| <b>1040</b>  |                       | artment of the Treasury—Internal Revenue Servi<br><b>S. Individual Income Ta</b> |                   | <sup>(99)</sup> 20     | 20         | OMB No. 1545                     | -0074   | IBS Lise Onl             | v—Do not w        | rrite or staple                | in this space.                             |
|--|-----------------------|--|-------------------|------------------------|------------|----------------------------------|---------|--------------------------|-------------------|--------------------------------|--|
| Filing Status<br>Check only<br>one box.              | <b>۶ ⊠</b> ۶<br>If yo |  | ] Marri<br>ame of | ed filing separat      | •          | ) 🗌 Head of                      | house   | nold (HOH)               | Qua               | lifying wid                    | low(er) (QW)                               |
| Your first name                                      | and m                 | iddle initial  | Last na           | ime                    |            |                                  |         |                          | Your so           | cial securit                   | ty number                                  |
| UDAY KUI   | 1AR                   |  | SURA              | MA                     |            |                                  |         |                          | 119-              | 41-081                         | 9  |
| lf joint return, s                                   | pouse's               | s first name and middle initial  | Last na           | Ime                    |            |                                  |         |                          | Spouse'           | s social see                   | curity number                              |
| 647 E R  | DYAL                  |  |                   |                        |            |                                  |         | pt. no.                  | Check ł           | nere if you,                   | on Campaign<br>, or your<br>htly, want \$3 |
|  | ost offi              | ce. If you have a foreign address, also co                                       | mplete s          | paces below.           |            | ate                              | ZIP co  |                          | to go to          | this fund.                     | Checking a                                 |
| IRVING   |                       |  |                   | ,                      |            | X                                | 750     |                          |                   | ow will not                    | •  |
| Foreign country                                      | / name                |  |                   | Foreign province/s     | state/cour | nty                              | Foreig  | n postal code            | your tax          | or refund.                     | _  |
| At any time du                                       | ring 20               | 020, did you receive, sell, send, excl   |                   | or otherwise acc       | nuire anv  | financial intere                 | et in a | ny virtual o             | urrency?          | You<br>Yes                     | Spouse                                     |
| Standard   |                       | eone can claim:  You as a de   |                   |                        |            | a dependent                      | 51 11 4 | ny viitaaro              | un choy:          |                                |  |
| Deduction  |                       | Spouse itemizes on a separate retur  |                   |                        | •          | ·                                |         |                          |                   |                                |  |
| Age/Blindness  | You                   | : 🗌 Were born before January 2, 1  | 956 [             | Are blind              | Spouse     | e: 🗌 Was bo                      | rn befo | re January               |                   | 🗌 ls bl                        |  |
| Dependent  | •                     | instructions):<br>irst name Last name  |                   | (2) Social se<br>numbe |            | (3) Relationsh<br>to you         | nip     | (4) ✓ if of Child tax of | ·                 | r (see instru<br>Credit for ot | uctions):<br>her dependents                |
| lf more<br>than four                                 | (1)                   | Lasthanis  |                   |                        |            |                                  |         |                          | Jour              |                                |  |
| dependents,  |                       |  |                   |                        |            |                                  |         |                          |                   | I                              |  |
| see instruction                                      | s ——                  |  |                   |                        |            |                                  |         |                          |                   |                                |  |
| and check<br>here ►                                  |                       |  |                   |                        |            |                                  |         |                          |                   | I                              |  |
|  | 1                     | Wages, salaries, tips, etc. Attach F   | orm(s)            | <br> \/_2              |            |                                  |         |                          | . 1               | ,                              | <br>20,000.                                |
| Attach   | 2a                    |  | 2a                | vv-z                   |            |                                  |         |                          | · 1               |                                | 20,000.                                    |
| Sch. B if  | 2a<br>3a              | · · -  | 2a<br>3a          |                        |            | Taxable interes                  |         |                          | . <u>25</u><br>3b |                                |  |
| required.  | 4a                    |  | 4a                |                        |            | Ordinary divide<br>Taxable amoun |         |                          | . 4b              |                                |  |
|  |                       |  | та<br>5а          |                        | _          | Taxable amoun                    |         |                          | . <del>1</del> 5  |                                |  |
| Standard   | 6a                    |  | 6a                |                        | -          | Taxable amoun                    |         |                          | . 6b              |                                |  |
| Deduction for –                                      | 7                     | Capital gain or (loss). Attach Sche  |                   | f required. If not     |            |                                  |         | · · · ·                  | . 05              |                                |  |
| Single or  | 8                     | Other income from Schedule 1. lin  | _                 |                        | •          |                                  | • •     |                          | . 8               |                                |  |
| Married filing<br>separately,                        | 9                     | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,  |                   |                        |            |                                  | • •     |                          | · 0               |                                | 20,000.                                    |
| <ul><li>\$12,400</li><li>Married filing</li></ul>    | 10                    | Add lines 1, 20, 30, 40, 30, 60, 7,<br>Adjustments to income:                    |                   |                        |            |                                  | • •     |                          | 9                 |                                | 20,000.                                    |
| jointly or   |                       |  |                   |                        |            | 10                               |         |                          |                   |                                |  |
| Qualifying<br>widow(er),                             | a<br>b                | Charitable contributions if you take   |                   |                        |            |                                  |         |                          | _                 |                                |  |
| \$24,800   | b                     |  |                   |                        |            |                                  |         |                          | <b>N</b> 10       |                                |  |
| <ul> <li>Head of<br/>household,</li> </ul>           | C<br>11               | Add lines 10a and 10b. These are   | -                 |                        |            |                                  |         |                          | 100               |                                | 20,000.                                    |
| \$18,650   | 11                    | Subtract line 10c from line 9. This  | •                 |                        |            |                                  |         |                          | ► <u>11</u>       | 1                              |  |
| <ul> <li>If you checked<br/>any box under</li> </ul> | 12                    | Standard deduction or itemized   |                   |                        | ,          |                                  |         |                          |                   |                                | 12,400.                                    |
| Standard<br>Deduction,                               | 13                    | Qualified business income deduct   |                   |                        |            |                                  |         |                          |                   |                                | 10 100                                     |
| see instructions.                                    | 14<br>15              | Add lines 12 and 13  |                   |                        |            |                                  |         |                          |                   |                                | <u>12,400.</u><br>7,600.                   |
|  | 15                    | Taxable income. Subtract line 14   | ITOM III          | ie 11. It zero or      | iess, ente | er-U                             |         |                          | . 15              |                                | 1,000.                                     |

