## 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)  Tax payer's name  NETABLIAN DANDA  127-17-0516  Spouse's social security number  127-17-0516  Social security number  14				
Part   Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)	Submission Identification Number (SID)			
Spouse's sories	Taxpayer's name	Social securi	ty number	
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS fifers use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income  1 1 98, 343.  2 101al tax  2 14,553.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  3 15,654.  4 Amount you want refunded to you  5 Amount you want refunded to you  7 Amount you want refunded to you  8 Amount you want refunded to you  9 Amount you want refunded to you  1 Taxpayer Declaration and Signature Authorization [Be sure you get and keep a copy of your return)  1 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, consent to allow my intermediate service provider, transmitter, or electronic return originate (FRO) for any delay in processing the return or return, and for 1 he date of any return of return originate (FRO) for any delay in processing the return or return, and for 1 he date of any return of the financial institution account indicated in the tax preparation software for payment of my federal taxes eved on this return and/algent at 1-889-334-357. Perjunction cancellated to the payment. I further acknowledge that the personal identification number (PRI) below is my signature for the income tax return (original or amended) I am now authorizing. To revoke (cancel) a payment, I must cancellation requests must be received to itsee that a cancellation requests and the payment. I further acknowledge that the personal identification number (PRI) below is my signature for the income tax return (original or amended) I am now authorizing. To revoke (earney) a garner in 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	NIRANJAN DANDA	127-17	-0516	
Enter whole dollars only on lines 1 through 5.  Note: Form 10:40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1	Spouse's name	Spouse's soo	ial security	number
Enter whole dollars only on lines 1 through 5.  Note: Form 10:40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1	Part I Tay Return Information — Tay Vear Ending December 31	)21 (Enter year you a	re author	rizina )
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax		121 (Litter year you a	ile autilioi	iiziiig.)
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				
2 1.14, 553.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 1.5, 654.  4 Amount you want refunded to you . 4 1, 101.  5 Amount you owe . 4 1, 101.  5 Amount you owe . 4 1, 101.  1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjuny. Ideclare 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 mounts from the income tax return (original or amended) I am now authorizing, and to the best of to send my return to the IRS and to receive from the IRIS (a) an active declare that the amounts in Part I above are that transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, lauthorize the U.S. Treasury financial Agent to intende an ACH electronic cutino under the IRIS (a) an active of receipt or reason for rejection of the tax preparation software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, lauthorize the U.S. Treasury financial Agent at 1 #88-835-4857. Payment cancellation requests in the tax preparation software for authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to I terminate the authorization. To revoke (cancel) authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to I terminate the authorization. To revoke (cancel) a submit accordance on 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.  □ 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	•		1	98,345.
A mount you want refunded to you  B Amount you want refunded to you  A mount you want refunded to you  B Amount you want refunded to the best of your refunded the want of receipt on reason for rejection of the transmission, (b) the reason for rejection of the transmission, (b) the reason for rejection of the transmission, (b) the reason for rejection of the text preparation software to refund to you refunded the want to refunde the want of your precipitation refunded the want of the first precipitation refunded the want of you refunded the you want to refund the want of the payment of the section of the text preparation software for any refund, if a paincial Agent to interest and you want	, ,		2	
Amount you want refunded to you  5 Amount you want refunded to you  5 Amount you want refunded to you  5 Amount you want refunded to you  7 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Under penalties of perliun, 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 whowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are than amounts from the income tax return (original or amended) I am now authorizing, and to the best of any debug in processing the return or refund, and (6) the cetter of any refund. If applicable, I authorize the U.S. Tread and (6) the cetter of any refund. If applicable, I authorize the U.S. Tread and I state (6) the cetter of any refund. If applicable, I authorize the U.S. Tread and I state (6) the cetter of any refund. If any and the foliancial institution account indicated in the tax preparation software for any debug in orderal taxes own 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 18-88-35-4837. 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 the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the financial institution of the processi	<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	
S Amount you owe			4	
Under penalties of perjun, 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 bellef, it is true, correct, and complete. I further declare that the amounts from the amounts from the income tax return (original or amended) I am now authorizing. Lonsent to allow my intermediate service provider, transmitter, or electronic return originator (FEO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, (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 debid) entry to the financial institution account indication or payment of my tederal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the tax preparation software for payment of my tederal 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 to remain in full force and effect until 1 notify 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 (FIPI) below is my signature for the income tax return (original or amended) I am now authorizing.  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.  Practitioner PIN Method	5 Amount you owe			
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 original or amended in processing the return or return, and (c) the date of any return, 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 account indicated in the tax preparation software for payment of the inflated tax, and the financial institution account indicated in the tax preparation software for payment of the inflated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a submissed stays prior to the payment and 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	Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop	y of you	r return)
Taxpayer's PIN: check one box only    I authorize   GLOBAL TAXES   LLC   ERO firm name signature on the income tax return (original or amended) I am now authorizing.   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 PIN: check one box only   I authorize   ERO firm name signature on the income tax return (original or amended) I am now authorizing. Check this box only   I authorize   ERO firm name signature on the income tax return (original or amended) I am now authorizing.   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   Square Practitioner PIN dethod Only   Square Practitioner PIN dethod Only   Square Practitioner PIN method and Authentication — Practitioner PIN Method Only   Square Providers of 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 signature   Date	return (original or amended) I am now authorizing. I consent to allow my intermediate service proves send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I aut 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 finar 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 invitaxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a	rider, transmitter, or electriason for rejection of the thorize the U.S. Treasury a account indicated in the total institution to debit the toterminate the authorizuellation requests must be olived in the processing of ted to the payment. I fur	onic return ransmission and its design ax preparate entry to thation. To refer received for the electrosther acknowns.	originator (ERC n, <b>(b)</b> the reaso gnated Financiation software for its account. This evoke (cancel) no later than onic payment of wledge that th
I authorize   GLOBAL TAXES LLC   ER0 firm name   Signature on the income tax return (original or amended) I am now authorizing.   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 PIN: check one box only   Date			$\overline{}$	
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Spouse's PIN: check one box only  I authorize  ERO firm name signature on the income tax return (original or amended) I am now authorizing.  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  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.  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  ERO Must Retain This Form — See Instructions	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitione			
I authorize	Your signature ▶	Date ►		
I authorize	Snouse's PIN: check one how only			
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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.    S   8   7   2   7   8   6   1   9   8   9	if you are entering your own PIN and your return is filed using the Practitione			
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.  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	Spouse's signature ▶	Date ►		
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm tha	al income tax return (orig t I am submitting this ret	inal or ame urn in acco	rdance with th
	<del>-</del>			

