#### 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.

Submission Identification Number (SID)

T.....

Тахрау	er's name	Social secur	ity numł	per				
SAI	SAHANA MANDYALA	853-69	-205	5				
Spouse	's name	Spouse's so	cial secu	urity number				
Dar	Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)							
		er year you a	ale au	uionzing.)				
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	131,498.				
2	Total tax		2	22,497.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	28,800.				
4	Amount you want refunded to you		4	6,303.				
5	Amount you owe		5					

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
				ERO firm name		5

9	2	0	5	5	
Ent don	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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

### Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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. <u>5</u> 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 tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨			
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So					
For Department's Paduation Act Nation and your tax return	instructions	REV 03/10/22 RBO	Earm 8879 (Pay 01 2021)		

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/19/22 PRO

Filing Status       No       Single       Married filing parately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying beron is a child but not your dependent b       Your social security number         Your first rame and middle initial       Last name       Your social security number         Home address (number and street, If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         138.33 THE LAKES BOULEVARD       Spouse's social security number       Check here If you, or your social security number         Foreign country name       Foreign province/state/county       Foreign prevince/state/county       Foreign prevince/state/county       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign prevince/state/county       Foreign prevince/state/county       Foreign prevince/state/county       Yees       No         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Check here instructions;       If you find for other dependent         Deduction       () First name       Last name       number       If you spouse as a dependent       Yees       No         Standard       Spouse: temizes on a separate return or you were a dual-status alien       S	E1040		artment of the Treasury-Internal Revenue Servi		(99) <b>urn</b>	202	1	OMB No.	1545-(	0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
SAI SAHANA       MANDYALA       853-69-2055         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         138.38 THE LAKES BOULEVARD       Check here if you, or your       Spouse's social security number       Spouse's filing jointy, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       TX       78660       box balow will not checking a box balow mill not checking a box balow milling brains by box balow milling br	Check only	lf yo	u checked the MFS box, enter the n	ame of	-							,		, 0	. , . ,
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         13838       THE LAKES BOULEVARD       TX       78660         City, town, or pool office. If you have a foreign address, also complete spaces below.       State       ZIP code       state         PFLUERTVILLE       TX       78660       booker will not change       you change         Foreign country name       Foreign province/state/county       Foreign postal code       you as a dependent       You Spouse         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       You post       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Wages, salaries, tips, etc. Attach Form(s) W-2       Is blind         If required.       1       Wages, salaries, tips, etc. Attach Form(s) W-2       Is blind         If required.       3a       a       b       Tax-exempt interest       2b         Standard       Capital gain or (iss), Attach Schedule D if required. If not required, therest       b       Taxable amount       4b         Standard       Capital gain or (iss), Attach Schedule D if required. If not required, there the sta	Your first name	and mi	ddle initial	Last na	me								Your so	ocial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         13838 THE LAKES BOULEVARD       Check here if you, or your spouse if filing jointly, want S3       State       ZIP code       TX       78650         PPLUGERVILLE       Foreign province/state/county       Foreign postal code       you in this function of the postal code       your Spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign postal code       you is considered.         You       Spouse of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as dependent       Your spouse as a dependent       You:       Spouse         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (2) Social security to '900       Child ac credit Credit for other dependents into four dependents, see instructions       Is blind       Is blind         dependents, see instructions       Is an ame       Is an able amount.       40       Is an able amount.       10       Is blind         dependents, see instructions       Is an able amount.       40       Is an able amount.       40       Is an able am	SAI SAH	ANA		MANI	DYALA								853-	69-205	5
13838 THE LAKES BOULEVARD       Check here if you, or your for the provided integration of the provided integratical integration of the provided integratinteg	lf joint return, s	pouse's	first name and middle initial	Last na	me								Spouse	's social se	curity number
City, tow, row or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       rx       ZP code       rsouth Checking a box below will not change box below.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Spouse itemizes on a separate return or you were a dual-status alien       (9) Pelationship       (4) V if qualifies for (see instructions):         If more than four dependents, see instructions       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       (7) edit is credit for other dependents         if and check				instructi	ons.					Ap	ot. no.				
