Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

| Тахрау | er's name | Social security number | | | | | | | | |
|--------|---|------------------------|---------------------------------|--------|------------|--|--|--|--|--|
| PAI | ASH JAIN | | 513-79-5701 | | | | | | | |
| Spouse | o's name | | Spouse's social security number | | | | | | | |
| Par | Tax Return Information – Tax Year Ending December 31, 2 | 021 (Enter | year you a | re aut | horizing.) | | | | | |
| 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 | 68,875. | | | | | |
| 2 | Total tax | | | 2 | 8,140. | | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 3 | 8,738. | | | | | |
| 4 | Amount you want refunded to you | | | 4 | 598. | | | | | |
| 5 | Amount you owe | | | 5 | | | | | | |
| Par | Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) | | | | | | | | | |

Under penalties of periury. 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

| GLOBAL | TAXES | T.T.C | to enter or generate my F | ыл |
|--------|-------|-------|---------------------------|------|
| GLUDAL | IAVEO | лпс | to enter or generate my F | ~IIN |

| | 9 | 5 | 7 | 0 | 1 | as | | | |
|--|---|---|---|---|---|----|--|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | | |

my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

X I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 Da | | | | | | | | | | |
|-----------------------|---|-----|----|---|--|-----------------|-------|---|---|--|
| | Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | | |
| 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 | | 6 all ze | 9 | 8 | 9 | |

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 Submit This Form to the IRS Unless Requested To Do So | | | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 04/01/22 PRO | Form 8879 (Rev. 01-2021) | | | |

| E1040 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | (99) urn | 202 | 21 | OMB No. 15 | 545-007 | 4 IRS U | se Only | –Do not v | vrite or staple | in this space. |
|---|--------------|--|--|--------------------|----------------------------|-------------|---------------|----------|---------------------|----------|---------------|-------------------------------|------------------------------|
| Filing Status Check only one box. | lf yo | Single D Married filing jointly u checked the MFS box, enter the n on is a child but not your dependen | ame of y | - | eparately (ise. If you | | | | | , | | , , | ow(er) (QW) ne qualifying |
| Your first name | e and mi | iddle initial | Last na | me | | | | | | | Your so | cial securi | ty number |
| PALASH | | | JAIN | 1 | | | | | | | 513- | 79-570 | 1 |
| If joint return, spouse's first name and middle initial | | | | me | | | | | | | Spouse | 's social se | curity number |
| | | er and street). If you have a P.O. box, see | instructio | ons. | | | | | Apt. no. | | | ential Electi here if you, | on Campaign |
| 80 DESC. | | DR ce. If you have a foreign address, also co | mplata | nanan hala | | Stat | | | <u>1117</u> code | | 1 | | ntly, want \$3 |
| SAN JOS | | ce. Il you have a loreign address, also co | implete s | paces beic | Jw. | CA | | | 5134 | | Ŭ | | Checking a |
| Foreign countr | | | | | ovince/state | _ | | | eign postal | code | 1 | low will not x or refund | • |
| | yname | | ' | oreign pro | Sunce/State | count | y | | eigir posta | code | your tu | You | Spouse |
| At any time du | uring 20 | 021, did you receive, sell, exchange, | , or othe | rwise dis | pose of an | y fina | ncial intere | st in ar | y virtual | curre | ncy? | Yes | X No |
| Standard Deduction | | eone can claim: You as a de Spouse itemizes on a separate retur | • | | • | | a depender | nt | | | | | |
| Age/Blindnes | s You: | Were born before January 2, 1 | 957 | Are bli | nd Sp | ouse: | Was | born be | fore Jan | | - | ls b | |
| Dependent | | | | | ocial securit | у | (3) Relation | | | | | or (see instru | |
| If more | (1) F | irst name Last name | number to y | | | to you | Child tax cre | | | redit | Credit for ot | her dependents | |
| than four dependents, | | | | | | | | | | | | | |
| see instruction | IS | | | | | | | | | | | | |
| and check here ► | | | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach F | Form(s) \ | N-2 | | | | | | <u> </u> | . 1 | <u> </u> | <u> </u> |
| Attach | 2a | 3 | 2a | | | h Та | axable inter | · · · | | • | 21 | | 0070751 |
| Sch. B if | 3a | · · | 3a | | | | rdinary divi | | | | 31 |) | |
| required. | 4a | IRA distributions | 4a | | | | axable amo | | | | . 4t |) | |
| | 5a | Pensions and annuities | 5a | | | b Ta | axable amo | unt. | | | . 5t |) | |
| Standard | 6a | Social security benefits | 6a | | | b Ta | axable amo | unt. | | | . 6k |) | |
| Deduction for – Single or | 7 | Capital gain or (loss). Attach Sche | edule D if required. If not required, check here | | | | | | | 7 | | | |
| Married filing | 8 | Other income from Schedule 1, lin | e 10 . | | | | | | | | . 8 | | |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. T | his is you | ur total inc | ome | | | | | ▶ 9 | | 68,875. |
| Married filing jointly or | 10 | Adjustments to income from Sche | dule 1, l | ine 26 | | | | | | | . 10 |) | |
| Qualifying | 11 | Subtract line 10 from line 9. This is | - | | | | · · · | · · | | | ► <u>1</u> 1 | | 68,875. |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | | • | | , | - | 12a | 12 | ,55 | 0. | | |
| Head of household, | b | Charitable contributions if you take | | | • | | <i>'</i> | 12b | | | | | |
| \$18,800 | С | | | | | | | | | | | | 12,550. |
| If you checked any box under | 13 | Qualified business income deduct | | | | | | | | | - | | 10 550 |
| any box under Standard Deduction, | 14 | | | | | | | | | | | | 12,550. |
| see instructions. | 15 | i axable income. Subtract line 14 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 | | | | | | | | | | 56,325. |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

