

**IRS e-file Signature Authorization**

**2019**

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>SHASHANK KANNAM</b>	Social security number <b>797-92-3122</b>
Spouse's name	Spouse's social security number

**Part I Tax Return Information – Tax Year Ending December 31, 2019 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	<b>1</b>	<b>74,039.</b>
<b>2</b> Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	<b>2</b>	<b>9,460.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	<b>3</b>	<b>10,809.</b>
<b>4</b> Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	<b>4</b>	<b>1,349.</b>
<b>5</b> Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	<b>5</b>	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 my electronic income tax return 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 

2	3	1	2	2
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 as my signature on my tax year 2019 electronically filed income tax return.  
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed 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 ▶ shashank Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on my tax year 2019 electronically filed income tax return.  
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed 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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

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

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed 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 **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**



<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	9,460.	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total			<b>12b</b> 9,460.
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>		
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total			<b>13b</b>
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-			<b>14</b> 9,460.
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10			<b>15</b> 0.
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>			<b>16</b> 9,460.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099			<b>17</b> 10,809.
<b>18</b>	Other payments and refundable credits:			
<b>a</b>	Earned income credit (EIC) . . . . . <b>NO</b>	<b>18a</b>		
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>		
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>		
<b>d</b>	Schedule 3, line 14	<b>18d</b>		
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>			<b>18e</b>
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>			<b>19</b> 10,809.

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

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	1,349.
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	1,349.
<b>b</b>	Routing number 043000096 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 1063163813		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>	

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  **Yes.** Complete below.  **No**

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

**Paid Preparer Use Only**

Preparer's name APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Date 03/01/2020	PTIN P02090332	Check if: <input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC	Phone no. (646) 727-7157		<input type="checkbox"/> Self-employed	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶	30-1017196

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR  
SHASHANK KANNAM

Your social security number  
797-92-3122

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

<b>Part I Additional Income</b>			
<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-7,555.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	-7,555.

<b>Part II Adjustments to Income</b>			
<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	

**SCHEDULE E**  
**(Form 1040 or 1040-SR)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

SHASHANK KANNAM

Your social security number

797-92-3122

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	KOTHAGUDEM KOTHAGUDEM TELANGANA IN				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	1		360	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		756.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		4,588.		
<b>14</b>	Repairs. . . . .	<b>14</b>		1,270.		
<b>15</b>	Supplies . . . . .	<b>15</b>		611.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		830.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		8,055.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-7,555.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-7,555.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		8,055.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	7,555.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>				-7,555.



**See instructions before completing line items.**

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
11-12-2019	12-31-2019
Spouse - From	Spouse - To

<b>YOUR</b> First Name SHASHANK	MI	Your Last Name KANNAM	Check if deceased <input type="checkbox"/>	Suffix	<b>A</b> Your Social Security Number 797-92-3122	
<b>SPOUSE'S</b> First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	<b>B</b> Spouse's Social Security Number	

Present Home Address (Number and Street, or Rural Route) 6020 MCALESTER WAY			VA Driver's License Information Customer ID		
City, Town or Post Office CENTREVILLE			You _____ Spouse _____		
State VA	ZIP Code 20121	Locality Code 059	You _____ Spouse _____		
			Issue Date (mm-dd-yyyy)		

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return
	<input type="checkbox"/> Check if Result of NOL	<input type="checkbox"/> Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Dependent on Another's Return		
<input type="checkbox"/> Overseas on Due Date	\$ _____ .00		\$ _____ .00

**Filing Status** Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name \_\_\_\_\_

**Exemptions** Enter the number of exemptions being claimed.

	You/ Spouse	Dependents	65 or Over	Blind
<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2	1	0	<input type="checkbox"/>	<input type="checkbox"/>
<b>B - Spouse</b> Filing Status 4 Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DATE OF BIRTH**

Your Birth Date (mm-dd-yyyy)      1 0 - 1 9 - 1 9 9 2

Spouse's Birth Date (mm-dd-yyyy)      - -

<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
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**Complete the Schedule of Income first and submit it with your Form 760PY.**

1	FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.....	1	00	74039 00
2	Additions from Schedule 760PY ADJ, Line 3.....	2	00	00
3	<b>Add Lines 1 and 2.....</b>	3	00	74039 00
4	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.....	4a		00
		4b	00	00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.....	5	00	00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.....	6	00	00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.....	7	00	55375 00
8	Subtractions from Schedule 760PY ADJ, Line 7.....	8	00	00
9	<b>Add Lines 4a, 4b, 5, 6, 7, and 8.....</b>	9	00	55375 00
10	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.....</b>	10	00	18664 00
11	Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.....	11	00	00
12	If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.....	12	00	1134 00