PFLUGERVILLE       TX       78660       Degree to box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Dependents       See instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four dependents, see instructions       I       146, 624.       I       I       146, 624.         Attach       2a       Da additional status       I       I       146, 624.       I       I       146, 624.         Standard Deduction for       Gualified dividends       3a       I       I       146, 624.       I       I       146, 624.         4       IR distributions       4a       I       Tax-exempt interest       2b       Social security benefits       So       B       I       146, 624.         5a       Pensions and annuities       5a       I       Taxable amount       So       B <td></td> <td></td> <td></td> <td>molete s</td> <td>naces belo</td> <td>10/</td> <td>Stat</td> <td><u>.</u></td> <td></td> <td>ZIP cod</td> <td>۵</td> <td></td> <td></td> <td></td> <td></td>				molete s	naces belo	10/	Stat	<u>.</u>		ZIP cod	۵				
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes X No         Standard       Someone can claim:       You as a dependent       Your star or you were a dual-status alien         Age/Blindness       You:       Was born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (2) Social security       (a) Relationship       (d) V' if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (a) Relationship       (d) V' if qualifies for (see instructions):         If more there be       1       Uwges, salaries, tips, etc. Attach Form(s) W-2       1       146, 624.         Attach       2a       b       Tax-exempt interest       2a       2b         Standard Deduction for       Gail security benefits       6a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       6b         6b       Other income from Schedule I, line 10       Standard       b       Taxable amount       6b				inpicto o									•		0
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       You repose as a dependent         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents (see instructions):       (I) First name       Last name       (I) Pelationship       (I) V' it qualifies for (see instructions):         If more than four dependents, see instructions       (I) First name       Last name       Immediate acceled       Immediate accel					Foreign pro	vince/state		-			-	code			0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) <b>v</b> ' i qualifies for (see instructions):         If more       (1) First name       Last name       number       (b) qou       Child tax credit       Credit for other dependents         see instructions       and check		,			orongin pro		ooun	,		rerergii	poorai		,	_	_
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         Attach       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         Attach       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         Attach       2a       D       D Taxable interest       (2) D       (2) D       (2) D         Attach       2a       D       D Taxable amount       (4) D       (4) D       (4) D         Standard       Deduction for       5a       Pensions and annuities       5a       (5a d) D       (5b d) D         Standard       Deduction for       Ga       D	At any time du	iring 20	21, did you receive, sell, exchange,	, or othe	erwise disp	oose of an	y fina	ncial inter	est in	n any v	irtual o	curre	ncy?	<b>Yes</b>	X No
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions and check       (1) First name       Last name       Image: Child tax credit       Credit for other dependents         see instructions and check       Image: Child tax credit       Credit for other dependents       Image: Child tax credit       Credit for other dependents         here b       Image: Child tax credit       Image: Child tax credit       Image: Child tax credit       Credit for other dependents         Attach       2a       Image: Child tax credit		_		•		•		•	ent						
If more than four dependents, see instructions and check       Image: transme instructions and che	Age/Blindness	S You:	Were born before January 2, 1	957	Are blir	nd Sp	ouse:	: 🗌 Was	s borr	h befor	e Janı	uary 2	2, 1957	🗌 ls b	lind
If more       1       Child A detail       Construction	Dependent	s (see	instructions):		(2) So	cial securit	y	(3) Relati	ionship	p	(4)	🖊 if qı	ualifies fo	or (see instru	uctions):
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see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Tax-exempt interest       Image: see instructions       <															
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Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Deduction data       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 10       6       -15, 126.       8         9       131, 498.       10       Adjustments to income from Schedule 1, line 26       10         10       Intervent adjusted gross income       11       131, 498.         widow(er), \$25, 100       12a       122, 550.       12b       300.         14       Add lines 12a and 12b       12, 850.       12b       300.         12a       122, 550.       12b       300.       12c <td>here 🕨 📋</td> <td></td> <td><u>∟</u></td>	here 🕨 📋														<u>∟</u>
Sch. B if 3a Qualified dividends 3a   gualified dividends 3a   understand 4a   4a b   5a b   5a b   5a 5a   5b 5a   5a 5a   5b <td>Attach</td> <td><u> </u></td> <td></td> <td>```_</td> <td>W-2 .</td> <td>· · ·</td> <td>· ·</td> <td></td> <td></td> <td>· ·</td> <td></td> <td>•</td> <td></td> <td></td> <td>46,624.</td>	Attach	<u> </u>		```_	W-2 .	· · ·	· ·			· ·		•			46,624.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing jointly or Qualifying widow(er), \$25,100       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       5       9       131,498.         Vidow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10       11       131,498.         widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.       11       131,498.         b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.       12c       12,850.         13       Qualified business income deduction from Form 8995 or Form 8995 A       13       12,850.       14       12,850.         14       Add lines 12c and 13       14			· -				<b>b</b> Ta	axable inte	erest						
