(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS effle Signature Authorization

▶ EROmust obtain and retain completed Form 8879.

► Go towww.irs.gov/Form8879for the latest information

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social security:	number	—
DURGA VENKATA SUBHAS CHINNAM	489-79-3		
Spause's name		securitynumber	
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter	yearyouare	eauthorizing)	
Enterwhole addlars only an lines 1 through 5			
Note: Fam 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank	1	1	
1 Adjusted grass income		1 77,21	
2 Total tax	_	2 9,91	1.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<u> </u>	3 12,10	
4 Amountyauwantrefunded toyau		4 2,19	2.
5 Amountyauave		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure youget and k			
Under penalties of perjuy, I dedare that I have examined a copy of the income tax return (original or amended) my knowledge and belief, it is true, correct, and complete. I further dedare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermedate service provider, transmin to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or research or reject for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withor awal (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. Treesury Financial Agent to terminate payment, I must contect the U.S. Treesury Financial Agent at 1-888-353-4537. Payment cancellation requiptions days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment in the payment (settlement) date. I also authorize the financial institutions involved in the payment in the payment (settlement) date. I also authorize the financial institutions involved in the payment in the payment (settlement) date. I also authorize the financial institutions involved in the payment of the payment (settlement) date. I also authorize the financial institutions involved in the payment of the pay	e are the amounter; or electroniction of the trans. Treasury and cated in the tax in to debit the electronic the authorization of the a	nts from the income cretum ariginator (to smission, (b) the real lits designated Final preparation software intry to this account on To revoke (cance eceived no later that electronic payme or advovedge that agand, if applicable agand, if agand,	e tax ERO) asson refor This sed) a an 2 ant of tit the smy
Your signature Date			
Constructo DNN along the same language to			
Spause's PIN: check are box anly			
I authorize	Enter don't ow authorizing	rfive digits, but center all zeros g. Check this box (
Spouse's signature ▶ Date ▶			
Practitioner PINMethod Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/AIN Enteryoursix-digit EFIN followed by your five-digits aff-safected PIN 5 8	7 2 7 8 Don't enters	6 1 9 8 9 all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	tting this retur	nin accordance wit	
ERO's signature ▶ Date ▶			
EROMust Retain This Fam — See Instructions			_

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

£ 104		artmentof the Treasury—Internal Revenue Serv S. Indvidual Income Ta		etum 2	\mathcal{D}	1 OMBNo	15450	1074 IRSUseOnly	⊢Donotv	vrite ar staple	inthisspace.	
Filing Statu Check only one box	lfyc	Singe Married filingjointly [oucheoked the MFS box, enter the r con is a child but not your depender	namec									
Yourfirstner	neandm	idaleinital	Læstr	name					Yourso	cial securi	tyrumber	
DURGA V	ENKA	TA SUBHAS	CHI	NNAM					489-	79-394	3	
lfjantretum	sporse;	sfirstræmeardmiddeiritid	Læstr	name					Spouse	ssocial se	curityrumber	
		erandstreet). If you have a P.O. box, see	einstruc	ctions				Apt no			on Campaign	
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RIESEL	postoffi	ce. Ifyou have a foreign address, also co	omplete	espaces below.		State TX		IPcccle 76682	togot	space if filing jointly, want \$3 to go to this fund. Checking a box below will not change.		
Fareignaaun	tryrame			Fareignprovince/s	tate6	ounty	F	areign postal code	yourta	xarrefund Yau	Spouse	
Atanytimed	luing 2	021, did you receive, sell, exchange	; aroth	nawisedsposed	fany	rfinancial inte	restin	any vintual curre	ncy?	Yes	X No	
Standard Deduction	_	eone candaim: 🗌 Youasada Spouse itemizes on a separate retu	•			easa depend alien	lent					
Age/Blindne	ss You	☐ Wereborn before January 2, 1	1957	☐ Areblind	Spa	use: 🗌 Wa	sban	beforeJanuary:	2 1957	☐ Isb	lind	
Dependen		instructions): irstrame Lastrame		(2) Social sec	_	(3) Relation		(4) V if a		r(sæinstr	uctions): herdependents	
lfmare thanfour	(1)1	istrate Lestrate							ieur	a eartia o		
dependents,												
seeinstruction and dreak	rs											
here▶ [
	<u> 1</u>	Wages, salaries, tips, etc Attach I	Fam(s	s)W-2					. 1		87,158.	
Attach	2a	Tax-exemptinterest	2a		k	o Taxableim	brest		. 2			
Sch Bif required	_3a	Qualified dividends	3a] k	o Ordnaryd	ividenc	ts	. 3			
<u> </u>) 4a	IRA distributions	4a		k	o Taxable an	nount.		. 4			
	5a	Pensions and annuities	5a		k	o Taxable <i>a</i> n	nount.		. 5 6			
Standard) 6a	Social security benefits	6a		k	o Taxable <i>a</i> n	nount.		. <u>a</u>			
Deduction for— • Single or	7	Capital gain or (loss). Attach Sche	edUe D	Difrequired Ifrot	requi	ired, dheak h	ere .	▶[□			
Married filing	8	Other income from Schedule 1, lin	line 10							-9,946.		
separately, \$12,550	9	Add lines 1, 20, 30, 40, 50, 60, 7,	and 8	This is your total	inco	me			9	'	77,212.	
 Married filing 	10	Adjustments to income from Sche	edule 1	, line 26					. 10			
jaintlyar Qualifying	11	Subtractline 10 from line 9. This is	syar	adjusted gross in	ncam	ne			▶ 11	'	77,212.	
widow(er), \$25,100	12a	Standard deduction or itemized	dedu	ctions (from Sche	dUe,	A)	12a	12,55	0.			

