300)41 Page 2 of 2

2020 Schedule INC/CG 197084564

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

JASWANTH MOGALIPUVVU



Your/ Spouse SSN	Withholding VA Employer N Type Withholding FEIN		VA Account Number	VA Wages, tips, other comp.	
Г					Г
197084564	W	3457.	472202539	30472202539F001	69928.
197084564	W	655.	472202539	30472202539F001	13350.

Total VA Withholding	SSN	VA Withholding
You	197084564	4112.
Spouse		
Total # of W-2s,1099s & VK-1s	02	

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)							
		with a Newsley of					
Your Name	B Your Social Sec	5					
JASWANTH MOGALIPUVVU Spouse's Name	197-08-45 A Spouse's Social						
Spouse's Name	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)		73679.					
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		73679.					
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		68249.					
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3667.					
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4112.					
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)							
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		445.					
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 8 4 5 6 4 as my signature on my 2020 e-filed Virginia individual income tax return.							
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 bo and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x 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-f Do not enter all zeros	iled 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 bo and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x 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 6	51989						
Do not enter al I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, met or computer software program.	e tax return for the taxpay I Virginia's publication Ha chanical device, such as a	ndbook for					
ERO's Signature Date Date	19-21						

(Form 1	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											
Desertes	► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.											
	ent of the Treasury Revenue Service (99)		► Go to www.irs.g						information.		Attach Seque	nment ence No. 13
	shown on return		0							Your soci		
JASW	ANTH MOGALI	ΙΡIJΛΛ	τ ι							197-0	8-456	4
Part			From Rental Real	Estate and Rov	valties	s Note	: If you a	are in th	e business o			
			instructions. If you are a		-		-			÷ .		
A Did	l you make any p	payme	nts in 2020 that woul	d require you to	file F	orm(s) 1	099? S	ee instr	uctions .		. 🗆 ۱	∕es ⊠ No
B If "	Yes," did you or	r will yo	ou file required Form	(s) 1099?							. 🗆 ۱	res 🗌 No
1a	Physical addre	ess of e	each property (street	, city, state, ZIP	, code	e)						
Α	KUKATPALLY	Y HYD	ERABAD IN 5000)90								
В												
С												
1b	Type of Prop	perty	2 For each rental	real estate pror	pertv li	sted		Fair	Rental	Persona	l Use	0.11/
	(from list bel		above report t	he number of fai	ir ronta	hne le		E	Days	Days	s	QJV
Α	3		if you meet the	ays. Check the requirements to	QJV b	ox only s a	Α		365		0	
В			qualified joint v	enture. See inst	ructio	ns.	В					
С							С					
	of Property:						-					
	le Family Resid	ence	3 Vacation/Shor	t-Term Rental	5 Lar	nd	-	7 Self-	Rental			
	i-Family Reside		4 Commercial		6 Ro	valties	1	B Othe	r (describe)			
Incom	e:			Properties:		-	Α		B			С
3	Rents received				3			450.				
4					4							
Expen												
5	Advertising .				5							
6			nstructions)		6							
7	Cleaning and m	nainter	nance		7			850.				
8	Commissions.				8							
9	Insurance				9							
10			ssional fees		10							
11	Management fe	ees .			11		1,	220.				
12	Mortgage intere	est pai	d to banks, etc. (see	instructions)	12							
13	Other interest.				13							
14	Repairs				14		2,	250.				
15	Supplies				15		1,	950.				
16					16							
17	Utilities				17			800.				
18	Depreciation ex	xpense	e or depletion		18							
19	Other (list) ►				19							
20	Total expenses	s. Add	lines 5 through 19 .		20		7,	070.				
21			line 3 (rents) and/or	• •								
		-	instructions to find o	-			-	c o o				
	file Form 6198				21		-6,	620.				
22			estate loss after lim			1			1	`	1	
00	on Form 8582		-		22	(20.)	()	(
			eported on line 3 for			• •	· ·	23a		450.		
b			eported on line 4 for			• •	• •	23b				
C			eported on line 12 fo			• •		23c				
d			eported on line 18 fo		• •	• •		23d				
e			eported on line 20 fo			• •	· ·	23e		7,070.		
24			e amounts shown on			-		• •	· · · ·	. 24	1	C C 0 0
25			sses from line 21 and i								(6,620.
26			ate and royalty inco									
			V, and line 40 on p 40), line 5. Otherwise							on . 26		-6,620.

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074