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.

Filing Status	s 🗌 s	Single Married filing jointly	<b>⋌</b> Marr	ied filing separately	(MFS)	Head of	hous	ehold (HOH)	Qua	alifying wid	ow(er) (QW)
Check only one box.	•	u checked the MFS box, enter the noon is a child but not your dependen		your spouse. If you IIKHITHA GEE:		ked the HOH o	r QV	/ box, enter th	e child's	name if th	ne qualifying
Your first name	and mi	iddle initial	Last n	ame					Your social security number		
NIRANJA	N		DAN	DA					127-17-0516		
If joint return, spouse's first name and middle initial				ame					Spouse	's social sec	curity number
									071-95-6336		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Preside	ntial Election	on Campaign
3368 GRI	EEN I	RIVER DR								here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code			ntly, want \$3 Checking a
COLUMBU	S				01	Н	43	228		low will not	•
Foreign country	y name			Foreign province/stat	e/coun	ity	Fore	eign postal code	your tax or refund.  You Spouse		
At any time du	ıring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest	in an	y virtual curre	ncy?	X Yes	☐ No
Standard	Som	eone can claim:	pender	nt 🗌 Your spou	ise as	a dependent					
<b>Deduction</b>		Spouse itemizes on a separate retur	n or yo	u were a dual-statu	s alier	า					
Age/Blindness	s You:	Were born before January 2, 1	957	Are blind <b>S</b>	oouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is bl	ind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	nip	<b>(4)</b> 🗸 if q	ualifies fo	r (see instru	ictions):
If more	(1) F	irst name Last name		number to you		Child tax cre		redit	Credit for ot	her dependents	
than four							[				
dependents, see instruction	s —									[	
and check										[	
here										[	
	_1_	Wages, salaries, tips, etc. Attach I	orm(s)	W-2					. 1	1	08,510.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b	)	
required.	3a	Qualified dividends	3a	11.	<b>b</b> 0	Ordinary divide	nds		. 3b	)	11.
	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>b</b> Taxable amount					. 6b	)	
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	gain or (loss). Attach Schedule D if required. If not required, check here								94.
Married filing	8	Other income from Schedule 1, lin	e 10						. 8		10,270.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total in</b>	come				▶ 9		98,345.
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 <b>a</b>	adjusted gross inc	ome				<b>▶</b> 11	1 9	98,345.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	le A)	12	а	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	andard deduction (se	e insti	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 fror	n Form 8995 or For	m 899	95-A			. 13	3	
any box under Standard	14	Add lines 12c and 13							. 14	1	12 <b>,</b> 850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	s, ente	er -0			. 15	5 8	85 <b>,</b> 495.

	16	Tax (see instructions). Check if any from Form(s): 1	8814	<b>2</b> 4972	3 🗌 _			16	14,553.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	14,553.
	19	Nonrefundable child tax credit or credit for other d	lependen	ts 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	14,553.
	23	Other taxes, including self-employment tax, from S	Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>						24	14,553.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	15,6	54.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	15 <b>,</b> 654.
	26	2021 estimated tax payments and amount applied						26	,
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			27a				
attach Sch. EIC.		Check here if you were born after January 1,							
		January 2, 2004, and you satisfy all the other	er require	ements for					
		taxpayers who are at least age 18, to claim the EIC	1 1	structions					
	b	Nontaxable combat pay election	27b						
	С	Prior year (2019) earned income	27c						
	28	Refundable child tax credit or additional child tax credit from Schedule 8812  American opportunity credit from Form 8863, line 8							
	29	American opportunity credit from Form 8863, line 8							
	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 to						32	
	33	Add lines 25d, 26, and 32. These are your total pa					<u> </u>	33	15,654.
Refund	34	If line 33 is more than line 24, subtract line 24 from			•	=	·	34	1,101.
	35a	Amount of line 34 you want <b>refunded to you.</b> If Fo			ck here Checkii		ings	35a	1,101.
Direct deposit? See instructions.	▶b	Routing number 0 1 1 9 0 0 2 5 4							
	►d	Account number 3 8 5 0 1 9 7 3 3 7 9 5							
	36	Amount of line 34 you want applied to your 2022 e			36				
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. Fo			1 1	uctions .		37	
	38	Estimated tax penalty (see instructions)			38				
Third Party		you want to allow another person to discuss the ructions				Yes. Comp	aloto b	olow	× No
Designee		ignee's	Phone			Personal			Z NO
		ne ►	no.			number (			
Sign	Und	ler penalties of perjury, I declare that I have examined this	return and	accompanying sch	edules an	d statements,	and to	the bes	t of my knowledge and
Here	beli	ef, they are true, correct, and complete. Declaration of prepare	arer (other	than taxpayer) is ba	sed on al	l information o	f which	prepare	er has any knowledge.
ricic	You	r signature Date		Your occupation					t you an Identity
1				SOFTWARE I	\_\T\T\T\	משמר	1	otion Pii nst.) ▶ [	N, enter it here
Joint return? See instructions.	Spo	use's signature. If a joint return, <b>both</b> must sign. Date		Spouse's occupati		JEEK	,		t your spouse an
Keep a copy for	Орс	ase s signature. If a joint rotalli, <b>both</b> mast sign.		opouse s occupan	011				ection PIN, enter it here
your records.							(see ir	nst.) ▶	
		(====	l address	NIRANJAN.WR	141@GN				
Paid	Pre	parer's name Preparer's signature			Date	PT	ΓIN		Check if:
Preparer Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM	SAGAR (	GUPTA TALLAM	03/17	7/2022 PO	2082	703	Self-employed
Use Only		n's name ► GLOBAL TAXES LLC					Phone	eno. (	678)965-9522
	Firr	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's					EIN ►	30-1017196	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 03/0	7/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page 2

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

NIRANJAN DANDA

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

Attachment Sequence No. 01 Your social security number

127-17-0516

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	0.
<b>2</b> a	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	-10,270.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
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 k	Stock options	8j 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	040, 1040-SR, or	10	-10,270.

