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

| Submission Identification Number (SID) | | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| Taxpayer's name | Social securit | Social security number | | | | | | |
| SWETHA MULGAE | 862-31-3492 | | | | | | | |
| Spouse's name | Spouse's soc | ial secur | ity number | | | | | |
| Part I Tax Return Information — Tax Year Ending December 31, 2021 (E | inter year you a | re auth | norizing.) | 1 | | | | |
| 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 1 | | | | | | |
| 1 Adjusted gross income | | 1 | | 156. | | | | |
| Total tax | | 2 | | 020. | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | 697. | | | | |
| 5 Amount you owe | | 5 | | ,677. | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get a | | _ | our retur | rn) | | | | |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amermy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I | nded) I am now aut | horizing | , and to the | e best of | | | | |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato 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 the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term 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 in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent. | or rejection of the trace to the U.S. Treasury at the indicated in the tatitution to debit the initiate the authorization requests must be an the processing of the payment. I further the unit the payment. I further the unit the payment. | ansmiss and its de ax preparent to attorn. To be received the element ack | sion, (b) the esignated I tration soft this according to the control of the contr | e reason Financial tware for unt. This cancel) a r than 2 yment of that the | | | | |
| Taxpayer's PIN: check one box only | | | | | | | | |
| ✓ I authorize GLOBAL TAXES LLC to enter or gener | rata my DIN | 3 4 | 9 2 | ac my | | | | |
| ERO firm name | ř Ent | | igits, but all zeros | as my | | | | |
| 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 a if you are entering your own PIN and your return is filed using the Practitioner PIN r below. Your signature ▶ Date | |) must | | | | | | |
| | | | | | | | | |
| Spouse's PIN: check one box only | | | | | | | | |
| I authorize to enter or gener | , | | | as my | | | | |
| signature on the income tax return (original or amended) I am now authorizing. | | | igits, but all zeros | | | | | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below. | | | | | | | | |
| Spouse's signature ▶ Date | > | | | | | | | |
| Practitioner PIN Method Returns Only—continue be | elow | | | | | | | |
| 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. | 8 7 2 7 | 8 6 | 1 9 8 | 9 | | | | |
| | Don't ent | er all zer | os | | | | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am srequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers | submitting this retu | ırn in ac | cordance | | | | | |
| ERO's signature ▶ Date | > | | | | | | | |
| ERO Must Retain This Form — See Instruction | | | | | | | | |
| Don't Submit This Form to the IRS Unless Requested | | | | | | | | |

