Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

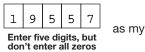
Taxpayer's name	Social security number
VINAY KADARI	289-81-9557
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 25,304.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 2,510.
4 Amount you want refunded to you	4 1,156.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep 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

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN



ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

		as my
er fiv n't er		

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Da	ate 🕨	•			 				
	Practitioner PIN Method Returns Only—continue	bel	w							
Part III Certification and Au	uthentication — Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-dig	git EFIN followed by your five-digit self-selected PIN.	5	8	 	 8 nter a	 	9	8	9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date ►						
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
For Donomucul: Deduction A	at Nation and your toy wature instructions			Earm 8879 (Bay, 01 2021)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 08/30/21 PRO

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	0	OMB No. 1	545-0074	IRS Use C	Dnly—[Do not wri	te or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the normal son is a child but not your dependent	ame of y	-	separately (N use. If you c		_			<i>,</i> _	_	, ,	ow(er) (QW) ne qualifying
Your first name	and m	ddle initial	Last na	me						Y	our soc	ial securit	ty number
VINAY			KADA	ARI							289-8	1-955	7
lf joint return, s	pouse's	first name and middle initial	Last na	me						S	Spouse's	social sec	curity number
Home address		er and street). If you have a P.O. box, see S ST	instructio	ons.					Apt. no. 103			tial Electio ere if you,	on Campaign or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	ow.	Stat	te	ZIP	code				tly, want \$3
WINNFIEI						LA	Ą	71	483		-	this fund. w will not	Checking a
Foreign country			F	Foreian pi	ovince/state/	count	V		ign postal coo			or refund.	•
				5 1			,		5 1	9		You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exch	nange, c	or otherw	vise acquire	any 1	financial int	erest in	any virtual	curre	ency?	Yes	X No
Standard Deduction		eone can claim:			Your spous dual-status			nt					
Age/Blindness	You	Were born before January 2, 1	956 🗌	Are bl	ind Spo	ouse	: 🗌 Was	born be	fore Januar	ry 2,	1956	🗌 ls bl	ind
Dependents				(2) 5	- Social security	,	(3) Relatio	onship	(4) 🖌 i	if qua	lifies for	(see instru	ctions):
If more		irst name Last name			number		to yo		Child tax				her dependents
than four										1]	<u> </u>
dependents,										1]	7
see instructions and check	s ——								<u>_</u>	1		[╡───
here										1		[5
	1	Wages, salaries, tips, etc. Attach F	orm(s)	M_2							1		 25,304.
Attach	2a		2a	vv 2 .		 ьт	· · ·	· ·		•	2b		10,001.
Sch. B if		· –	2a 3a				axable inte			•	3b		
required.	<u>3a</u>		3a 4a				ordinary div axable amo			•	30 4b	+	
	4a 5 a		-							•	40 5b	+	
<u> </u>	5a		5a 6a				axable amo			•		<u> </u>	
Standard Deduction for—	6a						axable amo			·	6b	┼───	
 Single or 	7	Capital gain or (loss). Attach Scher		required	a. If not requ	iirea,	, cneck ner	е.	🕨		7	+	
Married filing separately,	8	Other income from Schedule 1, line			• • •			· ·		•	8	<u> </u>	
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is yo	ur total inco	ome		• •			9		25,304.
 Married filing jointly or 	10	Adjustments to income:					I	I.					
Qualifying	а	From Schedule 1, line 22						10a			_		
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard de	duction. See	instr	ructions	10b					
 Head of 	С	Add lines 10a and 10b. These are	your tot	al adjus	tments to i	ncor	ne				10c	<u> </u>	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjustec	l gross inco	me					11	1	25,304.
 If you checked 	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					12		12,400.
any box under Standard	13	Qualified business income deducti	on. Atta	ach Form	1 8995 or Fo	rm 8	995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13									14		12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less,	ente	r-0	<u> </u>	<u></u> .		15		12,904.
For Diselecure	Drivao	Act and Paperwork Reduction Act N	otico se	o sonara	te instruction	16						Form	1040 (2020)