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	<b>&gt;</b>	_	
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	<b>24</b> 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 <b>adjustments t</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

#### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service (99)

Name(s) shown on return Your social security number 127-17-0516 NIRANJAN DANDA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . 1,088. 98. 94. 1,084. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 94. Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

14

15

Schedule D (Form 1040) 2021 Page 2

#### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 94. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### Sales and Other Dispositions of Capital Assets ▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

OMB No. 1545-0074

Department of the Treasury ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Internal Revenue Service

Sequence No. 12A

Name(s) shown on return NIRANJAN DANDA Social security number or taxpayer identification number 127-17-0516

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

-	<ul> <li>☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>☐ (C) Short-term transactions not reported to you on Form 1099-B</li> </ul>										
1 (a) Description of property		(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)				
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)			
Robinh	nood Securities LLC	05/05/21	12/12/21	1,084.	1,088.	W	98.	94.			
nega Sche	Is. Add the amounts in column: tive amounts). Enter each total	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1 084	1 088		98	9/1			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

# 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.

Attachment Sequence No. 13 Your social security number

	NJAN DANDA							-17-051	
Part		-		-			_		
	Schedule C. See instructions. If you are an individual,								
	d you make any payments in 2021 that would require yo								
B If "	Yes," did you or will you file required Form(s) 1099? .							🗆 <b>`</b>	∕es □ No
1a	Physical address of each property (street, city, state,								
A	2-9-494, SRINAGAR COLONY WARANGAL T	ELANG	ANA I	N 5060	001				
В									
C						Rental			
1b	Type of Property 2 For each rental real estate		nal Use	QJV					
	(from list below) above, report the number of personal use days. Check to		ays						
A	3 If you meet the requirement qualified joint venture. See	ts to file	as a	Α		365		0	
B	qualified joint venture. See	mstruc	lions.	В					
C				С					
	of Property:			_					
	gle Family Residence 3 Vacation/Short-Term Ren					Rental			
	ti-Family Residence 4 Commercial		Royalties		3 Othe	r (describe)			
Incom	-			Α	<u> </u>	В			С
3	Rents received		_		610.				
4	Royalties received		1						
Expen		۱,	.						
5	Advertising	_							
6	Auto and travel (see instructions)	-	_		C 1 0				
7	Cleaning and maintenance	7	_	2,	640.				
8	Commissions	3							
9	Insurance	9							
10	Legal and other professional fees								
11	Management fees		_	2,	380.				
12	Mortgage interest paid to banks, etc. (see instructions		_						
13	Other interest	_	_	1 1	700				
14	Repairs	1	_		720.				
15	Supplies	1	_	⊥,:	970.				
16 17	Taxes	1			170				
	Utilities	_	_	۷,	170.				
18	Depreciation expense or depletion	1	_						
19 20	Other (list) ►  Total expenses. Add lines 5 through 19			10 (	880.				
			0	10,0	000.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties)	- 1							
	result is a (loss), see instructions to find out if you mu	2	4	-10,2	270				
22	Deductible rental real estate loss after limitation, if ar	_	•	±0,	_ ,				
22	on <b>Form 8582</b> (see instructions)	1y,   <b>2</b>	2 (	10 2	70.)	(		)(	١
23a	Total of all amounts reported on line 3 for all rental pro-		<u> </u>		23a	\	610	)	,
b	Total of all amounts reported on line 4 for all royalty p				23b		010		
C	Total of all amounts reported on line 4 for all propert	-			23c				
d	Total of all amounts reported on line 12 for all propert				23d				
e	Total of all amounts reported on line 20 for all propert				23e	1	0,880	)	
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do</b>		 clude anv	losses				24	
25	Losses. Add royalty losses from line 21 and rental real es		,		nter tot:	al losses here		25 (	10,270.)
26	Total rental real estate and royalty income or (los								
20	here. If Parts II, III, IV, and line 40 on page 2 do r	-							
	Schedule 1 (Form 1040), line 5. Otherwise, include thi						- 1	26	-10,270.