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

initial forested earlies				
Submission Identification Number (SID)				
Taxpayer's name	Social secur	ity number		
SANTOSH KUMAR NALLI	002-69	-0503		
Spouse's name	Spouse's social security number			
Part I Tay Poturn Information Tay Year Ending December 21	COST (Enter year year	are authorizing \		
	2021 (Enter year you a	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		1 73,6	76.	
2 Total tax			30.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 11,4		
4 Amount you want refunded to you			77.	
5 Amount you owe		5	<i></i>	
Part II Taxpayer Declaration and Signature Authorization (Be sure yo	u get and keep a cor	y of your return)		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service protour send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the final authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues re personal identification number (PIN) below is my signature for the income tax return (original or Electronic Eunda Withdrawal Consert.	in Part I above are the amovider, transmitter, or elective reason for rejection of the futhorize the U.S. Treasury an account indicated in the fancial institution to debit the to terminate the authorizedlation requests must be avolved in the processing clated to the payment. I furnished.	nounts from the incomposition return originator return originator ransmission, (b) the reand its designated Finitian preparation software entry to this account retire. To revoke (can be received no later that the electronic paymenther acknowledge that	ne tax (ERO) eason ancial are for t. This ncel) a han 2 ent of at the	
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only				
	or generate my PIN		s my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing	Er de	nter five digits, but on't enter all zeros	3 iiiy	
I will enter my PIN as my signature on the income tax return (original or amelif you are entering your own PIN and your return is filed using the Practition below.	- nded) I am now authoriz			
Your signature ▶	Date ▶			
Spouse's PIN: check one box only	_			
· _	or generate my PIN		s my	
ERO firm name	• -	nter five digits, but	Jilly	
signature on the income tax return (original or amended) I am now authorizing	g. do	on't enter all zeros		
I will enter my PIN as my signature on the income tax return (original or amerif you are entering your own PIN and your return is filed using the Practition below.				
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—cont	inue below			
Part III Certification and Authentication — Practitioner PIN Method On	nly			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII		8 6 1 9 8 9 ter all zeros	9	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individe authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	dual income tax return (orignat I am submitting this ret	jinal or amended) I am urn in accordance wit		
ERO's signature ▶	Date ►			
ERO Must Retain This Form — See Inst				
Don't Submit This Form to the IRS Unless Requ	iested To Do So			

E1040 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.

	s 🛛	Single Married filing jointly [Marr	ried filing separately (MFS)	☐ Head of	hous	ehold (HOH)	Qua	alifying wid	low(er) (QW)	
Check only one box.	•	u checked the MFS box, enter the roon is a child but not your dependen		f your spouse. If you	checl	ked the HOH o	r QW	box, enter th	e child's	name if th	ne qualifying	
Your first name	and mi	iddle initial	Last n	ame					Your so	cial securi	ty number	
SANTOSH KUMAR			NAL	LI					002-69-0503			
If joint return, s	pouse's	s first name and middle initial	Last n	ame					Spouse	's social se	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Preside	ential Electi	on Campaign	
6409 BRI	EEZE!	BAY POINT							1	here if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	pplete spaces below. State ZI				code			ntly, want \$3 Checking a	
FORT WO	RTH			TX				131		low will not	•	
Foreign country	y name			Foreign province/state	/coun	ty	Fore	ign postal code	your ta	x 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	n an	y virtual curre	ncy?	☐ Yes	⊠ No	
Standard	Som	eone can claim: You as a de	pende	nt Your spous	se as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alier	1						
Age/Blindness	s You:	☐ Were born before January 2, 1	957	Are blind Sp	ouse	: Was bo	n be	fore January 2	2, 1957	☐ Is b	lind	
Dependent	s (see	instructions):		(2) Social securit	у	(3) Relationsh	nip	(4) ✓ if q	ualifies fo	r (see instru	uctions):	
If more	(1) F	irst name Last name	number to you			Child tax c	redit	Credit for ot	ther dependents			
than four												
dependents, see instruction	s ——											
and check												
here												
	1	Wages, salaries, tips, etc. Attach	orm(s)	W-2					. 1		81,826.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2k)		
required.	3a	Qualified dividends	3a		b 0	Ordinary divide	nds		. 3k)		
	4a	IRA distributions	4a		b T	axable amoun	t.		. 4k)		
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. 5b			
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6k			
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D if required. If not required, check here									
Single or Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		-8,150.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									73,676.	
Married filing	10	Adjustments to income from Sche	ments to income from Schedule 1, line 26)		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	is your adjusted gross income						▶ 11	1	73,676.	
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a 12,550.										
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	с	12,850.	
If you checked	13	Qualified business income deduct	ion fro	m Form 8995 or Forn	า 899	95-A			. 13			
any box under Standard	14	Add lines 12c and 13							. 14	ı	12 , 850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	ente	er-0			. 15	5	60 , 826.	

	16	Tax (see instructions). Check if any from Form(s): 1 🔲 8814 2 🔲 4972 3 🔲	16	9,130.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,130.
	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	9,130.
	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	9,130.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	11,407.
	26	2021 estimated tax payments and amount applied from 2020 return	26	,
If you have a Lagrangian 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 claim the EIC. See instructions ▶ ☐		
	b	Nontaxable combat pay election		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28	4	
	29	American opportunity credit from Form 8863, line 8	4	
	30	Recovery rebate credit. See instructions	4	
	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	11 100
	33	Add lines 25d, 26, and 32. These are your total payments	33	11,407.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,277.
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,277.
Direct deposit? See instructions.	▶b	Routing number 1 1 1 0 0 6 1 4 Account number 6 1 0 5 8 1 7 9 2 Image: Control of the cont		
	► d			
A	36	Amount of line 34 you want applied to your 2022 estimated tax > 36	07	
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	helow	× No
Designee		signee's Phone Personal ident		
		ne ▶ no. ▶ number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic		, ,
	You			nt you an Identity IN, enter it here
Joint return?			e inst.)	III, enter it fiere
See instructions.	Spo		e IRS ser	nt your spouse an
Keep a copy for	,	Ider	•	ection PIN, enter it here
your records.		(see	e inst.) >	
		one no. (469) 954-9584 Email address SANTOSHNALLI1712@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2022 P0208		Self-employed
Use Only				(678) 965-9522
OSC Offiny	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	n's EIN ▶	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 01/17/22 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

SANTOSH KUMAR NALLI

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

Your social security number 002-69-0503

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	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, truschedule E		5	-8,150.
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 10			
	1040-NR. line 8	,	10	_0 150

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

2021

Attachment Sequence No. 13

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.

Sequence No. 13

Your social security number

002-69-0503

	OSH KUMAR NALLI)2-69-		
Part		-		-				• .		
	Schedule C. See instructions. If you are an individual, rep									
	d you make any payments in 2021 that would require you t									'es 🔀 No
B If "	Yes," did you or will you file required Form(s) 1099?								Y	'es 🗌 No
1a	Physical address of each property (street, city, state, ZI									
A	FNO:402, DNO:23-10-3 LALITHANAGAR, 3R	D ST	RAJA	HMUNDI	RY, AN	IDHRA PR	ADES	H IN	5331	.01
В										
C										
1b	Type of Property (from list below) 3 For each rental real estate property above, report the number of fapersonal use days. Check the if you meet the requirements of the personal use the requirements of the personal use days.	perty l	listed			Rental	Per	sonal L	Jse	QJV
	(from list below) above, report the number of fa		oox only			Days		Days		
_ <u>A</u>	3 if you meet the requirements to qualified joint venture. See ins	to file a	as a	A		365		C)	
B	qualified joint venture. See ins	sti uotio	лю.	В						
<u>C</u>				С						
	of Property:			_	7 0 1	Б				
-	gle Family Residence 3 Vacation/Short-Term Rental					Rental				
Incom	ti-Family Residence 4 Commercial e: Properties:		yalties		3 Othe	er (describe)				
			-	Α	<u> </u>	Е	5			С
3	Rents received	3			600.					
4 Evpon	Royalties received	4	+							
Expen	ses: Advertising	5								
5 6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1	750.					
8	Commissions.	8			750.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1	<u> </u>					
12	Mortgage interest paid to banks, etc. (see instructions)	12		⊥,	650.					
13	Other interest	13								
14	Repairs	14		1	750.					
15	Supplies	15			650.					
16	Taxes	16			000.					
17	Utilities	17		1	950.					
18	Depreciation expense or depletion	18			<i>550</i> •					
19	Other (list)	10								
20	Total expenses. Add lines 5 through 19	20		8 - 1	750.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			<u> </u>	700.					
21	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-8,	150.					
22	Deductible rental real estate loss after limitation, if any,			- ,						
	on Form 8582 (see instructions)	22	(8,1	50.)	()(
23a	Total of all amounts reported on line 3 for all rental properties		'		23a	,	6	00.		
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		8,7	50.		
24	Income. Add positive amounts shown on line 21. Do no		ude any	losses				24		
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter tot	al losses her	е.	25 (8,150.
26	Total rental real estate and royalty income or (loss).	Comb	oine line	s 24 an	d 25. E	Enter the re	sult			
	here. If Parts II, III, IV, and line 40 on page 2 do not									
	Schedule 1 (Form 1040), line 5. Otherwise, include this a							26		-8,150