## 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

Subm	ission Identification Number (SID)	
Taxpaye	er's name	Social security number
KRI	SHNA KALYAN DHULIPALA	011-93-3622
Spouse	's name	Spouse's social security number
Part	, ,	er year you are authorizing.)
	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 24,784.
2 3	Total tax	<b>2</b> 1,288.
3 4		2,150.
5	Amount you want refunded to you	3,010.
Part		-
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende	
to send for any Agent payme authori payme busine taxes t person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the lot initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a solvential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I in Funds Withdrawal Consent.	jection of the transmission, (b) the reason J.S. Treasury and its designated Financial dicated in the tax preparation software for ion to debit the entry to this account. This te the authorization. To revoke (cancel) a quests must be received no later than 2 be processing of the electronic payment of payment. I further acknowledge that the
	lyer's PIN: check one box only	3 3 6 2 2
×	I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
	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 <b>and</b> your return is filed using the Practitioner PIN met below.	
Yours	signature ▶ Date ▶	
Spous	se's PIN: check one box only	
	I authorize to enter or generate	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am	now authorizing. Check this hox <b>only</b>
L	if you are entering your own PIN and your return is filed using the Practitioner PIN met below.	
Spaul	ee's signature ▶ Date ▶	
Spous	Date ►  Practitioner PIN Method Returns Only—continue below	w.
Part		<u>*</u>
	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	3 7 2 7 8 6 1 9 8 9  Don't enter all zeros
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of	mitting this return in accordance with the
EBO's	signature ► Date ►	
ENU S	ERO Must Retain This Form — See Instructions	
	ELIO MUSI NELAHI IIIS I VIII — OEE HISHUULIUIS	

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 Married filing jointly uchecked the MFS box, enter the non is a child but not your dependent	ame of								
Your first name	and m	ddle initial	Last n	name				Your s	Your social security number		
KRISHNA	KAL	YAN	DHU	LIPALA				011-93-3622			
If joint return, spouse's first name and middle initial			Last name				Spouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, see	instruc	tions.			Apt. no.	Presid	Presidential Election Campaign		
								ou, or your			
City, town, or post office. If you have a foreign address, also complete spaces below.			spaces below.	State	ZIP	code			ointly, want \$3 d. Checking a		
JACKSONVILLE			FL			32	2256	_		not change	
Foreign country name			Foreign province/state/cour		ounty For		eign postal cod		ax or refu	nd.	
At any time du	ring 20	20, did you receive, sell, send, excl	nange,	or otherwise acquire	any financial	interest in	n any virtual o	currency'	Ye	s 🔀 No	
Standard Deduction	_	eone can claim:	•			dent					
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	use: 🗌 Wa	s born be	efore January	y 2, 1956	☐ Is	blind	
Dependents	s (see	instructions):		(2) Social security	(3) Rela	tionship	(4) <b>V</b> if	gualifies f	or (see ins	structions):	
If more		rst name Last name		number	~ ' '	you	Child tax		1	other dependents	
than four											
dependents,											
see instructions and check	s ——			_							
here ▶											
	. 1	Wages, salaries, tips, etc. Attach F	orm(s)	) W-2					i l	27,284.	
Attach	2a	Tax-exempt interest	2a		<b>b</b> Taxable in	terest		. 2	b		
Sch. B if	За	Qualified dividends	3a		<b>b</b> Ordinary o	lividends		. 3	b		
required.	4a	IRA distributions	4a		<b>b</b> Taxable ar			. 4	b		
	5a	Pensions and annuities	5a		<b>b</b> Taxable ar	mount .		. 5	b		
Standard	6a	Social security benefits	6a		<b>b</b> Taxable ar	mount .		. 6	b		
Deduction for—	7	Capital gain or (loss). Attach Schee	dule D	if required. If not requ	ired, check h	ere .	•		7		
Single or Married filing	8	Other income from Schedule 1, lin	e9.					. 8	3		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inco	me			<b>&gt;</b> 9	9	27,284.	
• Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10a	2,5	00.			
widow(er),	b	Charitable contributions if you take	the sta	andard deduction. See	instructions	10b					
\$24,800 Head of	С	Add lines 10a and 10b. These are						<b>▶</b> 10	Ос	2,500.	
household, \$18,650	11	Subtract line 10c from line 9. This		-				<b>&gt;</b> 1	1	24,784.	
If you checked	12	Standard deduction or itemized	-					. 1	2	12,400.	
any box under Standard	13	Qualified business income deduct	_	•	,			. 1	3		
Deduction, see instructions.	14	Add lines 12 and 13						. 1	4	12,400.	
SEE ITISTRUCTIONS.	15	Taxable income. Subtract line 14	from li	ine 11. If zero or less,	enter -0			. 1	5	12,384.	

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

Form 1040 (2020)

Form 1040 (2020	)			Page <b>2</b>
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲	16	1,288.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,288.
	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	1,288.
	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	1,288.
	25	Federal income tax withheld from:		
	a	Form(s) W-2	-	
	b	Form(s) 1099		
	С	Other forms (see instructions)	25.1	2 400
	d	Add lines 25a through 25c	25d	2,498.
<ul> <li>If you have a qualifying child,</li> </ul>	26	2020 estimated tax payments and amount applied from 2019 return	26	
attach Sch. EIC.	27			
If you have nontaxable	28		,	
combat pay,	29	American opportunity credit from Form 8863, line 8	4 1	
see instructions.	30	Amount from Schedule 3, line 13	-	
	31 32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
	33	Add lines 27 through 31. These are your total other payments and refundable credits	33	4,298.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,010.
Refund	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here	35a	3,010.
Direct deposit?	⊳ b	Routing number X X X X X X X X X X X X X X X X X X X	55a	3,010.
See instructions.	▶d	Account number   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	0.	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	tructions	selow.	<b>X</b> No
		signee's Phone Personal identi		
<u></u>		ne ► no. ► number (PIN) I  der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		A = 6 === 1 == === == == == == == == == == ==
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 which		
Here	Yo	ur signature Date Your occupation If the	RS ser	nt you an Identity
	k.	Prote		N, enter it here
Joint return?		OTIVIT DEVELOTER	inst.) ▶	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.) ▶	
	Ph	one no. Email address		
Doid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/21/2021 P0208	2703	Self-employed
Preparer Use Only	Fin	n's name ► GLOBAL TAXES LLC Phor	ne no. (	678)965-9522
Use Only	Fire	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN ▶	30-1017196
Go to www.irs.go	v/Forn	n1040 for instructions and the latest information.  BAA REV 02/15/21 PRO		Form <b>1040</b> (2020)

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020

Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

KRISHNA KALYAN DHULIPALA

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

011-93-3622

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	
Par			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	2,500.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,500.