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

	1.01.01.00				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numk	per	
MANO	OJ KUMAR DEGA	722-75	-315	9	
Spouse's	s name	Spouse's soo	ial secu	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	r vear vou a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	i y c ai you a	ı e au	unonzing	·)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1 1	88	,169.
2	Total tax		2		,320.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,517.
4	Amount you want refunded to you		4		,197.
5	Amount you owe		5		
Part		кеер а сор	y of y	our retu	rn)
my knoreturn (to send for any Agent to paymer authorize paymer business taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by ledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induction of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the path in the confidential information necessary to answer inquiries and resolve issues related to the path in the confidential information necessary to answer inquiries and resolve issues related to the path in the confidential information necessary to answer inquiries and resolve issues related to the path in the confidential information necessary to answer inquiries and resolve issues.	ve are the am itter, or electrection of the t. S. Treasury a icated in the t to to debit the ethe authorizuests must be processing opayment. I fur	ounts for the counts of the co	rom the in turn origina ssion, (b) the designated paration so to this accor fo revoke (ved no late ectronic parknowledge	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		my PIN 5	3 2	1 5 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r En		digits, but er all zeros	asiny
	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 metholow.				
Your s	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
Г	I authorize to enter or generate	mv PIN			as my
	ERO firm name	_	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r 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 metholow.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part I	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 ent	er all ze	#10S	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this retu	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

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

Filing Status Check only			_	ried filing separately (,			` '	_	, ,	, , , ,
one box.	•	u checked the MFS box, enter the n son is a child but not your dependen		f your spouse. If you	check	ked the HOH o	r QW	box, enter th	e child's	name if th	ne qualitying
Your first name	and mi	iddle initial	Last n	ame					Your so	cial securi	ty number
MANOJ K	JMAR		DEG	A					722-	75-315	9
If joint return, s	pouse's	s first name and middle initial	Last n	ame					Spouse	's social se	curity number
		er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.			on Campaign
		STORM AVENUE			Τ					here if you, if filina ioir	, or your ntly, want \$3
	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta			code	to go to	this fund.	Checking a
TAMPA				F :	F]		_	610		ow will not	•
Foreign country	y name			Foreign province/state/	coun	ty	Fore	ign postal code	your tax	k or refund.	. Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	y fina	ancial interest i	in an	y virtual curre	ncy?	Yes	⊠ No
Standard	Som	eone can claim: You as a de	pende	nt Your spous	e as	a dependent					
Deduction	_	Spouse itemizes on a separate retur		·							
Age/Rlindness		Were born before January 2, 1			ouse		rn he	fore January 2	1957	☐ Is bl	lind
Dependent				(2) Social security		(3) Relationsh				r (see instru	
-		irst name Last name	number to you Child tax cre						ther dependents		
If more than four	()										
dependents,											
see instruction and check	s ——										
here ▶											
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2					. 1		97 , 859.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b		
Sch. B if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds		. 3b		
required.	4a	IRA distributions	4a		b T	axable amoun	t.		. 4b)	
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. 5b)	
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6b)	
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not req	uired	, check here		▶[7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10						. 8		-9,690.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				▶ 9		88,169.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26					. 10)	
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	s your a	adjusted gross inco	me				▶ 11		88,169.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	A)	12	а	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	andard deduction (see	instr	ructions) 12	b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 12	c i	12,850.
If you checked	13	Qualified business income deduct	ion fro	m Form 8995 or Form	1 899	05-A			. 13	3	
any box under Standard	14	Add lines 12c and 13							. 14		12 , 850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less,	ente	er-0			. 15	; <u> </u>	75 , 319.

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		16	12,320.
	17	Amount from Schedule 2, line 3	[17	
	18	Add lines 16 and 17	[18	12,320.
	19	Nonrefundable child tax credit or credit for other dependents 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	12,320.
	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	12,320.
	25	Federal income tax withheld from:	1		·
	а	Form(s) W-2	517.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	14,517.
	26	2021 estimated tax payments and amount applied from 2020 return	1	26	·
If you have a Lagrangian qualifying child,		Earned income credit (EIC)	1		
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 claim the EIC. See instructions ▶ □			
	b	Nontaxable combat pay election			
		Prior year (2019) earned income			
		Refundable child tax credit or additional child tax credit from Schedule 8812			
		American opportunity credit from Form 8863, line 8			
		Recovery rebate credit. See instructions			
		Amount from Schedule 3, line 15			
		Add lines 27a and 28 through 31. These are your total other payments and refundable credits		32	14 515
		Add lines 25d, 26, and 32. These are your total payments	. •	33	14,517.
Refund		If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	2,197.
D: 1.1 '10			. □	35a	2,197.
Direct deposit? See instructions.		Routing number 0 2 1 0 0 0 3 2 2			
A		Amount of line 34 you want applied to your 2022 estimated tax > 36	_	07	
Amount You Owe		Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	. ▶	37	
		Estimated tax penalty (see instructions)			
Third Party Designee		byou want to allow another person to discuss this return with the IRS? See structions	nlete b	elow	X No
Designee			al identific		
			(PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements			
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information			, ,
	21 Add 22 Subri 23 Other 24 Add 25 Fede a Form b Form c Other d Add 26 202- d, 27a Earn Che Janu taxp b Non- c Prior 28 Refu 29 Ame 30 Recc 31 Amo 32 Add 33 Add 34 If line 35a Amo 37 Amo 36 Amo 37 Amo 38 Estir rty Do you instruction Designee name Implication Phone no Preparer's SYAM PRIYA Firm's nat Firm's nat Firm's ad	ur signature Date Your occupation			it you an Identity N, enter it here
Joint return?		SOFTWARE ENGINEER	1	nst.) ▶	II, enter it fiere
See instructions.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the	IRS ser	it your spouse an
Keep a copy for			Identit	ty Prote	ection PIN, enter it here
your records.			(see in	nst.) ▶	
		(010) 221 0070			
Paid		1	TIN	_	Check if:
Preparer			02082		Self-employed
Use Only		m's name ► GLOBAL TAXES LLC			678) 965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm's	EIN ▶	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/05/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

MANOJ KUMAR DEGA

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

Attachment Sequence No. 01 Your social security number

722-75-3159

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	s	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, tr Schedule E	•	5	-9,690.
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		
I	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) .	8p		
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 1	040, 1040-SH, or	10	0

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
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 violations	24i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
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 adjustments t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. **13**

Your social security number

MANO	J KUMAR DEGA							5-315		
Part	Income or Loss From Rental Real Estate and Re	oyaltie	s Note	e: If you	are in th	e business o	f renting pe	ersonal p	roperty	/, use
	Schedule C. See instructions. If you are an individual, re	port far	m rental	income	or loss f	rom Form 48	35 on page	e 2, line 4	10.	
A Dic	you make any payments in 2021 that would require you t	to file F	orm(s) 1	1099? 5	See inst	ructions .		. 🗆 '	Yes [X No
B If "	f "Yes," did you or will you file required Form(s) 1099?									No
1a	Physical address of each property (street, city, state, Z	IP cod	e)							
Α	Q.NO. T2-112, JK TENTHOUSE OPPOSITE LAN	E, 8	INCLI	NE CC	LONY,	KARIMNA	GAR TE	LANGAI	II AV	1 50521
В										
С										
1b	Type of Property 2 For each rental real estate pro	perty	listed			Rental	Persona			λην
	(from list below) 3 above, report the number of f personal use days. Check the if you meet the requirements	air reni QJV k	ai and oox only	_		Days	Day			
A	3 if you meet the requirements qualified joint venture. See ins	to file a	asa ´	A		365		0		
В	quained joint venture. See ins	Structic	πъ.	В						
C	1.			С						
	of Property:	- I			7 0-16	Dantal				
-	gle Family Residence 3 Vacation/Short-Term Rental				7 Self-					
2 Mul	ti-Family Residence 4 Commercial e: Properties:		oyalties	Α	8 Otne	er (describe) B			С	
3	•	3		A	620.)			
4	Rents received	4			020.					
Expen		+-								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1.	950.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,	250.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		1,	990.					
15	Supplies	15		1,	970.					
16	Taxes	16								
17	Utilities	17		2,	150.					
18	Depreciation expense or depletion	18								
19	Other (list)									
20	Total expenses. Add lines 5 through 19	20		10,	310.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must			0	600					
	file Form 6198	21		<u>-9,</u>	690.					
22	Deductible rental real estate loss after limitation, if any,		,	0 /	ر م م <i>ا</i>	,	,			\
23a	on Form 8582 (see instructions)	22			690.) 23a	(620.			
23a b	Total of all amounts reported on line 4 for all royalty pro				23b		020.	_		
C	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					
e	Total of all amounts reported on line 20 for all properties				23e	1	0,310.			
24	Income. Add positive amounts shown on line 21. Do n othing the state of the stat					_	. 24			
25	Losses. Add royalty losses from line 21 and rental real estat		,		nter tot	al losses her		(9.	690.)
26	Total rental real estate and royalty income or (loss).									· /
20	here. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this a								-9	,690.