(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Subm	ission Identification Number (SID)			
Taxpay	er's name	Social se	ecurity number	r
PAN	KAJ S SONGIRE	085-	-47-2137	
Spouse	's name	Spouse's	s social securi	ty number
Part	Tax Return Information — Tax Year Ending December 31,	(Enter year yo	ou are auth	orizina.)
THE RESERVE OF THE PERSON	whole dollars only on lines 1 through 5.	(=::::, ) :::: )		3,
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		. 1	105,166.
2	Total tax		-	16,346.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		-	18,095.
4	Amount you want refunded to you			1,749.
5	Amount you owe		. 5	······································
Part	Taxpayer Declaration and Signature Authorization (Be sure you openalties of perjury, I declare that I have examined a copy of the income tax return (original or			
Agent payme author payme busine taxes person	If delay in processing the return or refund, and (c) the date of any refund. If applicable, I author to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution are not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial istories is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the time, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance as days prior to the payment (settlement) date. I also authorize the financial institutions involtor receive confidential information necessary to answer inquiries and resolve issues related identification number (PIN) below is my signature for the income tax return (original or amedical resolutions).	ccount indicated in the interpretation to debit the country of the	the tax prepa it the entry to norization. To st be receive ng of the elect I further acki	ration software for this account. This revoke (cancel) a d no later than 2 ctronic payment of nowledge that the
	onic Funds Withdrawal Consent.  ayer's PIN: check one box only			
Taxpa		generate my PIN	7 2 1	3 7 as my
2	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	generate my i m	Enter five di don't enter a	gits, but
	I will enter my PIN as my signature on the income tax return (original or amendatifyou are entering your own PIN and your return is filed using the Practitioner below.	PIN method. The	ERO must o	complete Part III
Yours	signature > Pankey Songre	Date ► 02	10 202	<u>-1</u>
Snous	se's PIN: check one box only			
Г	-	generate my PIN		as my
L	ERO firm name	gonorato my r mv	Enter five di	
	signature on the income tax return (original or amended) I am now authorizing.		don't enter a	all zeros
	I will enter my PIN as my signature on the income tax return (original or amendatify you are entering your own PIN and your return is filed using the Practitioner below.			
Spous		Date ►		
	Practitioner PIN Method Returns Only—continu	ie below		
Part	Certification and Authentication — Practitioner PIN Method Only			
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 Don'	7 8 6 3 t enter all zero	1 9 8 9 os
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that it ements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Pro	am submitting this	return in acc	cordance with the
ERO's	s signature ▶	Date ►		
	ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Reques			
F D	1. D. L. C. A. I. N. C		- 0	1970 (Pay 01 2021)

# <b>1040</b>		partment of the Treasury—Internal Revenue Sen		(99) turn 202	20	OMB No. 154	5-0074	IRS Use Only	—Do not v	vrite or staple in this space.	
Filing Status Check only one box.	If yo	Single Married filing jointly [ ou checked the MFS box, enter the r son is a child but not your depender	name of							llifying widow(er) (QW name if the qualifying	
Your first name	and m	niddle initial	Last n	ame					Your so	cial security number	
PANKAJ S	3		SON	GIRE					085-	47-2137	
If joint return, spouse's first name and middle initial			Last n	ame				- 15	Spouse's social security number		
_1717 S I	OORS		e Enci	-			, 1	Apt. no. U1043	Check I	ential Election Campaign there if you, or your if filing jointly, want \$3	
TEMPE	ost off	ice. If you have a foreign address, also co	omplete	spaces below.		ate 7.	ZIP code 85281		to go to this fund. Checking		
Foreign country	name					+	gn postal code	box below will not change your tax or refund.			
At any time du	ring 2	020, did you receive, sell, send, exc	hange,	or otherwise acqui	re any	financial intere	est in	any virtual cu	rrency?	☐ Yes ⊠ No	
Standard Deduction		neone can claim:				a dependent n					
Age/Blindness	You	: Were born before January 2, 1	1956	Are blind	pous	e: Was bo	m bef	ore January 2	2, 1956	☐ Is blind	
Dependents If more	S	instructions): First name Last name		(2) Social secu number	(2) Social security number		hip	(4) ✓ if qu Child tax cr	qualifies for (see instructions):		
than four											
dependents, see instructions	· ——	and the second second									
and check	_										
here ▶ ∐						L				<del></del>	
Attach	1_	Wages, salaries, tips, etc. Attach I	1	W-2					. 1	105,166.	
Sch. B if	2a	Tax-exempt interest	2a			Taxable interes			. 2b		
required.	3a		3a			Ordinary divide			3b		
	4a 5a		4a   5a			axable amoun			. 4b		
Standard	6a		6a			axable amoun			. 5b		
Deduction for—	7	Capital gain or (loss). Attach Sche		if required. If not re		axable amoun	π		6b		
Single or Married filing	8	Other income from Schedule 1, lin		ii roquirea. Ii riot re	quilec	, check here			8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		This is your total in	come		- : :		9	105,166.	
Ψ12,400				,							

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

Adjustments to income:

Charitable contributions if you take the standard deduction. See instructions 10b Add lines 10a and 10b. These are your total adjustments to income . . . . . .