Your Name SHASHANK KANNAM	Your SSN 797-92-3122
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	<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	00	127 00
14 Deductions from Schedule 760PY ADJ, Line 9.....	00	00
15 <b>Add Lines 11, 12, 13 and 14.</b> .....	00	1261 00
16 <b>Virginia Taxable Income. Subtract Line 15 from Line 10.</b> .....	00	17403 00
17 Tax amount from Tax Table or Tax Rate Schedule.....	00	743 00
18 <b>Total Tax. Add Line 17, Column A and Line 17, Column B.</b> .....		743 00
19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		978 00
19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		00
20 Combined 2019 Estimated Tax Payments.....		00
21 2018 overpayment credited to 2019 estimated taxes.....		00
22 Extension Payment - Enter amount paid on Form 760IP.....		00
23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17....		00
24 Total credit for taxes paid to another state from Schedule OSC.....		00
25 Credits from Schedule CR, Section 5, Line 1A.....		00
26 <b>Total payments and credits. Add Lines 19a through 25.</b> .....		978 00
27 If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b> .....		00
28 If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b> .....		235 00
29 Amount of overpayment on Line 28 to be <b>CREDITED TO 2020 ESTIMATED INCOME TAX.</b> .....		00
30 Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, Line 6.....		00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....		00
32 Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 760PY ADJ, Line 21.....		00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>		00
34 <b>Add Lines 29 through 33.</b> .....		00
35 If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at <b>www.tax.virginia.gov</b> ..... <b>AMOUNT YOU OWE</b> ... Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>		00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... <b>YOUR REFUND.</b> .....		235 00

If the Direct Deposit section below is not completed, your refund will be issued by check.

<b>DIRECT BANK DEPOSIT</b> Domestic Accounts Only. No International Deposits.	<b>Your Bank Routing Transit Number</b> 0 4 3 0 0 0 9 6	<b>Your Bank Account Number</b> 1 0 6 3 1 6 3 8 1 3	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
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I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).  
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature <i>shashank</i>	Your Phone Number (816) 344-7893	Date
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Date
Preparer's Name APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Preparer's Phone Number (646) 727-7157	Date 03-01-2020
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	Preparer's PTIN P02090332	Vendor Code 1555
	Filing Election Code 7	ID Theft PIN

**2019 VIRGINIA SCHEDULE OF INCOME  
Form 760PY**

Page 1



Your Name SHASHANK KANNAM	Your SSN 797-92-3122
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**PART 1**

**Income Distribution**

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	81160	.00	18664	.00	62496	.00
2.	Interest and dividends .....	2	434	.00	0	.00	434	.00
3.	Pension and other income.....	3	-7555	.00	0	.00	-7555	.00
4.	Gross income (add Lines 1, 2 and 3) .....	4	74039	.00	18664	.00	55375	.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)* .....	7	74039	.00	18664	.00	55375	.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	74039	.00	18664	.00	55375	.00

\*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4		.00		.00		.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)** .....	7		.00		.00		.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

\*\*Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.



**2019 VIRGINIA SCHEDULE OF INCOME**

**Form 760PY**

Page 2



Your Name <b>SHASHANK KANNAM</b>	Your SSN <b>797-92-3122</b>
-------------------------------------	--------------------------------

**PART 2**

**Prorated Exemptions Worksheet**

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)  
X .504 (Ratio Schedule factor for July 1 move to Virginia)  
 \$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

**Prorated Virginia Personal Exemptions**

		<b>Column B Spouse</b>	<b>Column A You</b>
1.	Your exemption .....		1
2.	Dependents .....		0
3.	Add Lines 1 and 2 .....		1
4.	Multiply Line 3 by \$930 .....		930
5.	65 or over .....		
6.	Blind .....		
7.	Add Lines 5 and 6 .....		
8.	Multiply Line 7 by \$800 .....		
9.	Add Lines 4 and 8 .....		930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions .....		0.137
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....		127

**PART 3**

**Moving Information**

- 1a. If YOU moved into Virginia in 2019, prior state of residence PA
- 1b. If YOU moved out of Virginia in 2019, state moved to \_\_\_\_\_
- 2a. If SPOUSE moved into Virginia in 2019, prior state of residence \_\_\_\_\_
- 2b. If SPOUSE moved out of Virginia in 2019, state moved to \_\_\_\_\_

**2019 Schedule INC/CG**

797923122

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



SHASHANK

KANNAM

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
797923122	W	978.	251465303	30251465303F001	18664.

