Internal Revenue Service

# **IRS e-file Signature Authorization**

ERO must obtain and retain completed Form 8879.

Social accurity number

▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taypayar'a nama

| I axpayer's name   | Social security number               |
|--|--------------------------------------|
| SELVAKUMAR SUNDARAM  | 804-99-9239                          |
| Spouse's name  | Spouse's social security number      |
| JOSEPHINE RITA SELVAKUMAR  | 968-97-4878                          |
| Part I Tax Return Information – Tax Year Ending December 31, 2020            | 20 (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>   129,965                   |
| <b>2</b> Total tax   | <b>2</b> 13,716                      |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099       | · · · · · · · <b>3</b> 15,115        |
| <b>4</b> Amount you want refunded to you                                     | <b>4</b> 2,599                       |
| <b>5</b> Amount you owe  | 5                                    |

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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 | I authorize | GLOBAL TAXES | LLC           | to enter or generate my PIN |
|---|-------------|--------------|---------------|-----------------------------|
|   |             |              | ERO firm name |                             |

| Ent | er fiv<br>i't er | /e di | gits, | but | as my |
|-----|------------------|-------|-------|-----|-------|
| a   | a                | 2     | 2     | a   |       |

7

Enter five digits, but don't enter all zeros

8

as mv

7

4 8

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

X I authorize GLOBAL TAXES LLC

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 F  | Date 🖡 |    |   |  |             |  |   |    |   |
|---|--------|----|---|--|-------------|--|---|----|---|
| Practitioner PIN Method Returns Only—continu  | e bel  | ow |   |  |             |  |   |    |   |
| Part III Certification and Authentication – Practitioner PIN Method Only                        |        |    |   |  |             |  |   |    |   |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5      | 8  | 7 |  | 8<br>nter a |  | 9 | 89 | ) |

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 <b>&gt;</b> |  | Date 🕨 |                    |
|-----------------------------|--|--------|--------------------|
|                             | O Must Retain This Form — See In<br>nit This Form to the IRS Unless Re |        |                    |
|                             |  |        | F 0070 (D 01 0001) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/25/21 PRO

Date

to enter or generate my PIN

| E <b>1040</b>  |              | artment of the Treasury-Internal Revenue Servi<br>S. Individual Income Tax                                 |            | (99)<br><b>urn</b> | 20                         | 20      | OMB No. 1545     | -0074    | IRS U     | se Only | r−Do not v   | write or staple | e in this space.              |  |
|--|--------------|--|------------|--------------------|----------------------------|---------|------------------|----------|-----------|---------|--------------|-----------------|-------------------------------|--|
| Filing Status<br>Check only<br>one box.              | lf yo        | Single X Married filing jointly unchecked the MFS box, enter the name on is a child but not your dependent | ame of y   | -                  | separately<br>ouse. If you |         |                  |          |           | ,       |              | , ,             | dow(er) (QW)<br>he qualifying |  |
| Your first name                                      | and m        | iddle initial  | Last na    | me                 |                            |         |                  |          |           |         | Your se      | ocial securi    | ity number                    |  |
| SELVAKUN   | 1AR          |  | SUNE       | ARAM               |                            |         |                  |          |           |         | 804-         | 99-923          | 19                            |  |
| If joint return, s                                   | pouse's      | s first name and middle initial  | Last na    | me                 |                            |         |                  |          |           |         | Spouse       | 's social se    | curity number                 |  |
| JOSEPHIN   | IE R         | ITA  | SELV       | AKUMA              | AR.                        |         |                  |          |           |         | 968-         | 97-487          | '8                            |  |
| Home address   | (numbe       | er and street). If you have a P.O. box, see  | instructio | ons.               |                            |         |                  |          | Apt. no.  |         | Preside      | ential Elect    | ion Campaign                  |  |
| 37800 CA   | AMDE         | N ST   |            |                    |                            |         |                  |          | 149       |         |              | here if you     |                               |  |
| City, town, or p                                     | ost offi     | ce. If you have a foreign address, also co   | mplete s   | paces be           | low.                       | Sta     | ite              | ZIP c    | ode       |         |              |                 | ntly, want \$3                |  |
| FREMONT  |              |  |            |                    |                            | C       | A                | 94!      | 536       |         | Ŭ Ŭ          | low will no     | Checking a t change           |  |
| Foreign country                                      | / name       |  | F          | oreign pi          | rovince/stat               | e/coun  | ty               | Forei    | gn postal | code    | 1            | x or refund     | •                             |  |
|  |              |  |            |                    |                            |         |                  |          |           |         |              | 🗌 You           | Spouse                        |  |
| At any time du                                       | ring 20      | 020, did you receive, sell, send, exch   | nange, c   | or otherw          | ise acquii                 | re any  | financial intere | est in a | any virtı | ual cu  | irrency?     | Ves             | X No                          |  |
| Standard<br>Deduction                                | _            | eone can claim:  You as a de<br>Spouse itemizes on a separate return                                       | •          |                    | •                          |         |                  |          |           |         |              |                 |                               |  |
| Age/Blindness  | You:         | Were born before January 2, 1  | 956 🗌      | Are bl             | ind S                      | pouse   | : 🗌 Was bo       | rn bef   | ore Jan   | uary 2  | 2, 1956      | 🗌 ls b          | olind                         |  |
| Dependents   | s (see       | instructions):   |            | (2) S              | Social secur               | rity    | (3) Relationsh   | nip      | (4)       | 🖌 if q  | ualifies fo  | or (see instru  | uctions):                     |  |
| If more  | <b>(1)</b> F | irst name Last name  |            |                    | number                     |         | to you           |          | Child     | l tax c | redit        |                 |                               |  |
| than four  | SUE          | BARNA SELVAKUMAR JOSEPHIN  | NE RITA    | 968                | -97-49                     | 46      | Daughter         |          |           |         |              |                 | X                             |  |
| dependents,<br>see instruction                       | SUV          | VALI SELVAKUMAR JOSEPHIN   | NE RITA    | 968                | -97-49                     | 18      | Daughter         |          |           |         |              |                 | ×                             |  |
| and check  |              |  |            |                    |                            |         |                  |          |           |         |              |                 |                               |  |
| here 🕨 📋   |              |  |            |                    |                            |         |                  |          |           |         |              |                 |                               |  |
| A ++   | 1            | Wages, salaries, tips, etc. Attach F   | orm(s) ۱   | N-2 .              | · · ·                      |         |                  |          |           |         | . 1          | 1               | 40,114.                       |  |
| Attach<br>Sch. B if                                  | 2a           | Tax-exempt interest  | 2a         |                    |                            | bΤ      | axable interes   | t.       |           |         | . <b>2</b> k | <u>א</u>        |                               |  |
| required.  | 3a           | Qualified dividends  | 3a         |                    |                            | bC      | Ordinary divide  | nds .    |           |         | . 3ł         | <u>א</u>        |                               |  |
| ·  | 4a           | IRA distributions  | 4a         |                    |                            | bΤ      | axable amoun     | t        |           |         | . 4ł         | <u>א</u>        |                               |  |
|  | 5a           | Pensions and annuities   | 5a         |                    |                            | bΤ      | axable amoun     | t        |           |         | . 5ł         | <u>א</u>        |                               |  |
| Standard<br>Deduction for—                           | 6a           | ···· , ··· _   | 6a         |                    |                            |         | axable amoun     | t        |           | •       | . 6ł         | <b>)</b>        |                               |  |
| Single or  | 7            | Capital gain or (loss). Attach Schee   | dule D if  | require            | d. If not re               | quired  | , check here     |          |           |         | _ 7          | ·               |                               |  |
| Married filing separately,                           | 8            | Other income from Schedule 1, line   | e9.        |                    |                            |         |                  |          |           |         | . 8          |                 | 10,149.                       |  |
| \$12,400   | 9            | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a  | and 8. T   | his is yo          | our <b>total in</b>        | come    |                  |          |           |         | ▶ 9          | 1               | 29,965.                       |  |
| <ul> <li>Married filing<br/>jointly or</li> </ul>    | 10           | Adjustments to income:   |            |                    |                            |         | 1                | ī        |           |         |              |                 |                               |  |
| Qualifying   | а            |  |            |                    |                            |         |                  | a        |           |         | _            |                 |                               |  |
| widow(er),<br>\$24,800                               | b            | Charitable contributions if you take   | the stan   | idard de           | duction. S                 | ee inst | ructions 10      | b        |           |         |              |                 |                               |  |
| Head of     household                                | С            | Add lines 10a and 10b. These are   |            |                    |                            |         |                  |          |           | •       | ► <u>10</u>  |                 |                               |  |
| household,<br>\$18,650                               | 11           | Subtract line 10c from line 9. This  |            |                    |                            |         |                  |          | • •       | •       | ► <u>1</u>   |                 | 29,965.                       |  |
| <ul> <li>If you checked<br/>any box under</li> </ul> | 12           | Standard deduction or itemized   |            | `                  |                            | ,       |                  |          |           |         |              |                 | 24,800.                       |  |
| Standard   | 13           | Qualified business income deducti  |            |                    |                            |         |                  |          |           |         |              |                 |                               |  |
| Deduction,<br>see instructions.                      | 14           | Add lines 12 and 13  |            |                    |                            |         |                  |          |           |         |              |                 | 24,800.                       |  |
|  | 15           | Taxable income. Subtract line 14   | from lin   | e 11. lf z         | zero or les                | s, ente | er-0             |          |           |         | . 15         | 5   1           | 05,165.                       |  |

