

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ 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 PANKAJ S SONGIRE	Social security number 085-47-2137
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, (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	105,166.
2 Total tax	2	16,346.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	18,095.
4 Amount you want refunded to you	4	1,749.
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

7	2	1	3	7
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Pankaj Songire Date ▶ 02/10/2021

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ 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 electronic individual income tax return (original or amended) I am now authorizing 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 PANKAJ S	Last name SONGIRE	Your social security number 085-47-2137
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1717 S DORSEY LN		Apt. no. U1043	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. TEMPE	State AZ	ZIP code 85281	
Foreign country name	Foreign province/state/country	Foreign postal code	

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	105,166.
	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 ▶ <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 9	8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	105,166.
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 Standard Deduction , see instructions.	10 Adjustments to income:		
	a From Schedule 1, line 22	10a	
	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 ▶	10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	105,166.
	12 Standard deduction or itemized deductions (from Schedule A)	12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	92,766.

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	16,346.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	16,346.
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	16,346.
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	16,346.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	18,095.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	18,095.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	18,095.

• 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	1,749.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,749.
b	Routing number: 1 2 2 1 0 1 7 0 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number: 4 5 7 0 2 7 2 3 7 1 7 9		
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.

Joint return? See instructions. Keep a copy for your records.

Your signature <i>Pankaj Songire</i>	Date 02/10/21	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both 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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/10/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> GLOBAL TAXES LLC	Firm's address <input type="checkbox"/> 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN <input type="checkbox"/> 30-1017196

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 12, 0, 2, 0 AND ENDING 66F

Your First Name and Middle Initial: PANKAJ S; Last Name: SONGIRE; Your Social Security Number: 085 47 2137; Spouse's First Name and Middle Initial: (if box 4 or 6 checked); Last Name: (if box 4 or 6 checked); Spouse's Social Security No.:

Current Home Address - number and street, rural route: 1717 S DORSEY LN; Apt. No.: U1043; Daytime Phone (with area code): (480) 799-7975

City, Town or Post Office: TEMPE; State: AZ; ZIP Code: 85281; Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4 Married filing joint return; 4a Injured Spouse Protection of Joint Overpayment; 5 Head of household; 6 Married filing separate return; 7 Single (checked)

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse); 9 Blind (you and/or spouse); 10a Dependents: Under age of 17; 10b Dependents: Age 17 and over; 11a Qualifying parents and grandparents

Table for dependent information with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) Dependent Age included in, (f) IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS

Table for qualifying parents and grandparents with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020

Main income table with rows 12-35 including Federal adjusted gross income, additions, and subtractions. Total income: 105,166.00

DO NOT STAPLE ANY ITEMS TO THE RETURN. Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **PANKAJ S SONGIRE** Your Social Security Number **085-47-2137**

Exemptions	36	Other Subtractions from Income. Complete <i>Adjustments to Arizona Gross Income</i> schedule on page 5.....	36		00
	37	Subtract line 36 from line 35 and enter the difference.....	37	105,166	00
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00
	39	Blind: Multiply the number in box 9 by \$1,500.....	39		00
	40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	105,166	00
	43	Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED... 43S <input checked="" type="checkbox"/> STANDARD	43	12,400	00
	44	If you checked box 43S and claim charitable deductions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	92,766	00
Balance of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46	3,211	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31.....	47		00
	48	Subtotal of tax: Add lines 46 and 47 and enter the total.....	48	3,211	00
	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		00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	3,211	00
	53	2020 AZ income tax withheld.....	53	4,415	00
	54	2020 AZ estimated tax payments. 54a <input type="checkbox"/> 00 Claim of Right 54b <input type="checkbox"/> 00 Add 54a and 54b.....	54c		00
	Total Payments and Refundable Credits	55	2020 AZ extension payment (Form 204).....	55	
56		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..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00
59		Total payments and refundable credits: Add lines 53 through 58 and enter the total.....	59	4,415	00
60		TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63.....	60		00
61		OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment.....	61	1,204	00
62		Amount of line 61 to be applied to 2021 estimated tax.....	62	0	00
63		Balance of overpayment: Subtract line 62 from line 61 and enter the difference.....	63	1,204	00
Tax Due or Overpayment		64 - 74 Voluntary Gifts to:			
	Solutions Teams Assigned to Schools..... 64 <input type="checkbox"/> 00 Arizona Wildlife..... 65 <input type="checkbox"/> 00				
	Child Abuse Prevention..... 66 <input type="checkbox"/> 00 Domestic Violence Services..... 67 <input type="checkbox"/> 00 Political Gift..... 68 <input type="checkbox"/> 00				
	Neighbors Helping Neighbors..... 69 <input type="checkbox"/> 00 Special Olympics..... 70 <input type="checkbox"/> 00 Veterans' Donations Fund..... 71 <input type="checkbox"/> 00				
	I Didn't Pay Enough Fund..... 72 <input type="checkbox"/> 00 Sustainable State Parks and Road Fund..... 73 <input type="checkbox"/> 00 Spay/Neuter of Animals..... 74 <input type="checkbox"/> 00				
	75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican				
	76 Estimated payment penalty..... 76 <input type="checkbox"/> 00				
	77 771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included				
	78 Add lines 64 through 74 and 76; enter the total..... 78 <input type="checkbox"/> 00				
	79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80..... 79 <input type="checkbox"/> 1,204 00				
Penalty	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A <input type="checkbox"/>				
	C <input type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER				
	S <input checked="" type="checkbox"/> Savings				
	80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return..... 80 <input type="checkbox"/> 00				

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

PLEASE SIGN HERE

YOUR SIGNATURE: Pankaj Songire DATE: 02/10/2021 OCCUPATION: SOFTWARE ENGINEER

SPOUSE'S SIGNATURE: _____ DATE: _____ SPOUSE'S OCCUPATION: _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02102021 GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9522
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

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).