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
ANAY SHIRISH REKHADE	534-77-8489
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter	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	
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	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice 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 terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements adays 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 payment in the pay	ction of the transmission, (b) the reason S. Treasury and its designated Financial cated in the tax preparation software for n to debit the entry to this account. This the authorization. To revoke (cancel) a lests must be received no later than 2 processing of the electronic payment of avment. I further acknowledge that the
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	
☐ I authorize GLOBAL TAXES LLC to enter or generate r	7 8 4 8 9
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.	
Your signature ▶ Date ▶	01/28/2022
Spouse's PIN: check one box only	
I authorize to enter or generate r	
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 no	ow authorizing. Check this box only
if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.	
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 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 ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting 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 D	10 Co

E		NAN	Departm	ent of the Treasury— Individual	Internal Revenu	e Service	99
<u>د</u> ا	1	UTU	U.S.	Individual	Income	Tax	Return

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OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (Noor spouse. If you c				(0) (22)		S 10.55.11		
Your first name	and mi	ddle initial	Last nar					1		cial securit		
If joint return, spouse's first name and middle initial Last name Spo					Spouse's	pouse's social security number						
Home address 3520 FL		r and street). If you have a P.O. box, see REEK DR	instructio	ons.			Apt. no.		Check h	ere if you,	on Campaign or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	State TX		IP code 75025	7EO2E to		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
Foreign country	y name		F	Foreign province/state/o	ounty	F	oreign postal			or refund.	Spouse	
At any time du	ıring 20	021, did you receive, sell, exchange,	, or othe	rwise dispose of any	financial in	nterest in	any virtual o	curren	cy?	Yes	⊠ No	
Standard Deduction	-	eone can claim:	ē.		100	endent						
Age/Blindnes:	S You:	☐ Were born before January 2, 1	957	Are blind Spo	use: 🔲	Was born	before Janu	uary 2,	1957	☐ Is bl	ind	
Dependents If more		instructions): rst name Last name		(2) Social security (3) Relationship to you			(4) ✓ if qualifies Child tax credit		ifies for (see instructions): it Credit for other dependents			
than four dependents, see instruction										<u>[</u>		
and check here ▶ □												
^#==b	_1_	Wages, salaries, tips, etc. Attach F	1''	N-2					1		19,022.	
Attach Sch. B if	2a	AND 1000 10 000 17 01 1440	2a		b Taxable	interest			2b			
required.	3a	2000 N 200 N 200 N 200 N	3a		b Ordinar	y dividend	s		3b			
	4a		4a		b Taxable				4b			
	5a		5a		b Taxable			(*)	5b			
tandard eduction for—	6a		6a		b Taxable				6b			
Single or	7	Capital gain or (loss). Attach Sche		150	\$8.	k here .			7		50.	
Married filing separately,	8	Other income from Schedule 1, lin						• •	8			
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						. >	9		19,072.	
Married filing jointly or	10	Adjustments to income from Schedule 1, line 26					10					
Qualifying widow(er),	11_	Subtract line 10 from line 9. This is		. T		1		. •	11		19,072.	
\$25,100	12a	Standard deduction or itemized		88 11 00000			12	,550	<u>-</u>			
Head of household,	b	V0-70 000 000000 VA 100 00 00000 VA 100 0000 VA 100 0000 VA 100 000 VA 100 000 VA 100	Charitable contributions if you take the standard deduction (see instructions)									
\$18,800	C	Add lines 12a and 12b						(187) (188)	120		12,550.	
If you checked any box under	13	Qualified business income deduct		Form 8995 or Form	вуу5-A .			141 141	13	-	12 550	
Standard Deduction, see instructions.	14 15	Add lines 12c and 13 Taxable income. Subtract line 14	from line	e 11. If zero or less,	 enter -0				14		12,550. 36,522.	
Jos mondottoris.												

Form 1040 (2021)							Page 2
	16	Tax (see instructions). Check if any from F	orm(s): 1 🔲 881	4 2 4972	3 🗍		16	4,184.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	4,184.
	19	Nonrefundable child tax credit or credit to	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 le	ess, enter -0				22	4,184.
,	23 Other taxes, including self-employment tax, from Schedule 2, line 21							0.
	24	Add lines 22 and 23. This is your total ta	ж			. ▶	24	4,184.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 6	,476.		
	b	Form(s) 1099			25b	W		
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	6,476.
4	26	2021 estimated tax payments and amou	nt applied from 20	020 return		2 2	26	
If you have a L qualifying child,	27a	Earned income credit (EIC)		No	27a			
attach Sch. EIC.		Check here if you were born after a	lanuary 1, 1998,	and before				
		January 2, 2004, and you satisfy all						
	•	taxpayers who are at least age 18, to cla		nstructions >				
	b	Nontaxable combat pay election			_			
	C	Prior year (2019) earned income		0-11-1-0040				
	28 Refundable child tax credit or additional child tax credit from Schedule 8812 28							
	29	American opportunity credit from Form 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		88 5			32	C 47C
	33	Add lines 25d, 26, and 32. These are you					33	6,476. 2,292.
Refund	34	If line 33 is more than line 24, subtract line					34	2,292.
Diseast democit?	35a	Amount of line 34 you want refunded to Routing number 1 1 1 1 9 0 0		o is attached, che c Type: X		► ∐ Savings	35a	2,292.
Direct deposit? See instructions.	►b	Account number 6 5 7 6 7 4						
	▶ d							
A	36	Amount of line 34 you want applied to y		······································	36		07	
Amount You Owe	37 38	Amount you owe. Subtract line 33 from		8.0 6.0	1		37	
		Estimated tax penalty (see instructions)			38			
Third Party Designee		you want to allow another person to tructions				mnlete t	nelow	X No
Designee		signee's	Phone			nal identi		E NO
		ne >	no. ▶			er (PIN)		
Sign	Un	der penalties of perjury, I declare that I have exa	mined this return an	d accompanying sch	edules and statemer	nts, and to	the best	of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declara	tion of preparer (other	er than taxpayer) is ba	ased on all information	n of which	preparei	r has any knowledge.
: :0:0	Yo	ur signature	Date	· · · · · · · · · · · · · · · · · · ·				you an Identity
1-:-40	A			IT CONSUL	TANT	1	inst.) ▶ [I, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sig	n. Date	Spouse's occupat				your spouse an
Keep a copy for	J Op	buse a signature. If a joint return, both must sig	n. Date	Opouse 3 occupat	1013	100000000000000000000000000000000000000		ction PIN, enter it here
your records.						(see	inst.) ▶	
		one no. (469)982-2735	Email address	ANAY.REKHA	DE@GMAIL.CO	М		
Paid	Pre	parer's name Preparer's s	ignature		Date	PTIN		Check if:
	VENH	ATASAI PAVAN KUMAR DUDIPALLI VENKATAS	SAI PAVAN KUM	AR DUDIPALLI	01/26/2022	P0247	0833	Self-employed
Preparer Use Only	Fin	m's name ► GLOBAL TAXES LLC			1990-1888-1990-1990	Phor	ne no. (f	678)965-9522
Ose Only	Fin	m's address ▶ 2530 Pebble Creel	k Ln Cummin	g GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information		BAA	REV 01/17/22 PRO			Form 1040 (2021)

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service (99)

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Sequence No. 12 Name(s) shown on return Your social security number

ANAY SHIRISH REKHADE 534-77-8489 Did vou dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No

	es," attach Form 8949 and see its instructions for additiona					
Pa	Short-Term Capital Gains and Losses—Ger	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,968.	1,918.			50.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	1,,5001	1,510.			30.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 8	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and t		5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		our Capital Loss		6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	ımn (h). If you hav		7	50.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets I			(see	
lines This	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (d) (e) Adjustments to gain or loss form(s) 8949, P. line 2, column					(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporati				12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 8a					

Part III	Summary

16	Combine lines 7 and 15 and enter the result	16	50.
	 If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. 		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	The state of the s	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? Yes. Go to line 18.	And the second s	
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	as repaired to the second seco	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
S)	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
- A	9EV 04/47/22 PRO		

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Name(s) shown on return ANAY SHIRISH REKHADE Social security number or taxpayer identification number

534-77-8489

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions(B) Short-term transactions(C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an a enter a co See the sepa	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(f) (g) Code(s) from Amount of	
COINBASE	01/01/21	12/31/21	1,968.	1,918.			50.
	TO A SECURITY OF THE PROPERTY						
	To the second of						
	TO CONTRACT OF THE PROPERTY OF						
						10	
	A CONTRACTOR OF THE CONTRACTOR						
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6)	al here and inc is checked), lir	lude on your ne 2 (if Box B	1,968.	1,918.			50.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.