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

Submi	ission Identification Number (SID)								
Taxpaye	er's name	Social se	ocial security number						
NAGARAJU KAKKERLA					811-38-8079				
Spouse'	's name		Spouse's social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2021 (E	Inter y	ear yo	u are a	uthori	zing.)			
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					
1	Adjusted gross income						060.		
2	Total tax						238.		
3 4	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			-	_		875.		
5	Amount you owe				_	4,	637.		
Part		nd ke	ep a o	copy of		retui	n)		
return (to send for any Agent t paymer authoriz paymer busines taxes t persona	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trading return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tern to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amended).	ansmitte or reject the U.S. at indica stitution ninate to reques n the pay the pay	er, or el iion of t Treasuated in to debi he auth sts mustrocessir	ectronic he transr he transr iry and it he tax pr t the entr orization st be recong of the further	return or mission, s design reparation y to this . To reversived relectro acknown	originat (b) the nated I on soft s acco roke (d no late nic pay rledge	or (ERO) e reason Financial ware for unt. This cancel) a r than 2 yment of that the		
	nic Funds Withdrawal Consent.								
ı axpa	yer's PIN: check one box only I authorize to enter or gene	rata ma	, DINI	8 8	0 7	9	00 001		
	ERO firm name	rate m	y F IIN		ve digits		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 s	ignature ► Date								
Spous	se's PIN: check one box only								
	I authorize to enter or gene	rate m	y PIN				as my		
	ERO firm name				ve digits		-		
	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.			orizing.	Check	this b			
Spous	se's signature ▶ Date	•							
	Practitioner PIN Method Returns Only—continue be	elow							
Part	III Certification and Authentication — Practitioner PIN Method Only								
ERO's	S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.								
			Don'	t enter all	zeros				
authoriz	y that the above numeric entry is my PIN, which is my signature for the electronic individual inco- zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitt	ing this	return in	n accor	danće			
ERO's	s signature ► Date	•							
	ERO Must Retain This Form — See Instruction								
	Don't Submit This Form to the IRS Unless Requested		So						

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

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the reson is a child but not your dependent	_ name of	ied filing separately your spouse. If you	` ′			,	,	•	, ,	` , ` ,
Your first name and middle initial Last name				ame						Your social security number		
NAGARAJI	U		KAK	KERLA					8	811-38-8079		
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Sı	Spouse's social security number		
	•	er and street). If you have a P.O. box, see SON PIKE	instruct	estructions.						Presidential Election Campaign Check here if you, or your		
	ost offi	ce. If you have a foreign address, also co	omplete :	· ·				ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a		
Foreign country				TN Foreign province/state/county						box below will not change your tax or refund. You Spouse		
At any time du	ıring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interes	t in an	y virtual cu	ırrency	y?	Yes	⊠ No
Standard Deduction		eone can claim:	•				t					
Age/Blindness	s You:	Were born before January 2, 1	957	Are blind S	oouse	: Was b	orn be	efore Janua	ıry 2, 1	957	☐ Is bl	ind
Dependent		instructions): irst name Last name		(2) Social securi	ity (3) Relationship (4) ✓ if to you Child tax				- 1	(see instru	ctions): her dependents	
If more than four	(1)	Last name		,							lei dependents	
dependents,											[
see instruction and check	s ——										[
here ▶											[<u> </u>
	1	Wages, salaries, tips, etc. Attach	orm(s)	W-2						1	-	72,240.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est			2b		
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary dividends				3b			
Tequired.	4a	IRA distributions	4a		b T	axable amo	unt .			4b		
	5a	Pensions and annuities	5a		b T	axable amo	unt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amo	unt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	apital gain or (loss). Attach Schedule D if required. If not required, check here									
 Single or Married filing 	8	Other income from Schedule 1, line 10								8		-7 , 180.
separately, \$12,550								. ▶	9	(65,060.	
Married filing	10	Adjustments to income from Schedule 1, line 26								10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	from line 9. This is your adjusted gross income						. ▶	11	(65,060.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	e A)	🗠	I2a	12,5	550.			
 Head of 	b	Charitable contributions if you take	e the standard deduction (see instructions) 12b 300						300.			
household, \$18,800	С	Add lines 12a and 12b	12a and 12b							12c	1 1	12,850.
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or For	m 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 line 11. If zero or less, enter -0									į	52,210.