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

| 2021 |
|-----------|
| - |

OMB No. 1545-0074

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

| Filing Status Check only one box. | If yo | Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent | ame of | ed filing separately (l your spouse. If you | , | _ | | , , | _ | | , , | . , . , |
|---|------------|--|--|--|-----------------------------|-----------------|--------|------------------|---------------------------------|---------|------------------|-----------------------------|
| Your first name | and m | iddle initial | Last na | ame | | | | | Your | soci | ial securit | y number |
| SWETHA MUI | | | MUL | GAE | | | | | 862-31-3492 | | | |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | | Spouse's social security number | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | | Apt. no. | Pres | ident | tial Electic | on Campaign |
| 6820 PRI | ESTO | N RD | | | | | | 1331 | | | ere if you, | • |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | omplete s | spaces below. | Sta | te | ZIP | code | | | | tly, want \$3 Checking a |
| PLANO | | | | | T | X | 75 | 024 | box | belov | w will not | • |
| Foreign country | y name | | | Foreign province/state/ | coun | ty | For | eign postal code | your | tax o | or refund. | Spouse |
| At any time du | ring 20 | 021, did you receive, sell, exchange | , or othe | erwise dispose of an | y fina | ancial interest | in an | y virtual curr | ency? | | Yes | ⊠ No |
| Standard Deduction | _ | neone can claim: | • | • | | • | | | | | | |
| Age/Blindness | You | : Were born before January 2, 1 | 957 [| Are blind Sp | ouse | : Was bo | orn be | efore January | 2, 195 | 7 | ☐ Is bli | ind |
| Dependent | s (see | instructions): | | (2) Social security | / | (3) Relations | ship | (4) 🗸 if | qualifies | s for (| (see instru | ctions): |
| If more | (1) F | irst name Last name | ne Last name | | number to you | | | Child tax cred | | С | redit for oth | her dependents |
| than four | | | | | | | | | | | | |
| dependents, see instruction | s — | | | | | | | | | | [| <u> </u> |
| and check | | | | | | | | | | | [| <u> </u> |
| here ► | | | | | | | | | | | [| <u> </u> |
| A 1 | _1_ | Wages, salaries, tips, etc. Attach | orm(s) | W-2 | | | | | | 1 | 3 | 33 , 216. |
| Attach Sch. B if | 2 a | Tax-exempt interest | 2a | | b T | axable intere | st | | | 2b | | |
| required. | 3a_ | Qualified dividends | 3a | | b Ordinary dividends | | | | 3b | | | |
| | 4a | IRA distributions | 4a | | b T | axable amou | nt . | | | 4b | | |
| | 5a | Pensions and annuities | 5a | | b T | axable amou | nt . | | | 5b | <u> </u> | |
| Standard | 6a | Social security benefits | 6a | | b T | axable amou | nt . | | <u>.</u> | 6b | | |
| • Single or | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ | | | | | | | | 7 | | |
| Married filing | 8 | Other income from Schedule 1, lin | ie 10 | | | | | | | 8 | | 10,060. |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | • | 9 | 7 | 73 , 156. | |
| Married filing | 10 | Adjustments to income from Sche | Adjustments to income from Schedule 1, line 26 | | | | | | | 10 | | |
| jointly or Qualifying | 11_ | Subtract line 10 from line 9. This is | s your a | djusted gross inco | me | | | | • | 11 | 7 | 73,156. |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | deduct | t ions (from Schedule | A) | 1 | 2a | 12,5 | 50. | | | |
| Head of | b | Charitable contributions if you take | the sta | ndard deduction (see | instr | ructions) 1: | 2b | 3(| 00. | | | |
| household, \$18,800 | С | Add lines 12a and 12b | | | | | | | | 12c | 1 | 12,850. |
| If you checked | 13 | Qualified business income deduct | ion fron | n Form 8995 or Form | า 899 | 5-A | | | | 13 | | |
| any box under Standard | 14 | Add lines 12c and 13 | | | | | | | | 14 | | 12,850. |
| Deduction, see instructions. | 15 | Taxable income. Subtract line 14 | from lir | ne 11. If zero or less, | ente | er-0 | | | | 15 | | 50,306. |

