

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

▶ 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) ▶

Taxpayer's name SAI KISHORE KUMAR LAKKAMPALLY		Social security number 424-63-9322
Spouse's name VANDANA DHODLOLLA		Spouse's social security number 128-17-9720

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

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	169,592.
2	Total tax	2	23,153.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	22,354.
4	Amount you want refunded to you	4	1.
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 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. 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

3	9	3	2	2
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- 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 ▶ *Sai Kumar* Date ▶ 04/05/2022

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	9	7	2	0
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- 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 ▶ *Vandana* Date ▶ 04/05/2022

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.

5	8	7	2	7	8	6	1	9	8	9
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 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
Don't Submit This Form to the IRS Unless Requested To Do So**

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	23,153.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	23,153.
19	Nonrefundable child tax credit or credit for other dependents 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	23,153.
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	23,153.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	22,354.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	22,354.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) NO	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	800.
29	American opportunity credit from Form 8863, line 8	29	
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 total other payments and refundable credits	32	800.
33	Add lines 25d, 26, and 32. These are your total payments	33	23,154.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1.
	b Routing number 1 1 1 0 0 0 0 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4 8 8 0 3 3 1 8 4 8 9 0		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature *L&K Devos* Date *04/05/2022* Your occupation SOFTWARE DEVELOPER If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Spouse's signature. If a joint return, **both** must sign. *Vandana* Date *04/05/2022* Spouse's occupation SOFTWARE DEVELOPER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. (251) 214-5046 Email address KISHORELAKK@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 04/04/2022 PTIN P02082703 Check if: Self-employed

Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522

Firm's address 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN 30-1017196

424639322 Name(s) SAT KISHORE KUMA LAKKAMPALLY

12			
13			5514
			5514
14			0
15			0
16			0
17			0
18			0
19a	00		
19b	00		
20			0
21			0
22			0
23			0
24			5514
25			0
26			0
27			0
28			0
29			0
30			0
31			0
32			
33			
34			
35			
36			

- 12 **PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**
- 13 Total PA Tax Withheld. See the instructions.
- 14 Credit from your 2020 PA Income Tax return.
- 15 2021 Estimated Installment Payments. REV-459B included.
- 16 2021 Extension Payment. N
- 17 Nonresident Tax Withheld from your **PA Schedule(s) NRK-1.** (Nonresidents only)
- 18 **Total Estimated Payments and Credits.** Add Lines 14, 15, 16 and 17.
- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: **01 Unmarried or Separated** **02 Married** **03 Deceased**
- 19b Dependents, Section II, Line 2, **PA Schedule SP**
- 20 Total Eligibility Income from Section III, Line 11, **PA Schedule SP.**
- 21 **Tax Forgiveness Credit** from Section IV, Line 16, **PA Schedule SP.**
- 22 Resident Credit. Submit your **PA Schedule(s) G-L** and/or **RK-1.**
- 23 Total Other Credits. Submit your **PA Schedule OC.**
- 24 **TOTAL PAYMENTS and CREDITS.** Add Lines 13, 18, 21, 22 and 23.
- 25 **USE TAX.** Due on internet, mail order or out-of-state purchases. See instructions.
- 26 **TAX DUE.** If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N
- 28 **TOTAL PAYMENT DUE.** See the instructions.
- 29 **OVERPAYMENT.** If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 **Refund** – Amount of Line 29 you want as a check mailed to you. REFUND
- 31 **Credit** – Amount of Line 29 you want as a credit to your 2022 estimated account.
- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature <i>Sat Kishore</i>	Spouse's Signature, if filing jointly <i>Vandana</i>
Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522	Date 040422

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703