Total VA Withholding	SSN	VA Withholding
You	797923122	978.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

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





<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	9,460.	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	9,460.	
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>		
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>		
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	9,460.	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>	0.	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>	9,460.	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	10,809.	
<b>18</b>	Other payments and refundable credits:			
<b>a</b>	Earned income credit (EIC) <span style="float:right">NO</span>	<b>18a</b>		
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>		
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>		
<b>d</b>	Schedule 3, line 14	<b>18d</b>		
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>		
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>	10,809.	

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

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	1,349.
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	1,349.
<b>b</b>	Routing number 043000096 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 1063163813		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>	

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) 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 <i>shashank</i>	Date	Your occupation DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Date 03/01/2020	PTIN P02090332	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (646) 727-7157		Firm's EIN 30-1017196	
Firm's address 2530 Pebble Creek Ln Cumming GA 30041				

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

SHASHANK KANNAM

Your social security number

797-92-3122

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-7,555.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	-7,555.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 02/23/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE E**  
**(Form 1040 or 1040-SR)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

SHASHANK KANNAM

Your social security number

797-92-3122

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	KOTHAGUDEM KOTHAGUDEM TELANGANA IN				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1		360	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		756.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		4,588.		
<b>14</b>	Repairs. . . . .	<b>14</b>		1,270.		
<b>15</b>	Supplies . . . . .	<b>15</b>		611.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		830.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		8,055.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-7,555.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-7,555.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		8,055.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	7,555.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>				-7,555.

MAKE CHECK PAYABLE TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
MAIL TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
PAYMENT ENCLOSED  
1 REVENUE PLACE  
HARRISBURG, PA 17129-0001

NOTE:  
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),  
DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2019 PA-40 V PA PAYMENT VOUCHER

1555  
REV 02/14/20 PRO

797-92-3122 KA

1900919190

PAYMENT AMOUNT

KANNAM  
SHASHANK

816-344-7893

\$ 14.00

6020 MCALESTER WAY  
CENTREVILLE  
VA  
20121

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue



PA-40 - 2019
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (07-19)

797923122

KANNAM

SHASHANK

Occupation DEVELOPER

Occupation

6020 MCALESTER WAY

CENTREVILLE

VA 20121

816-344-7893

99999

N Extension. N Amended Return.

P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 010119 to 111119

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a 62484

1b 0

1c 62484

2 434

3 0

4 0

5 0

6 0

7 0

8 0

9 62918

10 0

11 62918



EC OFFICIAL USE ONLY FC
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2019

Social Security Number

797923122 Name(s) SHASHANK KANNAM

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
  
- 14 Credit from your 2018 PA Income Tax return.
- 15 2019 Estimated Installment Payments. REV-459B included. N
- 16 2019 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.
  
- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.
  
- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:  
If including form REV-1630/REV-1630A, mark the box. N
  
- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.  
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2020 estimated account.
  
- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		1932
13		1918
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		1918
25		0
26		14
27		0
28		14
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date
APPANA RUPA VENKATA SATYA SAI MANI 6467277157	030120

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02090332



**PA SCHEDULE W-2S**  
Wage Statement Summary

1901910024

PA-40 W-2S 09-19 (I)  
PA Department of Revenue

**2019**

OFFICIAL USE ONLY

**Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation**

Name shown first on the PA-40 (if filing jointly)  
SHASHANK KANNAM

Social Security Number (shown first)  
797-92-3122

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

**Section I Instructions:** List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

**Section II Instructions:** List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

**IMPORTANT:** You **must submit** a copy of each form and statement that you list in Section II, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Section I and Section II.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Section I - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2					
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	04-3512883	62,496	62,496	62,484	1,918
<b>Total Section I - Add the Pennsylvania columns</b>				62,484	1,918

Section II - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS SECTION							
A. T/S	B. Type	C. Payer FEIN	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
<b>Total Section II - Add the Pennsylvania columns</b>							

<b>TOTAL - Add the totals from Sections I and II</b>	62,484	1,918
<b>Enter the TOTALS on your PA tax return on:</b>		
Line 1a		Line 13

- Payment type:** A. Executor fee      B. Jury duty pay      C. Director's fee      D. Expert witness fee  
 E. Honorarium      F. Covenant not to compete      G. Damages or settlement for lost wages, other than personal injury  
 H. Other nonemployee compensation. Describe: \_\_\_\_\_  
     I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan  
     J. Distribution from IRA (Traditional or Roth)      K. Distribution from Life Insurance, Annuity or Endowment Contracts  
     L. Distribution from Charitable Gift Annuities      M. Distribution from Employee Stock Ownership Plan  
     Describe: \_\_\_\_\_