Qualified business income deduction. Attach Form 8995 or Form 8995-A . . .

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.

Subtract line 10c from line 9. This is your adjusted gross income .

Standard deduction or itemized deductions (from Schedule A)

10

a

b

C

11

12

13

14

15

Married filing

jointly or Qualifying

widow(er), \$24,800

household, \$18,650

If you checked any box under

see instructions.

Standard Deduction,

· Head of

92,766. Form 1040 (2020)

105,166.

12,400.

12,400.

10c

11

12

13

14

15

10a

your records.

(see inst.) ▶

Paid Preparer Use Only

Phone no.		dress			
Preparer's name	Preparer's signature		Date	PTIN	Check if:
YAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SA	GAR GUPTA TALLAM	02/10/2021	P02082703	Self-employed
Firm's name ► GLOBAL TAX	XES LLC			Phone no.	(678) 965-9522
Firm's address ► 2530 Pebb	le Creek Ln Cum	ming GA 30041		Firm's EIN	30-1017196

Arizona Form AZ-8879

## **E-file Signature Authorization**

2020

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

	•		a minimum or roar youro.
Your First Name and Initial	Last Name	[ \	Your Social Security Number*
PANKAJ S	SONGIRE	Enter	085   47   2137
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*
PART 1 - PURPOSE			*Do Not Truncate
<ul> <li>To certify the truthfulness, correctness, and com</li> <li>To authorize the Electronic Return Originator (ER federal individual income tax return as the taxpar</li> </ul>	(O) to affirm that the taxpa	ayer wishes to use the taxpayer's electron	ic signature to the taxpayer's
PART 2 - TAX RETURN INFORMATION		PART 3 - FINANCIAL INSTIT	
1 Arizona Adjusted Gross Income 105, 1 2 Balance Of Tax		Must be present when requestir  ☐ Foreign Account Deposit/De  TYPE OF ACCOUNT ☐ Checking ☐ Savings  ACCOUNT NUMBER	ng direct debit or deposit.  ebit: See instructions below.  ROUTING NUMBER  DIRECT DEBIT PAYMENT AMOUNT
Box 4 Checkbox – Refund: You are due a refund b provided on your tax return. Your refund amount account listed in the Financial Institution Information Box 5 Checkbox – Amount You Owe: You ovinformation provided on your tax return. You have for payment. The payment will be withdrawn from date listed in the Financial Institution Information S	will be deposited in the on Section (Part 3). We taxes based on the elected to direct debit the account and on the ection (Part 3).	Foreign Account Deposit/Debit Chec Deposit/Debit" box if your deposit will from a foreign account. If you check the numbers. If this box is checked, we waccount. If you are due a refund, we will owe tax, you must mail a check to the PO Box 29085, Phoenix, AZ 85038-96	I be ultimately placed in or come his box, do not enter your account will not direct deposit or debit your ill send you a check instead. If you Arizona Department of Revenue,
PART 4 - DECLARATION AND SIGNATU	RE AUTHORIZATION	(Sign only after completing Part 2	2)
Under penalties of perjury, I declare that I have electronic Arizona individual income tax return and a and statements for the year ending December 31, 2 my knowledge and belief, it is true, correct, and come that the amounts of Arizona adjusted gross income tax withheld, and refund (or amount ower amounts shown on the copy of my electronic Arizona indiving I consent that my refund be directly deposited electronic portion of my 2020 Arizona indiving If I have filed a joint return, this is an irrect the other spouse as an agent to receive the State I do not want direct deposit of my refund or refund.	ccompanying schedules 2020, and to the best of oplete. I further declare ome, total tax, Arizona d) listed above are the ona income tax return. The deal income tax return. I do as designated in the dual income tax return. Vocable appointment of erefund.	I consent to my Electronic Return Ori Provider (OLSP) sending my electron return and accompanying schedules consent to my ERO or OLSP sending su transmitter. I consent to ADOR sending an acknowledgement of receipt of to whether or not the transmission of my r is rejected, the reason(s) for the rejecti or refund is delayed, I authorize ADOR or transmitter the reason(s) for the de If ADOR contacts my ERO for a copy schedules to my return, and/or this auth to release copies of the requested docu	nic Arizona individual income tax and statements to ADOR, and I juch information to ADOR through a gray ERO, OLSP and/or transmitter ransmission and an indication of return is accepted and, if the return on. If the processing of my return to disclose to my ERO, OLSP and/ lay, or when the refund was sent of my return, any documents or norization form. I authorize my ERO
6c I authorize the Arizona Department of Re designated Financial Agent to initiate an withdrawal (direct debit) entry to the finan indicated in the tax preparation software for taxes owed on this return. I also authorize t involved in the processing of the electroni receive confidential information necessary t resolve issues related to the payment.  If I have filed a balance due return, I understand that receive full and timely payment of my tax liability the remain liable for the tax liability and all applicable When electronically filing my federal and state tax that if there is an error on my federal return, my strejected.	ACH electronic funds cial institution account payment of my Arizona the financial institutions c payment of taxes to to answer inquiries and at if the ADOR does not by April 15, 2021, I will interest and penalties.	I authorize GLOBAL TAXES LLC (ELECTRONIC Refederal individual income tax return to electronic Arizona individual income December 31, 2020. I understand that that my electronic signature to my feder serve as my signature to my Arizona in have signed my Arizona individual income penalties of perjury that to the best of mis true, correct and complete.	to serve as my signature to my tax return for the year ending when my ERO makes the election ral individual income tax return, I will me tax return and declared under
YOUR PEN AND INK SIGNATURE  SPOUSE'S PEN AND INK SIGNATURE		02/10/2 DATE	021
SPOUSE'S PEN AND INK SIGNATURE		DATE	