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

| Form 1040 (2020               | ))       |   |                           |                      |                 |          |                |           |              | Page 2                                  |
|-------------------------------|----------|---|---------------------------|----------------------|-----------------|----------|----------------|-----------|--------------|---|
|                               | 16       | Tax (see instructions). Check                 | if any from Form          | (s): <b>1</b> 🗌 8814 | 4 <b>2</b> 4972 | 3        |                |           | 16           | 14,716.                                 |
|                               | 17       | Amount from Schedule 2, lin                   | ne3                       |                      |                 |          |                |           | 17           |   |
|                               | 18       | Add lines 16 and 17                           |                           |                      |                 |          |                |           | 18           | 14,716.                                 |
|                               | 19       | Child tax credit or credit for                | other dependen            | ts                   |                 |          |                |           | 19           | 1,000.                                  |
|                               | 20       | Amount from Schedule 3, lin                   | ne7                       |                      |                 |          |                |           | 20           |   |
|                               | 21       | Add lines 19 and 20                           |                           |                      |                 |          |                |           | 21           | 1,000.                                  |
|                               | 22       | Subtract line 21 from line 18                 | . If zero or less,        | enter -0             |                 |          |                |           | 22           | 13,716.                                 |
|                               | 23       | Other taxes, including self-e                 | mployment tax,            | from Schedule        | e 2, line 10 .  |          |                |           | 23           | 0.                                      |
|                               | 24       | Add lines 22 and 23. This is                  | your <b>total tax</b>     |                      |                 |          |                | . 🕨       | 24           | 13,716.                                 |
|                               | 25       | Federal income tax withheld                   | from:                     |                      |                 |          |                |           |              |   |
|                               | а        | Form(s) W-2                                   |                           |                      |                 | 25a      | 15             | ,115      |              |   |
|                               | b        | Form(s) 1099                                  |                           |                      |                 | 25b      |                |           |              |   |
|                               | с        | Other forms (see instructions                 | s)                        |                      |                 | 25c      |                |           |              |   |
|                               | d        | Add lines 25a through 25c                     |                           |                      |                 |          |                |           | 25d          | 15,115.                                 |
| • If you have a               | 26       | 2020 estimated tax payment                    | ts and amount a           | pplied from 20       | 19 return       |          |                |           | 26           |   |
| qualifying child,             | 27       | Earned income credit (EIC)                    |                           |                      |                 | 27       |                |           |              |   |
| attach Sch. EIC.              | 28       | Additional child tax credit. A                | ttach Schedule            | 3812                 |                 | 28       |                |           |              |   |
| nontaxable                    | 29       | American opportunity credit                   | from Form 8863            | 8, line 8            |                 | 29       |                |           |              |   |
| combat pay, see instructions. | 30       | Recovery rebate credit. See                   | instructions .            |                      |                 | 30       | 1              | ,200      |              |   |
|                               | 31       | Amount from Schedule 3, lin                   | ne 13                     |                      |                 | 31       |                |           |              |   |
|                               | 32       | Add lines 27 through 31. The                  | ese are your <b>tot</b> a | al other paym        | ents and refund | lable cr | edits          | . 🕨       | 32           | 1,200.                                  |
|                               | 33       | Add lines 25d, 26, and 32. T                  | hese are your <b>to</b>   | tal payments         |                 |          |                | . 🕨       | 33           | 16,315.                                 |
| Defund                        | 34       | If line 33 is more than line 24               |                           |                      |                 |          |                |           | 34           | 2,599.                                  |
| Refund                        | 35a      | Amount of line 34 you want                    |                           |                      |                 |          | •              |           |              | 2,599.                                  |
| Direct deposit?               | ►b       | Routing number 1 2 1                          |                           |                      |                 |          | king           |           |              |   |
| See instructions.             | ►d       | Account number 3 2 5                          |                           |                      | LIOIÏII         |          | Ĭ              | 0         |              |   |
|                               | 36       | Amount of line 34 you want a                  |                           |                      |                 | 1        | T              |           |              |   |
| Amount                        | 37       | Subtract line 33 from line 24                 |                           |                      |                 |          |                | . ►       | 37           |   |
| You Owe                       | 0.       | Note: Schedule H and Sch                      |                           | -                    |                 |          |                |           |              |   |
| For details on                |          | 2020. See Schedule 3, line 1                  |                           |                      |                 | or the   | laxes you      | 0we 10    |              |   |
| how to pay, see instructions. | 38       | Estimated tax penalty (see in                 |                           |                      |                 | 38       |                |           |              |   |
| Third Party                   | Do       | you want to allow another                     |                           |                      |                 |          |                |           |              |   |
| Designee                      |          | structions                                    |                           |                      |                 |          | Yes. Co        | omplete   | below.       | × No                                    |
| Ū                             | De       | signee's                                      |                           | Phone                |                 |          | Pers           | onal ider | tification   |   |
|                               | nar      | me 🕨  |                           | no. 🕨                |                 |          | numl           | oer (PIN) |              |   |
| Sign                          |          | der penalties of perjury, I declare t         |                           |                      |                 |          |                |           |              |   |
| Here                          |          | ief, they are true, correct, and com          |                           | 、                    | 1               | based on | all informatio |           |              | , ,                                     |
|                               | Yo       | ur signature                                  |                           | Date                 | Your occupation |          |                |           |              | nt you an Identity<br>IN, enter it here |
| Joint return?                 |          |   |                           |                      | SOFTWARE        | ENGTI    | VEER           |           | e inst.)     |   |
| See instructions.             | Sp       | ouse's signature. If a joint return, <b>t</b> | ooth must sign.           | Date                 | Spouse's occupa |          |                | lf t      | he IRS sei   | nt your spouse an                       |
| Keep a copy for               | <b>/</b> | <b>č</b>                                      | 0                         |                      |                 |          |                | Ide       | entity Prote | ection PIN, enter it here               |
| your records.                 |          |   |                           |                      | HOMEMAKER       |          |                | (se       | e inst.) 🕨   |   |
|                               |          | one no.                                       | 1                         | Email address        |                 |          |                |           |              | 1                                       |
| Paid                          | Pre      | eparer's name                                 | Preparer's signat         | ure                  |                 | Date     |                | PTIN      |              | Check if:                               |
| Preparer                      | RV       | SSMANIKUMARAPPANA                             | RVSSMANIK                 | UMARAPPAN            | JA              | 04/      | 03/2021        | P020      | 90332        | Self-employed                           |
| Use Only                      | Fin      | m's name 🕨 GLOBAL TAX                         | XES LLC                   |                      |                 |          |                | Ph        | one no. (    | 646)727-7157                            |
|                               | Fin      | m's address ► 2530 Pebb                       | le Creek I                | n Cumming            | g GA 30041      |          |                | Fir       | m's EIN 🕨    | 30-1017196                              |
| Go to www.irs.go              | ov/Forn  | n1040 for instructions and the late           | st information.           |                      | BAA             | REV      | 03/25/21 PRO   | )         |              | Form <b>1040</b> (2020)                 |

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA

| 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 for instructions and the latest information.

| OMB No. 1545-0074                    |
|--------------------------------------|
| 2020                                 |
| Attachment<br>Sequence No. <b>01</b> |

| Name(s) shown or | n Form 1040 | 104      | 40-SR, or 1040 | -NR  |            |  |
|------------------|-------------|----------|----------------|------|------------|--|
| SELVAKUMAR       | SUNDARAM    | <u>ک</u> | JOSEPHINE      | RITA | SELVAKUMAR |  |

Your social security number 804-99-9239

### Part I Additional Income

| 1          | Taxable refunds, credits, or offsets of state and local income taxes   | 1      |                       |
|------------|--|--------|-----------------------|
| <b>2</b> a | Alimony received   | 2a     |                       |
| b          | Date of original divorce or separation agreement (see instructions)  |        |                       |
| 3          | Business income or (loss). Attach Schedule C   | 3      |                       |
| 4          | Other gains or (losses). Attach Form 4797  | 4      |                       |
| 5          | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                      | 5      | -10,149.              |
| 6          | Farm income or (loss). Attach Schedule F   | 6      |                       |
| 7          | Unemployment compensation  | 7      |                       |
| 8          | Other income. List type and amount ►   |        |                       |
|            |  | 8      |                       |
| 9          | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,   |        |                       |
| D          |  | 9      | -10,149.              |
| Par        | t II Adjustments to Income   |        |                       |
| 10         | Educator expenses  | 10     |                       |
| 11         | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106                | 11     |                       |
| 12         | Health savings account deduction. Attach Form 8889   | 12     |                       |
| 13         | Moving expenses for members of the Armed Forces. Attach Form 3903  | 13     |                       |
| 14         | Deductible part of self-employment tax. Attach Schedule SE   | 14     |                       |
| 15         | Self-employed SEP, SIMPLE, and qualified plans   | 15     |                       |
| 16         | Self-employed health insurance deduction   | 16     |                       |
| 17         | Penalty on early withdrawal of savings   | 17     |                       |
| 18a        | Alimony paid   | 18a    |                       |
| b          | Recipient's SSN  |        |                       |
| С          | Date of original divorce or separation agreement (see instructions)  |        |                       |
| 19         | IRA deduction  | 19     |                       |
| 20         | Student loan interest deduction  | 20     |                       |
| 21         | Tuition and fees deduction. Attach Form 8917   | 21     |                       |
| 22         | 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 | 22     |                       |
| For Pa     | perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/25/21 PRO   | Schedu | le 1 (Form 1040) 2020 |

|        | 8867   | Paid Preparer's Due Diligence Check  | list  | OMB               | No. 1545          | 5-0074           |
|--------|--|--|---|-------------------|-------------------|------------------|
| Form   | 5007   | Earned Income Credit (EIC), American Opportunity Tax Credit (AC<br>Child Tax Credit (CTC) (including the Additional Child Tax Credit (AC<br>Credit for Other Dependents (ODC)), and Head of Household (HOH) Fil  | TC) and<br>ling Status                                | 2                 | 02                | 0                |
|        | nent of the Treasury<br>Revenue Service                        | <ul> <li>To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 10</li> <li>Go to www.irs.gov/Form8867 for instructions and the latest info</li> </ul>  |   | Attach<br>Seque   | nment<br>ence No. | 70               |
| Taxpay | er name(s) shown on  | return   | Taxpayer identi                                       | fication n        | umber             |                  |
|        |  | JNDARAM & JOSEPHINE RITA SELVAKUMAR  | 804-99-9  | 239               |                   |                  |
|        | reparer's name and I   |  |   |                   |                   |                  |
|        | SMANIKUMARA  |  | P0209033  | 2                 |                   |                  |
| Part   |  | gence Requirements   |   |                   |                   |                  |
|        |  | propriate box for the credit(s) and/or HOH filing status claimed on the rened (check all that apply).  |   | e the rel<br>AOTC |                   | arts I–V<br>HOH  |
| 1      | Did you comp   | plete the return based on information for tax year 2020 provided by  | the taxpayer or                                       | Yes               | No                | N/A              |
|        |  | tained by you?   |   | X                 |                   |                  |
| 2      | worksheets for<br>AOTC workshe                                 | claimed on the return, did you complete the applicable EIC and/or<br>und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instruc-<br>eet found in the Form 8863 instructions, or your own worksheet(s) that p<br>nd all related forms and schedules for each credit claimed?             | ctions, and/or the                                    | X                 |                   |                  |
| 3      | the following.   | y the knowledge requirement? To meet the knowledge requirement, you  |   |                   |                   |                  |
|        | determine th   | e taxpayer, ask questions, and contemporaneously document the taxpay<br>at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.   | ·   |                   |                   |                  |
|        |  | mation to determine that the taxpayer is eligible to claim the credit(s) a p figure the amount(s) of any credit(s)   |   | X                 |                   |                  |
| 4      | information rea  | mation provided by the taxpayer or a third party for use in preparir<br>asonably known to you, appear to be incorrect, incomplete, or incons<br>ons 4a and 4b. If " <b>No,</b> " go to question 5.)  | istent? (If "Yes,"                                    |                   | X                 |                  |
| а      | Did you make   | reasonable inquiries to determine the correct, complete, and consistent i  | information? .  |                   |                   |                  |
| b      |  | emporaneously document your inquiries? (Documentation should incluned incluned incluned and you asked, when you asked, the information that was provided, ar   |   |                   |                   |                  |
| 5      | information ha   | d on your preparation of the return.)  |   |                   |                   |                  |
| 5      | keep a copy<br>applicable wor<br>8867 and any<br>taxpayer that | of your documentation referenced in 4b, a copy of this Form 8867<br>rksheet(s), a record of how, when, and from whom the information used<br>applicable worksheet(s) was obtained, and a copy of any document(s)<br>you relied on to determine eligibility for the credit(s) and/or HOH filing s | , a copy of any<br>to prepare Form<br>provided by the |                   |                   |                  |
|        | the amount(s)<br>List those doc                                | of the credit(s)   |   | ×                 |                   |                  |
|        |  |  |   |                   |                   |                  |
|        |  |  |   |                   |                   |                  |
| 6      | credit(s) and/o  | he taxpayer whether he/she could provide documentation to substantiate<br>or HOH filing status and the amount(s) of any credit(s) claimed on the<br>ted for audit?   |   |                   |                   |                  |
| 7      |  | e taxpayer if any of these credits were disallowed or reduced in a previou   | <br>Is vear?  | X                 |                   |                  |
| '      |  | re disallowed or reduced, go to question 7a; if not, go to question 8.)  | •   |                   |                   |                  |
| а      |  | lete the required recertification Form 8862?   |   |                   |                   |                  |
| 8      |  | r is reporting self-employment income, did you ask questions to prepare  |   |                   |                   |                  |
|        | correct Schedu   | ule C (Form 1040)?   |   | E.                |                   | <b>67</b> (2020) |
| TOT Fa | iper work neudol   | ion Act Notice, see separate instructions. REV 03/25/21 PRO  |   | F                 |                   | - (2020)         |

