Form **8879**

(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

IIILEIIIAI I	leveriue dei vice									
Submi	ssion Identification Number (SID)									
Taxpaye	r's name	Social security number								
KUMA	AR SWAMY BALAM	867-25	867-25-2631							
Spouse's	s name	Spouse's social security number								
Dort	Tax Return Information — Tax Year Ending December 31, (Enter	Voor vou	250 011	thoriz	ing \					
Part	whole dollars only on lines 1 through 5.	year you	are au	LITORIZ	irig.)					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income		1 1		28.	440.				
2	Total tax		2			726.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			944.				
4	Amount you want refunded to you		4			218.				
5	Amount you owe		5							
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a co	y of y	our r	eturr	າ)				
return (to send for any Agent to paymer authorize paymer business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmally return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected lay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the proceive confidential information necessary to answer inquiries and resolve issues related to the paid identification number (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended) I and income tax return (original or amended) I and item the pair of the income tax return (original or amended) I are forced to the pair of the income tax return (original or amended) I are forced to the pair of the income tax return (original or amended) I are forced to the pair of t	tter, or elect ection of the S. Treasury cated in the en to debit the the authorial lests must be processing of ayment. I fu	ronic retransmister in the second control of the education o	turn ori	ginato (b) the ated Fin account oke (ca o later ic payredge t	or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the				
					_					
Тахра	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate it	my DINI	5 2 6	5 3	1	00 m)/				
_	ERO firm name	Ě	nter five on't ente		but	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 n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.									
Your s	ignature ▶ Date ▶									
Snous	e's PIN: check one box only									
Ороцо	I authorize to enter or generate	my PINI				as my				
ERO firm name Enter of generate my mix Enter five										
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all zer	os					
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.		_			_				
Spous	e's signature ▶ Date ▶									
	Practitioner PIN Method Returns Only—continue below									
Part I	Certification and Authentication — Practitioner PIN Method Only									
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7	8 6	1 9	8	9				
		Don't er	ter all ze							
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this re	urn in a	accorda	anće v					
ERO's	signature ▶ Date ▶									
	ERO Must Retain This Form — See Instructions									
	Don't Submit This Form to the IRS Unless Requested To D	o So								

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of y	ed filing separately your spouse. If you		_		, ,	_	-	-	. , , ,	
Your first name and middle initial Last na				me					Your	Your social security number			
KUMAR SI	YMAW		BALA	M					867	867-25-2631			
If joint return, spouse's first name and middle initial Last na				st name					Spous	Spouse's social security number			
Home address	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no. 133			Electio	on Campaign or your	
City, town, or post office. If you have a foreign address, also complete s				·				code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
KENT				OH			-	240		box below will not change			
Foreign country name				Foreign province/state/county				eign postal cod	le your	your tax or refund. You Spouse			
At any time du	ring 20	020, did you receive, sell, send, ex	change, o	r otherwise acquir	e any	financial intere	est in	any virtual	currency	? [Yes	⊠ No	
Standard Deduction		eone can claim:	•										
Age/Blindness	You	Were born before January 2,	1956	Are blind S	ouse	: Was bo	rn be	fore Januar	y 2, 1956	; [] Is blii	nd	
Dependents	s (see	instructions):		(2) Social security (3) Relationship			nip	(4) ✓ if qual		ualifies for (see instructions):			
If more		irst name Last name		number to you		Child tax cre		credit	Cred	it for oth	er dependents		
than four]]	
dependents, see instruction	s ——]			<u> </u>	
and check]			<u>]</u>	
here ▶ 📗]	Ц_		<u>]</u>	
A + + I-	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	V-2						1	2	28,440.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		. 1	2b			
required.	3a	Qualified dividends	3a		b (Ordinary divide	nds		;	3b			
	4a	IRA distributions	4a		b Taxable amount .					4b			
	5a	Pensions and annuities	5a		b T	axable amoun	ıt.			5b			
Standard	6a	Social security benefits	6a		b T	axable amoun	ıt.		· 🗀	6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □							$\sqcup \bot$	7			
Married filing	8	Other income from Schedule 1, line 9								8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							> _	9	2	28,440.	
Married filing	10	Adjustments to income:				1							
jointly or Qualifying	а	From Schedule 1, line 22											
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	С	Add lines 10a and 10b. These are your total adjustments to income							▶ 1	0с			
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income							•	11	2	28,440.	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)								12	1	2,400.	
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								13			
Deduction, see instructions.	14	Add lines 12 and 13								12,400.			
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er -0				15	1	6,040.	

Form 1040 (2020))								Page 2		
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	1,726.		
	17	Amount from Schedule 2, lir					_	17			
	18	Add lines 16 and 17							1,726.		
	19	Child tax credit or credit for other dependents									
	20	Amount from Schedule 3, lir	ne 7					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	1,726.		
	23	Other taxes, including self-e	mplovment tax.	from Schedule	e 2. line 10			23	0.		
	24	Add lines 22 and 23. This is						24	1,726.		
	25	Federal income tax withheld	•								
	а	Form(s) W-2				25a	3,944.				
	b	Form(s) 1099				25b	, -				
	c	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,					25d	3,944.		
	26	2020 estimated tax paymen						26	37711.		
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		20			
attach Sch. EIC.	28	Additional child tax credit. A				28					
If you have nontaxable	29	American opportunity credit				29					
combat pay,		,		•		30		-			
see instructions.	30	Recovery rebate credit. See				31					
	31	Amount from Schedule 3, lir	-								
	32	Add lines 27 through 31. The	32	2 044							
	33	Add lines 25d, 26, and 32. These are your total payments							3,944.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							2,218.		
D: 1.1 :10	35a								2,218.		
Direct deposit? See instructions.	►b										
	► d	Account number 4 1 4 8 2 2 6 7 0 9									
	36	•									
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now		▶	37			
You Owe For details on		Note: Schedule H and Sch									
how to pay, see		2020. See Schedule 3, line									
instructions.	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another	•						V N		
Designee							•		X No		
		signee's ne ▶		Phone no. ▶			sonal identi ber (PIN)				
Sian			that I have examine		d accompanying sch				t of my knowledge and		
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which										
Here	Yo	ur signature		Date	Your occupation		If the	RS ser	nt you an Identity		
	k			'					N, enter it here		
Joint return?	L				SOFTWARE I			inst.) 🕨			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,					the IRS sent your spouse an lentity Protection PIN, enter it here				
your records.								inst.) ►	ection First, enter it here		
	————	one no.		Email address			,				
-		eparer's name	Preparer's signat			Date	PTIN		Check if:		
Paid		· · · · · · · · · · · · · · · · · · ·							82703 Self-employed		
Preparer							ne no. (678)965-9522				
Use Only		m's address ► 2530 Pebb		n Cummin	~ CA 30041						
Co to warm for				ar Cammari		DEM 05/5 / 5 / 5 - 5		's EIN ▶			
GO to www.irs.go	ov/rorn	n1040 for instructions and the late	st iniomiation.		BAA	REV 02/01/21 PR	U		Form 1040 (2020)		