-	140	Resident	Personal Inc	onic rax	rictui ii		2020	
F□ <sub>if</sub>	Check box 82F  filing under extension  C	R FISCAL YEAR BEGI	NNING L	12,0,2,0	AND ENDING	G LL		[
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	NKAJ S	arthr t J	SONGIRE	a a a Alba	your	30	35   47   2	
	se's First Name and Middle Initial	(if box 4 or 6 checked)	Last Name	G = 100 ,100	SSN	Snot	use's Social Sec	curity I
<u> </u>	276 - 30, 4 674	Hartware New Co		· · · · · · · · · · · · · · · · · · ·				
7	nt Home Address - number and st	reet, rural route		Apt. No.			e (with area coo	le)
	7 S DORSEY LN			U1043		(480)79		
-	own or Post Office	State	ZIP Code	To be selfine to	Last Names Use	ed in Last Fo	ur Prior Year(s) (in	differe
TEM		AZ la Injured Spouse I	85281				IOT MARK IN TH	
5 6 7	Head of household. Enter na  Married filing separate return  Single	n. Enter spouse's name ar	ependent on next line: 	ber above.	88			
9	Blind (you and/or spouse)		lines 10a and 10b, also co		81 PM		80 RCVD	1
10a	Dependents: Under age of 1	7. <b>10b</b> Dep	endents: Age 17 and	dover	<u> </u>		00	
11a	Qualifying parents and grand	The state of the s	chachts. Age 17 and	a over.	W 67		John atter	
	(Box 10a and 10b): Dependent		uctions For more s	naco chock ti	ho hoy $\square$ and	aamalata	nome A Doub A	
	(a)	- mornidadir. Ode mot	(b)	(c)	(d)	(e)		f)
10a 11a 10c 10d	FIRST AND LAST (Do not list yourself or		SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2020	included	Dependent Age included in:  1 2 if you this per federal reducation	
10c			T.			(Box 10a) (E	3ox 10b)	7
10d								1
10e	1.1 o 1.1 o 1.1 o 2.1	,				TRI	- 17 K 2 6 3 F	1
	(Box 11a): Qualifying parents a  (a)  FIRST AND LAST (Do not list yourself or	NAME	instructions. For mo (b) SOCIAL SECURITY NO.	re space, check (c) RELATIONSHIF	(d)	(e) ✓ IF AGE 6	65 OR  ✓ IF E	
	(a) FIRST AND LAST	NAME	(b)	(c)	(d) NO. OF MONTHS LIVED IN YOUR	(e) ✓ IF AGE 6	65 OR  ✓ IF E	IED I
11b	(a) FIRST AND LAST (Do not list yourself or	NAME spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIF	(d) P NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e) IF AGE 6 OVE	65 OR	DIED I
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Your	Name (as shown on page 1)		Your Social Security N	umber		1
1	NKAJ S SONGIRE		085-47-2137	7	16	
-	Other Subtractions from Income. Complete Adjustments to Arizona Gro	ross Income schedule on	page 5	36		00
36				37	105,166	1
1				38		00
38 39 40 41	Blind: Multiply the number in box 9 by \$1,500			39		00
40	Other Exemptions. See instructions40E Multiply the number in l	box 40E by \$2,300		40		00
41	Qualifying parents and grandparents: Multiply the number in box 11a by \$1	10,000		41	- 100	00
42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37	7. If less than zero, enter "0"	"	42	105,166	
43	Deductions: Check box and enter amount. See instructions	43I TEMIZED	43SX STANDAR	D 43	12,400	1
44	If you checked box 43S and claim charitable deductions, check 44C 🔲	Complete page 3. See instr	tructions	44	766	00
45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zo	zero, enter "0"		45	92,766	_
	Compute the tax using amount on line 45 and Tax Table X, Y or Option	nal Tax Tables		46	3,211	_
47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			47	2 011	00
46 47 48 49	Subtotal of tax: Add lines 46 and 47 and enter the total			48	3,211	_
49	Dependent Tax Credit. See instructions			49		00
