Form **8879**

(Rev. August 2020)

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

Submission Identification Number (SID)									
Taxpayer's name	Social security	ecurity number							
MAHESH GADDAM	500-65-	500-65-4687							
Spouse's name	Spouse's soci	al security	number						
SHIVALAXMI GADDAM	972-94-	-2075							
Part I Tax Return Information — Tax Year Ending December 31, (Ent	er year you ar	e author	izing.)						
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	49,912.						
2 Total tax		2	2,620.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,739.						
4 Amount you want refunded to you		4	1,119.						
5 Amount you owe		5							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and 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 ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	emitter, or electro ejection of the tra U.S. Treasury ar idicated in the ta ition to debit the atte the authoriza equests must be the processing of payment. I furtle	nic return of ansmission of its design of its design of the control of the contro	originator (ERO), (b) the reason mated Financial ion software for is account. This voke (cancel) a no later than 2 onic payment of vledge that the						
Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC to enter or generate 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	now authorizin		as my as my this box only						
Your signature ▶ Date ▶									
Spouse's PIN: check one box only									
☐ I authorize GLOBAL TAXES LLC to enter or generate	e mv PIN 4	2 0 7	5 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	Ent don now authorizir	er five digitary 't enter all a	s, but zeros this box only						
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 Don't ente	8 6 1 r all zeros	9 8 9						
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practical Pub.	mitting this retu	n in acco	dance with the						
ERO's signature ▶ Date ▶									
FRO Must Retain This Form — See Instructions									

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single X Married filing jointly [ou checked the MFS box, enter the son is a child but not your depender	name o									
Your first name	and m	iddle initial	Last name			,	Your social security number					
MAHESH			GADDAM				500-65-4687					
If joint return, s	pouse's	s first name and middle initial	Last name			:	Spouse's social security number					
SHIVALAXMI			GAI	DDAM						972-94-2075		
Home address (number and street). If you have a P.O. box, see			e instruc	1					T I	Presidential Election Camp		
649 S HENDERSON ROAD									(Check here if you, or your		
City, town, or post office. If you have a foreign address, also cor				omplete spaces below. State Z				code		spouse if filing jointly, want \$3 to go to this fund. Checking a		
KING OF PRUSSIA					P	A	19	9406		_	o this fund. low will not	•
Foreign country name				Foreign province/state/	county		For			-		
At any time du	uring 20	020, did you receive, sell, send, exc	hange,	I , or otherwise acquire	any	financial int	erest ir	n any virtua	al curr	rency?		⊠ No
Standard Deduction		neone can claim:	•			•	nt					
Age/Blindnes	s You:	: Were born before January 2,	1956	Are blind Sp	ouse	: Was	born b	efore Janua	ary 2,	1956	☐ Is bl	lind
Dependent	s (see	instructions):		(2) Social securit	/	(3) Relatio	nship	(4) 🗸	if qua	alifies fo	r (see instru	ections):
If more		irst name Last name		number		to you		Child tax credi			ı	her dependents
than four												
dependents,	_]				
see instruction and check	s ——											
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s) W-2						1	T .	49,912.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est			2b	,	
Sch. B if	3a	Qualified dividends	3a			ordinary divi				3b	,	
required.	4a	IRA distributions	4a		b Taxable amount .				4b	,		
	5a	Pensions and annuities	5a		b T	axable amo	unt .			5b	,	
Standard	6a	Social security benefits	6a			axable amo				6b	,	
Deduction for-	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		
 Single or 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	-	49,912.
 Married filing 	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22										
widow(er),	b	Charitable contributions if you take the standard deduction. See instructions 10b										
\$24,800 • Head of	С	Add lines 10a and 10b. These are your total adjustments to income								100		
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income							. •	- 11		49,912.
If you checked	12	Standard deduction or itemized	•							12		24,800.
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								13		
Deduction,	14	Add lines 12 and 13								14		24,800.
see instructions.	15	Taxable income. Subtract line 14	from I	ine 11. If zero or less,	ente	r-0				15		25,112.

Form 1040 (2020))								Page 2		
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	2,620.		
	17	Amount from Schedule 2, lir					_	17			
	18	Add lines 16 and 17						18	2,620.		
	19	Child tax credit or credit for	other dependent	ts				19			
	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	2,620.		
	23	Other taxes, including self-e	emplovment tax.	from Schedule	e 2. line 10			23	0.		
	24	Add lines 22 and 23. This is						24	2,620.		
	25	Federal income tax withheld	•						2,020.		
	а	Form(s) W-2				25a	3,739.				
	b	Form(s) 1099				25b	,	1 1			
	c	Other forms (see instruction				25c		1			
	d	Add lines 25a through 25c	,					25d	3,739.		
	26	2020 estimated tax paymen						26	37733.		
 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, lin	32								
	32	Add lines 27 through 31. These are your total other payments and refundable credits							2 720		
	33	Add lines 25d, 26, and 32. These are your total payments							3,739.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	1,119.		
D: 1.1 :10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						35a	1,119.		
Direct deposit? See instructions.	►b	Routing number 0 5 1 0 0 0 0 1 7 ▶ c Type: X Checking Savings Account number 4 3 5 0 4 0 0 5 8 5 8 0									
	► d										
	36	·				<u> </u>					
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe	now		▶	37			
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.									
instructions.	38										
Third Party		you want to allow another	•						V N		
Designee						_	•		X No		
		signee's me ▶		Phone no. ▶			sonal identi nber (PIN)				
Sign		der penalties of perjury, I declare	that I have examine		d accompanying sch		, ,		t of my knowledge and		
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation		If the	e IRS ser	nt you an Identity		
	k						I .		N, enter it here		
Joint return?	L				SOFTWARE I			inst.) 🕨			
See instructions. Keep a copy for	Sp	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			
your records.				HOMEMAKER		I .	inst.) ▶	CHOILE IN, EILER IT HEIE			
	————	one no.		Email address	Попринение		,				
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:		
		PRIYA RAM SAGAR GUPTA TALLAM					082703 Self-employed				
Preparer											
Use Only		0500 - 117							e no. (678)965-9522		
0-1				III CUIIIIIIIII				i's EIN ▶			
GO TO WWW.Irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/15/21 PR	U		Form 1040 (2020)		