| Form 1040 (2021 | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 | 3 🗆 | | 16 | | Page 2 |
|---|--------------------------------|---|-------------------------|--------------------------|------------------|------------------------|--------------|---|-------------------|---------------|
| | 17 | Amount from Schedule 2, lin | • | · · — | | | | 17 | | 20. |
| | 18 | | | | | | | 18 | 9 - 0 | 20. |
| | 19 | | | | | | | | | |
| | 20 | Amount from Schedule 3, lin | | | | | | 19 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | | | | | | 22 | 9.0 | 20. |
| | 23 | Other taxes, including self-e | | | | | | 23 | 3,0 | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | | 24 | 9 0 | 20. |
| | 25 | Federal income tax withheld | | | | | . • | 27 | <i>J</i> , 0 | 20. |
| | a | Form(s) W-2 | | | | 25a 11 | ,697. | | | |
| | b | Form(s) 1099 | | | | 25b | ,057. | - | | |
| | | Other forms (see instructions | | | | 25c | | - | | |
| | C C | , | , | | | | | 254 | 11 6 | 0.7 |
| | d | Add lines 25a through 25c | | | | | | 25d | 11,6 | 97. |
| If you have a | 26 | 2021 estimated tax payment | | | Nο | 1 1 | | 26 | | |
| qualifying child, attach Sch. EIC. [| 27a | Earned income credit (EIC) Check here if you were be | | | | 27a | | - | | |
|) | | January 2, 2004, and you taxpayers who are at least a | u satisfy all the | e other requi | rements for | | | | | |
| | b | Nontaxable combat pay elec | ction | . 27b | | | | | | |
| | С | Prior year (2019) earned inco | ome | . 27c | | | | | | |
| | 28 | Refundable child tax credit or | | | | | | | | |
| | 29 | American opportunity credit | | | | | | | | |
| | 30 | Recovery rebate credit. See | | | | | | | | |
| | 31 | Amount from Schedule 3, lin | | | | | | | | |
| | 32 | Add lines 27a and 28 throug | h 31. These are | your total oth | er payments and | d refundable cred | lits 🕨 | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | . ▶ | 33 | 11,6 | |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 2,6 | 77. |
| | 35a | Amount of line 34 you want | | | is attached, che | ck here | | 35a | 2,6 | 577. |
| Direct deposit? | ▶b | 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | | | | | | |
| See instructions. | ►d | Account number 3 8 8 | | | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2022 estimate | ed tax 🕨 | 36 | | | | |
| Amount | 37 | Amount you owe. Subtract | line 33 from line | 24. For details | s on how to pay, | see instructions | . ▶ | 37 | | |
| You Owe | 38 | Estimated tax penalty (see in | nstructions) . | | 🕨 | 38 | | | | |
| Third Party Designee | ins | you want to allow another tructions | • | | n with the IRS? | . P Yes. Co | omplete b | | X No | |
| | | signee's ne ▶ | | Phone no. ▶ | | | onal identif | | | $\neg \neg$ |
| | | | hat I have evening | | d | | oer (PIN) | | t of my lenguelog | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | |
| Here | You | ur signature | | Date | Your occupation | | If the | IRS ser | nt you an Identit | .V |
| | k | Tour signature | | Pate Four occupation | | | Prote | ection Pl | N, enter it here | , |
| Joint return? | | | | | AUTOMATIO | N ENGINEER | (see | inst.) 🕨 | | |
| See instructions. Keep a copy for your records. | Spo | Spouse's signature. If a joint return, both must sign. | | Date Spouse's occupation | | | Ident | If the IRS sent your spouse an Identity Protection PIN, enter it he (see inst.) | | |
| , | | 45000 417 044 | • | | | | | 1131.) | | |
| | | one no. (603) 417-944 | | Email address | M.SWETHA/2 | 20@GMAIL.CO | | | Chaple if | |
| Paid | | eparer's name | Preparer's signat | | OHDER ERE | Date 01 /20 /2022 | PTIN | ,7,0 | Check if: | ove d |
| Preparer | | | | KAM SAGAR | GUPTA TALLAM | 01/30/2022 | P02082 | | Self-emple | |
| Use Only | Firm's name ► GLOBAL TAXES LLC | | | | GB 0001 | | _ | | 678) 965-9 | |
| | | m's address ▶ 2530 Pebbl | | n Cummin | | | Firm' | s EIN 🕨 | | |
| Go to www.irs.go | ov/Form | 11040 for instructions and the late | st information. | | BAA | REV 01/24/22 PRO | | | Form 104 0 | 0 (2021) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SWETHA MULGAE

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number 862-31-3492

| Par | Additional Income | | | |
|-----|---|---------------------------------------|----|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | S | 1 | |
| 2a | 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, tru Schedule E | | 5 | -10,060. |
| 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 | Total other income. Add lines 8a through 8z | · · · · · · · · · · · · · · · · · · · | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10 | | | |
| - | 1040-NR. line 8 | , | 10 | _10 060 |

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

| Par | Adjustments to Income | | | |
|-----|--|-------------|-------|--|
| 11 | Educator expenses | | . 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106 | | | |
| 13 | Health savings account deduction. Attach Form 8889 | | . 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form | 3903 | . 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) | · | | |
| 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) | 24a | | |
| 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 Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade 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 | | |
| 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24 j | | |
| 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 t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line | | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

| SWET | HA MULGAE | | | | | | | 86 | 52-31- | 3492 | 2 | |
|-------|-------------------------|---|---------|------------------|----------|-----------|-----------------|---------|-----------|---------|---------|--|
| Part | Income or Loss | From Rental Real Estate and Ro | yaltie | s Note: If | you a | re in the | business c | f renti | ing perso | nal pro | operty, | use |
| | | instructions. If you are an individual, rep | | | | | | | | | | |
| A Dic | | nts in 2021 that would require you to | | | | | | | | | | No |
| | | ou file required Form(s) 1099? | | ٠,, | | | | | | | | No |
| | | each property (street, city, state, ZIF | | | | | | | | | | |
| A | | ATTA ZAHEERABAD TELANGAN | | , |) | | | | | | | |
| В | 2 2 3 7 1113321 | | | 002220 | <u> </u> | | | | | | | |
| C | | | | | | | | | | | | |
| | Type of Property | 2 For each rental real estate pro | nerty l | istad | | Fair | Rental | Per | sonal U | se | | |
| | (from list below) | above, report the number of fa | ir rent | al and | | D | ays | Days | | | Qu | IV |
| A | 3 | above, report the number of fa personal use days. Check the if you meet the requirements to | ox only | Δ . | 365 | | | 0 | | | 1 | |
| В | <u> </u> | qualified joint venture. See inst | tructio | ns. | | 1 303 | | | | | | <u></u> |
| | | , , | | | | | | | | | | <u>, </u> |
| | of Property: | | | | | | | | | | | |
| | gle Family Residence | 3 Vacation/Short-Term Rental | 5 10 | nd | 7 | Self-F | Pontal | | | | | |
| | ti-Family Residence | 4 Commercial | | valties | | | | | | | | |
| Incom | | Properties: | 0 10 | yaities A | | Other | (describe) E | | | | С | |
| 3 | | · · · · · · · · · · · · · · · · · · · | 3 | <i>F</i> | | 80. | | • | | | | |
| 4 | | | 4 | | | 100. | | | | | | |
| | | | 4 | | | | | | | | | |
| Expen | | | _ | | | | | | | | | |
| 5 | | | 5 | | | | | | | | | |
| 6 | • | nstructions) | 6 | | 1 0 | | | | | | | |
| 7 | | nance | 7 | | 1,8 | 90. | | | | | | |
| 8 | | | 8 | | | | | | | | | |
| 9 | | | 9 | | | | | | | | | |
| 10 | - | ssional fees | 10 | | | | | | | | | |
| 11 | - | | 11 | | 1,9 | 90. | | | | | | |
| 12 | | d to banks, etc. (see instructions) | 12 | | | | | | | | | |
| 13 | | | 13 | | | | | | | | | |
| 14 | Repairs | | 14 | | | 40. | | | | | | |
| 15 | | | 15 | | 2,0 | 50. | | | | | | |
| 16 | Taxes | | 16 | | | | | | | | | |
| 17 | Utilities | | 17 | | 2,3 | 70. | | | | | | |
| 18 | Depreciation expense | or depletion | 18 | | | | | | | | | |
| 19 | Other (list) | | 19 | | | | | | | | | |
| 20 | Total expenses. Add | lines 5 through 19 | 20 | 1 | 10,6 | 40. | | | | | | |
| 21 | Subtract line 20 from | line 3 (rents) and/or 4 (royalties). If | | | | | | | | | | |
| | result is a (loss), see | instructions to find out if you must | | | | | | | | | | |
| | file Form 6198 | | 21 | -1 | 10,0 | 60. | | | | | | |
| 22 | Deductible rental real | estate loss after limitation, if any, | | | | | | | | | | |
| | on Form 8582 (see in | structions) | 22 | (10 | 0,06 | 50.) | | |)(| | |) |
| 23a | Total of all amounts re | eported on line 3 for all rental prope | rties | | | 23a | | 5 | 80. | | | |
| b | Total of all amounts re | eported on line 4 for all royalty prop | erties | | | 23b | | | | | | |
| С | Total of all amounts re | eported on line 12 for all properties | | | | 23c | | | | | | |
| d | Total of all amounts re | eported on line 18 for all properties | | | | 23d | | | | | | |
| е | Total of all amounts re | eported on line 20 for all properties | | | | 23e | 1 | 0,6 | 40. | | | |
| 24 | | e amounts shown on line 21. Do no | t inclu | ide any loss | ses | | | | 24 | | | |
| 25 | · · | sses from line 21 and rental real estate | | , | | ter tota | l losses her | е. | 25 (| | 10,0 | 60.) |
| 26 | | ate and royalty income or (loss). | | | | | | - 1 | Ì | | · · | |
| 20 | | V, and line 40 on page 2 do not | | | | | | | | | | |
| | | 10) line 5. Otherwise include this ar | | | | | | ٠ | 26 | | -10. | 060. |

NPA