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

Form **1040** (2020)

| Form 1040 (2020                    | ))      |  |                       |                     |              |         |        |                 |          |              | Page <b>2</b>                           |
|------------------------------------|---------|--|-----------------------|---------------------|--------------|---------|--------|-----------------|----------|--------------|---|
|                                    | 16      | Tax (see instructions). Check  | if any from Form      | (s): <b>1</b> 🗌 881 | 4 2 🗌 4      | 4972    | 3      |                 |          | 16           | 763.                                    |
|                                    | 17      | Amount from Schedule 2, lir  | ie3                   |                     |              |         |        |                 |          | 17           |   |
|                                    | 18      | Add lines 16 and 17  |                       |                     |              |         |        |                 |          | 18           | 763.                                    |
|                                    | 19      | Child tax credit or credit for   | other dependen        | ts                  |              |         |        |                 |          | 19           |   |
|                                    | 20      | Amount from Schedule 3, lir  | ie7                   |                     |              |         |        |                 |          | 20           |   |
|                                    | 21      | Add lines 19 and 20  |                       |                     |              |         |        |                 |          | 21           |   |
|                                    | 22      | Subtract line 21 from line 18  | . If zero or less,    | enter -0            |              |         |        |                 |          | 22           | 763.                                    |
|                                    | 23      | Other taxes, including self-e  | mployment tax,        | from Schedule       | e 2, line 10 |         |        |                 |          | 23           | 0.                                      |
|                                    | 24      | Add lines 22 and 23. This is   |                       |                     |              |         |        |                 | . 1      | ▶ 24         | 763.                                    |
|                                    | 25      | Federal income tax withheld  | from:                 |                     |              |         |        |                 |          |              |   |
|                                    | а       | Form(s) W-2  |                       |                     |              |         | 25a    | 1               | ,276     | 5.           |   |
|                                    | b       | Form(s) 1099   |                       |                     |              |         | 25b    |                 |          |              |   |
|                                    | с       | Other forms (see instruction   | s)                    |                     |              |         | 25c    |                 |          |              |   |
|                                    | d       | Add lines 25a through 25c  |                       |                     |              |         |        |                 |          | 25d          | 1,276.                                  |
| • If you have a                    | 26      | 2020 estimated tax paymen  | ts and amount a       | pplied from 20      | )19 return . |         |        |                 |          | 26           |   |
| qualifying child,                  | 27      | Earned income credit (EIC)   |                       |                     |              |         | 27     |                 |          |              |   |
| attach Sch. EIC.                   | 28      | Additional child tax credit. A   |                       |                     |              |         | 28     |                 |          |              |   |
| nontaxable                         | 29      | American opportunity credit  | from Form 8863        | 8, line 8           |              |         | 29     |                 |          | _            |   |
| combat pay, see instructions.      | 30      | Recovery rebate credit. See  |                       | -                   |              |         | 30     |                 |          |              |   |
|                                    | 31      | Amount from Schedule 3. lir  |                       |                     |              |         | 31     |                 |          |              |   |
|                                    | 32      | Add lines 27 through 31. The   |                       |                     |              |         |        | edits           |          | ▶ 32         |   |
|                                    | 33      | Add lines 25d, 26, and 32. T   |                       |                     |              |         |        |                 |          | -            | 1,276.                                  |
|                                    | 34      | If line 33 is more than line 24  |                       |                     |              |         |        |                 |          | 34           | 513.                                    |
