

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>SRIKANTH PATCHAVA</b>	Social security number <b>297-81-3437</b>
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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	11,416.
<b>2</b> Total tax . . . . .	<b>2</b>	0.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	2,238.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	4,038.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## 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 

1	3	4	3	7
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 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- 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.   
Enter five digits, but don't enter all zeros
- 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
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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**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SRIKANTH
Last name: PATCHAVA
Your social security number: 297-81-3437
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
8000 JOH DAVIS DR
Apt. no. 2208
City, town, or post office. If you have a foreign address, also complete spaces below.
FRANKFORT KY 40601
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction
Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with columns for line numbers and amounts. Includes sub-columns for 10a, 10b, and 10c. Total income is 15,416. Adjustments total 4,000. Adjusted gross income is 11,416. Standard deduction is 12,400. Taxable income is 0.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2,238.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	2,238.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	4,038.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,038.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,038.
b	Routing number 3 2 2 2 7 1 6 2 7		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 9 1 6 0 1 1 8 5 6		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<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.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name RVSSMANIKUMARAPPANA	Preparer's signature RVSSMANIKUMARAPPANA	Date 02/27/2021	PTIN P02090332	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (646) 727-7157
Firm's EIN				30-1017196

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

**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.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SRIKANTH PATCHAVA

Your social security number  
297-81-3437

**Part I Additional Income**

<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b> Alimony received . . . . .	<b>2a</b>	
<b>b</b> Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b> Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b> Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b> Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b> Unemployment compensation . . . . .	<b>7</b>	
<b>8</b> Other income. List type and amount ▶ _____	<b>8</b>	
_____		
<b>9</b> Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	

**Part II Adjustments to Income**

<b>10</b> Educator expenses . . . . .	<b>10</b>	
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b> Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b> Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b> Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b> Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b> Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b> Alimony paid . . . . .	<b>18a</b>	
<b>b</b> Recipient's SSN . . . . . ▶ _____		
<b>c</b> Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b> IRA deduction . . . . .	<b>19</b>	
<b>20</b> Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b> Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	4,000.
<b>22</b> Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	4,000.

## Tuition and Fees Deduction

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form8917](http://www.irs.gov/Form8917) for the latest information.**

Name(s) shown on return <b>SRIKANTH PATCHAVA</b>	Your social security number <b>297-81-3437</b>
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Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
  - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
    - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
    - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
    - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name: <b>SRIKANTH</b> Last name: <b>PATCHAVA</b>	<b>297-81-3437</b>	<b>9,650.</b>
<b>2</b>	Add the amounts on line 1, column (c), and enter the total . . . . .		<b>9,650.</b>
<b>3</b>	Enter the amount from your "total income" line of Form 1040 or 1040-SR . . . . .	<b>3</b> 15,416.	
<b>4</b>	<ul style="list-style-type: none"> <li>• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.</li> <li>• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.</li> <li>• For later years: See <a href="http://www.irs.gov/Form8917">www.irs.gov/Form8917</a> to find out if the line references above for 2019 have changed . . . . .</li> </ul>	<b>4</b>	
<b>5</b>	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you can't take the deduction for tuition and fees . . . . . * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.	<b>5</b>	<b>15,416.</b>
<b>6</b>	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?  <input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000. } <input checked="" type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000. }	<b>6</b>	<b>4,000.</b>

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See [www.irs.gov/Form8917](http://www.irs.gov/Form8917) to find out if the line references above for 2019 have changed.



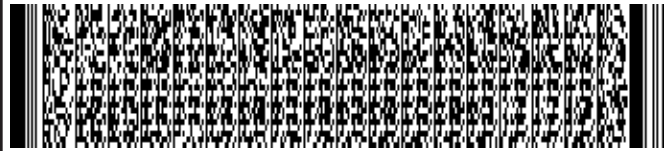
2 0 0 0 0 1 1 5 5 5

KENTUCKY  
INDIVIDUAL INCOME TAX RETURN  
Residents Only

**2020**

Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

<b>A. Spouse's Social Security Number</b>		<b>B. Your Social Security Number</b>	
		297-81-3437	
Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)			
PATCHAVA SRIKANTH			
Mailing Address (Number and Street including Apartment Number or P.O. Box)			
8000 JOH DAVIS DR		2208	
City, Town or Post Office	State	ZIP Code	
FRANKFORT	KY	40601	



**FILING STATUS** (see instructions)

1  Single

2  Married, filing separately on this combined return. (If both had income.)

3  Married, filing joint return.

4  Married, filing separate returns. Enter spouse's Social Security number above and full name here.

**Check if applicable:**

Amended (Enclose copy of 1040X, if applicable.)

