8879 Form

(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

Internal nevertue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
ANUDEEP YEJJALA	342-79-3366
Spouse's name	Spouse's social security number
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.	Zozi (Zinoi you you are dumonizing.)
Note: Form 1040-SS filers use line 4 only. Leave lines	1, 2, 3, and 5 blank.
•	
	2 3,392.
3 Federal income tax withheld from Form(s) W-2 a	nd Form(s) 1099
4 Amount you want refunded to you	4 2,720.
5 Amount you owe	
Part II Taxpayer Declaration and Signature	Authorization (Be sure you get and keep a copy of your return)
return (original or amended) I am now authorizing. I consent to send my return to the IRS and to receive from the IRS (a) for any delay in processing the return or refund, and (c) the december of my federal taxes owed on this return and/or a parauthorization is to remain in full force and effect until I notificate payment, I must contact the U.S. Treasury Financial Agent business days prior to the payment (settlement) date. I also at taxes to receive confidential information necessary to answ personal identification number (PIN) below is my signature for Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or I will enter my PIN as my signature on the income if you are entering your own PIN and your re	don't enter all zeros
below. Your signature ▶	Date ▶
Spouse's PIN: check one box only	
•	to enter or nonorate my DINI
I authorize ERO firm name	to enter or generate my PIN as my Enter five digits, but
signature on the income tax return (original or I will enter my PIN as my signature on the inc	
Spouse's signature ▶	Date ►
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 Don't enter all zeros
authorized to file for tax year indicated above for the taxpa	v signature for the electronic individual income tax return (original or amended) I am now yer(s) indicated above. I confirm that I am submitting this return in accordance with the Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.
ERO's signature ▶	Date ▶
EDO Must Do	stain This Form — See Instructions

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

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the ron is a child but not your depender	name of								
Your first name	and mi	ddle initial	Last n	ame					Your so	ocial securi	ity number
ANUDEEP			YEJ	JALA					342-79-3366		
If joint return, spouse's first name and middle initial				Last name					Spouse's social security number		
		er and street). If you have a P.O. box, see RCREST CT	e instruc	tions.				Apt. no.	Check	here if you	
	ost offic	ce. If you have a foreign address, also c	omplete					ZIP code to		o this fund.	ntly, want \$3 Checking a
PEORIA				F :					box below will not change your tax or refund.		
Foreign country	name			Foreign province/state	coun'	ty	Fore	eign postal code	your ta	You	Spouse
At any time du	ing 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	y fina	ancial interest i	n an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	eone can claim:	•			a dependent					
Age/Blindness	You:	☐ Were born before January 2,	1957	Are blind Sp	ouse	: Was bor	n be	efore January 2	2, 1957	☐ Is b	lind
Dependents	(see	instructions):		(2) Social securit	у	(3) Relationsh	iip	(4) ✓ if q	ualifies fo	or (see instru	uctions):
If more	(1) Fi	rst name Last name		number			O you Child tax o		redit	Credit for of	ther dependents
than four											
dependents, see instructions											
and check											
here ▶ _										<u> </u>	
A	1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		44,988.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interest	t		. 2t)	
required.	<u>3a</u>	Qualified dividends	3a		b C	Ordinary divide	nds		. 3k)	
	4a	IRA distributions	4a			axable amoun			. 4k)	
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. 5k)	
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6Ł)	
Deduction for— Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □							_		
Married filing	8	Other income from Schedule 1, line 10							. 8	_	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						▶ 9		<u>44,988.</u>	
Married filing jointly or	10	Adjustments to income from Schedule 1, line 26						. 10)	2 , 500.	
Qualifying	11_	Subtract line 10 from line 9. This is your adjusted gross income							► <u>1</u> 1		42,488.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	e A)	12	а	12,55	0.		
Head of	b	Charitable contributions if you take	e the sta	andard deduction (see	instr	ructions) 121	b _				
household, \$18,800	С								. 12	С	12,550.
If you checked	13	Qualified business income deduc-	tion fro	m Form 8995 or Forn	า 899	05-A			. 13		
any box under Standard	14	Add lines 12c and 13						. 14	1	12,550.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	l from li	ne 11. If zero or less	ente	er -0			. 15	5	29,938.

Form 1040 (202	1)									Page Z
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	3,392.
	17	Amount from Schedule 2, lin	ie 3						17	
	18	Add lines 16 and 17							18	3,392.
	19	Nonrefundable child tax cree	dit or credit for o	ther depender	nts from Schedule	8812			19	
	20	Amount from Schedule 3, lin	ie 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	3,392.
	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	3,392.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	4	,712.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	4,712.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20					26	
qualifying child,	27a	Earned income credit (EIC)			No	27a				
attach Sch. EIC.		Check here if you were b								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1	Structions F					
	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	1	,400.	\dashv	
	31	Amount from Schedule 3, lin				31		, 100.		
	32	Add lines 27a and 28 through				$\overline{}$	ble cred	its ▶	32	1,400.
	33	Add lines 25d, 26, and 32. T		•					33	6,112.
D - 6	34	If line 33 is more than line 24							34	2,720.
Refund	35a	Amount of line 34 you want				•	•	▶ □	35a	2,720.
Direct deposit?	▶b	Routing number 2 7 1			▶ c Type: 🛛 🗙			Savings		,
See instructions.	▶d	Account number 0 1 1								
	36	Amount of line 34 you want			ed tax ►	36				
Amount	37	Amount you owe. Subtract				see instru	ıctions	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				See				
Designee		tructions					Yes. Co	mplete	below.	X No
		signee's		Phone				nal ident		
		me ►		no.				er (PIN)		
Sign		der penalties of perjury, I declare t lef, they are true, correct, and com								
Here		ur signature		Date	Your occupation					nt you an Identity
	10	ai signature		Date	Tour occupation					N, enter it here
Joint return?			SOFTWARE ENGINEER			(see	inst.) ▶			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on				nt your spouse an
your records.	,							I	inst.)	ection PIN, enter it here
	Dh	one no. (669) 281–956	Λ	Email address	ANUDEEP.LBE	77 7 B C N T	7 TT CO		/ •	
		one no. (669) 281–956 parer's name	Preparer's signat		ANUDEER. LBI	Date	MIT. CO	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		/2022	P0208	2703	Self-employed
Preparer		m's name ► GLOBAL TA	l .	IAMI DUQUI/	OOLIN INDUM	101/2/	1 4 7 4 4			678) 965-9522
Use Only		m's address ► 2530 Pebb.		n Cummin	7 GZ 300/1				-	
	FIII	iis addiess 🚩 2000 FEDD.	TO CTECK T	ıı Cummılılı	y GR JUU41			Litu	ı's EIN ▶	30-1017196

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number

	(s) shown on Form 1040, 1040-SR, or 1040-NR			Your so 342-7		security number
Par				342-	19-33	300
1	Taxable refunds, credits, or offsets of state and local income taxe	 د			1	
-	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, tr Schedule E	usts,	etc.	Attach	5	
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 ▶	8z				
9 10	Total other income. Add lines 8a through 8z				9	

1040-NR, line 8

10

Schedule 1 (Form 1040) 2021 Page **2**

2 (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Educator expenses	basis governr	ment	11 12 13 14 15 16 17	
3 H 4 M 5 E 6 S 7 S 8 F 9a A b F	Alimony paid	3903		13 14 15 16 17	
4 M 5 E 6 S 7 S 8 F 9a A b F	Moving expenses for members of the Armed Forces. Attach Form and Deductible part of self-employment tax. Attach Schedule SE Self-employed SEP, SIMPLE, and qualified plans	3903		14 15 16 17	
5	Deductible part of self-employment tax. Attach Schedule SE Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction Penalty on early withdrawal of savings Alimony paid Recipient's SSN			15 16 17	
6 9 7 9 8 F 9a A b F	Self-employed SEP, SIMPLE, and qualified plans			16 17	
7 S 3 F 9a A b F	Self-employed health insurance deduction			17	
3 F 9a <i>F</i> b F	Penalty on early withdrawal of savings				
9a / b F	Alimony paid			18	
b F	Recipient's SSN				
		•		19a	
c [Date of original divorce or separation agreement (see instructions)				
		•			
0	RA deduction			20	
1 8	Student loan interest deduction			21	2,500
2 F	Reserved for future use			22	
3 <i>A</i>	Archer MSA deduction			23	
4 (Other adjustments:				
a	lury duty pay (see instructions)	24a			
	Deductible expenses related to income reported on line 8k from he rental of personal property engaged in for profit	24b			
	Nontaxable amount of the value of Olympic and Paralympic nedals and USOC prize money reported on line 81	24c			
d F	Reforestation amortization and expenses	24d			
	Repayment of supplemental unemployment benefits under the rade Act of 1974	24e			
f(Contributions to section 501(c)(18)(D) pension plans	24f			
g (Contributions by certain chaplains to section 403(b) plans	24g			
	Attorney fees and court costs for actions involving certain inlawful discrimination claims (see instructions)	24h			
а	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the RS detect tax law violations	24i			
		24 j			
k E	Excess deductions of section 67(e) expenses from Schedule K-1	24k			
,	Other adjustments. List type and amount ▶	24z			
5 T	otal other adjustments. Add lines 24a through 24z			25	