| Form 8 | 367 (2020)   |            |          | Page <b>2</b> |
|--------|--|------------|----------|---------------|
| Part   | II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go  | to Part    | III.)    |               |
| 9a     | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)   | Yes        | No       | N/A           |
|        | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?   |            |          |               |
| С      | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?  |            |          |               |
| Part   |  | claim C    | CTC, A   | CTC,          |
| 10     | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?   | Yes<br>X   | No       | N/A           |
| 11     | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?  |            |          |               |
| 12     | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?  | X          |          |               |
| Part   |  |            | Part \   |               |
| 13     | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que tuition and related expenses for the claimed AOTC?   | alified    | Yes      | No            |
| Part   |  |            |          |               |
| 14     | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?   | -          | Yes      | No            |
| Part   |  | • •        |          |               |
|        | You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:   |            |          | -             |
|        | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);  |            |          |               |
|        | B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check<br>credit(s) claimed and HOH filing status, if claimed;  | list for a | ny app   | licable       |
|        | C. Submit Form 8867 in the manner required; and  |            |          |               |
|        | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88<br>Document Retention.   | 67 instr   | uctions  | under         |
|        | 1. A copy of this Form 8867.   |            |          |               |
|        | 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.   |            |          | 41            |
|        | 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).   | -          | -        |               |
|        | <ol><li>A record of how, when, and from whom the information used to prepare this form and the applica<br/>obtained.</li></ol>   |            |          |               |
|        | 5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for taxpayer's eligibil |            |          |               |
|        | If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.  | for eac    | ch failu | re to         |
| 15     | Do you certify that all of the answers on this Form 8867 are to the best of your knowledge true correc   | t and      | Yes      | No            |

| 15 | Do you certify | that | all | of t | he a | ansv | vers | s on | thi: | s F | Forn | n 8 | 867 | are | , to | the | best | t of | your   | ' kno  | owl   | edg | le, i | true | , C | orre | ect | , a | nd | Yes           |    | No     |
|----|----------------|------|-----|------|------|------|------|------|------|-----|------|-----|-----|-----|------|-----|------|------|--------|--------|-------|-----|-------|------|-----|------|-----|-----|----|---------------|----|--------|
|    | complete?      |      |     |      |      |      |      |      |      |     |      |     |     |     |      |     |      |      |        |        |       |     |       |      |     |      |     |     |    | X             |    |        |
|    |                |      |     |      |      |      |      |      |      |     |      |     |     |     |      |     |      | F    | REV 03 | /25/21 | 1 PRC | C   |       |      |     |      |     |     | F  | orm <b>88</b> | 67 | (2020) |

| 2020       California e-file Signature Authorization for Individuals       8879         Vor unw       Vor Start       Vor Start<  | Your name         Your SNR or TIN           SELUXACUMAR         SUNDARAM         804-99-9233           SpoueshENDP's name         SpoueshENDP's SNN or TIN           JOSEPHILE         RTA         SELUXACUMAR           JOSEPHILE         RTA         SELVAKUMAR           JOSEPHILE         SELVAKUMAR         JOSEPHILE           Annont You Ove Seinstructions  | TAXABLE YEAR  |  |  | FORM   |
|---|---|---|--|--|--|
| SELVARUMAR       SUNDARAM       804-99-9239         Broukek/RDPs name       Booukek/RDPs SIN or TIN       968-97-4878         Part 1       SELVARUMAR       968-97-4878         Part 1       Secure (AG) Secur  | SELVAKUMAR       SUNDARAM       804-99-9239         Spoule#HDP's name       Spoule#HDP's name       Spoule#HDP's SSN or ITN         JOSEPHINE       RITA SELVAKUMAR       968-97-4878         Part I Ta Stelum Information (whole dollars only)       1       120/second       1229,965.         2       Amount You Owe. Son instructions       1       1229,965.         3       557.         Part I Ta Stelum Information (whole dollars only)       3       557.         Part I Ta Stelum Procession Information (whole dollars only)       3       557.         Part I Ta Stelum Procession Information and Stipature Authorization (Be surg you obtain and keep a copy of yur (whole not be seen instructions       3       557.         Part I Ta Stelum Or No Amount Due. See instructions       3       557.         Part I Ta Stelum Or Stelum O   | 2020  | California e-file Signature Authorization for Individ  | luals  | 8879   |
| Specier/RDP's name       Specier/RDP's SSN or TIN         JOSEPHINE RITA SELVARUMAR       968-97-4878         Part I Tax Refurn Information (whole dollars only)       1         I California Adjusted Gross income (A6I). See instructions       1         29. Pression       3         Sector VD Vow. See instructions       3         Sector Sector VD Vow. See instructions       3   | Spouse/BOP's name         Spouse/BOP's same         Spouse/BOP's SM's same         Spouse/BOP's SM's same   | Your name   |  | Your SSN or  | r ITIN   |
| JOSEPHINE RITA SELVAKUMAR       968-97-4878         Part 1 Tax Return Information (whole dollars only)       1       129.965.         2 Amount You We. See instructions   | JOSEPHINE RITA SELVAKUMAR       968-97-4878         Part I Tax Return Information (whole dollars only)       1       120,955.         2       Amount You Gwe. Sein instructions       1       129,955.         3       Return Information (AGI). See instructions       3       557.         Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your returm.)       3       557.         Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your returm.)       3       557.         Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your returm.)       1       129,055.         Under penalities Of parkuly. Ideates that II have examined a copy of ny individual income ta returm comparing schedules and statements for the tax year ending December 31, 2020. and to the best of my knowledge and belief, Its Ture. correct, and complete, I further declares at statements for the tax year ending the anounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic funds withdrawal or direct deposit Introduction state of nor my returm. II have addet deposit antionization stated on my returm. II have addet deposit antionization stated on my returm. II have addet deposit antionization stated on my returm. II have addet deposit antionization stated on my returm. In fund a balance doue there, spoussRAP BA a agent to authorize an electronic funds withdrawal Consent in return in the additionation and amount on line and year the schedule above the spousse infore them, Lanonveldge that II have Partition and Partition anditha   | SELVAKUMAR  | SUNDARAM   | 804-99-  | -9239  |
| Part I       Tax Return Information (whole dollars only)       1       California Adjusted Gross Income (A6I). See instructions       1       12.9,965.         3       Returd or No Amount Due. See instructions       2       3       557.         Part II       Taxpeyr Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Part II       Taxpeyr Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Part II       Taxpeyr Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Part II       Taxpeyr Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       1       12.9,965.         Under penalties of perjury. Ideating that have examined a copy of my individual income tax return and address, and social security number or individual tax identification number) and the samounts shown in Part 1 above agree with the information and amounts shown on the 2 and/or the estimated tax pyremetrix as shown on ny return and on time2 data period the Single address and social security mumber or individual income tax return, this is an introveoble appointment of the data water return do the comparise provide, and their period possition and with thrawal or direct deposit authorizan steps on my return and, if applicable, my Electonic Funds Withdrawal and their period PB. Jacoba Addres PB as angert to authorize an electronic funds with thrawal or direct deposit authorize an electronic funds withadrawal Consent includued on the copy of my   | Part I       Tax Return Information (whole dollars only)       1       129,955.         1       California Adjusted Gross Income (ABI). See instructions       2         3       Returd or No Amount Due. See instructions       3       557.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       1       129,965.         Under penalties ORD, transmitter, or intermediate service provider (Including my name, advices, and social security number or Individual tax identification number) and the amounts shown in Part Labove agree with the information and amounts shown on the corresponding lines of my electronic funds withdrawal or direct deposit 1. authoriza en electronic funds withdrawal or direct deposit 1. authorization set the my return. The way and the amounts shown on the corresponding lines of my electronic funds withdrawal or direct deposit 1. authorization set the my network of the stations of the method show and my electronic funds withdrawal or direct deposit 1. authorization set the my network of the stations of the my advised for my electronic funds withdrawal Onsent interum to the alaconveidge that line theres sponses/ROPS (BO   | Spouse's/RDP's name   |  | Spouse's/RD  | DP's SSN or ITIN   |
| 1       California Adjusted Gross Income (AGI). See instructions       1       129,965.         2       Anount You We. See instructions       2       3       557.         Part II       Taxpayer Declaration and Signature Authorization (Be sur you obtain and keep a copy of your return.)       Important the information I provided for the set and the set and the best of the whowledge and belief, its true, correct, and complete. Hurther declare that the information I provided to my electronic return originator (FRO), transmitter, or intermediate service provider (including my name, address, and social security number or individual income tax return. If applicable, la uthorize an electronic tunds withdrawal of the amount on line 2 and/or the estimated to the south or the other spouse/RDP as an agent to authorize an electronic funds withdrawal of the amount on line 1 and/or the estimated to the south or the other spouse/RDP as an agent to authorize an electronic funds withdrawal or disc de agent. I aminite, or intermediate service provider (including my return, this is an intervocable appointem of the other spouse/RDP as an agent to authorize an electronic hunds withdrawal or disc deposit. I authorize an electronic hunds withdrawal or disc deposit. I admiter an intermediate service provide that interve adard consent to the Eletronic funds withdrawal or shouth the response/RDP as an agent to authorize the FTB to discose to my ERO, intermediate service provide adard consent to the Eletronic funds withdrawal Consent.         Image:   | 1       California Adjusted Gross Income (AGI). See instructions       1       129.965.         2       Amount You Owe. See instructions       2       557.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       557.         Ware ending December 31, 2020, and to the best of ny knowledge and belieft, its true, correct, and compileer. Inturfied celara that the information Iprovided ito my electronic truth withorkawal or the amount on line 2 and/or the estimated tax payments as shown on my return agents with the direct deposit authorization stated on my return. If have affects, or accompatible form. If applicable, I decisis the that preduce deposit return duration to the other or provider direct deposit authorize the truth withorkawal or direct deposit. J Humbride Consent Linear decisis the there for the direct deposit authorize the truth withorkawal or direct deposit. J Humbride Consent humbride the formation admounter on the corresponding lines of my wompele terturn the fractions tax Bard (FTB). If the processing of my return or return is filling a balance due return. Indexel admounter on the corresponding direct deposit. J Humbride Consent ton Have declaratis. Lackno  |   |  | 968-97-  | -4878  |
| 2 Anount You Youe. See instructions   | 2 Anount You Youe. See instructions   |   |  |  |  |
| Part 11       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perjury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31. 2020, and to the best of my knowledge are pervider (including my name, address, and social security number or individual tax identification number) and the amounts shown on the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic funds withdrawal of the amount s shown on the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic funds withdrawal of direct depost. I chaines is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal of direct depost. I chaines a service provider, and/or. Itamsmitter, 11 have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize the FTB to direct depost. I chaines are evice to direct depost if chaines and income tax return. I diverse and excome have a cleastonic funds withdrawal of direct depost. I chaines are evice that in the intermediate service provider, and/or tersonicly for the reasonicly for the delay of the data when the refund was sent. If 1 an evice intern, in diverse that I have reasonicly for the delay of the data when the refund was sent. If 1 and individual income tax return. Individual accome tax return, I advectime and excomental consent individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Your signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practiti   | Pert II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perjury. I declare that I have examined a copy of my individual income tax return and accompaning schedules and statements for the tax year ending December 31. 2020. and to the best of my knowledge apree provider (including my name, address, add social security number or individual tax identification number) and the amounts shown on the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic funds withdrawal or direct deposit return. If applicable, 1 authorize an electronic funds withdrawal or direct deposit. I authorize the FTB dess. California e alle scrueic funds withdrawal or direct deposit. I authorize the FTB dess. California individual Consent includes. Or accompanyatible form. If applicable, 1 declare that direct deposit return. If applicable, 1 declare that direct deposit return, and a mount on hime 2 and/or the estimated tax payments as shown on my return agrees with the direct deposit authorization stated on my return. If adapticable, 1 declare that direct deposit return, and agrees with the direct deposit return and a mount on hime 2 and/or the estimated tax payments as shown on my return agrees with the direct deposit return. Index schedus or the data week the text week to transmitter the reason(5) for the delay or the data week the text when the serinud was sent. If 11 anticable service provider, add and applicable income tax return. Indepsite service provider to transmitter to reason(5) for the delay or the data week the text return and and applicable income tax return. Indepsite a betax that the theore selected applicable on the data week text and consens in the data week text and consens in the data week text and the data week text andata week text and the data week text and the d   | 1 California Adjuste  | d Gross Income (AGI). See instructions   | 1  | 129,965.   |
| Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of periury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax giver ending. December 31. 2020. and to the best of my knowledge are ending. December 31. 2020. and to the best of my knowledge are evidthe information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form TFB 455. California effect on direct depost. If endines, or a comparatele form. If applicable, I declare that if ending amount on line 2 and/or the estimated tax payments as shown on my return and on form TFB 455. California effect on direct depost. If endines, or a comparatele form. If applicable interdepost return does with the direct depost return to direct depost. If endines, or a comparatele form. If applicable intervention is advanced uner return, I does with a direct depost intervention and anount on line 2 and/or the estimate service provider, and/or transmitter to reason(s) for the delay of th data when the refund was sent. If if an intervention expressing of the delay of th data when the refund was sent. If it any example is a stronwoldege that I have retar and consent include on the cary of my electronic forms by thirdwal all consent return. I data was a strong and all applicable intervent my electronic forms by thirdwal and consent.         I authorize GLOBAL TAXES LLC       to enter my PIN       5 9 2 3 9         I authorize GLOBAL TAXES LLC       to enter my PIN       7 4 8 7 8         I authorize GLOBAL TAXES LLC       to enter my PIN       0 on ot ent   | Pert II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perjury. I declare that I have examined a copy of my individual income tax return and accompaning schedules and statements for the tax year ending December 31. 2020. and to the best of my knowledge apree provider (including my name, address, add social security number or individual tax identification number) and the amounts shown on the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic funds withdrawal or direct deposit return. If applicable, 1 authorize an electronic funds withdrawal or direct deposit. I authorize the FTB dess. California e alle scrueic funds withdrawal or direct deposit. I authorize the FTB dess. California individual Consent includes. Or accompanyatible form. If applicable, 1 declare that direct deposit return. If applicable, 1 declare that direct deposit return, and a mount on hime 2 and/or the estimated tax payments as shown on my return agrees with the direct deposit authorization stated on my return. If adapticable, 1 declare that direct deposit return, and agrees with the direct deposit return and a mount on hime 2 and/or the estimated tax payments as shown on my return agrees with the direct deposit return. Index schedus or the data week the text week to transmitter the reason(5) for the delay or the data week the text when the serinud was sent. If 11 anticable service provider, add and applicable income tax return. Indepsite service provider to transmitter to reason(5) for the delay or the data week the text return and and applicable income tax return. Indepsite a betax that the theore selected applicable on the data week text and consens in the data week text and consens in the data week text and the data week text andata week text and the data week text and the d   | 2 Amount You Owe<br>3 Refund or No Am   | . See INSTRUCTIONS   | 2  | 557.   |
| Under preatities of perjury, I declare that I have examined a copy of my individual income tax return and accompilet. I further declare that the information I provided to my decletonic return originator (ERO), transmitter, or intermediate service provider (including my name, addreafte that the information all provided its distribution number) and the amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amounts shown on the corresponding lines of my electronic and on form FIB 4555, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that individual files of my electronic and endorm the reason(s) for the electronic provider of direct deposit runds withdrawal or direct deposit - Lambrice are return, this is an irrevocable provider, and/texic electronic transmitt my complete return to the Franchise Tax Board (FIB). If the processing of my return or return dis delayd, I authorize the resons(s) for the electronic file al when the reflection was sent. If 1 ame file a balance device that method in the corresponding indirect deposit runds and my return agent to authorize the reason(s) for the electronic line date when the reflection was sent. If 1 ame file a balance due return, I deplecible, I authorize the FIB disclose to my FRO, Intermediate service and acconsent to the Electronic Funds Withdrawal Consent included on the cory of my electronic income tax return. They selected a personal identification number (PIN) as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature on my | Under penalties of periury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge are provider (including my name, address, add social security number or individual tax identification number) and the amounts shown in part 1 above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, 1 authorize an electronic funds withdrawal are prever the information and amount on line 2 and/or the estimated tax payments as shown on my return, and on form FTB 455. California e-file payment Record for Individuals, or a companying form. Taypingtable, 1 delare that direct deposit return diverse an electronic funds withdrawal or direct deposit. I authorize the FTB disciples to my electronic intermediate service provider, address early for under when the reflux wheat so for the star abouts shown on my return. If applicable, 1 delay et that and a long treatment of the observation or my return agrees with the information and amount on line 2 and/or the estimated tax payments as shown on my return agrees with the information and amount on line 2 and/or the estimated tax payments as shown on my return agrees with the information and mount on line 2 and/or the estimate and payment of the other spouse/RDP as an agent to authorize the FTB disconse tax return. Inderstand accompanying the service provider, address and the line tax reason(s) for the delay or the data when the return dive as sent. If the applicable is envice provider to transmite or the reson(s) for the delay or the data when the return dive as sent. If an express and penalties. I acknowledge that I have read and consent in dura and accompanying the selected applicable indevity and the applicable indevity and and applicable indevity and and applicable indevity and the applicable indevity and the tax return. Inderstand accompanying the return, Indevitad a consent neturn, Ind |   |  |  |  |
| Taxpayer'S PIN: check one box only       I authorize GLOBAL TAXES LLC       to enter my PIN       5       9       2       3       9         ERO firm name         as my signature on my 2020 e-filed California individual income tax return.         I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Your signature  | Taxpayer's PIN: check one box only       I authorize GLOBAL TAXES LLC       to enter my PIN       5       9       2       3       9         Iso on the enter all zeros         as my signature on my 2020 e-filed California individual income tax return.         I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. 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  | tax identification num<br>income tax return. If<br>and on form FTB 845<br>agrees with the direct<br>agent to authorize an<br>return to the Franchis<br><b>provider, and/or tran</b><br>does not receive full a<br>read and consent to t | applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax p<br>5, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that dir<br>t deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointmen<br>electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service p<br>to Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose<br>smitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due r<br>and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and pe<br>he Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have | responding<br>ayments as<br>rect deposit<br>nt of the oth<br>rovider to the<br><b>to my ERO</b><br>return, I und<br>enalties. I ac<br>e selected a | lines of my electronic<br>shown on my return<br>refund amount on line 3<br>ner spouse/RDP as an<br>ransmit my complete<br><b>9, intermediate service</b><br>lerstand that if the FTB<br>eknowledge that I have |
| ERO firm name       Do not enter all zeros         as my signature on my 2020 e-filed California individual income tax return.       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Your signature ▶   | ERO firm name       Do not enter all zeros         as my signature on my 2020 e-filed California individual income tax return.       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. 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 ▶  |   |  | π.   |  |
| ERO firm name       Do not enter all zeros         as my signature on my 2020 e-filed California individual income tax return. <ul> <li>I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below.</li> </ul> <ul> <li>Your signature</li> <li></li></ul>  | ERO firm name       Do not enter all zeros         as my signature on my 2020 e-filed California individual income tax return.       I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. 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 ▶  | X Lauthorize GL   | DBAL TAXES LLC to enter  | my PIN   | 5 9 2 3 9  |
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| Spouse's/RDP's PIN: check one box only <ul> <li>I authorize GLOBAL TAXES LLC</li> <li>to enter my PIN</li> <li>T</li> <li>T<!--</td--><td>Spouse's/RDP's PIN: check one box only         I authorize       GLOBAL TAXES LLC         to enter my PIN       7       4       8       7       8         Do not enter all zeros       as my signature on my 2020 e-filed California individual income tax return.       Do not enter all zeros       Do not enter all zeros         I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own P and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Spouse's/RDP's signature      </td><td>•</td><td></td><td>ı are enterin</td><td>ng your own PIN and yo</td></li></ul>  | Spouse's/RDP's PIN: check one box only         I authorize       GLOBAL TAXES LLC         to enter my PIN       7       4       8       7       8         Do not enter all zeros       as my signature on my 2020 e-filed California individual income tax return.       Do not enter all zeros       Do not enter all zeros         I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own P and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.         Spouse's/RDP's signature  | •   |  | ı are enterin  | ng your own PIN and yo   |
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| and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.   Spouse's/RDP's signature   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   Constant and enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.   | and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's signature  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.  So and enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authoriz e-file Providers.   |   | ERO firm name  | -  |  |
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| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.       5       8       7       2       7       8       6       1       9       8       9         Do not enter all zeros         I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.   | Part III       Certification and Authentication — Practitioner PIN Method Only         ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.       5       8       7       2       7       8       6       1       9       8       9         Do not enter all zeros         I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authoriz e-file Providers.   | Spouse's/RDP's signa  | ature  Date  |  |  |
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| ERO's signature Date 04/03/2021   | ERO's signature  Date  04/03/2021   | confirm that I am sul   | re numeric entry is my PIN, which is my signature for the 2020 California individual income tax return to omitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1   | for the taxpa<br>345, 2020   | ayer(s) indicated above<br>Handbook for Authorize  |
|   |   | ERO's signature   | Date • 04/03/20  | )21  |  |