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

 Head of household,

\$18,800 • If you checked any box under

Standard Deduction

see instructions

b Charitable contributions if you take the standard deduction (see instructions) 12b

Taxable income Subtractline 14 from line 11. If zero or less, enter -0

Fam 1040(2021)

12,850.

12,850.

64,362.

300.

12c

13

14

15

Farm 1040(2021)			Page 2
	16	Tax (see instructions). Check if any from Fam (s): 1 2814 2 4972 3	16	9,911.
	17	Amount from Schedule 2 line 3	17	
	18	Add lines 16 and 17	18	9,911.
	19	Namefundable child tax aecit araecit för other dependents from Schedule 2812	19	
	20	Amount from Schedule 3 line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtractline 21 from line 18 Ifzero ar less, enter-O	22	9,911.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23 This is your total tax	24	9,911.
	25	Federal income tax withheld from:		
	а	Form(s)W-2		
	b	Fam(s) 1099		
	С	Otherfams (see instructions)		
	d	Add lines 25a through 25c	25d	12,103.
lfyouhavea	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	27a	Earned income credit (EIC)		
attach Sch EIC.		Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers.who are at least age 18, to daim the ELC. See instructions.▶ □		
	b	Nontavable combat payelection		
	С	Prioryear (2019) earned income		
	28	Refundable child tax areal transditional child tax areal tifrom Schedule 8812 28		
	29	American apparturity aredit from Farm 8863, line 8		
	30	Recovery rebette arealit See instructions		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits 🕨	32	
	33	Add lines 25d, 26, and 32 These are your total payments	33	12,103.
Refund	34	If line 33 is more than line 24 subtract line 24 from line 33 This is the amount you overpaid	34	2,192.
	35a	Amount of line 34 you want refunded to you If Farm 8888 is attached, check here ▶ □	35a	2,192.
Direct deposit? See instructions	▶b	Routing number 0 2 1 1 0 0 3 6 1		
	▶d	Account number 8 6 7 6 2 2 9 2 5		
	36	Amount of line 34 you want applied to your 2022 estimated tax \(\begin{array}{c}\) 36		
Amount	37	Amountyou owe. Subtract line 33 from line 24 For details on how to pay, see instructions	37	
YouOwe	38	Estimated tax penalty (see instructions)		
Third Party Designee		o you want to allow another person to discuss this return with the IRS? See structions		X No
		signee's Parsonal identif ne ► no. ► number (PIN) ►		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	the bes	

sign Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.												
нае ,	Yoursignature			Date	Yourocaupation				If the IRS sentyou an Identity Protection PIN, enter it here				
Jaintretum?			SOFTWARE ENGINEER				(sæinst)▶						
Seeinstructions Keepacopyfor yourrecords	Spouse's signature. If a joint return, both must sign			Date	Spousesoo		If the IRS sentyour spouse an Identity Protection PIN, enter it her (see inst.)▶			nere			
-	Phanena (417)	8	Email address VENKATSUBHASHCHINNAM@GMAIL.COM								_		
Del el	Preparer's name Prepare			reparer's signature			Date	PIIN		Chec	kif:		
Paid Domonor -	SYAM PRIYA RAM SAGAR GU	PTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TAI	LLAM	02/04/2022	PO	2082703		Self-en	nploye	d
Preparer - Use Only -	Firm's name ► GLO	BAL TA	XES LLC						Phone na (678) 965 - 9522			2	
USECITY -	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041							Firm's EIN ▶ 30-1017196					

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go towww.irs.gov/Form1040for instructions and the latest information.

2021	
Attachment Sequence No. O I	

Name(s) shown an Farm 1040, 1040-SR, at 1040-NR Your social security number 489-79-3943 DURGA VENKATA SUBHAS CHINNAM

Par	Additional Income			
1	Taxable refunds, credits, croffsets of state and local income taxe	S	1	
2 a	Alimany received		2 a	
b	Date of original divorce or separation agreement (see instructions)	·		
3	Business income ar (loss). Attach Schedule C		3	
4	Othergains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-9,946.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Otherincome			
а	Netoperating loss	&a ()		
b	Gambling income	85		
С	Cancellation of debt	86		
d	Fareigneamed income exclusion from Farm 2555	81 ()		
е	Taxable Health Savings Account distribution	88		
f	Alaska Parmanent Fund dividends	85		
g	Jurydutypay	83		
h	Prizesandawards	81		
i	Activity not engaged in for profit income	8		
j	Stack aptions	8		
k	Income from the rental of personal property if you engaged in			
	the rental for profit but were not in the business of renting such	8k		
ı	Olympic and Parallympic medals and USOC prize money (see	5		
'	instructions)	8		
m	Section 951(a) inclusion (see instructions)	8n		
n	Section 951A(a) inclusion (see instructions)	81		
0	Section 461(1) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	8p		
Z	Otherincome List type and amount	82		
9	Total other income. Add lines & through &		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10		フ	
	1040NR line8		10	_0 0/16

Page 2

Par	tll Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials Attach Form 2106	12	
13	Health savings account deduction Atlach Form 8889	13	
14	Moving expenses for members of the Armed Forces Attach Form 3908	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penaltyon early with drawal of savings	18	
19a	Alimany paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Studentloan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Otheradjustments		
а	Jurydutypay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Cantributions to section 501(c)(18)(D) pension plans		
g	Cantributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful disarimination daims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law vidations		
j	Housing deduction from Farm 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Farm 1041)		
Z	Otheradjustments List type and amount		
25	Total other adjustments Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25 These are your adjustments to income. Enter here and on Form 1040 or 1040 SR, line 10, or Form 1040 NR, line 10a	26	

SCHEDULE E (Farm 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, Scorporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

► Atlact to Form 1040 10455K, 10451K, of 1041.

► Go towww.irsgov/ScheduleE for instructions and the latest information.

OMB Na 1545-0074

2021

Attachment
Sequence Na 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

DURGA VENKATA SUBHAS CHINNAM

Yoursocial security number 489-79-3943

Part		s From Rental Real Estate and Ro	-		-						
	Schedule C. See	instructions Ifyauarean individual, repo	ortfan	m rental i	ncome	<u>arlæsf</u>	ram Farm 4	835a	npage	2 line 4	D
A Dic	lyoumake <i>a</i> nypayme	ntsin 2021 that would require you to	ofileF	- am(s) 1	O99? S	èeinst	ructions .			. 🗆 \	res 🛛 No
B If"	Yes," ddyauarwill y	oufile required Fam(s) 1099?								. 🗆 🗅	res 🗌 No
1a	Physical address of a	each property (street, city, state, ZIF	cook	=)							
A	525 TWIN KNOLL	DR MCKINNEY TX 75071-37	08								
В											
С											
1b	Type of Property	2 For each rental real estate prop	centyl	isted			Rental	Per		l Use	QJV
	(from list below)	above, report the number offai personal use days. Check the (irrent	aland xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		[Days		Day:	S	
Α	3	if voumeet the requirements to	ofilea	nsa l	Α		365			0	
В		qualified joint venture. See inst	tructions		В						
С					С						
Турес	of Property.										
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
2 Mu ⁻	ti-Family Residence	4 Commercial	6 Ro	yalties		8 Oth	r (describe)			
Incom	e:	Properties			Α			3			С
3	Rentsreceived		3		1,	000.					
4			4								
Exper											
5	Advertising		5								
		nstructions)	6								
7	Cleaning and mainter	nance	7								
8	Cammissians		8								
9	Insurance		9		7,	151.					
10		essional fees	10								
11	_		11								
12		d tobanks, etc. (see instructions)	12		2,	555.					
13	Otherinterest		13								
14	Repairs		14								
15	•		15								
16			16		1,	240.					
17	Utilities		17								
18		eardepletian	18								
19	Other (ist) >	lince 5 through 10	19								
20	Total expenses Add	lines5through19	20		10,	946.					
21	-	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	fileForm 6198°.	3	21		-9,	946.					
22	Deductible rental real	estate loss after limitation, if any,									
		structions)	22	(9,9	46.)	()	()
23a		eported on line 3 for all rental prope	rties			23a	-	1,0	00.		
b	Total of all amounts r	eported on line 4 for all royalty prop	erties	. .		23 b					
С		eported on line 12 for all properties				230		2,5	55.		
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e	1	10,9	46.		
24		eamountschown on line 21. Do no							24		
25	•	sses from line 21 and rental real estate		_			al losses ha	re.	25	(9,946.)
26		ate and royalty income or (loss). (- 1			
		V, and line 40 on page 2 do not a									
		40, line 5 Otherwise, include this ar		_					26		-9,946.