							Page 2	
16	Tax (see instructions). Check if any from Fo	rm(s): 1 881	4 2 🗌 4972	3 🗌		16	7,238.	
17	Amount from Schedule 2, line 3				-	17		
18	Add lines 16 and 17					18	7,238.	
19	Nonrefundable child tax credit or credit fo	r other depende	nts from Schedule	e 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 les	s, enter -0				22	7,238.	
23	Other taxes, including self-employment ta	x, from Schedule	e 2, line 21			23	0.	
24	Add lines 22 and 23. This is your total tax				▶	24	7,238.	
25	Federal income tax withheld from:							
а	Form(s) W-2			25a 1	1,875.			
b				25b				
С	Other forms (see instructions)			25c				
d	Add lines 25a through 25c					25d	11,875.	
26						26		
27a	Earned income credit (EIC)		No	27a				
b		1 1						
	' '							
	, , ,		Schedule 8812	28				
		32						
	_		11,875.					
							4,637.	
							4,637.	
						Joa		
				<u> </u>	ourgo			
				36				
	· · · · · · · · · · · · · · · · · · ·				•	37		
38	-			1 1		0.		
Do	you want to allow another person to d	iscuss this retu	rn with the IRS?	See	No 1 - 1 -	l l .	M.	
	· ·							
Unc	ler penalties of perjury, I declare that I have exam	nined this return and		edules and statem	ents, and to	the bes		
			1	ased on all informat			,	
You	r signature	Date	Date Your occupation					
		SOFTWARE		ENGINEER				
Spo	use's signature. If a joint return, both must sign.	Date	1		If th	e IRS se	nt your spouse an	
			-p-300 0 0000panon			-	ection PIN, enter it here	
					(see	inst.) >		
	(0-0) 0-0	Email address	NAGARAJOUI	D@GMAIL.CO	1			
Pre	parer's name Preparer's sig	nature		Date	PTIN		Check if:	
					<u> </u>		Self-employed	
Firm	Firm's name ► GLOBAL TAXES LLC					Phone no.		
	188 119 220 221 222 233 224 225 a b c c d d 226 227a b c c 28 29 30 31 32 33 34 35a b d 36 37 38 Dos inst Desr nam Unclobelid You Spoon	Add lines 16 and 17	Add lines 16 and 17	Add lines 16 and 17 Nonrefundable child tax credit or credit for other dependents from Schedule 2, Amount from Schedule 3, line 8 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, enter -0- Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c 2021 estimated tax payments and amount applied from 2020 return 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 ▶ □ b Nontaxable combat pay election 27b c Prior year (2019) earned income 27c Refundable child tax credit or additional child tax credit from Schedule 8812 American opportunity credit from Form 8863, line 8 Recovery rebate credit. See instructions Add lines 27a and 28 through 31. These are your total other payments and add lines 25d, 26, and 32. These are your total payments Add lines 25d, 26, and 32. These are your total other payments and add lines 25d and 28 through 31. These are your total other payments and add lines 25d, 26, and 32. These are your total payments Amount from Schedule 3, line 15 Add lines 25d, 26, and 32. These are your total payments Amount of line 34 you want refunded to you. If Form 8888 is attached, che b Routing number 1 2 2 1 0 0 0 3 3 5 8	Add lines 16 and 17 Norrefundable child tax credit or credit for other dependents from Schedule 8812 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 C Other forms (see instructions) d Add lines 25 athrough 25c 260 2021 estimated tax payments and amount applied from 2020 return 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 ▶ b Nontaxable combat pay election c Prior year (2019) earned income 27a Redundable child tax credit or additional child tax credit from Schedule 8812 28 American opportunity credit from Form 8863, line 8 29 30 Recovery rebate credit. See instructions 30 Amount from Schedule 3, line 15 Add lines 25d, 26, and 32. These are your total other payments and refundable credit and thine 24, subtract line 24 from line 33. This is the amount you overpaid 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ B Routing number 1 2 1 1 0 0 0 3 5 8 4 8 0 8	Add lines 16 and 17 Nonrefundable child tax credit or credit for other dependents from Schedule 8812 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, enter -0- Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2 Form(s) W-2 Cother forms (see instructions) Cother form (see instructions) Cother for	Add lines 16 and 17	

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

NAGARAJU KAKKERLA

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

Your social security number 811–38–8079

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	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, tr Schedule E		5	-7, 180.
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		1
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		1
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 ▶			l
_		8z		l
9	Total other income. Add lines 8a through 8z	040 4040 00	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040, 1040-SH, or	40	l

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.

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 13

Name(s) shown on return Your social security number 811-38-8079 NAGARAJU KAKKERLA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α 3-70 OOKAL(H)GEESUGONDA(M) WARANGAL TELANGANA IN 506330 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a (from list below) **Days Days** Α 365 Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: Α 3 Rents received . 3 650. 4 4 Royalties received Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,650. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,540. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 Repairs. 14 1,350. 15 1,450. 15 Supplies . Taxes 16 16 17 1,840. 17 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 20 20 7,830. 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 -7,180.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 7,180.) 650 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 7,830. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 7,180. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -7,180.