| Refund                             | 35a     | Amount of line 34 you want   |                       |                     |              |         | •      | -               |          | _            | 513.                                    |
| Direct deposit?                    | ►b      | Routing number 0 8 1   |                       |                     | ► c Type     |         | Checl  |                 | Savinc   |              | 0101                                    |
| See instructions.                  | ►d      | Account number 3 5 5   |                       |                     |              |         |        |                 | ouving   |              |   |
|                                    | 36      | Amount of line 34 you want   |                       |                     |              |         | 36     | T               |          |              |   |
| Amount                             | 37      | Subtract line 33 from line 24  |                       |                     |              |         |        |                 |          | ▶ 37         |   |
| You Owe                            | 57      |  |                       | •                   |              |         |        |                 |          |              |   |
| For details on                     |         | <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. |                       |                     |              |         |        | or              |          |              |   |
| how to pay, see instructions.      | 38      | Estimated tax penalty (see in  |                       |                     |              |         | 38     | 1               |          |              |   |
| Third Party                        |         | you want to allow another  |                       |                     |              |         |        |                 |          |              |   |
| Designee                           |         | structions   | •                     |                     |              |         |        | Yes. Co         | omplet   | e below.     | × No                                    |
| 200.9.100                          | De      | signee's   |                       | Phone               |              |         |        |                 | •        | entification |   |
|                                    |         | ne 🕨   |                       | no. 🕨               |              |         |        | numl            | ber (PIN | I) 🕨         |   |
| Sign                               |         | der penalties of perjury, I declare t  |                       |                     |              |         |        |                 |          |              |   |
| Here                               |         | ief, they are true, correct, and com   | plete. Declaration of |                     |              |         | sed on | all information |          |              | , ,                                     |
|                                    | Yo      | ur signature   |                       | Date                | Your occup   | pation  |        |                 |          |              | nt you an Identity<br>IN, enter it here |
| loint roturn?                      |         |  |                       |                     | SOFTWA       |         | -<br>  |                 |          | ee inst.) 🕨  |   |
| Joint return?<br>See instructions. | Sp      | ouse's signature. If a joint return, I   | ooth must sign        | Date                | Spouse's c   |         |        |                 | lf       | the IRS se   | nt your spouse an                       |
| Keep a copy for                    | - Cp    |  | e in moot olgin       | Dato                |              | oocapam | 511    |                 |          |              | ection PIN, enter it here               |
| your records.                      |         |  |                       |                     |              |         |        |                 | (s       | ee inst.) 🕨  |   |
|                                    |         | one no.  |                       | Email address       |              |         |        |                 |          |              |   |
| Paid                               | Pre     | eparer's name  | Preparer's signat     | ure                 |              |         | Date   |                 | PTIN     |              | Check if:                               |
|                                    | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM   | SYAM PRIYA            | RAM SAGAR           | GUPTA TA     | ALLAM   | 02/3   | 18/2021         | P020     | 82703        | Self-employed                           |
| Preparer                           | Fin     | m's name ► GLOBAL TA   | XES LLC               |                     |              |         |        |                 | P        | hone no.     | (678)965-9522                           |
| Use Only                           | Fin     | m's address ► 2530 Pebb  | le Creek L            | n Cummin            | g GA 30      | 041     |        |                 | F        | irm's EIN 🕨  | → 30-1017196                            |
| Go to www.irs.go                   | ov/Forn | n1040 for instructions and the late  | st information.       |                     | BAA          |         | REV    | 02/07/21 PRC    | )        |              | Form <b>1040</b> (2020)                 |







