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

Submission Identification Number (SID)					
Taxpayer's name	Social security number				
SHAMRAO BHAGWAT CHABUKSWAR	160-93-2285				
Spouse's name	Spouse's social security number				
SOUBHAGYA KADAM	657-96-9233				
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter whole dollars only on lines 1 through 5.	r year you are authorizing.)				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income	1 177,900.				
2 Total tax					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099					
4 Amount you want refunded to you					
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 amended)	11 1				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmosend 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 LA Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incompart 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 terminat payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements and 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 at Electronic Funds Withdrawal Consent.	nitter, or electronic return originator (ERO) ection of the transmission, (b) the reason J.S. Treasury and its designated Financial dicated in the tax preparation software for on to debit the entry to this account. This et the authorization. To revoke (cancel) a juests must be received no later than 2 be processing of the electronic payment of payment. I further acknowledge that the				
Taxpayer's PIN: check one box only					
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 rif you are entering your own PIN and your return is filed using the Practitioner PIN metholow.	enter five digits, but don't enter all zeros				
Your signature ▶ Date ▶					
Spouse's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate ERO firm name signature on the income tax return (original or amended) I am now authorizing.	my PIN 6 9 2 3 3 as my 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 r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue below	<u> </u>				
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	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 t authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this return in accordance with the				
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 Check only one box.	If yo	Single Married filing jointly Mu checked the MFS box, enter the name son is a child but not your dependent ■	larried filing separately e of your spouse. If you	. , _	` ,		, , , , ,	
Your first name	and mi	iddle initial Las	st name			Your socia	al security number	
SHAMRAO		BI	HAGWAT CHABUKS	SWAR		160-93	3-2285	
If joint return, s	pouse's	s first name and middle initial Las	st name			Spouse's	social security number	
SOUBHAG	ΥA	l k	ADAM			657-9	6-9233	
Home address	(numbe	er and street). If you have a P.O. box, see insti	ructions.		Apt. no.	President	ial Election Campaign	
11201 R	ANCH	RD 2222	6204			Check here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also comple	ete spaces below.	spaces below. State ZIP code			filing jointly, want \$3	
AUSTIN				TX 78730			nis fund. Checking a will not change	
		Foreign province/state	Foreign province/state/county Foreign postal code					
							You Spouse	
At any time du	ring 20	021, did you receive, sell, exchange, or o	otherwise dispose of a	ny financial interes	st in any virtual currer	ncy?	Yes X No	
Standard	Som	eone can claim: You as a depen	dent Your spou	ise as a dependen	t	7		
Deduction		Spouse itemizes on a separate return or		The second secon				
2000000	<u>`</u>							
		Were born before January 2, 1957	Are blind Sp		orn before January 2	,	Is blind	
Dependents	,	•	(2) Social securi				see instructions):	
If more	(1) Fi	irst name Last name	number	to you	Child tax cr	redit Ci	redit for other dependents	
than four dependents,							<u> </u>	
see instruction	s						<u> </u>	
and check			_					
here ▶ ∐								
	1	Wages, salaries, tips, etc. Attach Form	n(s) W-2			. 1	177,900.	
Attach	2a	Tax-exempt interest 2a		b Taxable interes	est	2b		
Sch. B if required.	3a	Qualified dividends 3a		b Ordinary divid	dends	3b		
required.	4a	IRA distributions 4a		b Taxable amou	unt	4b		
	5a	Pensions and annuities 5a		b Taxable amou	unt	. 5b		
Standard	6a	Social security benefits 6a		b Taxable amou	unt	6b		
Deduction for—	7	Capital gain or (loss). Attach Schedule	D if required. If not red	guired, check here		7		
 Single or Married filing 	8	Other income from Schedule 1, line 10		,	7	. 8	С	
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and		come		9	177,900.	
\$12,550 Married filing	10	Adjustments to income from Schedule				. 10	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
jointly or	11	Subtract line 10 from line 9. This is you		ome		11	177,900.	
Qualifying widow(er),	12a	Standard deduction or itemized ded		1	12a 25,100	100 10	<u> </u>	
\$25,100	b			,	12b 600			
 Head of household, 		Charitable contributions if you take the	standard deduction (Se	e instructions) [1	600		2F 700	
\$18,800	C	Add lines 12a and 12b				. 12c	25 , 700.	
 If you checked any box under 	13	Qualified business income deduction f	rom Form 8995 or For	m 8995-A		. 13	25 700	
Standard Deduction,	14	Add lines 12c and 13				. 14	25,700.	
see instructions.	15	Taxable income. Subtract line 14 from	n line 11. If zero or less	s, enter -0		. 15	152,200.	

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

Form 1040 (2021)



Form 1040 (202	1)							Page 2
	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	24,981.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	24,981.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	24,981.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			2 3	0.
	24	Add lines 22 and 23. This is your total tax					24	24,981.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 26,	936.		
	b	Form(s) 1099			25b			
	C	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	26,936.
If you have a	26	2021 estimated tax payments and amount a			, . ,		26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)			27a			
attach Sch. Elo.		Check here if you were born after Janu January 2, 2004, and you satisfy all the						
		taxpayers who are at least age 18, to claim t						
	b	Nontaxable combat pay election	1 1					
	С	Prior year (2019) earned income						
	28	Refundable child tax credit or additional child		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 15			31			
	32	Add lines 27a and 28 through 31. These are	your total oth	er payments and	refundable credits	s >	32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments			. •	33	26,936.
Refund	34	If line 33 is more than line 24, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	1,955.
neiuna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow 35a					1,955.	
Direct deposit?	▶b	Routing number 1 1 1 0 0 0 6		▶ c Type: 🗶	Checking Sa	vings		
See instructions.	▶d	Account number 7 1 7 9 2 1 3	2 9			-		
	36	Amount of line 34 you want applied to your	2022 estimate	ed tax ►	36			
Amount	37	Amount you owe. Subtract line 33 from line	24. For details	s on how to pay,	see instructions		37	
You Owe	38	Estimated tax penalty (see instructions) .		/ .	38		/_	
Third Party		you want to allow another person to disc	cuss this retu	rn with the IRS?				
Designee		structions			Yes. Com	•		X No
		signee's me ▶	Phone no. ▶		Persona number	I identif		
Cian		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 complete. Declaration						
Here	Yo	ur signature	Date	Your occupation				nt you an Identity
	k							N, enter it here
Joint return?				SOFTWARE I		,	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.				HOME MAKE	?	.00	nst.) ▶	CHOIT IIV, enter it here
	Ph	one no. (408) 406-7958	Email address	LORDSHAM@(
		eparer's name Preparer's signat				TIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/11/2022 P	02082	2703	Self-employed
Preparer		m's name ► GLOBAL TAXES LLC				_		678) 965-9522
Use Only		m's address ► 2530 Pebble Creek L	n Cummin	g GA 30041			s EIN ►	
Go to www.irs.a		n1040 for instructions and the latest information.		BAA	REV 01/04/22 PRO	1 2500.50		Form 1040 (2021)

DO NOT FILE