Form 1040 (2

24 Add lines 22 and 23. This is your total tax ▶ 24 1, 354. 25 Federal income tax withheld from: 25a 2, 510. 26 200 estimated tax payments and amount applied from 2019 return. 256 2, 510. 26 200 estimated tax payments and amount applied from 2019 return. 26d 2, 510. 27 Earned income credit [CC] . Nev 2 26 28 200 estimated tax redit. Attach Schedule 8812 28 29 29 Add lines 25a, 10. 26 26 20 Add lines 25a, 2, 510. 26 27 29 American opportunity credit from Form 8683, line 8 29 29 30 Add lines 25d, 26, and 32. These are your total other payments and refundable credits. > 33 2, 510. 30 Add lines 25d, 26, and 32. These are your total other payments and refundable credits. > 33 2, 510. 31 Amount of line 34, you want refunded to you. If Form 8861 is tatched, back here > 33 2, 510. 32 Add lines 25d, 26, and 32. These are your total payments and refundable credits. > 33 2, 510. 33 Add lines 34 you want refunded to you. If Form 8881 is tatched, back here	Form 1040 (2020	D)			Page 2
18 Add lines 16 and 17. 18 1,354. 19 Child tax credit for other dependents 20 21 Add lines 21 from line 18. If zero or less, enter -0 22 1,354. 23 Subtract line 21 from line 18. If zero or less, enter -0 22 1,354. 23 Other taxes, including self-employment tax, from Schedule 2, line 10 23 0. 24 Add lines 22 und 23. This is your total tax + 24 1,354. 25 Foderal income tax withheld from: 25a 2,510. 25b 250 c Other forms (see instructions) 25a 2,510. 26b 26 220 estimated tax payments and amount applied from 2019 return. 26a 26b 26b 26 220 estimated tax payments and amount applied from 2019 return. 28 26b 25b 26 27 Add lines 25d, 26, and 32. These are your total payments. 33 2, 510. 37 Add lines 25d, 26, and 32. These are your total payments. 33 2, 510. 38 Add lines 25d, 26, and 32. These are your total payments. 33 2, 510. 38 Add lines 25d, 26, and 32. These are your total payments.		16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	1,354.
19 Child tax credit or ordid for other dependents 19 20 And lines 19 and 20 21 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0 22 1,354. 23 Other taxes, including self-employment tax, from Schedule 2, line 10 23 0. 24 Add lines 22 and 23. This is your total tax 24 1,354. 25 Federal income tax withheld from: 266 260 260 200 Other torse (see instructions). 256 260 260 200 Other torse (see instructions). 260 260 260 200 Child income credit (EC) No 27 280 200 Add lines 26, and 20. These are your total other payments and refundable credits 33 2,510. 21 Add lines 24, started tax payments 33 34 1,155. 23 Add lines 24, started tax payments 33 34 1,155. 23 Add lines 24, starte line 31, line 31 33 2,510. 35 35 1,155. 24 Add lines 24, stared tax penelty tax redit ta		17	Amount from Schedule 2, line 3	17	
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24 Add lines 22 and 23. This is your total tax ↓ 24 1, 354. 25 Federal income tax withheld from: 25a 2, 510. 26 Comm(s) 1099 25b 25c 27 Comm(s) 1099 25b 25c 28 Add lines 25a through 25c 25c 25d 2, 510. 28 Add lines 25a through 25c 25d 2, 510. 26d 2, 510. 28 Add lines 25a through 25c 27 27 27 28d 2, 510. 28 American opportunity credit from 50m 8683, line 8 28d 2, 510. 26d 2, 510. 29 American opportunity credit from 50m 8683, line 8 28d 24 1, 155. 33 2, 510. 31 Amount from Schedule 3, line 13 . . 33 2, 510. 34 1, 155. 33 Add lines 25d, 26, and 32. These are your total the payments and refundable credits. > 33 2, 510. 34 Add lines 24, you want refunded to you. If Form 8886 is tatached, lack heck here . 33 2, 510. 35 Anount of line 34 you want refunded to you want from fore		22	Subtract line 21 from line 18. If zero or less, enter -0	22	1,354.
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b Form(s) 1099 25b c Other forms (see instructions) 25b example other 27 Earned income credit (EIC) 26 27 Earned income credit (EIC) 28 2020 estimated tax payments and amount applied from 2019 return 26 28 Add lines 25a through 25c 2020 estimated tax payments and amount applied from 2019 return 28 29 Andricine S2b through 31. These are your total other payments 29 30 Recovery rebate credit. Attech Schedule 8812 29 31 Annount from Schedule 3, line 13 31 32 Add lines 25d, 26, and 32. These are your total other payments 31 33 Add line 25d, 26, and 32. These are your total other payments 33 34 1, 15c. 35a Annount of line 34 you want refunded to you. If Form 8888 is attached, check here 34 34 1, 15c. 35a 1, 15c. 36 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 36 36 Amount of line 34 you want applied to your 2021 estimated tax. 36 37 Subtract line 33 from line 24. This is the amount you overe new 37 <th></th> <td>25</td> <td>Federal income tax withheld from:</td> <td></td> <td></td>		25	Federal income tax withheld from:		
