# 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

		<u> </u>
Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
KANTHA RAO PATCHAVA	138-91-	-4313
Spouse's name	Spouse's soci	al security number
, ,	Enter year you ar	e authorizing.)
Enter whole dollars only on lines 1 through 5.		
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 28,496.
2 Total tax		2 1,712.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 3,340.
4 Amount you want refunded to you		<b>4</b> 1,628.
5 Amount you owe	nd koon a con	5 cf your roturn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ten payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	for rejection of the tra the U.S. Treasury ar nt indicated in the ta stitution to debit the minate the authoriza n requests must be in the processing of the payment. I furtl	ansmission, <b>(b)</b> the reason of its designated Financial of the preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the ner acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general state of the s	erate my PIN	4 3 1 3 as my
ERO firm name	Ent	er five digits, but i't enter all zeros
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 if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Date	<b>●</b> ►	
Spouse's PIN: check one box only		
I authorize to enter or gene	erate my PIN	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date	e <b>&gt;</b>	
Practitioner PIN Method Returns Only—continue b		
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 2 7 8  Don't ente	3 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco- authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provider	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	2 <b>&gt;</b>	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So

<b>1040</b>	-NR Depa	rtment of the	Treasury—Inte	ernal Revenue S <b>lien Incor</b>	Service <b>ne Tax</b>	Returi	20	21	OMB No. 1	545-0074		se Only—Destaple in this	
Filing Status	X Single	_		parately (MFS)	_	_		v(er) (QW	)				
Check only one box.	If you checked qualifying pers		,										
Your first name a	and middle initial	Last name		Your identifying number (see instructions)									
KANTHA RA	PATCHAV	JΑ					138-91-4313						
Home address (i	ave a P.O. bo	ve a P.O. box, see instructions.  Apt. no.						if: 2	Individ  Estate	ual or Trust			
City, town, or pos	t office. If you ha	complete space	ces below.	State		ZIP cod	е						
STOCKBRID	GE				GA 3028			30281					
Foreign country name Forei					reign province/state/county Forei			Foreign	postal code	Э			
At any time durir	ng 2021, did you	receive, se	II, exchange,	or otherwise	dispose of	any finano	cial intere	est in any	virtual curr	ency?	[	Yes	⊠ No
Dependents										<b>(4) √</b> if qu	alifies	for (see in	 nst.):
(see instructions):	<b>(1)</b> First	name	Last name	e i	(2) Dependentifying					Child tax credit		Credit for other dependents	
If we are the section.													]
If more than four dependents, see													]
instructions and													]
check here ►													]
Income	0 /	, , ,	etc. Attach F	( )						. 1a	1	28,	496.
Effectively	<b>b</b> Scholarshi	p and fellov	vship grants.	Attach Form(s	s) 1042-S	or required	d stateme	ent. See i	nstructions	. 1k	)		
Connected With U.S.				rom Schedule	•		), Item	1c					

Trade or **Business** 

1a	Wages, salaries, tips, etc. Attach Form	(s) W-2				1a	28,496.
b	Scholarship and fellowship grants. Att	ach Form(s) 1042-S	or required staten	nent. See instruc	tions .	1b	
С	Total income exempt by a treaty from L, line 1(e)	,	1040-NR), Item	1c			
2a	Tax-exempt interest 2a		<b>b</b> Taxable in	terest		2b	
3a	Qualified dividends 3a		<b>b</b> Ordinary d	ividends		3b	
4a	IRA distributions 4a		<b>b</b> Taxable an	nount		4b	
5a	Pensions and annuities 5a		<b>b</b> Taxable an	nount		5b	
6	Reserved for future use					6	
7	Capital gain or (loss). Attach Schedule		7				
8	Other income from Schedule 1 (Form		8				
9	Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and	. ▶	9	28,496.			
10	Adjustments to income:						
а	From Schedule 1 (Form 1040), line 26			10a			
b	Reserved for future use			10b			
С	Scholarship and fellowship grants exc	uded		10c			
d	Add lines 10a and 10c. These are your	total adjustments	to income		. ▶	10d	
11	Subtract line 10d from line 9. This is yo	our <b>adjusted gross</b>	income		. ▶	11	28,496.
12a	<b>Itemized deductions</b> (from Schedule residents of India, standard deduction			<b>12a</b> 12	2,550.		
b	Charitable contributions for certain res	dents of India. See	instructions .	12b			
С	Add lines 12a and 12b					12c	12,550.
13a	Qualified business income deduction f	rom Form 8995 or F	orm 8995-A .	13a			
b	Exemptions for estates and trusts only	. See instructions		13b			
С	Add lines 13a and 13b					13c	
14	Add lines 12c and 13c					14	12 <b>,</b> 550.
15	Taxable income. Subtract line 14 from	n line 11. If zero or le	ess, enter -0			15	15 <b>,</b> 946.

Form 1040-NR (	2021)												Page 2
	16	Tax (see instructions). Check if any from Form	(s): 1	8814	2 [	4972	2 3	B 🗆		16		1	<b>,</b> 712.
	17	Amount from Schedule 2 (Form 1040), line 3								17			0.
	18	Add lines 16 and 17								18		1	<b>,</b> 712.
	19	Nonrefundable child tax credit or credit for c	19										
	20	Amount from Schedule 3 (Form 1040), line 8								20	<u> </u>		
	21	Add lines 19 and 20								21			
	22	Subtract line 21 from line 18. If zero or less,	enter -0							22	<u> </u>	1	<u>,712.</u>
	23a	Tax on income not effectively connected of from Schedule NEC (Form 1040-NR), line 15					23a						
	b	Other taxes, including self-employment tax, line 21		,		,,	23b						
	С	Transportation tax (see instructions)				. [	23c						
	d	Add lines 23a through 23c								23d			
	24	Add lines 22 and 23d. This is your ${\bf total}\ {\bf tax}$							▶	24		1,	712.
	25	Federal income tax withheld from:											
	а	Form(s) W-2				- 1	25a		3,340.	_			
	b	Form(s) 1099				.	25b						
	С	Other forms (see instructions)				. [	25c						
	d	Add lines 25a through 25c								25d		3,	,340.
	е	Form(s) 8805								25e	<u> </u>		
	f	Form(s) 8288-A								25f	<u> </u>		
	g	Form(s) 1042-S								25g			
	26	2021 estimated tax payments and amount a				1				26	<u> </u>		
	27	Reserved for future use					27						
	28	Refundable child tax credit or additional c 8812 (Form 1040)					28						
	29	Credit for amount paid with Form 1040-C				.	29						
	30	Reserved for future use				.	30						
	31	Amount from Schedule 3 (Form 1040), line 1	5			.	31						
	32	Add lines 28, 29, and 31. These are your tot	al other pay	yments	and r	efundal	ble cr	edits .	▶	32			
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. The	ese are you	r total p	ayme	nts .			🕨	33		3,	,340.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line	33. This	is the	amount	t you <b>c</b>	overpaid		34		1,	,628.
	35a	Amount of line 34 you want refunded to you			tache	d, check	k here		. ▶	35a		1,	,628.
Direct deposit?	▶b	Routing number 1 2 5 0 0 0 0	2 4	▶ (	с Туре	e: 🛛 (	Check	ing 🗌	Savings				
See instructions.	►d	Account number 1 3 8 1 2 5 3	3 7 1	1 0	4								
	►e	If you want your refund check mailed to an enter it here.					s not	shown or	page 1,				
	36	Amount of line 34 you want applied to your					36						
Amount	37	Amount you owe. Subtract line 33 from line	24. For det	tails on I	how to	pay, se	ee inst	ructions	. ▶	37			
You Owe	38	Estimated tax penalty (see instructions) .				•	38						
Third Party Designee		ou want to allow another person to distructions		return	with 	the IF	RS? ▶	Yes.	Complete	below.	Σ	No	
Deolghoo	Desig name		Phon no.						nal identif er (PIN)	ication			
Sign		penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of											
Here	Your	signature	Date	You	ır occı	pation				e IRS se			
									- 1	ection I	<sup>2</sup> IN, er	nter it	here
	7			_	r'TWΑ	RE DI	ĽVEL	OPER	(see	inst.) ▶	Ш		
	Phone		Email add	ress			<u> </u>		D=11:		-		
Paid		rer's name Preparer's si	_				Date	- 1	PTIN		Chec		
Preparer	SYAM I	RIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAG	AR GUP	TA TA	ALLAM	03/0	8/2022	P0208				mployed
Use Only		name► GLOBAL TAXES LLC							1		p. (678) 965-9522		
300 Omy	Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041   Firm's El									IN ► 3	0-10	)171	.96

#### **SCHEDULE NEC** (Form 1040-NR)

## Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

Sequence No. **7B** 

OMB No. 1545-0074

Name shown on Form 1040-NR KANTHA RAO PATCHAVA

Your identifying number 138-91-4313

Enter a	Notices of Income					( ) 100/	(1) 450/	( ) 000/	(d) Ot	her (spe	ecify)
			Nature of Income		<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%		%	%	
1	Dividends and divide	end eq	uivalents:								
а	Dividends paid by U	.S. cor	porations		1a						
b	Dividends paid by fo	reign o	corporations		1b						
С	Dividend equivalent p	oaymer	nts received with respect to section 871(m)	transactions	1c						
2	Interest:										
а	Mortgage				2a						
b	Paid by foreign corp	oration	ns		2b						
С	Other				2c						
3	Industrial royalties (p	oatents	, trademarks, etc.)		3						
4	Motion picture or TV	copyr /	ight royalties		4						
5			recording, publishing, etc.)		5						
6	Real property incom	e and	natural resources royalties		6						
7	Pensions and annuit	ties .			7						
8	Social security benefits										
9	Capital gain from line 18 below										
10	If zero or less, ente	er -0	anada only. Enter net income in column (	(c).							
а	Winnings		<u></u>								
b	Losses				10c						
11	Note: Losses not all	owed	lents of countries other than Canada.		11						
12					12						
13			columns (a) through (d)		13						
14	•		tax at top of each column		14						
15			ely connected with a U.S. trade or busines			rough (d) of line 14.	Enter the total here a	nd on Form 1040-1	NR, line 23a ► <b>1</b>	5	
-			Capital Gains ar								
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (c) subtract (d) from (e)		(g) GAIN d) is more than (e), btract (e) from (d).
	ely connected with a U.S. ss. Do not include a gain										
or loss	on disposing of a U.S. real y interest; report these									$\perp$	
gains a	nd losses on Schedule D									$\perp$	
(Form 1	•										
exchan	property sales or ges that are effectively									$\bot$	
	ted with a U.S. business edule D (Form 1040),									)	
	797, or both.	18	Capital gain. Combine columns (f) and	d (g) of line 1	7. Ente	er the net gain her	re and on line 9 abo	ove. If a loss, ent	er -0 ► <b>1</b>	3	

### **SCHEDULE OI** (Form 1040-NR)

Department of the Treasury Internal Revenue Service (99)

## **Other Information**

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR. ► Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. **7C** 

Name sl	nown on Form 1040-NR				Your identifying	number						
KANT	HA RAO PATCHAVA				138-91-43	313						
Α	Of what country or countries were you a citizen or											
В	In what country did you claim residence for tax p	urposes du	iring the tax yea	ar? United States								
С	Have you ever applied to be a green card holder (	lawful perm	nanent resident)	of the United States? .		☐ Yes	⊠ No					
D	Were you ever:											
1.	A U.S. citizen?					☐ Yes	⊠ No					
2.	A green card holder (lawful permanent resident) o	f the United	States?			☐ Yes	⊠ No					
	If you answer "Yes" to (1) or (2), see Pub. 519, characteristics.	apter 4, for	expatriation rule	es that apply to you.								
E	If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1											
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?											
G	List all dates you entered and left the United State	es during 20	021. See instruc	tions.								
	Note: If you are a resident of Canada or Mexico Acheck the box for Canada or Mexico and skip to				ent intervals,  Mexico							
	Date entered United States Date departed Uni mm/dd/yy mm/dd/y			Date entered United State mm/dd/yy		nrted United	d States					
н	Give number of days (including vacation, nonworkd	ave and na	rtial days) you w	ore present in the United	States during:							
"	2019 , 2020 ,			•	•							
1	Did you file a U.S. income tax return for any prior	vear?				X Yes	□No					
-	If "Yes," give the latest year and form number you											
J	Are you filing a return for a trust?					Yes	⊠ No					
	If "Yes," did the trust have a U.S. or foreign own U.S. person, or receive a contribution from a U.S.					☐ Yes	□No					
K	Did you receive total compensation of \$250,000 c	-				Yes	× No					
	If "Yes," did you use an alternative method to det	ermine the s	source of this co	ompensation?		Yes	☐ No					
L	Income Exempt From Tax—If you are claiming complete (1) through (3) below. See Pub. 901 for				tax treaty with	a foreign	country,					
1.	Enter the name of the country, the applicable tax to amount of exempt income in the columns below. A				claimed the tre	eaty benefit	t, and the					
	(a) Country	(b	) Tax treaty artic	le <b>(c)</b> Number of month claimed in prior tax ye								
	(a) Total Enterthin agents of Enterthin 4040 MB.		at autau it au it									
0	(e) Total. Enter this amount on Form 1040-NR, li					□ Vaa	□ NI a					
	Were you subject to tax in a foreign country on ar Are you claiming treaty benefits pursuant to a Con	•		. ,		∐ Yes □ Yes	∐ No ⊠ No					
ა.	If "Yes," attach a copy of the Competent Authorit	-	•			1 es	△ NO					
M		y ucterrillia	mon letter to you	ui iōtuiii.								
M 1	Check the applicable box if:  This is the first year you are making an election to	treat incon	ne from real pro	nerty located in the Unity	ad States as of	fectively o	nnected					
	with a U.S. trade or business under section 871(d You have made an election in a previous year t	). See instru	uctions									
<u> </u>	States as effectively connected with a U.S. trade	or business	under section 8	371(d). See instructions.	· · · ·		<b>▶</b> □					