5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for- • Single or Married filing separately, \$12,550       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 10         8       -15,126.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income        9       131,498.         • Married filing jointly or Qualifying widow(er), \$25,100       Subtract line 10 from line 9. This is your adjusted gross income       12a       12,550.         11       131,498.         9       131,498.         9       121,498.         10       11       131,498.         11       131,498.         12a       122,550.         13       12b       300.         14       12,850.       12       13         14       12,850.       14       12,850.         15       Taxable income       15       118,648															
Standard Deduction for -       6a       Social security benefits				-			<b>b</b> Taxable amount				• •	•			
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,550       8       Other income from Schedule 1, line 10       8       -15,126.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       131,498.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       131,498.       10       Subtract line 10 from line 9. This is your adjusted gross income       10         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         12a       Standard deduction or itemized deduction (see instructions)       12b       300.         •       Head of household, \$18,800       0       12c       12,850.         •       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,850.       14       12,850.         15       Taxable income       14 from line 14 from line 11 lf zero or less enter -0-							<b>b</b> Taxable amount				· ·	•			
<ul> <li>Single or Married filing separately, \$12,550</li> <li>Married filing jointy or Qualifying widow(er), \$25,100</li> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>If</li></ul>			,							· ·	· ·	· -			
separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       131, 498.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       131, 498.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       122, 550.         • Head of household, \$18,800       •       12b       300.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,850.       14       14       12,850.					f required.	If not req	uired,	check he	ere	• •	• •				
\$12,550       9       Add lines 1, 25, 30, 40, 55, 65, 7, and 8. This is your total income       9       131, 498.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         • Married filing jointly or Qualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       11       131, 498.         • Head of household, \$18,800       12a       Standard deduction or itemized deduction (see instructions)       12a       12,550.         • Head of household, \$18,800       • Add lines 12a and 12b       • • • • • • • • • • • • • • • • • • •									·	• •	• •	·			
jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       131,498.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.       11       131,498.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.       12c       12,850.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       12,850.         14       12,850.       14       12,850.       14       12,850.	\$12,550					r total inc	ome		•	· ·	· ·				31,498.
Qualifying widow(er), \$25,100       11       131,498.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       12,850.         14       12,850.       14       12,850.       14       12,850.       14			•				· ·		•	· ·	· ·	•			
\$25,100       12a       122,350.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       12,850.         • If you checked any box under Standard       14       12,850.       14       12,850.         • If you checked any box under Standard       14       12,850.       14       12,850.         • If you checked any box under Standard       14       12,850.       14       12,850.         • If you checked any box under Standard       14       12,850.       14       12,850.         • If you checked any box under Standard       15       11,8,64.8       14       12,850.	Qualifying								•	· ·					31,498.
household, \$18,800       c       Add lines 12a and 12b       12c       12c       12,850.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12c and 13       14       12,850.       14       12,850.         15       Taxable income       Subtract line 14 from line 11 if zero or less enter -0-       15       118       648							,	• •		-	12				
\$18,800       C       Add lines 12a and 12b       12       12,850.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12c and 13       14       12,850.       14       12,850.         15       Tayable income       Subtract line 14 from line 11 If zero or less enter -0.       15       118       648								uctions)	12b			300			
any box under Standard       14       Add lines 12c and 13       14       12,850         Deduction,       15       Tayable income       Subtract line 14 from line 11 If zero or less enter -0-       15       118       648	\$18,800								•	· ·	· ·	•			12,850.
Standard         14         Add lines 12c and 13         14         12,850           Deduction,         15         Tayable income         Subtract line 14 from line 11. If zero or less enter -0-         15         118,648											· ·	•		_	10 050
	Standard										· ·	•			
		15	i axable income. Subtract line 14	Trom lin	ie 11. lf ze	ero or less,	entei	r-U	•		• •	·	. 15		18,648.

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

Form **1040** (2021)

Form 1040 (2021	1)								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	22,497.
	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	22,497.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	22,497.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	22,497.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				<b>25a</b> 28	,800.	_	
	b	Form(s) 1099				25b		_	
	С	Other forms (see instructions	,			25c		_	
	d	Add lines 25a through 25c						25d	28,800.
If you have a	26	2021 estimated tax payment		• •	37			26	
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a		_	
		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Recovery rebate credit. See				30		1	
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	28,800.
Refund	34	If line 33 is more than line 24						34	6,303.
neiuna	35a					•		35a	6,303.
Direct deposit?	►b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here							
See instructions.	►d	Account number 8 7 2	0 3 8 2	8 1			-		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			
Designee		tructions				. 🕨 🗌 Yes. Co	omplete	selow.	X No
		signee's		Phone			onal identi		
		ne 🕨		no. 🕨			per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
									N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.	,							inst.)	ection PIN, enter it here
	Db	one no. (732)692-781	F	Email address					
		parer's name	D Preparer's signat		SAISAHANA	L75@GMAIL.CC			Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208	2702	Self-employed
Preparer		n's name  GLOBAL TAX		TAUAN JAUAN	OUFIA IAUUAN	1 03/30/2022			678)965-9522
Use Only		n's address > 2530 Pebbl		n Cummin	7 GA 30041			i's EIN ►	
					-		1 1 111	J LIN	
GO ເບ WWW.Irs.ge	uv/rorn	n1040 for instructions and the late	si iniormation.		BAA	REV 03/19/22 PRO			Form <b>1040</b> (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR. rmation. OMB No. 1545-0074 2 Attachment

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest info
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

	Sequence No. 01						
Your social security number							
853-69	-2055						

## SAI SAHANA MANDYALA Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	· · · · · · · ·	1	
<b>2</b> a	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, tru Schedule E		5	-15,126.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
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 property	8k		
T	Olympic and Paralympic medals and USOC prize money (see			
-	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	8р		
z	Other income. List type and amount ►			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	_15 10¢
	1040-NR, line 8		10	-15,126.

For Paperwork Reduction Act Notice, see your tax return instructions.

Par	t II 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. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	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	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit <b>24b</b>		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (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 violations24i		
j	Housing deduction from Form 2555         .         .         .         24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 03/19/22 PRO

SCHEDULE	Ε
(Form 1040)	

OMB No. 1545-0074

40

2

Attachment

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury	
Internal Revenue Service (99)	

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

Internal I	Revenue Service (99)	ormsu	uctions		alesi	mormation.		Sec	quence No. 13
Name(s)	shown on return						You	ir social secu	rity number
SAI	SAHANA MANDYALA							3-69-20	
Part	I Income or Loss From Rental Real Estate and Roy	yalties	Note	lf you	are in th	e business of	renti	ng personal	property, use
Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.									
	d you make any payments in 2021 that would require you to								
<b>B</b> If "	Yes," did you or will you file required Form(s) 1099?							🗆	Yes 🗌 No
_1a	Physical address of each property (street, city, state, ZIF	<sup>o</sup> code	)						
A	PURNA RESIDENCY, PLOT.NO. 2/A&2/B, SURVEY NO. 1 FLAT NO.	.102 ,I	AND MAR	K RAGA	HAVA RE	DDY GARDEN,	HYDERI	NAGAR , TELAI	NGANA IN 500085
В									
C									
1b	Type of Property 2 For each rental real estate prop	2 For each rental real estate property liste		Fair Rental		Personal Use		QJV	
	(from list below) A 3 (from list below) A 3 (from list below) A 3 (from list below) A 3 (from list below) (from list b		ll and			Days Da		Days	
Α	3 if you meet the requirements to	b file as a tructions. <b>B</b>			365		0		
B	qualified joint venture. See inst								
<b>C</b>				С					
	of Property:								
	gle Family Residence 3 Vacation/Short-Term Rental	5 Lan	ld		7 Self-	Rental			
		6 Roy	/alties		8 Othe	er (describe)			
Incom				Α		В			С
3	Rents received	3			654.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,	930.				
8	Commissions	8							
9		9							
10	Legal and other professional fees	10							
11	Management fees	11		2,	150.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		4	000				
14		14 15			900.				
15		15		3,	800.				
16 17		10			000				
18	Utilities	17		3,	000.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15	780.				
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		т <i>э</i> ,	700.				
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-15,	126.				
22	Deductible rental real estate loss after limitation, if any,			- ,					
	on <b>Form 8582</b> (see instructions)	22	(	15,1	26.)	(		)(	)
23a	Total of all amounts reported on line 3 for all rental prope				23a		65	54.	,
b	Total of all amounts reported on line 4 for all royalty prop				23b				
с	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	1	5,78	30.	
24	Income. Add positive amounts shown on line 21. Do no	t inclu	de any l	osses				24	
25	Losses. Add royalty losses from line 21 and rental real estate	losses	from lin	e 22. E	nter tot	al losses here	ə. [	<b>25</b> (	15,126. )
26	Total rental real estate and royalty income or (loss).	Combi	ne lines	24 an	d 25. E	Enter the res	ult		
	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar					on page 2		26	-15,126.
For Pa	perwork Reduction Act Notice, see the separate instructions.		N	PA		-15,12	6.	Schedule	E (Form 1040) 2021