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attach Son. EU. 28 Additional child tax credit. Attach Schedule 8812 28 Prour have contrastore see instructions 29 29 30 Recovery rebate credit. See instructions 30 31 Amount from Schedule 3, line 13 31 32 Add lines 25d, 26, and 32. These are your total other payments and refundable credits 33 2, 510. 33 Add lines 25d, 26, and 32. These are your total other payments 34 1, 156. 34 H line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 1, 156. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here > 35a 1, 156. 36 Amount of line 34 you want refunded to your 2021 estimated tax > 36 37 37 Subtract line 33 from line 24. This is the amount you owe now > 37 38 Estimated tax penalty (see instructions) > 38 137 70 Subtract line 33 from line 24. This is the amount you owe now > > 37 70 Subtract line 33 from line 24. This is the amount you owe now > > 37 70 Subtract l	• If you have a	26		26	
• Hyou have constation 29 Additional child fax credit. Attach Schedule 8812 29 • Protratable constation 29 American opportunity credit from Form 8663, line 8. 29 • Becovery rebate credit. See instructions 30 31 • Add lines 27 through 31. These are your total other payments and refundable credits 31 32 • Add lines 26d, 26, and 32. These are your total payments • 33 2,510. • Befund 34 1,156. 33 2,510. • Brown of the 34 you want refunded to you. If Form 8888 is attached, check here • • 35a 1,156. • Brown of line 34 you want refunded to you. 2021 estimated tax. • 36 35a 1,156. • Crype: Checking Sasing 37 Subtract line 34 you want applied to your 2021 estimated tax. • 36 • Move pay, see instructions. 37 Subtract line 34 you want applied to your 2021 estimated tax. • 38 37 • You Owe Subtract line 34 you want pay not represent all of the taxes you owe for 2020. See Schedule 3, line 12, and its instructions for details. 38 37 • Third Party Designee* Do you want to allow another person to discuss this return with the IRS? See instruc		27	Earned income credit (EIC)		
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32 Add lines 27 through 31. These are your total other payments and refundable credits		30	Recovery rebate credit. See instructions		
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Sign Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <		33		33	2,510.
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <t< th=""><th>Refund</th><td>34</td><td>If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid</td><td>34</td><td></td></t<>	Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
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36 Account number [0 2 3 3 0 3 3 4 1 3 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 1		►b			
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You Owe For details on how to pay, see instructions. Note: 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. Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete below. X No Sign Here Do you want to allow another person to discuss 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. Joint return? See instructions. Sugnature Date Your occupation Software ENGINEER If the IRS sent you an Identify Protection PIN, enter it here (see inst.) > Joint return? See instructions. Phone no. (214) 310 - 9547 Email address vinay3810@yahoo.com If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) > Paid Preparer Use Only Preparer's name Firm's name > Preparer's signature GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address > 2530 Pebble Creek Ln Cumming GA 30041 Phone no. (678) 965-9522		36	Amount of line 34 you want applied to your 2021 estimated tax		
For details on how to pay, see instructions 38 2020. See Schedule 3, line 12e, and its instructions of details. 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name ▶ Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name ▶ 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 taxpaye) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.) ▶ Spouse's signature. If a joint return, both must sign. Date Your accupation If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) ▶ Phone no. (214)310-9547 Preparer's name Preparer's signature Sign Preparer Use Only Phone no. Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196		37	Subtract line 33 from line 24. This is the amount you owe now	37	
now to pay, see instructions. 2202.0 see Schedule 3, inter 12e, and its instructions in details. 38 Estimated tax penalty (see instructions) 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 name ▶ Phone no. ▶ Personal identification number (PIN) ▶ No 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. Joint return? See instructions. Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ Joint return? your records. Phone no. (214)310-9547 Email address vinay3810@yahoo.com Preparer's name Preparer's signature Date Pinal of 01/04/2022 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LLC Phone no. (678)965-9522. Phone no. (678)965-9522. Phone no. (678)965-9522. Firm's address ▶ 2530 Pebble C creek Ln Cumming GA 30041					
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	Use Unly	Fin			
	Go to www.irs.go				Form 1040 (2020)

R-8453 (1/21) LA 8453 1002

Louisiana 2020 Individual Income Tax Declaration for Electronic Filing

LOUISIANA **DEPARTMENT** of **REVENUE**

Your first name and initial									
	Last name	Your Social Security	1						
VINAY KADARI		Number	12	89	8	19	5 !	57	
Spouse's first name and initial	Last name	Spouse's Social Security Number	2						2020
Present home address (number and street including apartment num	ber or rural route)	Daytime Telephone						İ	2020
122 ARKANSAS ST #103		Number	2 1	4 3		09	5 4	4 7	
City, town, or post office		State			ZIP				
WINNFIELD		LA			714	83	-		
Part A	Tax Return I	nformation							
Balance Due	99	Refund D	ue		,E			, 🗌	00
Part B Direct Depos	it of Refund (Optiona	l) 🗌 or Direct 🛛	Debit (O	ptiona)				
Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.			Direc	t Debit	Payn	nent		,	
Account Number			With	drawal	Date				1
							YYYY		
Type of Account: Checking Savings (Check one.)			Full	Payme	nt 🗌		tial P	ayme	nt 🗌 by credit card.
PART C	Declaration o	f Taxpaver		aymont.	maa	0/11/11	be m		REV 04/06/21 PRO
I consent that my refund be directly deposed			are that t	the info	rmati	on sh	own i	n Par	t B is correct. If
I have filed a joint return, this is an irrevoc	-								
I do not want direct deposit of my refund, having my refund direct deposited I will red			am not	receivir	ıg a ı	refunc	l. I un	derst	and that by not
	ceive my refund by par levenue and its design on account indicated i d in processing the ele	ber check. ated Financial A n Part B for pay ctronic payment	gent to	initiate f my sta	an A ate ta	.CH el axes c	ectro wed	nic fu on thi	nds withdrawal is return. I also
 having my refund direct deposited I will refund the local state of P I authorize the Louisiana Department of P (direct debit) entry to the financial institutions involved 	ceive my refund by par evenue and its design on account indicated i d in processing the ele es related to the payme due return and if the L	per check. ated Financial A n Part B for pay ctronic payment ent. ouisiana Depart	agent to vment of t of taxe ment of	initiate f my sta s to reo Reven	an A ate ta ceive ue do	CH el axes c confi cos no	ectro wed dentia	nic fu on thi al info	nds withdrawal is return. I also rmation neces-
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 having my refund direct deposited I will refund that in the best of my knowledge and belief, it is the please sign here. 	ceive my refund by par levenue and its design on account indicated i d in processing the ele es related to the payme due return and if the L able for the tax liability come tax return prepar rue and complete.	ber check. ated Financial A n Part B for pay ctronic payment ent. ouisiana Depart and all applicab red for electronic	agent to yment of t of taxe ment of le intere	initiate f my sta s to rec Reven est and ission t	an A ate ta ceive ue do pena o the	CH el axes c confie des no alties.	ectro wed dentia	nic fu on thi I info eive f	nds withdrawal is return. I also rmation neces- ull and timely na and, to
 having my refund direct deposited I will refund that the louisiana Department of P (direct debit) entry to the financial institutions involved sary to answer inquiries and resolve issue I understand that if I have filed a balance payment of my tax liability, I will remain liated the best of my knowledge and belief, it is the Please sign here. 	ceive my refund by paper evenue and its design on account indicated in d in processing the ele- es related to the payment due return and if the L able for the tax liability come tax return prepare rue and complete.	ber check. ated Financial A n Part B for pay ctronic payment ent. ouisiana Depart and all applicab red for electronic 	agent to rment of t of taxe ment of ole intere transm se's sign	initiate f my sta s to rec Reven est and ission t ature (if	an A ate ta ceive ue do pena o the	CH el axes c confid des no alties. State	ectro owed dentia ot rec e of Lo	nic fu on thi I info eive f	nds withdrawal is return. I also rmation neces- ull and timely
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 having my refund direct deposited I will real lauthorize the Louisiana Department of R (direct debit) entry to the financial institutions involved sary to answer inquiries and resolve issue I understand that if I have filed a balance payment of my tax liability, I will remain lia I declare that I have examined my state in the best of my knowledge and belief, it is the Please sign here. Part D Declaration and Signa declare that I have reviewed the above taxpathe best of my knowledge based on the information. 	ceive my refund by paper levenue and its design on account indicated if d in processing the ele- es related to the payment due return and if the L able for the tax liability come tax return prepare rue and complete. Date ture of Electronic Re ayer's return and that the ation submitted/furnishe	ber check. ated Financial A n Part B for pay ctronic payment ent. ouisiana Depart and all applicat red for electronic <u>Spou</u> turn Originator the entries on the ed by the taxpay isiana Handboo	agent to rment of t of taxe ment of ole intere- t transm se's sign (ERO) re return er. I also	initiate f my sta s to rec Reven est and ission t ature (if and Pa a are co o decla	an A tate ta seive ue do pena o the joint r id P r mple re tha	CH el axes o confie des no alties. State return) repare at I ha	ectro wed dentia bt rec e of Lo er er d con	nic fu on thi al info eive f ouisia	nds withdrawal is return. I also rmation neces- ull and timely na and, to Date represented to
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LOUISIANA DEPARTMENT of REVENUE

Individual Income Tax Electronic Filing Payment Voucher (2020) Louisiana Department of Revenue P.O. Box 3550 Baton Rouge, LA 70821-3550

IMPORTANT NOTICE

Taxpayers who file electronically and owe additional Louisiana individual income tax for 2020 must complete the payment voucher at the bottom of this form, detach the voucher, and mail it by **May 15, 2021**, in order to avoid the assessment of penalties and interest. The top portion of this form should also be completed and retained by the taxpayer as a record of payment.

- DO NOT SEND CASH. You can make payments electronically at www.revenue.louisiana.gov/latap
- · Complete and retain this portion as a record of payment
- Complete the voucher below. If you have a foreign address, enter the city name in the appropriate space. Follow the country's practice for entering the postal code and the name of the province, county, or state. Enter the foreign country name in the appropriate space. Don't abbreviate the country name.

		Your Name
		VINAY KADARI
	Name	If Joint Return, Spouse's Name
		Address
	#103	122 ARKANSAS ST #2
State ZIP		City
LA 71483	*	WINNFIELD
Amount of Payment	d on tax raturn	Enter in order as listed or
99		Your Social Security Number
Check Number	Jei	Four Social Security Number
		289-81-9557
Date Sent	Number	Spouse's Social Security Num
e voucher below with your payment by May 15, 2021.	Detach and submit the voucher below	
TAX ELECTRONIC FILING PAYMENT VOUCHER 1002 2020 REV 04/06/21 PRO		R-540V-SD (1/21) IND
TAX ELECTRONIC FILING PAYMENT VOUCHER 1002 2020	NDIVIDUAL INCOME TAX ELECTR	Your Name VINAY KADARI
TAX ELECTRONIC FILING PAYMENT VOUCHER 1002 2020	NDIVIDUAL INCOME TAX ELECTR	Your Name
Image: Sector of the sector	NDIVIDUAL INCOME TAX ELECTR	Your Name VINAY KADARI
Image: State ZIP Unit Type and Number State ZIP Amount of payment (D0 NOT SEND CASH)	NDIVIDUAL INCOME TAX ELECTR	Your Name VINAY KADARI If Joint Return, Spouse's Name Address 122 ARKANSAS ST #1 City
Image: Sector of the sector	HI03 Unit Type State Z	Your Name VINAY KADARI If Joint Return, Spouse's Name Address 122 ARKANSAS ST #1
Image: State grad state	NDIVIDUAL INCOME TAX ELECTR Unit Tyr #103 LA tates (do not abbreviate)	Your Name VINAY KADARI If Joint Return, Spouse's Name Address 122 ARKANSAS ST #1 City WINNFIELD Foreign Nation, if not United States
Image: State graph of the state graph o	NDIVIDUAL INCOME TAX ELECTR #103 Unit Ty #103 State Z LA T d on tax return Make payment to:	Your Name VINAY KADARI If Joint Return, Spouse's Name Address 122 ARKANSAS ST #1 City WINNFIELD
Image: State graph of the state graph o	NDIVIDUAL INCOME TAX ELECTR a #103 Unit Tyl state tates (do not abbreviate) d on tax return Make payment to: Louisiana Department P.O. Box 3550	Your Name VINAY KADARI If Joint Return, Spouse's Name Address 122 ARKANSAS ST #1 City WINNFIELD Foreign Nation, if not United States Enter in order as listed or
Image: State graph of the state graph o	NDIVIDUAL INCOME TAX ELECTR a #103 Unit Tyl state tates (do not abbreviate) d on tax return Make payment to: Louisiana Department P.O. Box 3550	Your Name VINAY KADARI If Joint Return, Spouse's Name Address 122 ARKANSAS ST #1 City WINNFIELD Foreign Nation, if not United States Enter in order as listed or Your Social Security Number 289-81-9557
Unit Type and Number State ZIP LA 71483 Amount of payment (D0 NOT State)	HI03 Unit Type State Z	Your Name VINAY KADARI If Joint Return, Spouse's Name Address 122 ARKANSAS ST #1 City WINNFIELD

19034 2898195579 600 12312020 0000000 00000000 0000099002 6

IT-540-2D (Page 1 of 4)

Name Change

2020 LOUISIANA RESIDENT - 2D

Decedent Filing		VINAY KADARI					Your SSN	2	89819	9557
Spouse Decedent							Spouse's SS	SN		
Address Change		122 ARKANSAS ST			APT	103				
Amended Return		WINNFIELD	Lž	A 7	1483		Telephone	21	43109	547
NOL Carryback										
			031919 Your Date o			Spous	e's Date of Birth			
		FATUS: Enter the appropriate number in the s box. It must agree with your federal return.	6	EX	EMPTIONS:					
	En	ter a "1" in box if single .	6A	X	Yourself	65 or older	Blind	Qualifying Widow(er)	T	
	En	ter a "2" in box if married filing jointly.				65 or			Total of 6A & 6B	1
_		ter a "3" in box if married filing separately	. 6E	5	Spouse	older	Blind			
-		Enter a " 4 " in box if head of household . If the qualifying person is not your dependent, enter name h							-	
		ter a "5" in box if qualifying widow(er). ne qualifying person is not your dependent, enter name	e here.						_	
		S – Enter dependent information below. If you mation. Enter the number of dependents clair						with the	6C	0

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
IMPO	RTANT!			
All four (4) pages of the in together along with schedules. Please page	your W-2s and comp	leted	TOTAL EXEMPTIONS – Total of 6A, 6	6B, and 6C 6D 1
REV 04/06/21 PRO				
	*			
		FOR OFFICE USE ONLY		
		Field Flag		62150

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 2.

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	From Louisiana Schedule E, attached	7	25304
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL STANDARD DEDUCTION		8B	0
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8/	Α.	8C	0
9	FEDERAL INCOME TAX – If your federal income tax has been decreased by federal disaster credit allowed by the IRS, see Schedule H.	a	9	1354
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line enter "0". Use this figure to find your tax in the tax tables.	e 7. If less than zero,	10	23950
11	YOUR LOUISIANA INCOME TAX—Enter the amount from the tax table that correstatus.	esponds with your filing	11	615
12	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6		12	0
13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract from Line 11. If the result is less than zero, or you are not required to file a fe "0".		13	615
	2020 LOUISIANA REFUNDABLE CHILD CARE CREDIT - Your federal Adju	oted Critica Income		
14	must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this lin and the Refundable Child Care Credit Worksheet.		14	0
14A	Enter the qualified expense amount from the Refundable Child Care Credit Wo	rksheet, Line 3.	14A	0
14B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		14B	0
15	2020 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT - Your fede Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit or	eral Adjusted Gross		
15	instructions the Refundable School Readiness Credit Worksheet.		15	0
	5 0 4 0 3 0 2	0		
16	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC)	worksheet, Line 3.	16	0
17	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9		17	0
18	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 14, and 15 through amounts on Lines 14A and 14B.	17. Do not include	18	0
19	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		19	615
20	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		20	0
21	NONREFUNDABLE PRIOIRTY 3 CREDITS – From Schedule J, Line 16		21	0

REV 04/06/21 PRO



2020 IT-540-2D (Page 3 of 4)

22	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 21 from Li	ine 19.		22	615
23	CONSUMER USE TAX – You must mark one of these boxes.	×	No use tax due.	23	0
			Amount from the Consumer Use Tax Worksheet.		
24	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 2	22 and	23.	24	615
25	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Er	nter the	amount from Line 20.	25	0
26	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	3		26	0
PAYM	ENTS				
27	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2020 – Attach	Forms	W-2 and 1099.	27	516
28	AMOUNT OF CREDIT CARRIED FORWARD FROM 2019			28	0
29	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2020			29	0
30	AMOUNT PAID WITH EXTENSION REQUEST			30	0
31	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Liu	ines 25	through 30	31	516
32	OVERPAYMENT – If Line 31 is greater than Line 24, subtract Line be reduced by the Underpayment of Estimated Tax Penalty. O	e 24 from Otherwise	n Line 31. Your overpayment ma e, go to Line 39.	y ₃₂	0
33	UNDERPAYMENT PENALTY – See the instructions for Underparties of the box.	yment I	Penalty and Form R-210R.	33	0
34	ADJUSTED OVERPAYMENT – If Line 32 is greater than Line 33 on Line 34. If Line 33 is greater than Line 32, subtract Line 32 fro 39.	3, subtra om Line	act Line 33 from Line 32, and enter 33, and enter the balance on Line	34	0
35	TOTAL DONATIONS – From Schedule D, Line 19			35	0
REFU	ID DUE				
	SUBTOTAL – Subtract Line 35 from Line 34. This amount of overp	paymen	t is available for credit or refund.	36	0
37	AMOUNT OF LINE 36 TO BE CREDITED TO 2021 INCOME TAX	(CREDIT	37	0
38	AMOUNT TO BE REFUNDED – Subtract Line 37 from Line 36. If n Address 2 on the next page.	nalling li	5 LDR, use	38	0
	Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit. C	`omplete	REFUND		
	below. If information is unreadable, you are filing for the first time, or if refund selection, you will receive your refund by paper check.	you do	not make a		
	DIRECT DEPOSIT INFORMATION				
	Type: Checking Savings		nis refund be forwarded to a financi ution located outside the United Sta	Vaa	No
	Routing Number	Acco Num			



Enter the first 4 letters of your last name in these boxes. REV 04/06/21 PRO

KADA

AMOUNTS DUE LOUISIAN	AMO	UNTS	DUE	LOUISIANA
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ΑΜΟι	JNTS DUE LOUISIANA			
39	AMOUNT YOU OWE - If Line 24 is greater that	39	99	
40	ADDITIONAL DONATION TO THE MILITARY	FAMILY ASSISTANCE FUND	40	0
41	ADDITIONAL DONATION TO THE COASTAL	PROTECTION AND RESTORATION FUND	41	0
42	ADDITIONAL DONATION TO LOUISIANA FO	OD BANK ASSOCIATION	42	0
43	INTEREST – From the Interest Calculation Wor	ksheet, Line 5.	43	0
44	DELINQUENT FILING PENALTY – From the D	elinquent Filing Penalty Calculation Worksheet, Line 7.	44	0
45	DELINQUENT PAYMENT PENALTY – From De	elinquent Payment Penalty Calculation Worksheet, Line	e 7. 45	0
46	UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.			0
47	BALANCE DUE LOUISIANA – Add Lines 39 thi LDR, use address 1 below. For electronic paym see instructions.	ough 46. If mailing to ent options, PAY THIS AMO	UNT. 47	99
	IMPORTANT!		DO N	OT SEND CASH.
All	four (4) pages of this return			
MUS	T be mailed in together along			
wit	h your W-2s and completed			
	hedules. Please paperclip.	的复数经常的现象分词 网络拉拉拉		·治疗:-脱生物:
	Do not staple.			vekensie. II
	Status 001			

Contribution and Donation 0000

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. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 38.

