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.

Social coourity number

Submission Identification Number (SID)

Taxpayor'a pama

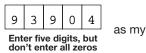
Taxpayer S hame	Social security number
SUNEELA YARKAREDDY	896-49-3904
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, (Enter	er year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 66,615.
2 Total tax	· · · · 2 7,720.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 8,828.
4 Amount you want refunded to you	4 2,908.
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 amende my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abor return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transi	ve are the amounts from the income tax

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

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN



ERO firm name 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

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

		as
five d	but	

my

ERO firm name 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 🕨
Practition	er PIN Method Returns Only—continue below
Part III Certification and Authenticati	on – Practitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN follo	wed by your five-digit self-selected PIN. <u>5</u> 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros

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

ERO's signature ►			Date 🕨					
EF Don't Sub								
	Don't Submit This Form to the IRS Unless Requested To Do So							
For Paparwork Poduction Act Nation son vo	ur tax raturn instructions		REV 03/01/21 RRO	Form 8879 (Bey, 01-2021)				

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202		o. 1545-0	074 IRS L	lse Only	–Do not w	rite or staple ir	n this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly D Married filing jointly D Married filing jointly D Married the MFS box, enter the noise a child but not your dependent	ame of your s	ng separately (N spouse. If you c	,		`	,		, ,	ow(er) (QW) e qualifying
Your first name	and mi	ddle initial	Last name						Your so	cial security	y number
SUNEELA			YARKARE	DDY					896-4	49-3904	1
			Last name						Spouse's social security number		
Home address		er and street). If you have a P.O. box, see	instructions.				Apt. no. 122		Check h	ere if you, o	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spaces	below.	State	Z	IP code				tly, want \$3
BLOOMING	TON						to go to this fund. box below will not				
Foreign country	name		Foreig	n province/state/o	county	F	oreign posta	l code		or refund.	onango
. .							• •		You Spous		
At any time du	ring 20	020, did you receive, sell, send, exch	nange, or oth	erwise acquire	any financia	l interest	in any virt	ual cu	irrency?	Yes	X No
Standard Deduction		eone can claim:		Your spouse e a dual-status		ndent					
Age/Blindness	You:	Were born before January 2, 1	956 🗌 Are	e blind Spo	ouse: 🗌 V	/as born	before Jar	uary 2	2, 1956	🗌 Is blii	nd
Dependents	s (see			2) Social security	(3) Re	lationship	(4)	🖌 if a	ualifies for	r (see instruc	ctions):
If more		irst name Last name		number	- · · ·	o you		d tax c			ner dependents
than four										Γ	7
dependents,								$\overline{\Box}$		Γ	7
see instructions and check	s ——							$\overline{\Box}$			<u> </u>
here										C	<u>-</u>
	1	Wages, salaries, tips, etc. Attach F	form(s) W_2						. 1	E	
Attach	2a		2a		· · ·	· · ·		•	. 1 2b		,005.
Sch. B if	2a 3a	· ·	3a		b Taxable i		· · ·	·	. <u>20</u> 3b		
required.	<u>4a</u>		4a		b Ordinaryb Taxable :			·	. <u>36</u> . 4b		
								•			
	5a		5a		b Taxable			·	. 5b	+	
Standard Deduction for—	6a -				b Taxable				. <u>6b</u>		
Single or	7	Capital gain or (loss). Attach Schee		ired. If not requ	lired, check	here .		Þ			
Married filing separately,	8	Other income from Schedule 1, lin						•	. 8		
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. This is	your total inco	ome			·	▶ 9	6	56,865.
 Married filing jointly or 	10	Adjustments to income:				1	1				
Qualifying	а	From Schedule 1, line 22				10a					
widow(er), \$24,800	b	Charitable contributions if you take	the standard	deduction. See	instructions	10b		25	0.		
Head of	С	Add lines 10a and 10b. These are	your total ad	justments to i	ncome .				► 10c	;	250.
household, \$18,650	11	Subtract line 10c from line 9. This	is your adjus	ted gross inco	me				▶ 11	6	56,615.
 If you checked 	12	Standard deduction or itemized	deductions	(from Schedule	A)				. 12	1	2,400.
any box under Standard	13	Qualified business income deducti	on. Attach Fo	orm 8995 or Fo	rm 8995-A				. 13		
Deduction,	14	Add lines 12 and 13							. 14	1	2,400.
see instructions.	15	Taxable income. Subtract line 14	from line 11.	If zero or less,	enter -0				. 15	-	54,215.
For Disclosure,	Privac	y Act, and Paperwork Reduction Act N								Form	1040 (2020)

1**U4U** (2020)

Form 1040 (2020))			Page 2					
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	7,720.					
	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	7,720.					
	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	7,720.					
	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	7,720.					
	25	Federal income tax withheld from:							
	а	Form(s) W-2							
	b	Form(s) 1099							
	с	Other forms (see instructions)							
	d	Add lines 25a through 25c	25d	8,828.					
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26						
qualifying child,	27	Earned income credit (EIC)							
attach Sch. EIC. • If you have	28	Additional child tax credit. Attach Schedule 8812							
nontaxable	29	American opportunity credit from Form 8863, line 8	7						
combat pay, see instructions.	30	Recovery rebate credit. See instructions	-						
	31	Amount from Schedule 3, line 13	-						
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.					
	33	Add lines 25d, 26, and 32. These are your total payments	33	10,628.					
Defund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,908.					
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,908.					
Direct deposit?	►b	Routing number X X X X X X X X X X X A C Type: Checking Savings							
See instructions.	►d	Account number X X X X X X X X X X X X X X X X X X X							
	36	Amount of line 34 you want applied to your 2021 estimated tax							
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37						
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for							
For details on		2020. See Schedule 3, line 12e, and its instructions for details.							
how to pay, see instructions.	38	Estimated tax penalty (see instructions)							
Third Party	Do	you want to allow another person to discuss this return with the IRS? See	_						
Designee	ins	structions	below.	X No					
		signee's Phone Personal ident							
		ne no. number (PIN)							
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic							
Here				nt you an Identity					
	. 10	Prot		IN, enter it here					
Joint return?		SOFTWARE DEVELOPER. (see	e inst.) 🕨						
See instructions.	Sp			nt your spouse an					
Keep a copy for your records.	,	ntity Protection PIN, enter it here e inst.) ►							
,			1100.7						
		one no. Email address eparer's name Preparer's signature Date PTIN		Check if:					
Paid			2202						
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2021 P0208		Self-employed					
Use Only				(678)965-9522					
			n's EIN ▮						
Go to www.irs.ge	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/01/21 PRO		Form 1040 (2020)					