DO NOT MAIL THIS FORM TO THE FTB

540

## TAXABLE YEAR

#### California Resident Income Tax Return 2020 APE ATTACH FEDERAL RETURN

| 804-99-9239<br>SELVAKUMAR<br>JOSEPHINERI | SUND<br>SUNDAR<br>SELVAK |       |     | 20  |
|--|--------------------------|-------|-----|-----|
| 37800 CAMDEN<br>FREMONT                  | ST<br>CA                 | 94536 | APT | 149 |
| 12-06-1979                               | 03-06-1986               |       |     |     |

|                     |                     | Enter your county at time of filing (see instructions)   |
|---------------------|---------------------|--|
| ő                   | $oldsymbol{igodol}$ | ALAMEDA  |
| lenc                |                     | If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙   |
| esid                |                     | If not, enter below your principal/physical residence address at the time of filing.   |
| Ř                   |                     | Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.  |
| Principal Residence | ۲                   | $\textcircled{\bullet}$  |
| Prin                |                     | City State ZIP code  |
|                     | ۲                   | $\fbox{\begin{tabular}{ c c c c } \hline \hline & & \\ \hline \hline & & \\ \hline & & \\ \hline & & \\ \hline & & \\ \hline \hline & & \\ \hline & & \\ \hline \hline & & \\ \hline \hline \\ \hline & & \\ \hline \hline \\ \hline \\$ |
|                     |                     | If your California filing status is different from your federal filing status, check the box here  |
| S                   | 1                   | Single <b>4</b> Head of household (with qualifying person). See instructions.  |
| atu                 |                     |  |
| Filing Status       | 2                   | X       Married/RDP filing jointly. See inst.       5       Qualifying widow(er). Enter year spouse/RDP died.  |
| illi.               |                     | See instructions.  |
|                     |                     |  |
|                     | 3                   | Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.  |
|                     | 6                   | If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst   |
|                     | . Fo                | r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.  |
| รเ                  | 7                   | Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked  |
| tior                | _                   | box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. <b>•</b> 7 2 X $124 = $  |
| Exemptions          | 8                   | Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2  |
| ЖЩ                  | 9                   | Senior: If you (or your spouse/RDP) are 65 or older, enter 1;  |
|                     |                     | if both are 65 or older, enter 2   |
|                     |                     | REV 03/24/21 PRO   |
|                     |                     | 175 3101204 Form 540 2020 <b>Side 1</b>  |

| Υοι             | ır na    | me:    | SUND.                      | ARA    | М   | Your SSN                   | or IT        | IN: 804-99                            | 9-9239                                 |                  |             |          |
|-----------------|----------|--------|----------------------------|--------|---|----------------------------|--------------|---------------------------------------|--|------------------|-------------|----------|
|                 | 10       | Depen  | dents:                     | Do n   | ot include yourself or yo<br>Dependent 1                      | our spouse/RC              | )P.          | Dependent 2                           |  |                  | Dependent 3 |          |
|                 |          | Firs   | t Name                     | ۲      | SUBARNA   |                            | ۲            | SUVALI                                |  | ۲                |             |          |
| suo             |          | Last   | t Name                     | ۲      | SELVAKUMAR JOS  | SEPH                       | ۲            | SELVAKUMA                             | AR JOSEPH                              | ۲                |             |          |
| Exemptions      |          |        | I. See<br>ructions.        | •      | 968974946   |                            | •            | 968974918                             | 3                                      | •                |             |          |
| EX              |          |        | endent's<br>tionship<br>ou | ۲      | DAUGHTER  |                            | ۲            | DAUGHTER                              |  | ۲                |             |          |
|                 | Tota     |        |                            | xemp   | otions  |                            |              | •                                     | 10 2 X \$383                           | = 🦲              | \$          | 766      |
|                 | 11       | Exen   | nption a                   | amol   | Int: Add line 7 through lin                                   | ne 10. Transfe             | er this      | amount to line                        | 32                                     | • 1 <sup>.</sup> | 1\$         | 014      |
|                 | 12       | State  | e wages                    | fron   | n your federal<br>x 16  |                            | <u> </u>     |                                       | 140114 .00                             |                  |             |          |
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|                 | 15       |        |                            |        | lumn B<br>from line 13. If less than                          |                            |              |                                       |  | 4                |             | <u> </u> |
| ome             |          | See i  | instruct                   | ions   |   | · · · · · · · · · · · · ·  |              |                                       | 1                                      | 5                | 12996       | 5 .00    |
| lnco            | 16       |        |                            |        | nents – additions. Enter<br>Iumn C                            |                            |              |                                       |  | 6                |             | . 00     |
| Taxable Income  | 17       | Califo | ornia ad                   | ljuste | ed gross income. Combir                                       | ne line 15 and             | line         | 16                                    | 1                                      | 7                | 12996       | 5 .00    |
| Та              | 18       | Enter  | r the                      | You    | r California <b>itemized ded</b>                              | uctions from               | Sche         | dule CA (540), I                      | Part II, line 30; <b>OR</b>            | )                |             |          |
|                 |          | large  | er of                      |        | r California <b>standard ded</b><br>ngle or Married/RDP filin |                            |              |                                       |  | }                |             |          |
|                 |          |        | l                          | • Ma   | arried/RDP filing jointly, I                                  | Head of house              | ehold        | , or Qualifying w                     | vidow(er) \$9,202                      |                  | 920         | 2        |
|                 | 19       | Subt   | ract line                  |        | arried/RDP filing separately (<br>from line 17. This is your  |                            |              | checked, <b>STOP</b> . S              | See instructions • 1                   | 8                |             |          |
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|                 | 31       | Tax.   | Check t                    | he bo  | ox if from:   |                            |              | ]                                     |  |                  | 548         | 8 00     |
|                 | 32       | Exem   | nption c                   | redit  | s. Enter the amount from                                      | 3800 •<br>1 line 11. If yo | ur fe        |                                       | •••••••••••••••••••••••••••••••••••••• | 81               |             |          |
| Тах             |          | \$203  | 8,341, s                   | ee in  | structions  |                            |              |                                       | 🖲 🤅                                    | 82               | 101         | 4 .00    |
| -               | 33       | Subt   | ract line                  | e 32 f | from line 31. If less than                                    | zero, enter -0             |              | · · · · · · · · · · · · · · · · · · · |  | 3                | 447         | 4 .00    |
|                 | 34       | Tax.   | See ins                    | tructi | ions. Check the box if fro                                    | om: • S                    | ched         | ule G-1 •                             | FTB 5870A • 3                          | 84               |             | . 00     |
|                 | 35       | Add    | line 33                    | and I  | ine 34  |                            |              |                                       |  | 15               | 447         | 4 .00    |
| s               |          |        |                            |        |   |                            |              |                                       |  |                  |             |          |
| redit           | 40       | Nonr   | refundal                   | ble C  | hild and Dependent Care                                       | Expenses Cre               | edit. 3<br>7 | See instructions                      | • 4                                    | 10               |             |          |
| Special Credits | 43       | Enter  | r credit                   | nam    |   |                            | co           |                                       | and amount • 4                         | 13               |             | 00       |
| Spe             | 44       | Enter  | r credit                   | nam    | e   |                            | со           | de 🗕 📃                                | and amount •                           | 14               |             | . 00     |
|                 |          |        | EV 03/24/                  |        |   | 175                        |              |                                       | <b>—</b> –                             |                  |             |          |
|                 | I        | 310e 2 | <b>2</b> Form              | ว40    | 2020  | 175                        |              | 3102204                               | I                                      |                  |             |          |

| You                  | r nar    | ne:    | SUNDARAM   |              | Your SSN or ITIN:            | 804-99-92           | 39             |                 |                                       |      |              |
|----------------------|----------|--------|--|--------------|------------------------------|---------------------|----------------|-----------------|---------------------------------------|------|--------------|
| (0                   | 45       | To cl  | laim more than two credit  | s. See inst  | ructions. Attach Schedu      | le P (540)          |                | 45              |                                       |      | . 00         |
| credit               | 46       | Noni   | refundable Renter's Credit   | . See instr  | uctions                      |                     |                | 46              |                                       |      | . 00         |
| Special Credits      | 47       | Add    | line 40 through line 46. T   | nese are y   | our total credits            |                     |                | <sup>)</sup> 47 |                                       |      | . 00         |
| Spe                  | 48       | Subt   | tract line 47 from line 35.  | If less thar | n zero, enter -0             |                     |                | <sup>)</sup> 48 | 4                                     | 474  | . 00         |
|                      |          |        |  |              |                              |                     |                |                 |                                       |      |              |
|                      | 61       | Alter  | native Minimum Tax. Atta   | ch Schedu    | ıle P (540)                  |                     | •••••          | 61              |                                       |      | - 00         |
| xes                  | 62       | Men    | tal Health Services Tax. Se  | e instruct   | ions                         |                     | •••••          | 62              |                                       |      | - 00         |
| Other Taxes          | 63       | Othe   | r taxes and credit recaptu   | re. See ins  | structions                   |                     | •••••          | 63              |                                       |      | - 00         |
| Oth                  | 64       | Exce   | ss Advance Premium Ass   | istance Su   | ıbsidy (APAS) repaymen       | t. See instruction  | s •            | 64              |                                       |      | <b>00</b>    |
|                      | 65       | Add    | line 48, line 61, line 62, lin   | ne 63, and   | line 64. This is your tota   | al tax              | • • • •        | 65              | 4                                     | 474  | . 00         |
|                      | 71       | Calif  | ornia income tax withheld  | See instr    | uctions                      |                     |                | 71              | 5                                     | 5031 | . 00         |
|                      | 72       |        | ) CA estimated tax and oth   |              |                              |                     |                |                 |                                       |      | . 00         |
|                      | 73       |        | holding (Form 592-B and  |              |                              |                     |                |                 |                                       |      | . 00         |
| nts                  |          |        |  |              |                              |                     |                |                 |                                       |      | . 00         |
| Payments             | 74       |        | ss SDI (or VPDI) withheld  |              |                              |                     |                |                 |                                       |      | . 00         |
| Δ.                   | 75       |        | ed Income Tax Credit (EIT  | ,            |                              |                     |                |                 |                                       |      |              |
|                      | 76       | Your   | ng Child Tax Credit (YCTC)   | . See instr  | ructions                     |                     | •••••          | 76              |                                       |      | • 00         |
|                      | 77<br>78 | Add    | Premium Assistance Subs<br>line 71 through line 77. Th                               |              |                              |                     |                | 77<br>78        |                                       | 5031 | • <u>00</u>  |
|                      |          | See    | instructions   |              |                              |                     |                | /0              |                                       |      | ∎ <u>00</u>  |
| Тах                  | 91       | Use    | <b>Tax.</b> Do not leave blank. S  | See instruc  | tions                        | • 91                |                |                 | 0 .00                                 |      |              |
| Use Tax              |          | lf lin | e 91 is zero, check if:  | × No         | use tax is owed.             | You paid yo         | our use tax ob | ligation        | directly to CDTFA.                    |      |              |
| ائد<br>ائد           | 92       | Indiv  | <i>i</i> idual Shared Responsibili   | tv (ISR) P   | enalty. See instructions     |                     |                |                 | . 00                                  |      |              |
| ISR<br>Penaltv       |          | •      | × Full-year health car   |              |                              | •                   |                |                 |                                       |      |              |
| ) anc                | 93       | Davia  | nents balance. If line 78 is   | moro the     | n line 01, subtract line 0   | 1 from line 70      |                | 02              | Ę                                     | 5031 | . 00         |
| /Tax I               |          | -      |  |              |                              |                     |                |                 |                                       |      | . 00         |
| id Tax               | 94<br>95 | Payn   | <b>Tax balance.</b> If line 91 is nents after Individual Sha                         | red Respo    | nsibility Penalty. If line 9 | 3 is more than lir  | ne 92,         | 94              | ـــــــــــــــــــــــــــــــــــــ | 5031 |              |
| Overpaid Tax/Tax Due | 96       | Indiv  | ract line 92 from line 93<br>/idual Shared Responsibili<br>ract line 93 from line 92 | ty Penalty   | Balance. If line 92 is mo    | ore than line 93, t | hen            | 95<br>96        |                                       |      | • 00<br>• 00 |
| 0                    |          |        | REV 03/24/21 PRO   |              |                              |                     |                | 50              |                                       |      |              |
|                      |          |        |  |              | 175 310                      | 3204                |                |                 | Form 540 2020 <b>Si</b>               | de 3 |              |

| Υοι                  | ır nar | me: SUNDARAM Your SSN or ITIN: 804-99-9239                                    |      |
|----------------------|--------|---|------|
| Overpaid Tax/Tax Due | 97     | Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95  | . 00 |
| ax/Ta                | 98     | Amount of line 97 you want applied to your <b>2021</b> estimated tax          | . 00 |
| oaid T               | 99     | Overpaid tax available this year. Subtract line 98 from line 97 • 99 557      | . 00 |
| Overl                | 100    | Tax due. If line 95 is less than line 65, subtract line 95 from line 65 100   | . 00 |
|                      |        | Code Amount   |      |
|                      |        | California Seniors Special Fund. See instructions                             | . 00 |
|                      |        | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund      | . 00 |
|                      |        | Rare and Endangered Species Preservation Voluntary Tax Contribution Program   | . 00 |
|                      |        | California Breast Cancer Research Voluntary Tax Contribution Fund             | . 00 |
|                      |        | California Firefighters' Memorial Voluntary Tax Contribution Fund             | . 00 |
|                      |        | Emergency Food for Families Voluntary Tax Contribution Fund                   | . 00 |
|                      |        | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund  | . 00 |
|                      |        | California Sea Otter Voluntary Tax Contribution Fund                          | . 00 |
| su                   |        | California Cancer Research Voluntary Tax Contribution Fund                    | . 00 |
| Contributions        |        | School Supplies for Homeless Children Fund                                    | . 00 |
| Contr                |        | State Parks Protection Fund/Parks Pass Purchase                               | . 00 |
|                      |        | Protect Our Coast and Oceans Voluntary Tax Contribution Fund                  | . 00 |
|                      |        | Keep Arts in Schools Voluntary Tax Contribution Fund                          | . 00 |
|                      |        | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | . 00 |
|                      |        | California Senior Citizen Advocacy Voluntary Tax Contribution Fund            | . 00 |
|                      |        | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund     | . 00 |
|                      |        | Rape Kit Backlog Voluntary Tax Contribution Fund                              | . 00 |
|                      |        | Schools Not Prisons Voluntary Tax Contribution Fund                           | . 00 |
|                      |        | Suicide Prevention Voluntary Tax Contribution Fund                            | . 00 |
|                      | 110    | Add code 400 through code 444. This is your total contribution • 110          | . 00 |

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| You                           | r nan                         | ne:                                  | SUNDARAM  |  | Your SSN   | or ITIN:                      | 804-99-                        | -923                | 39                           |                      |                   |                  |                     |      |
|-------------------------------|-------------------------------|--------------------------------------|---|--|--|-------------------------------|--------------------------------|---------------------|------------------------------|----------------------|-------------------|------------------|---------------------|------|
| Amount<br>You Owe             | 111                           | Mail                                 | to: FRANCHISE   | you do not have an<br>TAX BOARD, PO B<br>ca.gov/pay for mo   | OX 942867,   | SACRAME                       |                                |                     |                              |                      | ee instru         | ctions. Do       | not send cash.      | . 00 |
| t and<br>ties                 |                               |                                      | est, late return per<br>erpayment of estim  | nalties, and late pay<br>nated tax.  | yment penalti  | es                            |                                |                     |                              | 112                  |                   |                  |                     | . 00 |
| Interest and<br>Penalties     |                               | Chec                                 | k the box: ●  | FTB 5805 attach  | ned  | FTB 5805                      | F attached .                   |                     |                              | 113                  |                   |                  |                     | .00  |
| _                             | 114                           | Total                                | amount due. See   | instructions. Enclo  | ose, but <b>do no</b>                                    | <b>it</b> staple, ar          | ny payment .                   |                     |                              | 114                  |                   |                  |                     | .00  |
|                               | 115                           | REFL                                 | JND OR NO AMOU  | INT DUE. Subtract  | the sum of li  | ne 110, lin                   | e 112 and lin                  | ie 113              | 3 from line 9                | 99. See i            | nstructi          | ons.             |                     |      |
|                               |                               | Mail                                 | to: FRANCHISE TA  | AX BOARD, PO BO  | X 942840, S <i>i</i>                                     | ACRAMENT                      | TO CA 94240                    | -0001               | 1                            | 115                  |                   |                  | 557                 | . 00 |
| Refund and Direct Deposit     |                               | See i<br>All or                      | nstructions. <b>Have</b><br>r the following amo<br><u>Routing number</u><br>121000358         | o authorize direct of<br>you verified the ro<br>ount of my refund<br>Type<br>Checking<br>Savings<br>of my refund (line | <ul> <li>Account r</li> <li>3250958</li> </ul>           | authorized<br>number<br>62310 | nbers? Use w<br>for direct dep | vhole<br>posit<br>] | dollars only<br>into the acc | /.<br>count sho      | own bela<br>• 116 | ow:              | posit amount<br>557 | . 00 |
|                               |                               |                                      | Routing number  | Type     Checking     Savings     s to find out if you   | Account r  | number                        |                                | ]                   |                              |                      |                   | Direct de        | posit amount        | . 00 |
| To le<br>ftb.c<br>Und<br>knov | arn a<br>a.gov                | bout y<br>v/forn<br>nalties<br>e and | your privacy rights<br>ns and search for '<br>s of perjury, I decla<br>belief, it is true, co | , how we may use<br>1131. To request th<br>are that I have exar<br>prrect, and complet                                 | your informat<br>is notice by n<br>nined this tax<br>te. | tion, and th<br>nail, call 80 | e consequer<br>0.852.5711.     | nces f<br>npany     | for not provi<br>ying schedu | ding the             | stateme           | nts, and to      | -                   | n)   |
| Ci.                           | ~~                            |                                      |   |  |  |                               |                                |                     |                              |                      |                   | 65043            | 16857               |      |
| He                            | gn<br>ere<br><sup>unlaw</sup> | /ful                                 |   | gnature (declaration<br>UMARAPPANA   | of preparer is   | based on al                   | ll information                 | of wh               | ich preparer                 | <sup>,</sup> has any | knowled           | lge)             |                     |      |
| to fo                         | rge a<br>ıse's/               |                                      | Firm's name (or yo  | ours, if self-employed   | )  |                               |                                |                     |                              |                      |                   |                  | ● PTIN              | ]    |
| RDF<br>sign                   | ''s<br>ature.                 |                                      | GLOBAL TA   | XES LLC  |  |                               |                                |                     |                              |                      |                   |                  | P0209033            | \$2  |
| Joint<br>retur                |                               |                                      | Firm's address  | LE CREEK LN  |  | - GA 30                       | 041                            |                     |                              |                      |                   |                  | • Firm's FEIN       | 96   |
| (See                          |                               | ns)                                  |   | allow another pers   |  |                               |                                | See                 | instructions                 |                      | •                 | Yes<br>Telephone | × No                |      |
|                               |                               |                                      | REV 03/24/21 PRO  | •  | 175  | 310                           | 5204                           | Г                   |                              |                      | Fo                | rm 540 2         | 2020 <b>Side 5</b>  |      |

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| E <b>1040</b>  |              | artment of the Treasury-Internal Revenue Servi<br>S. Individual Income Tax                                 |            | (99)<br><b>urn</b> | 20                         | 20      | OMB No. 1545     | -0074    | IRS U     | se Only | r−Do not v   | write or staple | e in this space.              |
|--|--------------|--|------------|--------------------|----------------------------|---------|------------------|----------|-----------|---------|--------------|-----------------|-------------------------------|
| Filing Status<br>Check only<br>one box.              | lf yo        | Single X Married filing jointly unchecked the MFS box, enter the name on is a child but not your dependent | ame of y   | -                  | separately<br>ouse. If you |         |                  |          |           | ,       |              | , ,             | dow(er) (QW)<br>he qualifying |
| Your first name                                      | and m        | iddle initial  | Last na    | me                 |                            |         |                  |          |           |         | Your se      | ocial securi    | ity number                    |
| SELVAKUN   | 1AR          |  | SUNE       | ARAM               |                            |         |                  |          |           |         | 804-         | 99-923          | 19                            |
| If joint return, s                                   | pouse's      | s first name and middle initial  | Last na    | me                 |                            |         |                  |          |           |         | Spouse       | 's social se    | curity number                 |
| JOSEPHIN   | IE R         | ITA  | SELV       | AKUMA              | AR.                        |         |                  |          |           |         | 968-         | 97-487          | '8                            |
| Home address   | (numbe       | er and street). If you have a P.O. box, see  | instructio | ons.               |                            |         |                  |          | Apt. no.  |         | Preside      | ential Elect    | ion Campaign                  |
| 37800 CA   | AMDE         | N ST   |            |                    |                            |         |                  |          | 149       |         |              | here if you     |                               |
| City, town, or p                                     | ost offi     | ce. If you have a foreign address, also co   | mplete s   | paces be           | low.                       | Sta     | ite              | ZIP c    | ode       |         |              |                 | ntly, want \$3                |
| FREMONT  |              |  |            |                    |                            | C       | A                | 94!      | 536       |         | Ŭ Ŭ          | low will no     | Checking a t change           |
| Foreign country                                      | / name       |  | F          | oreign pi          | rovince/stat               | e/coun  | ty               | Forei    | gn postal | code    | 1            | x or refund     | •                             |
|  |              |  |            |                    |                            |         |                  |          |           |         |              | 🗌 You           | Spouse                        |
| At any time du                                       | ring 20      | 020, did you receive, sell, send, exch   | nange, c   | or otherw          | ise acquii                 | re any  | financial intere | est in a | any virtı | ual cu  | irrency?     | Ves             | X No                          |
| Standard<br>Deduction                                | _            | eone can claim:  You as a de<br>Spouse itemizes on a separate return                                       | •          |                    | •                          |         |                  |          |           |         |              |                 |                               |
| Age/Blindness  | You:         | Were born before January 2, 1  | 956 🗌      | Are bl             | ind S                      | pouse   | : 🗌 Was bo       | rn bef   | ore Jan   | uary 2  | 2, 1956      | 🗌 ls b          | olind                         |
| Dependents   | s (see       | instructions):   |            | (2) S              | Social secur               | rity    | (3) Relationsh   | nip      | (4)       | 🖌 if q  | ualifies fo  | or (see instru  | uctions):                     |
| If more  | <b>(1)</b> F | irst name Last name  |            |                    | number                     |         | to you           |          | Child     | l tax c | redit        | Credit for o    | ther dependents               |
| than four  | SUE          | BARNA SELVAKUMAR JOSEPHIN  | NE RITA    | 968                | -97-49                     | 46      | Daughter         |          |           |         |              |                 | X                             |
| dependents,<br>see instruction                       | SUV          | VALI SELVAKUMAR JOSEPHIN   | NE RITA    | 968                | -97-49                     | 18      | Daughter         |          |           |         |              |                 | ×                             |
| and check  |              |  |            |                    |                            |         |                  |          |           |         |              |                 |                               |
| here 🕨 📋   |              |  |            |                    |                            |         |                  |          |           |         |              |                 |                               |
| A ++ +-  | 1            | Wages, salaries, tips, etc. Attach F   | orm(s) ۱-  | N-2 .              | · · ·                      |         |                  |          |           |         | . 1          | 1               | 40,114.                       |
| Attach<br>Sch. B if                                  | 2a           | Tax-exempt interest  | 2a         |                    |                            | bΤ      | axable interes   | t.       |           |         | . <b>2</b> k | <u>א</u>        |                               |
| required.  | 3a           | Qualified dividends  | 3a         |                    |                            | bC      | Ordinary divide  | nds .    |           |         | . 3ł         | <u>א</u>        |                               |
| ·  | 4a           | IRA distributions  | 4a         |                    |                            | bΤ      | axable amoun     | t        |           |         | . 4ł         | <u>א</u>        |                               |
|  | 5a           | Pensions and annuities   | 5a         |                    |                            | bΤ      | axable amoun     | t        |           |         | . 5ł         | <b>)</b>        |                               |
| Standard<br>Deduction for—                           | 6a           | ···· , ··· _   | 6a         |                    |                            |         | axable amoun     | t        |           | •       | . 6ł         | <b>)</b>        |                               |
| Single or  | 7            | Capital gain or (loss). Attach Schee   | dule D if  | require            | d. If not re               | quired  | , check here     |          |           |         | _ 7          | ·               |                               |
| Married filing separately,                           | 8            | Other income from Schedule 1, line   | e9.        |                    |                            |         |                  |          |           |         | . 8          |                 | 10,149.                       |
| \$12,400   | 9            | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a  | and 8. T   | his is yo          | our <b>total in</b>        | come    |                  |          |           |         | ▶ 9          | 1               | 29,965.                       |
| <ul> <li>Married filing<br/>jointly or</li> </ul>    | 10           | Adjustments to income:   |            |                    |                            |         | 1                | ī        |           |         |              |                 |                               |
| Qualifying   | а            |  |            |                    |                            |         |                  | a        |           |         | _            |                 |                               |
| widow(er),<br>\$24,800                               | b            | Charitable contributions if you take   | the stan   | idard de           | duction. S                 | ee inst | ructions 10      | b        |           |         |              |                 |                               |
| Head of     household                                | С            | Add lines 10a and 10b. These are   |            |                    |                            |         |                  |          |           | •       | ► 10         |                 |                               |
| household,<br>\$18,650                               | 11           | Subtract line 10c from line 9. This  |            |                    |                            |         |                  |          |           | •       | ► <u>1</u>   |                 | 29,965.                       |
| <ul> <li>If you checked<br/>any box under</li> </ul> | 12           | Standard deduction or itemized   |            | `                  |                            | ,       |                  |          |           |         |              |                 | 24,800.                       |
| Standard   | 13           | Qualified business income deducti  |            |                    |                            |         |                  |          |           |         |              |                 |                               |
| Deduction,<br>see instructions.                      | 14           | Add lines 12 and 13  |            |                    |                            |         |                  |          |           |         |              |                 | 24,800.                       |
|  | 15           | Taxable income. Subtract line 14   | from lin   | e 11. lf z         | zero or les                | s, ente | er-0             |          |           |         | . 1          | 5   1           | 05,165.                       |

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

|                                    | 16<br>17<br>18<br>19<br>20<br>21<br>22 | <b>Tax</b> (see instructions). Check<br>Amount from Schedule 2, lin<br>Add lines 16 and 17 .<br>Child tax credit or credit for<br>Amount from Schedule 3, lin | e3                       |                    |                     |           |              |                         | 16<br>17                | 14,716.  |
|------------------------------------|--|---|--------------------------|--------------------|---------------------|-----------|--------------|-------------------------|-------------------------|--|
|                                    | 18<br>19<br>20<br>21                   | Add lines 16 and 17 .<br>Child tax credit or credit for<br>Amount from Schedule 3, lin  |                          |                    |                     |           |              |                         | 17                      |  |
|                                    | 19<br>20<br>21                         | Child tax credit or credit for<br>Amount from Schedule 3, lin   |                          |                    |                     |           |              |                         |                         |  |
|                                    | 20<br>21                               | Amount from Schedule 3, lin   | other dependent          |                    |                     |           |              |                         | 18                      | 14,716.  |
|                                    | 21                                     |   |                          | ts                 |                     |           |              |                         | 19                      | 1,000.   |
|                                    |  | Add lines 10 and 00   | e7                       |                    |                     |           |              |                         | 20                      |  |
|                                    | 22                                     | Add lines 19 and 20   |                          |                    |                     |           |              |                         | 21                      | 1,000.   |
|                                    |  | Subtract line 21 from line 18   | . If zero or less,       | enter -0           |                     |           |              |                         | 22                      | 13,716.  |
|                                    | 23                                     | Other taxes, including self-e   | mployment tax,           | from Schedule      | 2, line 10 .        |           |              |                         | 23                      | 0.   |
|                                    | 24                                     | Add lines 22 and 23. This is  | your <b>total tax</b>    |                    |                     |           |              | . 🕨                     | 24                      | 13,716.  |
|                                    | 25                                     | Federal income tax withheld   | from:                    |                    |                     |           |              |                         |                         |  |
|                                    | а                                      | Form(s) W-2   |                          |                    |                     | 25a       | 15           | ,115.                   |                         |  |
|                                    | b                                      | Form(s) 1099  |                          |                    |                     | 25b       |              |                         |                         |  |
|                                    | с                                      | Other forms (see instructions   | s)                       |                    |                     | 25c       |              |                         |                         |  |
|                                    | d                                      | Add lines 25a through 25c   |                          |                    |                     |           |              |                         | 25d                     | 15,115.  |
| • If you have a                    | 26                                     | 2020 estimated tax payment  | s and amount a           | pplied from 20     | 19 return .         |           |              |                         | 26                      |  |
| qualifying child, attach Sch. EIC. | 27                                     | Earned income credit (EIC)  |                          |                    |                     | 27        |              |                         |                         |  |
| <ul> <li>If you have</li> </ul>    | 28                                     | Additional child tax credit. A  | ttach Schedule 8         | 3812               |                     | 28        |              |                         |                         |  |
| nontaxable combat pay,             | 29                                     | American opportunity credit   | from Form 8863           | , line 8           |                     | 29        |              |                         |                         |  |
|                                    | 30                                     | Recovery rebate credit. See   | instructions .           |                    |                     | 30        | 1            | ,200.                   |                         |  |
|                                    | 31                                     | Amount from Schedule 3, lin   | e13                      |                    |                     | 31        |              |                         |                         |  |
|                                    | 32                                     | Add lines 27 through 31. The  | ese are your <b>tota</b> | al other payme     | ents and refund     | able cr   | edits        | . 🕨                     | 32                      | 1,200.   |
|                                    | 33                                     | Add lines 25d, 26, and 32. T  | hese are your <b>to</b>  | tal payments       |                     |           |              | . 🕨                     | 33                      | 16,315.  |
| Refund                             | 34                                     | If line 33 is more than line 24   | , subtract line 2        | 4 from line 33.    | This is the amou    | unt you   | overpaid     |                         | 34                      | 2,599.   |
|                                    | 35a                                    | Amount of line 34 you want  |                          |                    | is attached, che    | eck here  |              |                         | 35a                     | 2,599.   |
| Direct deposit?                    | ►b                                     | Routing number 1 2 1  |                          |                    | ► c Type: 🕨         |           | king 🗌 🕄     | Savings                 |                         |  |
| See instructions.                  | ►d                                     | Account number 3 2 5  | 0 9 5 8                  | 6 2 3 1            |                     |           |              |                         |                         |  |
|                                    | 36                                     | Amount of line 34 you want a  | applied to your a        | 2021 estimate      | d tax 🕨             | 36        |              |                         |                         |  |
|                                    | 37                                     | Subtract line 33 from line 24   | . This is the <b>amo</b> | ount you owe       | now                 |           |              | . Þ                     | 37                      |  |
| You Owe                            |  | Note: Schedule H and Sch  |                          |                    |                     |           |              |                         |                         |  |
| For details on<br>how to pay, see  |  | 2020. See Schedule 3, line 1  | -                        |                    |                     |           | I            |                         |                         |  |
| instructions.                      | 38                                     | Estimated tax penalty (see in   |                          |                    |                     |           |              |                         |                         |  |
| Third Party                        |  | you want to allow another   |                          |                    |                     |           |              |                         |                         |  |
| Designee                           |  | tructions   |                          |                    |                     | . 🕨       |              | •                       |                         | × No   |
|                                    |  | signee's<br>ne ►  |                          | Phone no.          |                     |           |              | onal ident<br>ber (PIN) |                         |  |
| Sign                               |  | der penalties of perjury, I declare t   | hat I have examine       |                    | accompanying sc     | hedules a |              | . ,                     |                         | t of my knowledge and                          |
| •                                  |  | ief, they are true, correct, and com  | plete. Declaration of    | of preparer (other | than taxpayer) is b |           |              |                         |                         |  |
| Here                               | You                                    | ur signature  |                          | Date               | Your occupation     |           |              | If th                   |                         | nt you an Identity                             |
|                                    |  |   |                          |                    | ~~~~~~~             |           |              |                         | tection P<br>e inst.) ▶ | IN, enter it here                              |
| Joint return?<br>See instructions. | 0.0                                    |   |                          | Data               | SOFTWARE            |           | IEER         |                         |                         |  |
| Keep a copy for                    | Spo                                    | ouse's signature. If a joint return, <b>k</b>   | ooth must sign.          | Date               | Spouse's occupa     | tion      |              |                         |                         | nt your spouse an<br>ection PIN, enter it here |
| your records.                      |  |   |                          |                    | HOMEMAKER           |           |              |                         | e inst.) 🕨              |  |
|                                    | Pho                                    | one no.   |                          | Email address      |                     |           |              |                         |                         |  |
| D - i -i                           | Pre                                    | parer's name  | Preparer's signat        | ure                |                     | Date      |              | PTIN                    |                         | Check if:                                      |
| Paid                               | RVS                                    | SSMANIKUMARAPPANA   | RVSSMANIK                | UMARAPPAN          | IA                  | 04/0      | 03/2021      | P0209                   | 0332                    | Self-employed                                  |
| Preparer                           | Firr                                   | n's name 🕨 GLOBAL TAX   | KES LLC                  |                    |                     |           |              | Pho                     | one no. (               | 646)727-7157                                   |
| Use Only                           | Firr                                   | n's address 🕨 2530 Pebb   | le Creek L               | n Cumming          | g GA 30041          |           |              |                         | n's EIN 🕨               | · · · · · · · · · · · · · · · · · · ·          |
| Go to www.irs.go                   | v/Form                                 | 1040 for instructions and the late  | st information.          |                    | BAA                 | REV       | 03/25/21 PRC |                         |                         | Form <b>1040</b> (2020)                        |

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA

| 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 for instructions and the latest information.

| OMB No. 1545-0074                    |
|--------------------------------------|
| 2020                                 |
| Attachment<br>Sequence No. <b>01</b> |

| Name(s) shown or | n Form 1040, | 104 | 10-SR, or 1040 | -NR  |            |  |
|------------------|--------------|-----|----------------|------|------------|--|
| SELVAKUMAR       | SUNDARAM     | &   | JOSEPHINE      | RITA | SELVAKUMAR |  |

Your social security number 804-99-9239

### Part I Additional Income

| 1          | Taxable refunds, credits, or offsets of state and local income taxes   | 1      |                       |
|------------|--|--------|-----------------------|
| <b>2</b> a | Alimony received   | 2a     |                       |
| b          | Date of original divorce or separation agreement (see instructions)  |        |                       |
| 3          | Business income or (loss). Attach Schedule C   | 3      |                       |
| 4          | Other gains or (losses). Attach Form 4797  | 4      |                       |
| 5          | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                      | 5      | -10,149.              |
| 6          | Farm income or (loss). Attach Schedule F   | 6      |                       |
| 7          | Unemployment compensation  | 7      |                       |
| 8          | Other income. List type and amount ►   |        |                       |
|            |  | 8      |                       |
| 9          | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,   |        |                       |
| D          |  | 9      | -10,149.              |
| Par        | t II Adjustments to Income   |        |                       |
| 10         | Educator expenses  | 10     |                       |
| 11         | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106                | 11     |                       |
| 10         |  |        |                       |
| 12         | Health savings account deduction. Attach Form 8889   | 12     |                       |
| 13         | Moving expenses for members of the Armed Forces. Attach Form 3903  | 13     |                       |
| 14         | Deductible part of self-employment tax. Attach Schedule SE   | 14     |                       |
| 15         | Self-employed SEP, SIMPLE, and qualified plans   | 15     |                       |
| 16         | Self-employed health insurance deduction   | 16     |                       |
| 17         | Penalty on early withdrawal of savings   | 17     |                       |
| 18a        | Alimony paid   | 18a    |                       |
| b          | Recipient's SSN  |        |                       |
| С          | Date of original divorce or separation agreement (see instructions)  |        |                       |
| 19         | IRA deduction  | 19     |                       |
| 20         | Student loan interest deduction  | 20     |                       |
| 21         | Tuition and fees deduction. Attach Form 8917   | 21     |                       |
| 22         | 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 | 22     |                       |
| For Pa     | perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/25/21 PRO   | Schedu | le 1 (Form 1040) 2020 |

|        | <b>B867</b>                                   | Paid Preparer's Due Diligence Checkli   | st   | OMB               | No. 1545          | -0074            |
|--------|---|---|--|-------------------|-------------------|------------------|
| Form   | 5007  | C),<br>C) and<br>g Status   | 2  | 02                | 0                 |                  |
|        | nent of the Treasury<br>Revenue Service       | <ul> <li>To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104</li> <li>Go to www.irs.gov/Form8867 for instructions and the latest information</li> </ul>   |  | Attach<br>Seque   | nment<br>ence No. | 70               |
| Taxpay | er name(s) shown or                           | n return  | Taxpayer identi                                    | fication n        | umber             |                  |
|        |   | JNDARAM & JOSEPHINE RITA SELVAKUMAR   | 804-99-9   | 239               |                   |                  |
|        | reparer's name and I                          |   |  |                   |                   |                  |
|        | SMANIKUMARA                                   |   | P0209033   | 2                 |                   |                  |
| Part   |   | gence Requirements  |  |                   |                   |                  |
|        |   | propriate box for the credit(s) and/or HOH filing status claimed on the returned (check all that apply).  |  | e the rel<br>AOTC |                   | arts I–V<br>HOH  |
| 1      | Did you comp                                  | plete the return based on information for tax year 2020 provided by t   | he taxpayer or                                     | Yes               | No                | N/A              |
|        | reasonably ob                                 | tained by you?  |  | X                 |                   |                  |
| 2      | worksheets for<br>AOTC workshe                | claimed on the return, did you complete the applicable EIC and/or C<br>und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions<br>eet found in the Form 8863 instructions, or your own worksheet(s) that pro-<br>nd all related forms and schedules for each credit claimed?   | ons, and/or the                                    | X                 |                   |                  |
| 3      | the following.                                | y the knowledge requirement? To meet the knowledge requirement, you r   |  |                   |                   |                  |
|        | determine th                                  | e taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.   |  |                   |                   |                  |
|        |   | mation to determine that the taxpayer is eligible to claim the credit(s) and figure the amount(s) of any credit(s)  |  | ×                 |                   |                  |
| 4      | information rea                               | mation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsisons 4a and 4b. If " <b>No,</b> " go to question 5.)   | tent? (If "Yes,"                                   |                   | ×                 |                  |
| а      | Did you make                                  | reasonable inquiries to determine the correct, complete, and consistent in  | formation? .                                       |                   |                   |                  |
| b      | Did you conte                                 | emporaneously document your inquiries? (Documentation should include  | e the questions                                    |                   |                   |                  |
|        | information ha                                | nom you asked, when you asked, the information that was provided, and d on your preparation of the return.)   |  |                   |                   |                  |
| 5      | keep a copy<br>applicable wor<br>8867 and any | y the record retention requirement? To meet the record retention require<br>of your documentation referenced in 4b, a copy of this Form 8867,<br>rksheet(s), a record of how, when, and from whom the information used t<br>applicable worksheet(s) was obtained, and a copy of any document(s) p<br>you relied on to determine eligibility for the credit(s) and/or HOH filing sta<br>of the credit(s) | a copy of any<br>o prepare Form<br>provided by the | X                 |                   |                  |
|        | ( )   | uments provided by the taxpayer, if any, that you relied on:  |  |                   |                   |                  |
|        |   |   |  |                   |                   |                  |
|        |   |   |  |                   |                   |                  |
| 6      | credit(s) and/c                               | The taxpayer whether he/she could provide documentation to substantiate for HOH filing status and the amount(s) of any credit(s) claimed on the ted for audit?  |  | ×                 |                   |                  |
| 7      |   | e taxpayer if any of these credits were disallowed or reduced in a previous   | vear?  | X                 |                   |                  |
|        | •   | re disallowed or reduced, go to question 7a; if not, go to question 8.)   | ,  |                   |                   |                  |
| а      |   | lete the required recertification Form 8862?  |  |                   |                   |                  |
| 8      | If the taxpayer                               | r is reporting self-employment income, did you ask questions to prepare ule C (Form 1040)?  | a complete and                                     |                   |                   |                  |
| For Pa |   | ion Act Notice, see separate instructions. REV 03/25/21 PRO   |  | Fo                | orm <b>886</b>    | <b>67</b> (2020) |

| Form 88 | 367 (2020)   |            |          | Page <b>2</b> |
|---------|--|------------|----------|---------------|
| Part    | II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go  | to Part    | III.)    |               |
| 9a      | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)   | Yes        | No       | N/A           |
|         | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?   |            |          |               |
| С       | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?  |            |          |               |
| Part    |  | claim C    | CTC, A   | CTC,          |
| 10      | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?   | Yes<br>X   | No       | N/A           |
| 11      | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?  |            |          |               |
| 12      | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?  | X          |          |               |
| Part    |  |            | Part \   |               |
| 13      | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que tuition and related expenses for the claimed AOTC?   | alified    | Yes      | No            |
| Part    |  |            |          |               |
| 14      | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?   | -          | Yes      | No            |
| Part    |  | • •        |          |               |
|         | You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:   |            |          | -             |
|         | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);  |            |          |               |
|         | B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check<br>credit(s) claimed and HOH filing status, if claimed;  | list for a | ny app   | licable       |
|         | C. Submit Form 8867 in the manner required; and  |            |          |               |
|         | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88<br>Document Retention.   | 67 instr   | uctions  | under         |
|         | 1. A copy of this Form 8867.   |            |          |               |
|         | 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.   |            |          | 41            |
|         | 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).   | -          | -        |               |
|         | <ol><li>A record of how, when, and from whom the information used to prepare this form and the applica<br/>obtained.</li></ol>   |            |          |               |
|         | 5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for taxpayer's eligibil |            |          |               |
|         | If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.  | for eac    | ch failu | re to         |
| 15      | Do you certify that all of the answers on this Form 8867 are to the best of your knowledge true correc   | t and      | Yes      | No            |

| 15 | Do you certify | that | all | of t | he a | ansv | vers | s on | thi: | s F | Forn | n 8 | 867 | are | , to | the | bes | t of | your   | ' kno  | owl   | edg | le, i | true | , C | orre | əct | , a | nd | Yes           |    | No     |
|----|----------------|------|-----|------|------|------|------|------|------|-----|------|-----|-----|-----|------|-----|-----|------|--------|--------|-------|-----|-------|------|-----|------|-----|-----|----|---------------|----|--------|
|    | complete?      |      |     |      |      |      |      |      |      |     |      |     |     |     |      |     |     |      |        |        |       |     |       |      |     |      |     |     |    | X             |    |        |
|    |                |      |     |      |      |      |      |      |      |     |      |     |     |     |      |     |     | F    | REV 03 | /25/21 | 1 PRC | C   |       |      |     |      |     |     | F  | orm <b>88</b> | 67 | (2020) |