Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

	10.10.10.0									
Submi	ssion Identification Number (SID)									
Taxpaye	r's name	Social securi	Social security number							
SNEF	HA POTLA	321-69-0595								
Spouse's	s name	Spouse's social security number								
Part	Tax Return Information — Tax Year Ending December 31, (Enter	 er year you a	re au	thorizing	.)					
	whole dollars only on lines 1 through 5.	<u>, , ,</u>			,					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income		1		663.					
2	Total tax		2		0.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3							
4	Amount you want refunded to you		4							
5	Amount you owe		5		0.					
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)					
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording a mended) I am now authorizing. I consent to allow my intermediate service provider, transit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the original and ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the office of the interval of t	mitter, or electro- pjection of the to U.S. Treasury a dicated in the to tion to debit the te the authoriza quests must be e processing or payment. I fur	onic reransmismod its of ax prepartion. The receiff the elanger according to the receiff the receiff the according to the according to the receiff the according to	turn origina ssion, (b) the designated paration so to this accor- To revoke ved no lat- ectronic parakinowledge	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the					
	nic Funds Withdrawal Consent. yer's PIN: check one box only									
X		a my PIN	0 !	5 9 5	as my					
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny					
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.									
Your s	ignature ▶ Date ▶									
Spous	e's PIN: check one box only									
	I authorize to enter or generate	my PIN			as my					
	ERO firm name		ter five	digits, but	ao my					
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros						
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.									
Spous	e's signature ▶ Date ▶									
	Practitioner PIN Method Returns Only—continue below	N								
Part I	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	3 7 2 7 Don't ent	8 6 er all 76	1 9 8	9					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	tax return (orig mitting this ret	inal or urn in a	amended) accordance						
EDO's	aignatura N									
EKU'S	signature Date Date Date									
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To	Do So								

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the son is a child but not your dependent	mame of	ed filing separately your spouse. If you	` ′	_		` '	_		, ,	. , . ,		
Your first name and middle initial				me					You	Your social security number				
SNEHA				LΑ					32	321-69-0595				
If joint return, spouse's first name and middle initial				me					Spor	Spouse's social security number				
	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	- 1			on Campaign		
		T STREET			T a.		T	3			ere if you, if filing ioin	or your tly, want \$3		
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code	to go	to go to this fund. Checking a				
MANCHES'				NH							box below will not change your tax or refund.			
Foreign country	y name			Foreign province/state/county Foreign postal co						You Spou				
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	any	financial inter	est ir	any virtual	currenc	;y?	Yes	⊠ No		
Standard Deduction		leone can claim: You as a d Spouse itemizes on a separate retu				•								
Age/Blindness	You	: Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore Januar	y 2, 195	56	☐ Is bli	ind		
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relations	hip	(4) 🗸 if	qualifie	s for	(see instru	ctions):		
If more		irst name Last name		number to you			Child tax cred							
than four														
dependents, see instruction]					
and check	5 —]	П				
here ▶ □]					
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		663.		
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st			2b				
Sch. B if required.	3a	Qualified dividends	3a		b C	rdinary divide	ends			3b				
	4a	IRA distributions	4a		b T	axable amour	nt.			4b				
	5a	Pensions and annuities	5a		b T	axable amour	nt.			5b				
Standard	6a	Social security benefits	6a		b T	axable amour	nt.			6b				
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	f required. If not red	luired	, check here		•		7				
Married filing	8	Other income from Schedule 1, line 9								8				
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total inc	ome				•	9		663.		
Married filing	10	Adjustments to income:				1								
jointly or Qualifying widow(er), \$24,800	а	From Schedule 1, line 22												
	b	Charitable contributions if you take the standard deduction. See instructions 10b												
Head of	С	Add lines 10a and 10b. These are	your tot	tal adjustments to	incor	ne			>	10c				
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11		663.		
If you checked any box under Standard	12	Standard deduction or itemized	deduct	ions (from Schedul	e A)					12	1	L2,400.		
	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	995-A				13				
Deduction, see instructions.	14	Add lines 12 and 13								14	1	L2,400.		
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	r-0			.	15		0.		

Form 1040 (2020	0)										1	Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			16			0.
	17	Amount from Schedule 2, lir	ne 3						17			
	18	Add lines 16 and 17							18			0.
	19	Child tax credit or credit for	other dependen	ts					19			
	20	Amount from Schedule 3, lir	ne 7						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22			0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				23			0.
	24	Add lines 22 and 23. This is	your total tax					•	24			0.
	25	Federal income tax withheld										
	а	Form(s) W-2				25a						
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							25d			
If you have a	26	2020 estimated tax paymen							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	3, 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. These are your total other payments and refundable credits							32			
	33	Add lines 25d, 26, and 32. These are your total payments							33			
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34			
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here .						· 🗆	35a			
Direct deposit?	▶b	Routing number X X X			▶ c Type:			/ings				
See instructions.	►d	Account number X X X X X X X X X										
	36	Amount of line 34 you want										
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now			•	37			0.
You Owe		Subtract line 33 from line 24. This is the amount you owe now										
For details on		2020. See Schedule 3, line 12e, and its instructions for details.										
how to pay, see instructions.	38	Estimated tax penalty (see in				38						
Third Party	Do	you want to allow another				See						
Designee		structions					s. Com	plete b	elow.	X No)	
•		signee's		Phone			Personal					
	nar	me ►		no.			number	(PIN) ▶			$\perp \perp$	\bot
Sign		der penalties of perjury, I declare to										
Here		•	of preparer (other than taxpayer) is based on all information of wh									
	YO	ur signature	Date	Your occupation					the IRS sent you an Identity rotection PIN, enter it here			
Joint return?				ENGINEER		(see i	e inst.) ▶			\Box		
See instructions.	Sp	ouse's signature. If a joint return,	Date				he IRS sent your spouse an					
Keep a copy for your records.	,							dentity Protection PIN, enter it here see inst.) ▶				
your records.								(see i	ist.)	Ш		\perp
		one no.	Preparer's signat	Email address ature Date PTIN						Ob :	16.	
Paid		eparer's name						Check if:				
Preparer	RV	RVSSMANIKUMARAPPANA RVSSMANIKUMARAPPANA 02/17/2021 P02090										
Use Only							ne no. (646)727-7157					
	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's							s EIN ► 30-1017196				
Go to www.irs.go	ov/Forn	m1040 for instructions and the late	est information.		BAA	REV 02/07/2	PRO			For	ո 104 0	0 (2020)