1555  
REV 02/14/20 PRO

1901910024

**PA SCHEDULE A**  
Interest Income

1901210029

PA-40 A 05-19 (1)  
PA Department of Revenue

**2019**

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly) SHASHANK KANNAM	Social Security Number (shown first) 797-92-3122
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**CAUTION:** Federal and PA rules for taxable interest income are different. **Read the instructions.**

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

**PA SCHEDULE A - PA-Taxable Interest Income** (See the instructions.)

Taxpayer  Spouse  Joint

1. Interest income reported on your federal return. <b>See instructions.</b>	1.	\$	434
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$	
3. Other addition adjustments. <b>See instructions.</b> Description: _____	3.	\$	
4. Add Lines 1, 2 and 3.	4.	\$	434
5. Interest income from federal Schedule(s) K-1. <b>See instructions.</b>	5.	\$	
6. Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$	
7. Interest income from direct obligations of the U.S. government.	7.	\$	0
8. Other reduction adjustments. <b>See instructions.</b> Description: _____	8.	\$	
9. Add Lines 5, 6, 7 and 8.	9.	\$	0
10. Subtract Line 9 from Line 4.	10.	\$	434
11. Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income.	11.	\$	
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$	
13. Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.	13.	\$	
14. Distributions from Health/Medical Savings Accounts included in federal taxable income.	14.	\$	
15. Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	15.	\$	
16. <b>Total PA-Taxable Interest Income.</b> Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$	434

1555  
REV 02/14/20 PRO



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**PA SCHEDULE E**  
Rents and Royalty Income (Loss)

1901410025

PA-40 E 05-19 (1)  
PA Department of Revenue

**2019**

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule <b>SHASHANK KANNAM</b>	Social Security Number (shown first) or EIN <b>797-92-3122</b>
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Sales Tax License Number (if applicable). See the instructions. \_\_\_\_\_ Are rental payments made by lessees through a third party broker?  Yes  No

**See the instructions.** Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

**SECTION I – Property Description** Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A	1 FLAT	YES <input type="radio"/> NO <input checked="" type="radio"/>	KOTHAGUDEM KOTHAGUDEM, TELANGANA, India
B		YES <input type="radio"/> NO <input type="radio"/>	
C		YES <input type="radio"/> NO <input type="radio"/>	

**Property type:** 1. Single family residence 2. Multi-family residence 3. Vacation/short-term rental 4. Commercial 5. Land 6. Royalties 7. Self-rental 8. Other, describe: \_\_\_\_\_

SECTION II – Income and Expenses		Property A	Property B	Property C
<b>Line a:</b> Identify the property from Section I and indicate ownership (T/S/J)		<input checked="" type="radio"/> T <input type="radio"/> S <input type="radio"/> J	<input type="radio"/> T <input type="radio"/> S <input type="radio"/> J	<input type="radio"/> T <input type="radio"/> S <input type="radio"/> J
<b>Line b:</b> Is the property rental location in PA?		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<b>Line c:</b> Is the property rented for any period less than 30 days?		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<b>Income:</b>	1. Rent received .....	500		
	2. Royalties received .....			
<b>Expenses:</b>	3. Advertising .....			
	4. Automobile and travel .....			
	5. Cleaning and maintenance .....	756		
	6. Commissions .....			
	7. Insurance .....			
	8. Legal and professional fees .....			
	9. Management fees .....			
	10. Mortgage interest .....			
	11. Other interest .....	4,588		
	12. Repairs .....	1,270		
	13. Supplies .....	611		
	14. Taxes - not based on net income .....			
	15. Utilities .....	830		
	16. Depreciation expense - See the instructions .....			
	17. Other expenses (itemize): .....			
	18. Total Expenses - Add Lines 3 through 17 .....	8,055		
<b>Income or Loss:</b>	19. <b>Income</b> – Subtract Line 18 from Line 1 or 2 .....			
	20. <b>Loss</b> – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ..	<input type="radio"/> 0 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	21. <b>Net Income or Loss</b> - Total Lines 19 and 20 for short-term rentals. See the instructions. .... (fill in the oval, if a net loss) ..			
	22. <b>Net Income or Loss</b> - Total Lines 19 and 20 for non short-term rentals. See the instructions. .... (fill in the oval, if a net loss) ..			0
	23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. .... (fill in the oval, if a net loss) ..			
	24. <b>Net Rent and Royalty Income (Loss).</b> Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. .... (fill in the oval, if a net loss) ..			0

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REV 02/14/20 PRO



1901410025

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# TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

\*If you have relocated during the tax year, please supply additional information.