| UDAY KUMAR SURA                        | Μ         |   |          |           |
|--|-----------|---|----------|-----------|
| 647 E ROYAL LN                         |           |   |          |           |
| IRVING                                 | TX 75039  |   |          |           |
| SSN - You SURA                         | 119410819 | Vendor ID 1555                              | XXX      | хх Л      |
| SSN - Spouse                           |           |   |          |           |
| Fed Adj Gross Income (FAGI) 1.         | 20000.    | Withholding (VA) - You                      | 19A.     | 806.      |
| Additions 2.                           |           | Withholding (VA) - Spouse                   | 19B.     |           |
| Subtotal 3.                            | 20000.    | Estimated Payments                          | 20.      |           |
| Age Deduction - You 4A.                |           | 2019 Overpayment                            | 21.      |           |
| Age Deduction - Spouse 4B.             |           | Extension Payments                          | 22.      |           |
| Soc Sec & Tier 1 Railroad 5.           |           | Credit - Low-Income or EIC                  | 23.      |           |
| State Income Tax Overpayment 6.        |           | Credit - Schedule OSC                       | 24.      |           |
| Subtractions 7.                        |           | Credits - Schedule CR                       | 25.      |           |
| Subtotal Subtractions 8.               |           | Total Payments / Credits                    | 26.      | 806.      |
| Total VA Adj Gross Income (VAGI) 9.    | 20000.    | Tax You Owe                                 | 27.      |           |
| Itemized Deductions - VA Sch A 10.     |           | Tax Overpayment                             | 28.      | 207.      |
| Standard Deduction 11.                 | 4500.     | Overpayment Credited to Next Year           | 29.      |           |
| Exemptions 12.                         | 930.      | VAC - Virginia 529 / ABLEnow                | 30.      |           |
| Deductions 13.                         |           | VAC - Other Contributions                   | 31.      |           |
| Subtotal (Deductions & Exemptions) 14. | 5430.     | Addition to Tax, Penalty & Interest         | 32.      |           |
| VA Taxable Income 15.                  | 14570.    | Sales and Use Tax                           | 33.      |           |
| Amount of Tax 16.                      | 599.      | Amount You Owe                              |          |           |
| Spouse Tax Adjustment (STA) 17.        |           | Will Pay by Credit/Debit Card N Your Refund | 1        | 207.      |
| VAGI - Spouse 17A.                     |           | Pank Pouting #                              |          | 081000032 |
| Net Amount of Tax 18.                  | 599.      | Bank Routing #                              |          |           |
| L                                      |           | Bank Account #                              | 35500963 | ンツ/4      |

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119410819





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| iling Status, Age &                             | License     | e Information                     | Additional Filing Informati          | Additional Filing Information |  |  |  |
|---|-------------|-----------------------------------|--------------------------------------|-------------------------------|--|--|--|
| Filing Status                                   |             | 1                                 | Locality                             | 019                           |  |  |  |
| Federal Head of He                              | ousehold    |                                   | Name or Filing Status Change         |                               |  |  |  |
| DOB - You                                       |             | 02011993                          | Address Change                       |                               |  |  |  |
| VA Driver's License                             | e ID - You  |                                   | VA Return Not Filed Last Year        |                               |  |  |  |
| VA Driver's License                             | e - Iss. Da | ite - You                         | Dependent on Another's Return        |                               |  |  |  |
| Spouse Name (Fili                               | ng Status   | 3 Only)                           | Farmer / Fisherman / Merchant Seaman |                               |  |  |  |
|   |             |                                   | Amended                              |                               |  |  |  |
| DOB - Spouse<br>VA Driver's License ID - Spouse |             |                                   | Reason Code                          |                               |  |  |  |
|   |             |                                   | Overseas on Due Date                 |                               |  |  |  |
| VA Driver's License                             | e - 188. Da |                                   | Federal EIC & Amount                 |                               |  |  |  |
| Exemptions (A)<br>You                           | 1           | Exemptions (B)<br>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)                         |                                      |                               |  |  |  |
|   |             | Contact 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           |    | 4089  | 048728      |
|--|------|---------------|-----------------------|----|-------|-------------|
| Signature - Spouse   | Date |               | Phone - Spouse        |    |       |             |
| Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>      | Date | 021821        | Phone - Preparer      |    | 6789  | 659522      |
| The Tax Department may discuss my/our return with my/our preparer. |      |               | Preparer Information  | 7  | P02   | 082703      |
| File by May 1, 2021  |      | GLOBA         | L TAXES LLC           |    |       |             |
| Include Page 1, Page 2 and all supporting 760CG documents.         |      | 2530<br>CUMMI | PEBBLE CREEK LN<br>NG | GA | 30041 | Page 2 of 2 |

## **2020 Schedule INC/CG** 119410819

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

UDAY KUMAR SURAM



| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips,<br>other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| Г                   |                     |                   |                  |                      |                                |
| 119410819           | W                   | 806.              | 825293753        | 30825293753F001      | 20000.                         |

| Total VA Withholding          | SSN       | VA Withholding |
|-------------------------------|-----------|----------------|
| You                           | 119410819 | 806.           |
| Spouse                        |           |                |
| Total # of W-2s,1099s & VK-1s | 01        | _              |

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

.

## Virginia Individual Income Tax e-File Signature Authorization

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

| Virginia Submission Identification Number (SID)   |                               |                                       |  |  |  |  |  |
|---|-------------------------------|---------------------------------------|--|--|--|--|--|
|   |                               |                                       |  |  |  |  |  |
| Your Name   | B Your Social Sec             | ourity Number                         |  |  |  |  |  |
| UDAY KUMAR SURAM  | 119-41-08                     | •                                     |  |  |  |  |  |
| Spouse's Name   | A Spouse's Socia              |                                       |  |  |  |  |  |
|   |                               | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
| 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)   |                               | 20000.                                |  |  |  |  |  |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)   |                               | 20000.                                |  |  |  |  |  |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)   |                               | 14570.                                |  |  |  |  |  |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)   |                               | 599.                                  |  |  |  |  |  |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)  |                               | 806.                                  |  |  |  |  |  |
| 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)  |                               | 207.                                  |  |  |  |  |  |
| 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   |                               |                                       |  |  |  |  |  |
| 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<br>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<br>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<br>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<br>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<br>signature pen, or computer software program.<br><b>Taxpayer's e-File PIN: check one box only</b> |                               |                                       |  |  |  |  |  |
| I authorize the ERO named below to enter my e-File PIN 1 0 8 1 9 as my signature on my 2020 e-<br>Do not enter all zeros  | filed Virginia individual inc | ome tax return.                       |  |  |  |  |  |
| ERO Firm Name   |                               |                                       |  |  |  |  |  |
| I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this be<br>and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.   | ox only if you are entering   | your own e-File PIN                   |  |  |  |  |  |
| Your Signature Date   |                               |                                       |  |  |  |  |  |
| Spouse's e-File PIN: check one box only   |                               |                                       |  |  |  |  |  |
| I authorize the ERO named below to enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income 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 box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  |                               |                                       |  |  |  |  |  |
| 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 1 9 8 9                     |                                       |  |  |  |  |  |
| Do not enter all zeros<br>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return for the taxpayer(s) indicated<br>above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for<br>Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen,<br>or computer software program.  |                               |                                       |  |  |  |  |  |
| ERO's Signature Date  |                               | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |