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.

Submission Identification Number (SID)

T.....

Taxpay	/er's name		Social securit	y numbe	r
DHA	ANANJAY DOMALA		036-63-	-1979	
Spous	e's name		Spouse's soc	ial securi	ty number
Par	t I Tax Return Information – Tax Year Ending December 31, 202	21 (Enter	year you a	re auth	orizing.)
Enter	whole dollars only on lines 1 through 5.		<u> </u>		
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income			1	77,740.
2	Total tax			2	10,087.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	11,964.
4	Amount you want refunded to you			4	2,507.
5	Amount you owe			5	
Par				y of yo	our 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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

3 Ent	1 er fiv	9 ve di	7 aits.	9 but	as my
don	't en	ter a	all ze	ros	

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

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 ►							 		
Practitioner PIN Method Returns Only—co	ontinue	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	 		6 all zer	 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 Fo Don't Submit This Form to the I										
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/17/22 PRO	Form 8879 (Rev. 01-2021)							

E1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 154	5-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly u checked the MFS box, enter the n on is a child but not your dependen	ame of	-	separately ouse. If you		—			,		, 0	. , . ,
Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number
DHANANJ	AY		DOMA	LA							036-	63-197	9
lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
3030 DU	NVAL:				low	Star	to		12304		Check	here if you,	or your
	JUSI UIII	ce. Il you have a loreign address, also co	inpiete s	paces be	IOW.						0		0
HOUSTON					vovine o /otot					aada			•
Foreign countr	y name			-oreign pi	rovince/stati	e/couri	Ly	Forei	gn postar (code	your ta		
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	rwise di	spose of a	ny fina	ancial interest	t in any	virtual c	curre	ncy?	Yes	X No
Standard Deduction		Spouse itemizes on a separate retur	n or you										
Age/Blindnes	s You:	Were born before January 2, 1	957	_ Are bl	lind S	oouse	: 🗌 Was b	orn bef					
Dependent				(2) \$		ity		ship					
If more	(1) F	irst name Last name					to you		Child tax cr		redit	Credit for ot	her dependents
than four dependents,										<u> </u>			่
see instruction	s ——									<u> </u>			่
and check													ᆜ
here 🕨 🔄													<u> </u>
Attach			î ^	W-2 .	· · ·					•	. 1		83,600.
Attach Sch. B if	2a	'				bΤ	axable intere	st .					
required.	<u>3a</u>	Qualified dividends	3a			b C	ordinary divid	ends .			. 3b)	
) 4a					bΤ	axable amou	nt					
	5a									•			
Standard Deduction for —	6a	···· · · · · · · · _						nt		• _			
Single or	7			f require	d. If not re	quired	, check here					-	
Married filing separately,	8	Other income from Schedule 1, lin											
\$12,550	9				our total in	come				.			77,740.
 Married filing jointly or 	10	,	,								. 10		
Qualifying	11		Last name Your social security number DOMALA 036-63-1979 d middle initial Last name f you have a P.O. box, see instructions. Apt. no. 12304 r a foreign address, also complete spaces below. State TX 77063 foreign province/state/county Foreign postal code foreign province/state/county Foreign postal code receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes X laim: You as a dependent Your social security izes on a separate return or you were a dual-status alien you norm before January 2, 1957 Are blind Spouse: utinterest (2) Social security (3) Relationship (4) ✓ I qualifies for (see instructions): chit transe										
widow(er), \$25,100	12a			`		,			12	,550	5.		
 Head of household, 	b	•						2b			_		
\$18,800	с												12,550.
 If you checked any box under 	13												
Standard	14											social security number -63-1979 se's social security number dential Election Campaigr k here if you, or your se if filing jointly, want \$3 to this fund. Checking a below will not change tax or refund. You Spouse Yes X No 7 Is blind for (see instructions): Credit for other dependents Credit for other dependents Credit for other dependents Credit for other dependents 1 83,600. 2b 3b 4b 5b 6b 7 8 -5,860. 9 77,740. 10 11 77,740. 12,550. 14 12,550.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	trom lin	e 11. lf z	zero or less	s, ente	er-0			•	. 15	i	55,190.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	10,087.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	10,087.
	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	10,087.
	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	10,087.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 11	,964.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	11,964.
If you have a	26	2021 estimated tax payment			37			26	
qualifying child,	27a	Earned income credit (EIC)				27a			
		Check here if you were b							
If you have a qualifying child, attach Sch. EIC.		January 2, 2004, and you taxpayers who are at least a	,		_				
	b	Nontaxable combat pay elec	-						
	c	Prior year (2019) earned inco							
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See		,		30	630.		
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					its 🕨	32	630.
	33	Add lines 25d, 26, and 32. T		•				33	12,594.
Defensel	34	If line 33 is more than line 24						34	2,507.
Retund	35a	Amount of line 34 you want i				•		35a	2,507.
If you have a qualifying child, attach Sch. EIC. Refund Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	►b	Routing number 1 1 1					Savings		i
	►d	Account number 4 8 8					J		
	36	Amount of line 34 you want a				36			
2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	37	Amount you owe. Subtract				see instructions	. 🕨	37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				See			
		structions	•				mplete b	elow.	× No
		signee's		Phone			nal identifi		
		me 🕨		no. 🕨			er (PIN) 🕨		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · · · · · · · · · · · · · · · · ·		Date	Your occupation				t you an Identity
	, 10	ur signature		Dale	Four occupation				N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see i	nst.) 🕨	
	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupation	tion			t your spouse an
	,							ty Protee nst.) ▶	ction PIN, enter it here
,		(115)000.050					(5661	ISL.)	
		one no. (415)900-873 parer's name	9 Preparer's signat	Email address	DHANUDVR@	GMAIL.COM Date	PTIN		Check if:
Paid									
		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 01/26/2022	P02082		Self-employed
Use Only		m's name ► GLOBAL TAX							678)965-9522
		m's address ► 2530 Pebb		n Cummin	-		Firm's	s EIN 🕨	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/17/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

irs gov/Form1040 for instructions and the latest info ► Go to www ation OMB No. 1545-0074 2 21 (0)Attachment ~4

Internal Revenue Service Go to www.ins.gov/PormTo40 for instructions and the latest information.	Sequence No. 01 Your social security number 036-63-1979	Sequence No. U1
Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	al security number
DHANANJAY DOMALA	036-63	-1979

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	
2 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, tro	5	-5,860.	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
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	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	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 ►	0-		
0		8z		
9 10	Total other income. Add lines 8a through 8z		9	
IU	1040-NR, line 8		10	-5,860.
				,

For Paperwork Reduction Act Notice, see your tax return instructions.

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	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			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
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)			
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 Paralympicmedals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
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			
j	Housing deduction from Form 2555			
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 adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 01/17/22 PRO

.,										-	ber
	ANJAY DOMALA	From Doutel Deal Estate and D			10		- h			-	
Part		-	-		-				• ·		y, use
									🗆	Yes	No
<u>1a</u>		each property (street, city, state, ZIP		-	2 1						
A	VIVEKANANDA CO	LONY NIZAMABAD TELANGANA	A IN	50300							
B				503001 sted l and bx conly sa Fair Rental Days Personal Use Days A 365 0 B C							
С							D	-			
1b	Type of Property	2 For each rental real estate prop	perty lis	sted		-			rsonal Use Days	(JV
	(from list below)	personal use days. Check the	Properties: A 365 Vacation/Short-Term Rental 5 2 Vacation/Short-Term Rental 5 8 C 0 8 C 0 1 Vacation/Short-Term Rental 5 8 Commercial 6 8 0ther (describe) Properties: A B . . 3 480. . . . 3 480. <		•						
<u>A</u>	3	if you meet the requirements to	o file as	sa			365		0		
B		qualified joint venture. See inst	luction	15.							
С					С						
	of Property:										
	gle Family Residence										
	ti-Family Residence		6 Roy	yalties		8 Othe					
Incom	-				Α		E	3		С	
3						480.					
4			4								
Expen											
5			5								
6			6								
7	Cleaning and mainten	ance	7		1,	150.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	ssional fees	10								
11	Management fees .		11			900.					
12	Mortgage interest paie	d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		1,	480.					
15	Supplies		15		1,	570.					
16	Taxes		16								
17	Utilities		17		1,	240.					
18			18								
19	Other (list) 🕨		19								
20	Total expenses. Add I	ines 5 through 19	20		б,	340.					
21											
		-	21		-5,	860.					
22	Deductible rental real	estate loss after limitation, if any,									
			22	(5,8	360.)	()(
23a			rties		900. 1,480. 1,570. 1,240. 6,340. -5,860. 5,860.)(. 23a . 23b . 23c . 23d . 23d . 23e y losses	48	0.				
b		ees									
с						23c					
d											
е								6,34	0.		
24			t inclu								
25						nter tot	al losses her			5,	860.
26								-	, in the second	- 1	-
20											
									26	-5	,860

SCHEDULE E	Supplemental Income and Loss
(Form 1040)	(From rental real estate, royalties, partnerships, S corporations, esta

ips, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074 20

Attachment Sequence No. 13

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Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleE for instructions and the latest information.