50	Family income tax credit (from the worksheet - see instructions)			50		00
51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			51	2 211	00
52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines	s 49, 50 and 51 is greater than	an line 48, enter "0"	52	3,211	-
53	3 2020 AZ income tax withheld			53	4,415	
100	2020 A7 estimated tax payments, 54a 00 Claim of F	Right 64b	00 Add 54a and 54b	b 54c		00
55	5 2020 AZ extension payment (Form 204)			55		00
54 55 56 57 58	Increased Excise Tax Credit (from the worksheet - see instructions)			56		00
57	Property Tax Credit from Arizona Form 140PTC			57		00
58	Other refundable credits: Check the box(es) and enter the total amount	58	<b>1</b> □ 308-l <b>582</b> □ 34	49 58	A A1E	00
59	Total payments and refundable credits: Add lines 53 through 58 and er	enter the total		59	4,415	
60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and ent	nter amount of tax due. Skip li	lines 61, 62 and 63	60	1 204	00
61	1 OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59	9 and enter amount of overpa	ayment	61	1,204	_
60 61 62	2 Amount of line 61 to be applied to 2021 estimated tax			62	1 204	100
63	Balance of overpayment: Subtract line 62 from line 61 and enter the different	nce		63	1,204	U
2 64	4 - 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64	00 Arizona Wildlife	65 C	00		
Suit formulary contracts	Child Abuse Prevention	00 Political Gift		00		
Í	Neighbors Helping Neighbors69 00 Special Olympics70	00 Veterans' Donations		00		
<u>;</u> 5	I Didn't Pay Enough Fund	00 Spay/Neuter of Anir	managed a se	00		
75	5 Political Party (if amount is entered on line 68 - check only one): 751 Demo	ocratic 752 Libertarian	753 Republicar			70
76	6 Estimated payment penalty			76		0
77	7 771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 include					70
78	8 Add lines 64 through 74 and 76; enter the total				1 20	0
79	9 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed Direct Deposit of Refund: Check box 79A if your deposit will be ultimately pla	d on line 80	see instructions. 79A	79	1,204	I U
Amount Owed	ACCOUNT NUMBER		ACC ITISH WOLLD	A HIT		
1	98 S Savings					
80	0 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona D	Department of Revenue; write	e your SSN on payme	nt;		Τ.
	and include with your return	, - r - c 1 - c - c - c		80		0
<u> </u>	Under penalties of periury, I declare that I have read this return and any	y documents with it, and t	to the best of my kr	nowledge a	and belief, they	aı
	true, correct and complete. Declaration of preparer (other than taxpaye	er) is based on all informa	ation of which prepa	irer has ar	ny knowledge.	
	0 1					
<b>→</b>	Kankey Songtre	02/10/2021 S	SOFTWARE ENG	JINEER		
	YOUR SIGNATURE J	DATE	OCCUPATION			
<b>→</b>	<b>4</b>					
) ~		DATE	SPOUSE'S OCCUPATION	-NI		-
)	SPOUSE'S SIGNATURE  CVAM DDIVA DAM CACAD CHDTA TALLAM 02102021			•		
,	SYAM PRIYA RAM SAGAR GUPTA TALLAM 02102021 PAID PREPARER'S SIGNATURE DATE	GLOBAL TAXES I FIRM'S NAME (PREPARER'S		EH 3		6.
i		1 II/M O I Wante h	30-10	17196		
i	2530 Pebble Creek In PAID PREPARER'S STREET ADDRESS			PARER'S TIN		_
	Cumming GA 30041			965-95		
	PAID PREPARER'S CITY STATE	ZIP CODE			ONE NUMBER	-
			and the same of th	Allerta Court of the Court of t	A STATE OF THE PARTY OF THE PAR	

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).