| Form 1040 (2021 | 1) | | | | | | | | Page 2 | | | |
|--------------------------------------|--|--|-----------------------|---------------------|-----------------|------------------|------------------|----------|---------------------------------------|--|--|--|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 8,140. | | | |
| | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | | | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 8,140. | | | |
| | 19 | Nonrefundable child tax cred | | | | | | 19 | | | | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | | | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 8,140. | | | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | 0. | | | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | . 🕨 | 24 | 8,140. | | | |
| | 25 | Federal income tax withheld | from: | | | 1 1 | | | | | | |
| | а | Form(s) W-2 | | | | 25a 8 | ,738. | | | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | | |
| | С | Other forms (see instructions | , | | | 25c | | | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 8,738. | | | |
| If you have a | 26 | 2021 estimated tax payment | | | 37 | | | 26 | | | | |
| qualifying child, attach Sch. EIC. [| 27a | Earned income credit (EIC) | | | | 27a | | _ | | | | |
| | | Check here if you were b | | | | | | | | | | |
| | | January 2, 2004, and you taxpayers who are at least a | | | | | | | | | | |
| | b | Nontaxable combat pay elec | - | 1 1 | | | | | | | | |
| | c | Prior year (2019) earned inco | | | | - | | | | | | |
| | 28 | Refundable child tax credit or | | L | Schedule 8812 | 28 | | | | | | |
| | 29 | American opportunity credit | | | | 29 | | 1 | | | | |
| | 30 | Recovery rebate credit. See | | - | | 30 | | 1 | | | | |
| | 31 | • | | | | 31 | | 1 | | | | |
| | 31 Amount from Schedule 3, line 15 . | | | | | | | | | | | |
| | 33 | Add lines 25d, 26, and 32. T | | | | | | 32 33 | 8,738. | | | |
| Defend | 34 | | | | | | | 34 | 598. | | | |
| Refund | 35a | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | | | | | | | 598. | | | |
| Direct deposit? | ►b | Routing number 0 5 4 | 35a | | | | | | | | | |
| See instructions. | ►d | Account number 5 5 0 | | | ▶ c Type: 🔰 | Checking | Savings | | | | | |
| | 36 | Amount of line 34 you want a | | | ed tax 🕨 | 36 | | | | | | |
| Amount | 37 | Amount you owe. Subtract | | | | | . ► | 37 | | | | |
| You Owe | 38 | Estimated tax penalty (see in | | | | 38 | | | | | | |
| Third Party | Do | you want to allow another | | | | | | | | | | |
| Designee | | structions | • | | | . — | omplete k | elow. | X No | | | |
| - | Designee's | | | | | | | | dentification | | | |
| | nai | me 🕨 | | no. 🕨 | | numb | ber (PIN) 🕨 | <u>۲</u> | | | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | | | |
| Here | | · · · | piete. Declaration (| | | | | | , , | | | |
| | YO | ur signature | | Date | Your occupation | | | | t you an Identity N, enter it here | | | |
| Joint return? | | | | | ENGINEER | | | inst.) 🕨 | | | | |
| See instructions. | ns. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation | | | tion | | | t your spouse an | | | | | |
| Keep a copy for your records. | • | | | | | | | | ction PIN, enter it here | | | |
| your rooordo. | | | | | | | | inst.) 🕨 | | | | |
| | | one no. (984)202-906 | | Email address | PJAIN11@N | | DTIN | | 01 1.10 | | | |
| Paid | | eparer's name | Preparer's signat | | | Date | PTIN | | Check if: | | | |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM | | RAM SAGAR | GUPTA TALLAN | 4 04/13/2022 | P02082 | | Self-employed | | | |
| Use Only | | m's name ► GLOBAL TAX | | | | | | | 678)965-9522 | | | |
| | | m's address ► 2530 Pebb | | n Cummin | g GA 30041 | | Firm | 's EIN ► | | | | |
| Go to www.irs.ge | ov/Forn | n1040 for instructions and the late | st information. | | BAA | REV 04/01/22 PRO | | | Form 1040 (2021) | | | |