## 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

Submission Identification Number (SID)  Tauspar's name  MARNIDRA CHRINIUPATT  Souse's name  ANDSIA CHRINIUPATT  Souse's name  ANUSIA CHRINIUPATT  Souse's name  ANUSIA CHRINIUPATT  Souse's name  ANUSIA CHRINIUPATT  Souse's name  APPLIED FOR  ANUSIA CHRINIUPATS  Enter whole dollars only on lines 1 through 5.  Note Form 1040-SS fliers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income  1 1 111, 195. 2 Total tax  2 10, 302. 3 Federal income tax withheld from Forn(s) W-2 and Forn(s) 1099  3 1 18, 937. 4 Amount you want refunded to you  4 10, 035. 5 Amount you want refunded to you  5 Total tax  6 Amount you want refunded to you  1 1 111, 195. 5 Amount you want on the list and to necessary the same that the wearained a copy of the income tax return (original or amended) I am now authorizing, and so the best with known to the list of the croece from the list (6) and acknowleder that the wearained a copy of the income tax return (original or amended) I am now authorizing, and so the best of the list of the croece from the list (6) and acknowleder that the wearained a copy of the income tax return (original or arended) I am now authorizing, and so the best of the list (6) and acknowleder that the amounts in Part I above are the amounts from the income tax return (original or arended) I am now authorizing, and so the best of the list (6) and acknowleder that the amounts in Part I above are the amounts from the income tax return (original or arended) I am now authorizing, and the three that the authorizing and the part of the transmission of the t		
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Enter whole dollars only on lines it through 5.  Note: Form 100-05S filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Spouse's name	Spouse's social security number
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<u>·</u>	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I con	firm that I am submitting this return in accordance with the
	FRO's signature ▶	Date ▶

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 one box.	If yo	Single X Married filing jointly unchecked the MFS box, enter the notion is a child but not your dependent	ame o	ried filing separately f your spouse. If you	` ′			, ,	_	-	Ü	. , . ,	
Your first name	and m	iddle initial	Last name					Your social security number					
NARENDRA	A		CHENNUPATI			818-64-2219							
If joint return, s	pouse's	s first name and middle initial	Last name				Spous	Spouse's social security number					
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Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Presid	dentia	I Electic	on Campaign	
8951 MC	CUTC	HINS DR						2308			if you,		
City, town, or post office. If you have a foreign address, also complete				plete spaces below. State				code				tly, want \$3	
MCKINNEY						TX		75070		to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state	unty Fore				your tax or refund.  You Spouse				
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of ar	ny fina	ancial interest	in an	y virtual curr	ency?		Yes	⊠ No	
Standard Deduction	_	eone can claim:				•							
Age/Blindness	You:	Were born before January 2, 1	957	Are blind Sp	ouse	: Was bo	rn be	fore January	2, 1957	, [	] Is bli	ind	
Dependents				(2) Social securi	tv	(3) Relationsh			qualifies		= e instru	ctions):	
If more					to you			credit	- 1		ner dependents		
than four													
dependents,										$\top$		<del></del>	
see instruction	s ——												
here ▶ 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	) W-2						1	11	L1,195.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2	2b			
Sch. B if	3a	Qualified dividends	3a		<b>b</b> Ordinary dividends .				. 3	3b			
required.	4a	IRA distributions	4a			<b>b</b> Taxable amount				4b			
	5a	Pensions and annuities	<b>b</b> Taxable amount					. 5	5b				
Standard	6a	Social security benefits	6a b Taxable amount						. 6	6b			
Deduction for—	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Single or Married filing	8	Other income from Schedule 1, line 10								8			
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							▶ □	9	11	L1 <b>,</b> 195.	
Married filing	10	Adjustments to income from Schedule 1, line 26							. 1	10			
jointly or Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income							▶ 1	11	11	L1,195.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedul	e A)	12	а	25,10	00.				
Head of	b	Charitable contributions if you take	the sta	andard deduction (see	e instr	ructions) 12	b	60	00.				
household, \$18,800	С	Add lines 12a and 12b							. 1	2c	2	25,700.	
If you checked	13	Qualified business income deducti	on fro	m Form 8995 or Forr	n 899	5-A			. 1	13			
any box under Standard	14	Add lines 12c and 13							. 1	14	2	25 <b>,</b> 700.	
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								15	3	35 <b>,</b> 495.	

	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	10,302.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	10,302.
	19	Nonrefundable child tax credit or credit for o	ther depender	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	10,302.
	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	10,302.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	18,	937.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	18,937.
15	26	2021 estimated tax payments and amount a	pplied from 20	20 return				26	
If you have a qualifying child,	27a	Earned income credit (EIC)			27a				
attach Sch. EIC.		Check here if you were born after Janu							
		January 2, 2004, and you satisfy all the							
		taxpayers who are at least age 18, to claim t	1 1	structions					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income		0.1	- 00				
	28	Refundable child tax credit or additional child			28			-	
	29	American opportunity credit from Form 8863			29	1	100	-	
	30	Recovery rebate credit. See instructions .			30		400.	-	
	31	Amount from Schedule 3, line 15 Add lines 27a and 28 through 31. These are			31	abla aradit	s Þ	- 00	1 400
	32 33	Add lines 25d, 26, and 32. These are your <b>to</b>						32	1,400. 20,337.
			33 34	10,035.					
Refund	34	If line 33 is more than line 24, subtract line 2	35a	10,035.					
Direct deposit?	35a ▶ b	Amount of line 34 you want <b>refunded to you</b>	SSA	10,033.					
See instructions.	►d	Routing number       0       7       2       0       0       8       0       5       ▶ c Type:       ▼ Checking       Savings         Account number       3       7       5       0       2       2       1       9       0       0       2       1               Image: Type:       ▼ Checking       □ Savings							
	36	Amount of line 34 you want <b>applied to your</b>							
Amount	37	Amount you owe. Subtract line 33 from line			36	uctions	. ▶	37	
You Owe	38	Estimated tax penalty (see instructions) .			38	actions		01	
Third Party		you want to allow another person to disc							
Designee		tructions				Yes. Con	nplete b	elow.	× No
3	Des	signee's	Phone			Person	al identifi	ication	
	nar	me ►	no. ►			numbe	r (PIN)	·	
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration of							
Here					aseu on a	ii ii ii oi i ii atioi i			nt vou an Identity
	, 101	ur signature	Date	Your occupation			1		N, enter it here
Joint return?			SOFTWARE ENGINEER			- 1	inst.) 🖊		
See instructions.	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	Date Spouse's occupation				- 1		nt your spouse an
Keep a copy for your records.	,				_		- 1	ity Prote inst.) ▶	ection PIN, enter it here
,		HOTE PERCEIC						1131.)	
		parer's name Preparer's signat	Email address	CHENNUPATI	BE@GN Date		TIN	—	Check if:
Paid		, , , , , , , , , , , , , , , , , , , ,		ייי דיים החמווי				,,,,,,	Self-employed
Preparer		AM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/08/2022 P02082							
Use Only		0500 - 1117 - 1 - 1 - 2 - 1 - 2 - 00044							678) 965-9522
0-1			ii Cummin				Firm'	s EIN 🕨	
GO TO WWW.Irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 01/3	31/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page **2** 



## Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return **d** Dependent of U.S. citizen/resident alien If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ▶ If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e X Spouse of U.S. citizen/resident alien CHENNUPATI NARENDRA 818-64-2219 f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Last name Middle name Name ANUSHA KONKA (see instructions) 1b First name Middle name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 8951 MCCUTCHINS DR Apt 2308 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** MCKINNEY 75070 U.S.A Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) Date of birth (month / day / year) Country of birth City and state or province (optional) Birth 05/21/1996 Information INDIA ★ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other ATOMT Information X Passport Driver's license/State I.D. **6d** Identification document(s) submitted (see instructions) USCIS documentation Other Date of entry into the United States No.: U3257436 Exp. date: 02/18/2030 (MM/DD/YYYY): Issued by: INDIA 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ **IRSN** and name under which it was issued First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Signature Date (month / day / year) Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code