**POLITICAL PARTY FUND**  
Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>

	<b>A. Spouse (Use if Filing Status 2 is checked.)</b>		<b>B. Yourself (or Joint)</b>	
5 Enter amount from federal Form 1040 or 1040-SR, line 11. (If total of Columns A and B is \$34,846 or less, you may qualify for the Family Size Tax Credit. See instructions.)	5	00	5	11,416.00
6 Additions from Schedule M, line 6	6	00	6	00
7 Add lines 5 and 6	7	00	7	11,416.00
8 Subtractions from Schedule M, line 17	8	00	8	00
9 Subtract line 8 from line 7. This is your <b>Kentucky Adjusted Gross Income</b>	9	00	9	11,416.00
10 <b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A. <b>Nonitemizers:</b> Enter \$2,650 in Columns A and/or B	10	00	10	2,650.00
11 Subtract line 10 from line 9. This is your <b>Taxable Income</b>	11	00	11	8,766.00
12 <b>Tax Computation:</b> Multiply line 11 by 5% (.05) or amount from Schedule J <input type="checkbox"/> ...	12	00	12	438.00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ; Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/>	13	00	13	00
14 Add lines 12 and 13 and enter total here	14	00	14	438.00
15 Enter amounts from Schedule ITC, Section A, lines 25E and 25F	15	00	15	00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16	00	16	438.00
17 Enter personal tax credit amounts from Schedule ITC, Section B	17	00	17	00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18	00	18	438.00
19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2	19		19	438.00



20	Check the box that represents your total family size (see instructions before completing lines 20 and 21) .....	20	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>												
21	Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount <u>1.00</u> ( <u>100</u> %) from Schedule ITC.....	21			438.	00												
22	Subtract line 21 from line 19.....	22			0.	00												
23	Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K.....	23				00												
24	Enter <b>Child and Dependent Care Credit</b> from federal Form 2441, line 11 ► _____ x 20% (.20)	24				00												
25	Enter <b>Income Gap Tax Credit</b> from Schedule ITC .....	25			0.	00												
26	<b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero .....	26			0.	00												
27	Enter <b>KENTUCKY USETAX due on Internet, mail order, or other out-of-state purchases (see instructions)</b> ....	27				00												
28	Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b> .....	28			0.	00												
29	<b>For amended return;</b> overpayment, if any, shown on original return .....	29				00												
30	Add lines 28 and 29, enter here .....	30			0.	00												
31 a	Enter <b>Kentucky income tax withheld</b> as shown on enclosed	<table border="1"> <tr><td>31a</td><td>749.</td><td>00</td></tr> <tr><td>31b</td><td></td><td>00</td></tr> <tr><td>31c</td><td></td><td>00</td></tr> <tr><td>31d</td><td></td><td>00</td></tr> </table>					31a	749.	00	31b		00	31c		00	31d		00
31a	749.						00											
31b							00											
31c							00											
31d		00																
	Schedule KW-2 .....																	
b	Enter 2020 Kentucky estimated tax/extension payments .....																	
c	Enter 2020 refundable certified rehabilitation credit .....																	
d	<b>For amended return;</b> enter amount paid with original return plus additional payment(s) made after it was filed .....	31d				00												
32	Add lines 31(a) through 31(d) .....	32			749.	00												
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b> .....	33				00												
34 a	Estimated tax penalty <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....	34a				00												
b	Interest .....	34b				00												
c	Late payment penalty .....	34c				00												
d	Late filing penalty.....	34d				00												
35	Add lines 34(a) through 34(d). Enter here.....	35				00												
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the <b>AMOUNT YOU OWE</b> , continue to page 3..... <b>OWE</b>	36				00												
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> , continue to page 3 .....	37			749.	00												



**38 FUND CONTRIBUTIONS; see instructions.**

a	Nature and Wildlife Fund.....	38a		00
b	Child Victims' Trust Fund.....	38b		00
c	Veterans' Program Trust Fund.....	38c		00
d	Breast Cancer Research/Education Trust Fund.....	38d		00
e	Farms to Food Banks Trust Fund.....	38e		00
f	Local History Trust Fund.....	38f		00
g	Special Olympics Kentucky.....	38g		00
h	Pediatric Cancer Research Trust Fund.....	38h		00
i	Rape Crisis Center Trust Fund.....	38i		00
j	Court Appointed Special Advocate Trust Fund.....	38j		00
k	YMCA Youth Association Fund.....	38k		00
39	Add lines 38(a) through 38(k).....	39		00
40	Amount of line 37 to be <b>CREDITED TO YOUR 2021 ESTIMATED TAX</b> .....	40	<b>CREDIT FORWARD</b>	00
<b>(Credit forwards not available for amended returns)</b>				
41	Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> .....	41	<b>REFUND</b>	749.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

<b>Sign Here</b>	Signature of Taxpayer	Driver's License/State Issued ID No. P19263319	Date	Telephone Number (daytime) (510) 458-9059
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
<b>Paid Preparer Use</b>	Signature of Preparer RVSSMANIKUMARAPPANA		Date 02/27/2021	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02090332	
	Email	Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Enclose</b>	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		<b>Refund or No Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40618-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <a href="http://www.revenue.ky.gov">www.revenue.ky.gov</a> Include: Your Social Security number and "KY Income Tax—2020"		<b>With Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40619-0008





2 0 0 3 4 9 1 5 5 5

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

PATCHAVA, SRIKANTH

297-81-3437

**SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS**

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Food Donation (Carryover only)	Schedule FD		00		00
21	No	Distilled Spirits	Schedule DS		00		00
22	Yes	Angel Investor	Certification Letter		00		00
23	Yes	Film Industry	Film Office Certification		00		00
24	No	Inventory	Schedule INV		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15 .....				00		00



**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

Complete only if filing joint or married,  
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)	01/16/1989		Enter your date of birth (MM/DD/YYYY)		
1 If you were 65 on or before 12/31/2020, enter 40.....	1		5 If you were 65 on or before 12/31/2020, enter 40...	5	
2 If you were legally blind on 12/31/2020, enter 40.....	2		6 If you were legally blind on 12/31/2020, enter 40...	6	
3 If you were a member of the Kentucky National Guard on 12/31/2020, enter 20.....	3		7 If you were a member of the Kentucky National Guard on 12/31/2020, enter 20.....	7	
4 Allowable Taxpayer Credit—Add lines 1 through 3...	4		8 Allowable Spouse Credit—Add lines 5 through 7..	8	

**Assignment of Personal Tax Credits**

9 For filing status <b>Single or Married, filing separate returns</b> , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....	9	
10 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100).....	10	
11 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....	11	
12 For filing status <b>Married, filing jointly</b> , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....	12	

**SECTION C—FAMILY SIZE TAX CREDIT AND INCOME GAP CREDIT**

Enter dependents qualifying for family size credit and income gap credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage and the amount of your income gap credit.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Table** to determine the percentage of family size credit and the amount of income gap credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21 and you will enter the income gap credit on Form 740 or 740-NP, line 25.

Family Size:	One		Two		Three		Four or More		Credit Percentage is	Income Gap Credit		
	If MGI . . . is over	is not over	is over	is not over	is over	is not over	is over	is not over		One	Two	Three
<b>Tax Year 2020</b>	\$ ---	\$12,760	\$ ---	\$17,240	\$ ---	\$21,720	\$ ---	\$26,200	100%			
	12,760	13,270	17,240	17,930	21,720	22,589	26,200	27,248	90%	\$11	\$ 7	\$ 3
	13,270	13,781	17,930	18,619	22,589	23,458	27,248	28,296	80%	\$20	\$13	\$ 6
	13,781	14,291	18,619	19,309	23,458	24,326	28,296	29,344	70%	\$29	\$18	\$ 6
	14,291	14,802	19,309	19,998	24,326	25,195	29,344	30,392	60%	\$37	\$22	\$ 6
	14,802	15,312	19,998	20,688	25,195	26,064	30,392	31,440	50%	\$45	\$24	\$ 4
	15,312	15,822	20,688	21,378	26,064	26,933	31,440	32,488	40%	\$51	\$26	
	15,822	16,205	21,378	21,895	26,933	27,584	32,488	33,274	30%	\$58	\$27	
	16,205	16,588	21,895	22,412	27,584	28,236	33,274	34,060	20%	\$64	\$28	
	16,588	16,971	22,412	22,929	28,236	28,888	34,060	34,846	10%	\$69	\$28	
16,971	---	22,929	---	28,888	---	34,846	---	0%				

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



2000101555

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

PATCHAVA, SRIKANTH

297-81-3437

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)		F KY Income Tax Withheld (Box 17 of Form W-2)		
1	297-81-3437	45-4195668	KY	419566	15,416.	00	749.	00	
2						00		00	
3						00		00	
4						00		00	
5						00		00	
6						00		00	
7						00		00	
8						00		00	
9						00		00	
10						00		00	
11	<b>TOTAL FROM ALL W-2s</b>					15,416.	00	749.	00

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

	A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount		F KY Income Tax Withheld		
12						00		00	
13						00		00	
14						00		00	
15						00		00	
16						00		00	
17	<b>TOTAL FROM ALL 1099s AND W-2Gs</b>						00		00

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	749.00