

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) ▶

Taxpayer's name INDERJIT SINGH	Social security number 068-81-2635
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	32,623.
2 Total tax	2	2,174.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4,922.
4 Amount you want refunded to you	4	2,748.
5 Amount you owe	5	

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

Under penalties of perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	2	6	3	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am 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

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am 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.

5	8	7	2	7	8					
---	---	---	---	---	---	--	--	--	--	--

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

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. 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 person is a child but not your dependent

Your first name and middle initial:INDERJIT Last name:SINGH Your social security number:068-81-2635
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. 331 STEWART AVE Apt. no.:
City, town, or post office. If you have a foreign address, also complete spaces below. BETHPAGE State:NY ZIP code:11714
Foreign country name: Foreign province/state/county: Foreign postal code: Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

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 Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with bullet points for filing status options. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2; 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income; 12a Standard deduction or itemized deductions (from Schedule A); 12b Charitable contributions if you take the standard deduction; 12c Add lines 12a and 12b; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12c and 13; 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2,174.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2,174.
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	2,174.
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	2,174.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4,922.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4,922.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No 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 <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	4,922.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,748.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,748.
Direct deposit? See instructions.	b Routing number 0 2 6 0 1 3 6 7 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4 4 0 9 5 4 8 3 2 2		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
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)	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (661) 416-5781 Email address JEETINDER189@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/23/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
068-81-2635

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		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, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling income	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
o	Section 461(l) excess business loss adjustment	8o		
p	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 1040, 1040-SR, or 1040-NR, line 8		10	

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

Part 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 ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	2,500.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	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	
c	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	
e	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	24j	
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 to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	2,500.

2021 D-40E SUB
District of Columbia Individual Income Tax
Declaration for Electronic Filing

IRS Declaration Control Number (DCN) - - -

Your First name and initial: INDERJIT, Last name: SINGH, Taxpayer Identification Number (TIN): 068812635

Spouse's/Registered domestic partner's First name and initial, Last name, Spouse's TIN

Present Home Address (number, street and suite/apartment number if applicable): 331 STEWART AVE, Federal Filing Status: 1

City, Town, and State: BETHPAGE NY, Zip Code + 4: 11714, District of Columbia Filing Status: 1

PART I - TAX RETURN INFORMATION

PLEASE ENTER WHOLE DOLLAR AMOUNTS

Table with 2 columns: Line number and description, Amount. Rows include DC Adjusted Gross Income, Total Tax, DC Income Tax Withheld, Total Amount Due, and Net Refund.

PART II - REFUND METHOD [X] Direct Deposit, ReliaCard, Paper Check

For Direct Deposit or Direct Debit enter the following information:

6. Routing Number*: 026013673, *Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.
7. Account Number: 4409548322
8. Type of Account: [X] Checking, Savings

PART III - DECLARATION OF TAXPAYER

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2021 tax year, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature, Date, Spouse's Signature, Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return.

ERO's Signature: SYAM PRIYA RAM SAGAR G, Date: 022322, TIN: 301017196

Paid Preparer's Signature: SYAM PRIYA RAM SAGAR G, Date: 022322, TIN: 301017196

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

2021 D-40 SUB Individual Income Tax Return



210404S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID #1555

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if filing an Amended return. See instructions.

Your telephone number 6614165781

Mark if Deceased

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) 068812635 08111994

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name INDERJIT SINGH

Spouse's/registered domestic partner's first name M.I. Last name



Home address(number, street and suite/apartment number (if applicable)) 331 STEWART AVE

City State Zip Code + 4 BETHPAGE NY 11714

Email Address JEETINDER189@GMAIL.COM

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing Status

1 Mark only one: X Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are Part-year resident in DC from to See instructions. (MMDDYYYY) (MMDDYYYY)

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes X No If no, or if claiming an exemption, complete Schedule HSR (see instructions).

Complete your federal return first - Enter your dependents' information on DC Schedule S

Income Information

Round centsto nearest dollar. If amount is zero, leave line if blank; minus, enter amount and fill in oval.

Table with 4 columns: Description, Mark if loss, Code, Amount. Rows include Wages, salaries, unemployment compensation; Business income or loss; Capital gain or loss; Rental real estate, royalties, partnerships, etc.

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 32623.00

Enter your last name SINGH

Enter your TIN 068812635



210404S21555

Additions to DC Income

5	Franchise tax deducted on federal forms, <i>see instructions.</i>		5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.		6	.00
7	Add Lines 4, 5 and 6.	Mark if loss	7	32623.00

Subtractions from DC Income

8	Part year residents, enter income received during period of nonresidence, <i>see instructions.</i>		8	.00
9	Taxable refunds, credits or offsets of state and local income tax.		9	.00
10	Taxable amount of social security and tier 1 railroad retirement.		10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.		11	.00
12	DC and federal government survivor benefits, <i>see instructions.</i>		12	.00
13	Unemployment Insurance Benefits, <i>see instructions.</i>		13	.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.		14	.00
15	Total subtractions from DC income, Lines 8-14.		15	0.00
16	DC adjusted gross income, Line 7 minus Line 15.	Mark if loss	16	32623.00

17 Deduction type. Take the same type as you took on your federal return. Fill in which type Standard or Itemized See instructions for amount to enter on Line 17.

18	DC deduction amount.		18	12550.00
19	DC taxable income. Subtract Line 18 from Line 16.	Mark if loss	19	20073.00

20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. 20 1005.00

Fill in if filing separately on same return. Complete Calculation J on Schedule S. 21 Credit for child and dependent care expenses .00 .32 21 .00

From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. 22 .00

23 Total non-refundable credits. Add Line 21 and Line 22. 23 .00

24 Subtract Line 23 from Line 20. If less than zero, enter zero 24 1005.00

25 DC Health Care Shared Responsibility. See instructions. If fully covered or fully exempt, enter zero. 25 0.00

26 Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25. 26 1005.00

27 DC Earned Income Tax Credit Fill in if prior year (2019) earned income See instructions.

27a Enter the number of qualified EITC children. 0 27b Enter earned income amount 27b 35123.00

27c For filers with qualifying children. Enter federal EIC .00 .40 Enter result > 27d .00

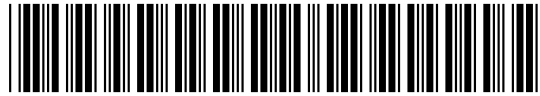
27e For filers without qualifying children. See instructions for special calculations. Enter result > 27e 198.00

28 Property Tax Credit. From your DC Schedule H; attach a copy. 28 .00

2021 SCHEDULE S PAGE 2

Last name and TIN SINGH

068812635



210400S41555

Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers
 *If you were born before January 2, 1957, you are considered to be age 65 at the end of 2021

a	Basic standard deduction amount. See instructions.	a	12550.00
b	Enter 1 if you are age 65 or over*	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over*	d	
e	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply 1,350 (1,700 if single or head of household) by number on Line f. See instructions.	g	0.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	12550.00
i	Total number of dependents.	i	

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Do not combine amounts until Line i.

		You	Your spouse/registered domestic partner
a Federal adjusted gross income	Mark if minus	a .00	.00
<i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>			
b Total additions to federal adjusted gross income		b .00	.00
<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>			
c Add Lines a and b.	Mark if minus	c .00	.00
d Total subtractions from federal adjusted gross income		d .00	.00
<i>Enter each person's portion of subtractions entered on D-40, Line 15.</i>			
e DC adjusted gross income	Subtract Line d from Line c. Mark if minus	e .00	.00
f Deduction amount.	Enter each person's portion of the amount entered on D-40, Line 18 (You may allocate this amount as you wish.)	f .00	.00
g Taxable income.	Subtract Line f from Line e. Mark if minus	g .00	.00
h Tax.	If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions.	h .00	.00
i	Add the amounts on Line h, enter here and on D-40, Line 20.	i .00	Total tax

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i