

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SIVA KUMAR YALAMANCHILI	Social security number 830-24-5527
Spouse's name BANDANA YALAMANCHILI	Spouse's social security number 976-91-4174

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	31,500.
2 Total tax	2	673.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	2,394.
4 Amount you want refunded to you	4	3,521.
5 Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	5	5	2	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	4	1	7	4
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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

Your first name and middle initial SIVA KUMAR	Last name YALAMANCHILI	Your social security number 830-24-5527
If joint return, spouse's first name and middle initial BANDANA	Last name YALAMANCHILI	Spouse's social security number 976-91-4174
Home address (number and street). If you have a P.O. box, see instructions. 13632 Legacy Cir		Apt. no. B
City, town, or post office. If you have a foreign address, also complete spaces below. HERNDON		State VA
		ZIP code 20171
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

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

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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):
					Child tax credit
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	34,000.
Attach Sch. B if required.	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a		
	4a IRA distributions	4a		
	5a Pensions and annuities	5a		
	6a Social security benefits	6a		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			
	8 Other income from Schedule 1, line 9			
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			34,000.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a	2,500.	
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income			2,500.
	11 Subtract line 10c from line 9. This is your adjusted gross income			31,500.
	12 Standard deduction or itemized deductions (from Schedule A)			24,800.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			
	14 Add lines 12 and 13			24,800.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			6,700.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	673.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	673.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	673.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	673.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2,394.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	2,394.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	4,194.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,521.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,521.
b	Routing number 071214579		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 374000405315		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

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

Paid Preparer Use Only

Preparer's name RVSSMANIKUMARAPPANA	Preparer's signature RVSSMANIKUMARAPPANA	Date 05/10/2021	PTIN P02090332	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (646) 727-7157
Firm's EIN				30-1017196

**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
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SIVA KUMAR & BANDANA YALAMANCHILI

Your social security number
830-24-5527

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	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	
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, line 8	9	

Part 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 ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	2,500.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,500.

2020 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2020
Page 1



040NV01200

For Taxable Year January 1, 2020 – December 31, 2020 or Other Tax Year
Beginning _____, 2020 Ending _____, 2021

1555

Your Social Security Number
830245527

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
YALAMANCHILI SIVA KUMAR & BANDANA

Spouse's/CU Partner's Social Security Number
976914174

State of Residency (outside NJ)
Virginia

Home Address (Number and Street, incl. apt. # or rural route)
13632 Legacy Cir, Apt. B

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
B65342023	VA	HERNDON	VA	20171

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

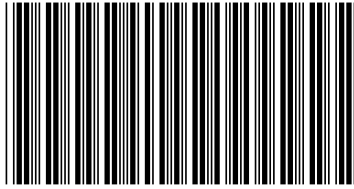
Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

Gubernatorial Elections Fund	Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02200

Name(s) as shown on Form NJ-1040NR

YALAMANCHILI SIVA KUMAR & BANDANA

Your Social Security Number

830245527

1555

Filing Status

(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return _____
- 4. Head of Household Name and SSN of Spouse/CU Partner _____
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

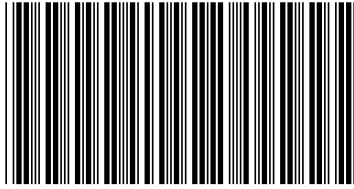
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	2		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner				9.	
10. Number of your qualified dependent children						10.	
11. Number of other dependents						11.	
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	2	13b.	13c.

Dependent Information

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72	15.	34000	.	15.	20000	.
16. Interest	16.	.	.	16.	.	.
17. Dividends	17.	.	.	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	.	18.	.	.
19. Net gains or income from disposition of property (From line 65)	19.	.	.	19.	.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	.	20.	.	.
21. Net gambling winnings (See Instructions)	21.	.	.	21.	.	.
22. Pensions, Annuities, and IRA Withdrawals	22.	.	.		.	.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	.	23.	.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	.	24.	.	.
25. Alimony and separate maintenance payments received	25.	.	.		.	.
26. Other – State Nature and Source _____	26.	.	.	26.	.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	34000	.	27.	20000	.
28a. Pension Exclusion (See Instructions)	28a.	.	.		.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	.	28b.	.	.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	.	28c.	.	.
29. Gross Income (Subtract line 28c from line 27)	29.	34000	.	29.	20000	.
30. Total Exemption Amount (See Instructions)	30.	2000	.		.	.
31. Medical Expenses (See Worksheet and Instructions)	31.	.	.		.	.
32. Alimony and separate maintenance payments	32.	.	.		.	.
33. Qualified Conservation Contribution	33.	.	.		.	.
34. Health Enterprise Zone Deduction	34.	.	.		.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.		.	.



