(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

			_				
Submi	ssion Identification Number (SID)						
Taxpaye	er's name	Social securi	ty numl	ber			
ABH:	INAY KORUKONDA	209-11	209-11-2846				
Spouse'	's name	Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ent	er year you a	re au	thorizinc	ı.)		
	whole dollars only on lines 1 through 5.	o. you. you c	0 0.0.		9-7		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	1 14	4,480.		
2	Total tax		2		194.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		1,851.		
4	Amount you want refunded to you		4	-	1,657.		
_ 5	Amount you owe		5				
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep a cop	y of y	our retu	urn)		
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I absorbed and belief, it is true, correct, and complete. I further declare that the amounts in Part I absorbed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the formula of the financial institution account in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	emitter, or electrejection of the tu.S. Treasury andicated in the totion to debit the attention to debit the authorizequests must be processing or payment. I fur	onic reransmison on the control of t	turn originassion, (b) to designated coaration so to this according to the coaration of the	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only				1		
X		e my PINI 1	2 8	8 4 6	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asmy		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.						
Your s	signature ▶ Date ▶						
Spous	se's PIN: check one box only						
Г	I authorize to enter or generat	e my PIN			as my		
	ERO firm name	_	ter five	digits, but] as my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue belo	w					
Part	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 Don't ent	8 6		8 9		
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for 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 or	tax return (orig	inal or urn in a	amended) accordanc			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To	Do So					

£1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender	name of	ed filing separately your spouse. If you	` ′	_		,	<i>,</i> —		, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ıme					You	ır soc	ial securit	y number
ABHINAY			KORT	JKONDA					20	209-11-2846		6
If joint return, spouse's first name and middle initial Last r			Last na	ıme					Spo	use's	social sec	curity numbe
Home address (number and street). If you have a P.O. box, see instructions.											Presidential Election Campaign	
		WELLESLEY DR						536		Check here if you, or your spouse if filing jointly, want \$3		
City, town, or post office. If you have a foreign address, also complete HENRICO				spaces below.	Sta V2			22 Code to		go to t		Checking a
Foreign country name Foreign province,					e/coun	ty	For	reign postal co			or refund.	
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	ny fina	ancial inter	est in ar	ny virtual cu	rrency?		Yes	⊠ No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retu	•	-		•	ent					
Age/Blindness	You:	: Were born before January 2, 1	957	Are blind S	pouse	: Was	s born b	efore Janua	ry 2, 19	57	☐ Is bli	ind
Dependents				(2) Social secur	ity	(3) Relati					(see instru	ctions):
If more	(1) F	irst name Last name		number to you			ou	Child ta	x credit	C	Credit for oth	her dependents
than four											[
dependents, see instruction	s ——										[<u></u>
and check												
here ▶												
A++ I-	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		14,480.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable into	erest			2b		
required.	3a	Qualified dividends	3a		b 0	b Ordinary dividends .				3b		
	4a	IRA distributions	4a		b T	axable am	ount .			4b		
	5a	Pensions and annuities	5a		b T	axable am	ount .			5b		
Standard	6a	Social security benefits	6a		b T	axable am	ount .		· <u>-</u>	6b	<u> </u>	
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not re	quired	, check he	ere .	•	▶ ∐	7	<u> </u>	
Married filing	8	Other income from Schedule 1, lin	ne 10							8		0.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	Γhis is your total in	come				. ▶	9]	14,480.
Married filing jointly or	10	Adjustments to income from Sche	edule 1,	line 26						10		
Qualifying	11_	Subtract line 10 from line 9. This i	s your a	djusted gross inc	ome				. ▶	11		14,480.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedu	le A)		12a	12,5	550.		4	
Head of	b	Charitable contributions if you take	the star	ndard deduction (se	e instr	ructions)	12b				4	
household, \$18,800	С	Add lines 12a and 12b								12c	1 1	12,550.
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or For	m 899	95-A				13		
any box under Standard	14	Add lines 12c and 13								14	1	12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	s, ente	er -0				15		1,930.

	16	Tax (see instructions). Check if any from Form	(s): 1 8814	4 2 🗌 4972	3			16	194.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	194.
	19	Nonrefundable child tax credit or credit for o	ther dependen	nts from Schedule	e 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	194.
	23	Other taxes, including self-employment tax,						23	0.
	24	Add lines 22 and 23. This is your total tax					. ▶	24	194.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	1	,851.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c			. —			25d	1,851.
	26	2021 estimated tax payments and amount a						26	·
If you have a liqualifying child,	27a	Earned income credit (EIC)		No	27a				
attach Sch. EIC.		Check here if you were born after Janu							
		January 2, 2004, and you satisfy all the	e other requir	rements for					
		taxpayers who are at least age 18, to claim t	1 1	structions ► ∐					
	b	Nontaxable combat pay election			_				
	С	Prior year (2019) earned income							
	28	Refundable child tax credit or additional child			28			-	
	29	American opportunity credit from Form 8863	-		29			-	
	30	Recovery rebate credit. See instructions					-		
	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	1 051
	33	Add lines 25d, 26, and 32. These are your to					. •	33	1,851.
Refund	34	If line 33 is more than line 24, subtract line 24			-	=		34 35a	1,657.
5	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □ Routing number 1 1 1 1 0 0 0 0 2 5 ▶ c Type: ★ Checking □ Savings							1,657.
Direct deposit? See instructions.	▶b	Routing number 1 1 1 0 0 0 0 0							
	► d	Account number 4 8 8 0 6 7 6							
	36	Amount of line 34 you want applied to your			36				
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1	structions	. ▶	37	
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to disc				□ Ves Co	mnlete h	nelow.	X No
Designee		structions							Z NO
		me ►	no.				er (PIN)		
Sign		der penalties of perjury, I declare that I have examine							
Here	bel	ief, they are true, correct, and complete. Declaration of	of preparer (other	than taxpayer) is ba	ased on	all informatio			,
11010	You	ur signature	Date	Your occupation					nt you an Identity
laint vatuum?				SOFTWARE I	FNCTI	MEED	I	inst.) ▶	N, enter it here
Joint return? See instructions.	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat		14111111			nt your spouse an
Keep a copy for	J.	ouse o signaturer in a joint return, 2011 must signi		орошоо о оссири.					ection PIN, enter it here
your records.		(see in							
		one no. (361)228-7372	Email address	ABHINAY48	6,6@GI	MAIL.CO			
Paid	Pre	parer's name Preparer's signat	ure		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/	04/2022	P02082	2703	Self-employed
Use Only		m's name ► GLOBAL TAXES LLC					Phor	ie no. (678)965-9522
	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's						s EIN 🕨	30-1017196	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.		BAA	REV 0	2/17/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

2021 VA760CG Page 1





ABHINAY

KORUKONDA

11834 CHASE WELLESLEY DR APT 536

HENRICO VA 23233

SSN - You KORU	J	209112846	Vendor ID	1555	XXX	xxx 7
SSN - Spouse						
Fed Adj Gross Income (FAGI)	1.	14480.	Withholding (VA) - Yo	ou	19A.	703.
Additions	2.		Withholding (VA) - Sp	oouse	19B.	
Subtotal	3.	14480.	Estimated Payments		20.	
Age Deduction - You	4A.		2020 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments		22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.	
Subtractions	7.		Credits - Schedule CF	₹	25.	
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	703.
Total VA Adj Gross Income (VAGI)	9.	14480.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	380.
Standard Deduction	11.	4500.	Overpayment Credite	d to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.	
Deductions	13.		VAC - Other Contribu	itions	31.	
Subtotal (Deductions & Exemptions	s) 14.	5430.	Addition to Tax, Pena	Ity & Interest	32.	
VA Taxable Income	15.	9050.	Sales and Use Tax		33.	
Amount of Tax	16.	323.	Amount You Owe	Ocal NI		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	: Card N	1	380.
VAGI - Spouse	17A.		Bank Routing #	C	7	111000025
Net Amount of Tax	18.	323.	Bank Account #		4880676	

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Page 1 of 2





-								
Filing Status, Age & License Information Additional Filing Information								
Filing Status	1	Locality						
Federal Head of Household		Uninsured & Authorize DMAS						
DOB - You	10251993	Name or Filing Status Change						
VA Driver's License ID - You		Address Change						
VA Driver's License - Iss. Date - You		VA Return Not Filed Last Year						
Spouse Name (Filing Status 3 Only)		Dependent on Another's Return						
202.0		Farmer / Fisherman / Merchant Seaman						
DOB - Spouse		Amended						
VA Driver's License ID - Spouse								

Exemptions (A) You	1	Exemptions (B) 65 & Over - You	Federal EIC & Amount	
Spouse		65 & Over - Spouse	Deceased Indicator	
Dependents		Blind - You	No Sales & Use Tax Due Indicator	X
Total (A)	1	Blind - Spouse	Obtain Electronic 1099G	
		Total (B)	ID Theft PIN	

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You	Date		Phone - You		3612287372
Signature - Spouse	Date		Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date	030422	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pro-	eparer.		Preparer Information	7	P02082703

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN CUMMING

Reason Code

Overseas on Due Date

087

VA Driver's License - Iss. Date - Spouse

2021 Schedule INC/CG

209112846

Report all W-2s, 1099s & VK-1s with VA Withholding

ABHINAY

KORUKONDA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
209112846	W	703.	454175774	30454175774F001	14480.

Total VA Withholding
You 209112846 703.
Spouse

Total # of W-2s,1099s & VK-1s 01

VA-8879
Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2021

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgir	ia Submission Identification Number (SID)						
Your	Name	B Your Social Sec	curity Number				
ABHI	NAY KORUKONDA	209-11-28	46				
	se's Name	A Spouse's Socia					
Part	I Tax Return Information	A Spouse	B Yourself				
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		14480.				
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		14480.				
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		9050.				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		323.				
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		703.				
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)						
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		380.				
Part	II Declaration of Taxpayer and Signature Authorization						
Decer Return numb filing a liable Virgin refund of the	Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filling a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
Тахра	yer's e-File PIN: check one box only						
X	I authorize the ERO named below to enter my e-File PIN 1 2 8 4 6 as my signature on my 2021 e-file	ed Virginia individual inc	ome tax return.				
	Do not enter all zeros						
	GLOBAL TAXES LLC						
	ERO Firm Name I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN				
Your S	Signature Date						
Spou	se's e-File PIN: check one box only						
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2021 e-file Do not enter all zeros	d Virginia individual inc	ome tax return.				
	ERO Firm Name						
	I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN				
•	e's Signature Date						
Part	III Certification and Authentication – Practitioner PIN Method Only						
ERO'	EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6						
above Electr pen, c	Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
ERO's	Signature Date03-04	4-22					