Your Signature		Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)		Date (mm/dd/yyyy)
PAID	Print/Type Preparer's Name SYAM PRIYA RAM SAGAR	Preparer's GUP SYAM P	Signature RIYA RAM SAGAR GUP	Date (mm/dd/yyyy) 01/04/2022	Check 🗌 if Self-employed
PREPARER	Firm's Name > GLOBAL TAX	ES LLC		Firm's FEIN >	30-1017196
USE ONLY	Firm's Address ► 2530 PEBBL	E CR CUMMING	G GA 30041	Telephone ►	678-965-9522

Name	Individual Income Tax Return Calendar year return due 5/15/2021		P02082703
KADA	Mailto: Department of Revenue PO BOX 3550 BATON ROUGE, LA 70821-355	П	PTIN, FEIN, or LDR Account Number of Paid Preparer
		For Office Use Only.	



You	r Name Socia	Social Security Number				
VIN	IAY KADARI 289					
	2020 Louisiana Nonrefundable Child Care Cred	it Worksheet (For use with	For	m IT-540)		
1	Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, So copies of canceled checks, receipts and other documentation in order to su of qualifying expenses.	chedule 3, Line 2. NOTE: Retain	1		.00	
1 A	Enter the applicable percentage from the chart shown below. Federal Adjusted Gross Income Percentage \$25,001 - \$35,000 30% (.30) \$35,001 - \$60,000 10% (.10) over \$60,000 10% (.10)			X <u>.30</u>		
2	Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A. If your Federal				.00	
2A	Important! If your Federal Adjusted Gross Income is greater than \$60,000, the amount on Line 2 is limited to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here. This is your available Nonrefundable Child Care Credit for 2020.				.00	
3	Enter the amount of Louisiana income tax from Form IT-540, Line 19.		3	615	.00	
4	If Line 3 is equal to zero, your entire Child Care Credit for 2020 (Line 2 or 2A above) will be carried forward to 2021. Also, any available carryforward from 2015 through 2019 will be carried forward to 2021. If Line 3 is equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 2 and 3. Stop here; you are finished with the worksheet.					
	Use Lines 5 through 8 to determine the amour Carryforward from 2015 through		e Cr	edit		
5	If Line 3 above is greater than zero, enter the amount from Line 3.		5	615	.00	
6	Enter the amount of any Child Care Credit Carryforward from 2015 through	2019.	6		.00	
7	7 Subtract Line 6 from Line 5.			615	.00	
8	If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2020 is equal to Line 5 above. Enter the amount from Line 5 above on Form IT-540, Schedule J, Line 3. If Line 7 is less than zero, subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Credit Carryforward from 2015 through 2019 that can be carried forward to 2021. Also, your entire Child Care Credit for 2020 (Line 2 or 2A above) will be carried forward to 2021. Stop here; you are finished with the worksheet.				.00	
	Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward utilized from 2015 through 2019 plus any amount of your 2020 Child Care Credit.					
9	If Line 7 above is greater than zero, enter the amount of carryforward shown Schedule J, Line 3.	on Line 6 above on Form IT-540,	9			
10	If Line 7 above is greater than zero, enter the amount from Line 7.		10	615	.00	
11	Enter the amount of your 2020 Child Care Credit (Line 2 or Line 2A above).		11		.00	
12	Subtract Line 11 from Line 10.		12	615	.00	
13	If Line 12 is greater than or equal to zero, your entire Child Care Credit for been utilized. Enter the amount from Line 11 above on Form IT-540, Scher finished with the worksheet.	dule J, Line 2. Stop here; you are	13			
	Use Line 14 to determine what amount of your If Line 12 above is less than zero, the amount on Line 10 above is the amou	-		aim.		
14	Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2.		14			
	Use Line 15 to determine the amount of your 2020 Child Care Credit to be carried forward to 2021.					
15	If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute 2021. Enter the result here and keep this amount for your records.	e your Child Care Carryforward to	15		.00	

