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.

Submission Identification Number (SID)

. . . .

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Taxpaye	er's name	Social security number					
PAL	ASH JAIN	513-79-570	1				
Spouse	's name	Spouse's social sec	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	r year you are au	thorizing.)				
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					

## 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.

Taxpaye	er's PIN: che	eck one box only					9	5	7		1		
X	l authorize	GLOBAL TAXES	LLC		to enter or generate		-		0		as my		
	ERO firm name					,	Enter five digits, but don't enter all zeros						
	signature or	n the income tax retu	urn (original or a	amended) I am now	authorizing.		401	t en	ter u	1 201	05		
	I will enter n	nv PIN as mv signat	ure on the incom	me tax return (origin	nal or amended) I am r	low autho	orizir	1a. (	Cheo	:k tł	nis k	ox only	
					Practitioner PIN meth								
	below.	Ym				1.1.				-		5	
Your sigr	nature 🕨	100			Date ►	41	2	Ľ	2	U	2	2	
Spouse'	s PIN: chec	k one Jox only						<u>г</u>					
	I authorize				to enter or generate	my PIN						as my	
			ERO firm name						e dig				
	signature or	n the income tax retu	urn (original or a	amended) I am now	authorizing.		dor						
	I will enter n	ny PIN as my signat	ure on the inco	me tax return (origir	nal or amended) I am r	low autho	orizir	ıg. (	Chec	:k tł	nis b	ox 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 Met	nod Returns Only—continue below
Part III Certification and Authentication – Pract	itioner 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 6 1 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 Don't 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) <b>urn</b>	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							513-79-5701			
lf joint return, s	spouse's	s first name and middle initial	Last na	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	molete	nanan hala		Stat			<u>1117</u> code		1		ntly, want \$3	
SAN JOS		ce. Il you have a loreign address, also co	inplete 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 Spou		
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 <b>Sp</b>	ouse:	Was	born be	fore Jan		-	ls b		
Dependent					ocial securit	у	(3) Relation					or (see instru		
If more	<b>(1)</b> F	First name Last name		number		to you		1	Child tax cr		credit Credit		lit for other 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	<b>3</b>	2a			 h Та	axable inter	· · ·		•	21		0070751	
Sch. B if	3a	· ·	3a				rdinary divi				31	)		
required.	4a	IRA distributions	4a				5	ble amount			. 4t	<b>)</b>		
	5a	Pensions and annuities	5a				<b>b</b> Taxable amount .				. 5t	)		
Standard	6a	Social security benefits	6a	<b>b</b> Taxable amount				. 6k	)					
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Sche	chedule 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 <b>total inc</b>	ome					▶ 9		68,875.	
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income from Sche	dule 1, line 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.			
<ul> <li>Head of household,</li> </ul>	b	Charitable contributions if you take			•		<i>'</i>	12b						
\$18,800	С												12,550.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct											10 550	
Standard Deduction,	14												12,550.	
see instructions.	15	Taxable income.       Subtract line 14 from line 11. If zero or less, enter -0									. 15		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): <b>1</b> 🗌 881	4 <b>2</b> 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 <b>total tax</b>				. 🕨	24	8,140.	
	25	Federal income tax withheld	from:			1 1				
	а	Form(s) W-2				<b>25a</b> 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	Amount from Schedule 3, lin				31		1		
	32	Add lines 27a and 28 throug					lits 🕨	32		
	33	Add lines 25d, 26, and 32. T						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 <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here						35a	598.	
Direct deposit?	►b	Routing number 0 5 4								
See instructions.	►d	Routing number       0       5       4       0       0       0       3       0       ► c Type:       X Checking       Savings         Account number       5       5       0       2       9       5       0       9       7       3       Image: Constraint of the								
	36	Amount of line 34 you want a								
Amount	37	Amount you owe. Subtract				see instructions	. ►	37		
You Owe	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another								
Designee		structions	•			. —	omplete k	below.	X No	
-		signee's		Phone Personal						
	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 (	Date					, ,	
	Your signature				Your occupation				t you an Identity N, enter it here	
Joint return?								ee inst.)		
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupa	tion			t your spouse an	
Keep a copy for your records.									ction PIN, enter it here	
your rooordo.							(see	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 <b>1040</b> (2021)	