040NV03200

Name(s) as shown on Form NJ-1040NR
YALAMANCHILI SIVA KUMAR & BANDANA

Your Social Security Number
830245527

1555

36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	2000	.
38.	TAXABLE INCOME (Subtract line 37 from line 29, column A)	38.	32000	.
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	490	.
40.	Income Percentage B. (line 29) / A. (line 29) = <u>58.82</u> %			
41.	NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.	288	.
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.	.	.
43.	Gold Star Family Counseling Credit (See Instructions)	43.	.	.
44.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.	.	.
45.	Total credits (Add lines 42, 43, and 44)	45.	.	.
46.	Balance of Tax After Credits (Subtract line 45 from line 41)	46.	288	.
47.	Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.	.	.
48.	Total Tax and Penalty (Add line 46 and line 47)	48.	288	.
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	390	.
50.	New Jersey Estimated Tax Payments/Credit from 2019 return	50.	.	.
51.	Tax paid on your behalf by Partnership(s)	51.	.	.
52.	EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.	.	.
53.	EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.	.	.
54.	EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55.	Pass-Through Business Alternative Income Tax Credit (See instructions)	55.	.	.
56.	Total Payments/Credits (Add lines 49 through 55)	56.	390	.
57.	If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.	.	.
58.	If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.	102	.
59.	Deductions from Overpayment on line 58 that you elect to credit to:			
	(A) Your 2021 Tax	59A.	.	.
	(B) N.J. Endangered Wildlife Fund	59B.	.	.
	(C) N.J. Children's Trust Fund	59C.	.	.
	(D) N.J. Vietnam Veterans' Memorial Fund	59D.	.	.
	(E) N.J. Breast Cancer Research Fund	59E.	.	.
	(F) U.S.S. N.J. Educational Museum Fund	59F.	.	.
	(G) Designated Contribution Code	59G.	.	.
60.	Total Deductions From Overpayment (Add lines 59A through 59G)	60.	.	.
61.	REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.	102	.

Also enter on line 50:
• Payments made in connection with sale of NJ real property
• Payments by S corporation for nonresident shareholder

NOTE:
An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

RVSSMANIKUMARAPPANA

P02090332

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

Pay amount on line 57 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

Name(s) as shown on Form NJ-1040NR
 YALAMANCHILI SIVA KUMAR & BANDANA

Your Social Security Number
 830245527

PART I		Net Gains or Income From Disposition of Property		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price		(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)	
62.							
63. Capital Gains Distribution						63.	
64. Other Net Gains.....						64.	
65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero)						65.	

PART II		Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey		(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)			
66.	Amount reported on line 15 in column A required to be allocated	66.					
67.	Total days in taxable year	67.					
68.	Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	68.					
69.	Total days worked in taxable year (subtract line 68 from line 67)	69.					
70.	Deduct days worked outside New Jersey.....	70.					
71.	Days worked in New Jersey (subtract line 70 from line 69).....	71.					
72. ALLOCATION FORMULA		(Line 71)	x	=	(Line 69)	(Enter amount from line 66)	(Salary earned inside N.J.)
							(Include this amount on line 15, col. B)

PART III		Allocation of Business Income to New Jersey		(See instructions if other than Formula Basis of allocation is used.)			
Business Allocation Percentage (From Schedule NJ-NR-A)							
Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.							
From Line No. _____	\$ _____	x _____	% =	\$ _____			
From Line No. _____	\$ _____	x _____	% =	\$ _____			
From Line No. _____	\$ _____	x _____	% =	\$ _____			



SIVA KUMAR YALAMANCHILI
 BANDANA YALAMANCHILI
 13632 LEGACY CIR APT B

HERNDON VA 20171

SSN - You	YALA	830245527	Vendor ID	1555	XXXXXX
SSN - Spouse	YALA	976914174			
Fed Adj Gross Income (FAGI)	1.	31500.	Withholding (VA) - You	19A.	1797.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	31500.	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	288.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	2085.
Total VA Adj Gross Income (VAGI)	9.	31500.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	1156.
Standard Deduction	11.	9000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	10860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	20640.	Sales and Use Tax	33.	
Amount of Tax	16.	929.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	N	
VAGI - Spouse	17A.		Your Refund		1156.
Net Amount of Tax	18.	929.	Bank Routing #	C	071214579
			Bank Account #		374000405315





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2
 Federal Head of Household
 DOB - You 08291980
 VA Driver's License ID - You B65342023
 VA Driver's License - Iss. Date - You 10152020
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse 08031988
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 059
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 1 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 2 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date _____ Phone - You 9293177379
 Signature - Spouse _____ Date _____ Phone - Spouse _____
 Signature - Preparer RVSSMANIKUMARAPPANA Date 051021 Phone - Preparer 6467277157
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02090332

File by May 1, 2021

Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN
 CUMMING

GA 30041

2020 Schedule INC/CG 830245527

Report all W-2s, 1099s & VK-1s with VA Withholding



SIVA KUMAR YALAMANCHILI

BANDANA YALAMANCHILI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
830245527	W	1797.	831385293	30831385293F001	35000.

Total VA Withholding	SSN	VA Withholding
You	830245527	1797.
Spouse		

Total # of W-2s, 1099s & VK-1s 01

To avoid delays - be sure to enter all information, including the Employer's FEIN.

2020 Schedule OSC/CG

Enclose other state tax returns when filing



830245527

Credit Computation State 1

If Claiming border state

1. Filing Status - other state's return	2	6. Other State Abbreviation	NJ
2. Person Claiming the Credit	3	7. Virginia Income Tax	929.
3. Qualifying Taxable Income - other state	18822.	8. Income percentage	91.2
4. Virginia Taxable Income	20640.	9. Virginia Ratio of Income Tax	847.
5. Qualifying Tax Liability - other state	288.	10. Credit Allowed	288.

Credit Computation State 2

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

Credit Computation State 3

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	288.

Enclose other state tax returns when filing your Virginia tax return.

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
 IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

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Your Name	B Your Social Security Number	
SIVA KUMAR YALAMANCHILI	830-24-5527	
Spouse's Name	A Spouse's Social Security Number	
BANDANA YALAMANCHILI	976-91-4174	
Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		31500.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		31500.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		20640.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		929.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		1797.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		1156.

Part II Declaration of Taxpayer and Signature Authorization

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 year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

4	5	5	2	7
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 as my signature on my 2020 e-filed Virginia individual income tax return.
 Do not enter all zeros

GLOBAL TAXES LLC
 ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

1	4	1	7	4
---	---	---	---	---

 as my signature on my 2020 e-filed Virginia individual income tax return.
 Do not enter all zeros

GLOBAL TAXES LLC
 ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature _____ Date _____

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
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 Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date 05-10-21