Tax Year 19

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
TO				
TO				

\*\*If you need additional space - please see back of form.

LAST NAME, FIRST NAME, MIDDLE INITIAL <b>KANNAM, SHASHANK</b>		SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL	
STREET ADDRESS (No PO Box, RD or RR) <b>6020 MCALESTER WAY</b>			
SECOND LINE OF ADDRESS			
CITY <b>CENTREVILLE</b>		STATE <b>VA</b>	ZIP CODE <b>20121</b>
DAYTIME PHONE NUMBER	RESIDENT PSD CODE <span style="border: 1px solid black; padding: 2px;">7 0 0 1 0 2</span>	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/>

<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. <b>Combining income is NOT permitted.</b></p> <p><b>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</b></p> <p><input checked="" type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p>	<p style="text-align: center;">Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">7 9 7 9 2 3 1 2 2</span></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student  <input type="checkbox"/> deceased <input type="checkbox"/> military  <input type="checkbox"/> homemaker <input type="checkbox"/> retired  <input type="checkbox"/> unemployed</p>	<p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;"> </span></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student  <input type="checkbox"/> deceased <input type="checkbox"/> military  <input type="checkbox"/> homemaker <input type="checkbox"/> retired  <input type="checkbox"/> unemployed</p>
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1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) . . . . .	62484 .00	0 .00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) . . . . .	0 .00	0 .00
3. Other Taxable Earned Income * . . . . .	0 .00	0 .00
<b>4. Total Taxable Earned Income</b> (Subtract Line 2 from Line 1 and add Line 3) . . . . .	<b>62484 .00</b>	<b>0 .00</b>
5. Net Profit (Enclose PA Schedules*) . . . . . NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>	0 .00	0 .00
6. Net Loss (Enclose PA Schedules*) . . . . .	0 .00	0 .00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) . . . . .	0 .00	0 .00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) . . . . .	62484 .00	0 .00
9. <b>Total Tax Liability</b> (Line 8 multiplied by 3.0000) . . . . .	1875 .00	0 .00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	1874 .00	0 .00
11. Quarterly Estimated Payments/Credit From Previous Tax Year . . . . .	0 .00	0 .00
12. Out-of-State or Philadelphia Credits (include supporting documentation) . . . . .	0 .00	0 .00
13. <b>TOTAL PAYMENTS and CREDITS</b> (Add Lines 10 through 12) . . . . .	<b>1874 .00</b>	<b>0 .00</b>
14. <b>Refund</b> IF MORE THAN \$1.00, enter amount (or select option in 15) . . . . .	0 .00	0 .00
15. <b>Credit Taxpayer/Spouse</b> (Amount of Line 13 you want as a credit to your account) . . . . . <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse	0 .00	0 .00
16. <b>EARNED INCOME TAX BALANCE DUE</b> (Line 9 minus Line 13) . . . . .	<b>1 .00</b>	<b>0 .00</b>
17. <b>Penalty after April 15*</b> (multiply Line 16 by ) . . . . .	0 .00	0 .00
18. <b>Interest after April 15*</b> (multiply Line 16 by ) . . . . .	0 .00	0 .00
19. <b>TOTAL PAYMENT DUE</b> (Add Lines 16, 17, and 18) . . . . .	<b>1 .00</b>	<b>0 .00</b>

\*See Instructions REV 02/14/20 PRO

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.		
YOUR SIGNATURE <i>shashank</i>	SPOUSE'S SIGNATURE (If Filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE APPANA RUPA VENKATA SATYA SAI MANIKUMAR		PHONE NUMBER (646) 727-7157

**Make Check Payable To:** **Mail To:**

Declaration Control Number/Submission ID

Primary Taxpayer's Name SHASHANK KANNAM	Social Security Number 797-92-3122
Secondary Taxpayer's Name	Social Security Number

**SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2019 (whole dollars only)**

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	62,918
2. PA Tax Liability (Form PA-40, Line 12)	2.	1,932
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	1,918
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	14

**SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2019 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

**Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)**

- I authorize GLOBAL TAXES LLC to enter my PIN 23122 as my signature on my tax year 2019 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return.

Signature shashank Date \_\_\_\_\_

**Secondary Taxpayer's PIN: (mark one oval only)**

- I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2019 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Practitioner PIN Program Participants Only – Continue Below**

**SECTION III CERTIFICATION AND AUTHENTICATION**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO must retain this form and the supporting documents for three years.**

**DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE**