

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) ▶

Taxpayer's name VINUPA PUPPALA	Social security number 874-52-6918
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 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	55,912.
2 Total tax	2	5,366.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,544.
4 Amount you want refunded to you	4	3,178.
5 Amount you owe	5	

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

2	6	9	1	8
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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 _____ to enter or generate my PIN

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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.

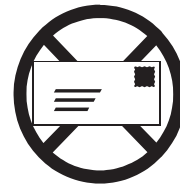
5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 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



2020

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2020

DO NOT MAIL!

YOUR SOCIAL SECURITY NUMBER 874526918

SPOUSE'S SOCIAL SECURITY NUMBER

FIRST NAME(S) AND INITIAL(S) VINUPA

LAST NAME PUPPALA

HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) 1700 N DUPONT HWY , APT. B204

CITY, TOWN OR POST OFFICE, STATE & ZIP CODE DOVER

DE 19901

DAYTIME TELEPHONE NUMBER (949) 402-9720

STATE OF DELAWARE

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

Table with 5 rows: 1. TOTAL DELAWARE ADJUSTED GROSS INCOME... 2. TOTAL DELAWARE TAX... 3. DELAWARE INCOME TAX WITHHELD... 4. NET REFUND... 5. NET BALANCE DUE...

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Type of Account X Checking Savings 7. Routing number 0 6 2 0 0 0 0 8 0
8. Account number 7 9 8 5 0 4 7 0 2 1
9. Is this refund going to or through an account that is located outside of the United States? Yes X No

PART 3 DECLARATION OF TAXPAYER

10. X I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I do not want direct deposit of my refund or am not receiving a refund.

I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct Debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements and the disclosure of all information pertaining to my use of the system and software, and to the transmission of my tax return electronically to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN HERE

SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN THE "2020 DELAWARE INDIVIDUAL MEF E-FILE HANDBOOK FOR SOFTWARE DEVELOPERS, TRANSMITTERS, AND EROs WHO FILE DELAWARE INDIVIDUAL INCOME TAX RETURNS" AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, 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. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN HERE

ERO'S SIGNATURE GLOBAL TAXES LLC

DATE

30-1017196 EIN, SSN, OR PTIN.

ERO

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) 2530 PEBBLE CREEK LN CUMMING ADDRESS (STREET, CITY, STATE & ZIP CODE)

CHECK IF ALSO PREPARER CHECK IF SELF-EMPLOYED 30041 (678) 965-9522 Business phone #

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. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN

PREPARER'S SIGNATURE SYAM PRIYA RAM SAGAR GUPTA TALLAM

DATE

30-1017196 EIN, SSN, OR PTIN

PAID PRE-PARER

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) 2530 PEBBLE CREEK LN CUMMING ADDRESS (STREET, CITY, STATE & ZIP CODE)

CHECK IF SELF-EMPLOYED GA 30041

For Fiscal year beginning and ending Your Social Security No. Spouse's Social Security No.

8 7 4 5 2 6 9 1 8

Your Last Name PUPPALA First Name and Middle Initial Jr., Sr., III, etc. VINUPA Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.



ATTACH LABEL HERE

Present Home Address (Number and Street) Apt. # 1700 N DUPONT HWY B204

City State Zip Code DOVER DE 19901

FILING STATUS (MUST CHECK ONE)

- 1. X Single, Divorced, Widow(er) 3. Married & Filing Separate Forms 5. Head of Household 2. Joint 4. Married & Filing Combined Separate on this form

Form DE2210 If you were a part-year resident in 2020, give the dates you resided in Delaware: 2020 2020

Attached

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.

Table with 2 columns: Column A, Column B. Row 1: 00, 55912 00

1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here. > 1

2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... X

Filing Statuses 1, 3 & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B



DF20120011555

b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here.....

Filing Statuses 1, 2, 3 and 5, enter itemized deductions from reverse side, Line 48 in Column B Filing Status 4 enter itemized deductions from reverse side, Line 48 in Columns A and B

Table with 2 columns: Column A, Column B. Row 2: 00, 3250 00

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.

Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind

Table with 2 columns: Column A, Column B. Row 3: 00, 00

4. TOTAL DEDUCTIONS - Add line 2 & 3 and enter here..... 4

Table with 2 columns: Column A, Column B. Row 4: 00, 3250 00

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount..... 5

Table with 2 columns: Column A, Column B. Row 5: 00, 52662 00

6. Tax Liability from Tax Rate Table/Schedule Column A Column B

See Instructions..... 00 2537 00

7. Tax on Lump Sum Distribution (Form 329)..... 00 00

8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8

Table with 2 columns: Column A, Column B. Row 8: 00, 2537 00

9a. PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

Enter number of exemptions 1 x \$110..... 9a

On Line 9a, enter the number of exemptions for: Column A Column B 1

Table with 2 columns: Column A, Column B. Row 9a: 00, 110 00

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B)

Enter number of boxes checked on Line 9b x \$110..... 9b

Table with 2 columns: Column A, Column B. Row 9b: 00, 00

10. Tax imposed by State of _____. (Must attach copy of DE Schedule I and other state return.) 10

Table with 2 columns: Column A, Column B. Row 10: 00, 00

11. Volunteer Firefighter Co.# - Spouse (Column A) Self (Column B) Enter credit amount..... 11

Table with 2 columns: Column A, Column B. Row 11: 00, 00

12. Other Non-Refundable Credits (see instructions on Page 7) 12

Table with 2 columns: Column A, Column B. Row 12: 00, 00

13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit) 13

Table with 2 columns: Column A, Column B. Row 13: 00, 00

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation..... 14

Table with 2 columns: Column A, Column B. Row 14: 00, 0 00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here 15

Table with 2 columns: Column A, Column B. Row 15: 00, 110 00

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16

Table with 2 columns: Column A, Column B. Row 16: 00, 2427 00

17. Delaware Tax Withheld (Attach W2s/1099s)..... 00 2646 00

Table with 2 columns: Column A, Column B. Row 17: 00, 2646 00

18. Estimated Tax Paid & Payments with Extensions... 00 00

Table with 2 columns: Column A, Column B. Row 18: 00, 00

19. S Corp Payments and Refundable Business Credits. 00 00

Table with 2 columns: Column A, Column B. Row 19: 00, 00

20. Capital Gains Tax Payments (Attach Form 5403).. 00 00

Table with 2 columns: Column A, Column B. Row 20: 00, 00

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here..... > 21

Table with 2 columns: Column A, Column B. Row 21: 00, 2646 00

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here..... > 22

Table with 2 columns: Column A, Column B. Row 22: 00, 0 00

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here..... > 23

Table with 2 columns: Column A, Column B. Row 23: 00, 219 00

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 24

Table with 2 columns: Column A, Column B. Row 24: 00, 00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2021 ESTIMATED TAX ACCOUNT..... ENTER > 25

Table with 2 columns: Column A, Column B. Row 25: 00, 00

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$800, see estimated tax instructions..... ENTER > 26

Table with 2 columns: Column A, Column B. Row 26: 00, 00

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 27

Table with 2 columns: Column A, Column B. Row 27: 00, 00

For all other filing statuses, enter Line 22 plus Lines 24 and 26

NET REFUND (For Filing Status 4, see instructions, page 9) ZERO DUE/TO BE REFUNDED > 28

Table with 2 columns: Column A, Column B. Row 28: 219 00, 219 00

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Table with 2 columns: Filing Status 4 ONLY Spouse Information COLUMN A, All other filing statuses You or You plus Spouse COLUMN B

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 29-33 for additions.

SECTION B - SUBTRACTIONS (-)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 34-42 for subtractions.

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH DELAWARE SCHEDULE A) If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 43-48 for itemized deductions.

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

Form fields for direct deposit information: a. Routing Number, b. Type (Checking/Savings), c. Account Number, d. Is this refund going to or through an account that is located outside of the United States?

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Signature and address information fields: Your Signature, Date, Signature of Paid Preparer, Date, Spouse's Signature, Date, Address, City, State, Zip, Home Phone, Business Phone, E-Mail Address.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27) DELAWARE DIVISION OF REVENUE P.O. BOX 508 WILMINGTON, DE 19899-0508

REFUND (LINE 28): DELAWARE DIVISION OF REVENUE P.O. BOX 8710 WILMINGTON, DE 19899-8710

ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

