### 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)

Taxpay	/er s name	Socia	al securit	y numb	er
SRI	NIVAS REDDY DENDI	09	1-37-	-7261	-
Spouse	o's name	Spou	se's soci	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Ent	er year	you a	re aut	horizing.)
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	116,470.
2	Total tax			2	18,890.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	17,929.
4	Amount you want refunded to you			4	·
5	Amount you owe			5	961.
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep	a cop	y of y	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

				ERO firm name	_ 0 ,	E	n
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ	_

7	7	2	6	1	as mv
Ent don	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 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 ►	Date I					 		
Practitioner PIN Method Returns Only—continu	e be	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8		 	6 all zer	 9	89	)

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 II											
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/31/22 PRO	Form <b>8879</b> (Rev. 01-2021)								

Form 1040-V 2021

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service

SRINIVAS REDDY

IRVINE CA 92618

5461 MOLINO

2021

# Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.
 Do not stable this voucher or your payment to Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

(99)

DENDI

## Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . . ►

961.

REV 01/31/22 PRO 1555

INTERNAL REVENUE SERVICE P.O. BOX &D2501 CINCINNATI, OH 45280-2501

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes   Standard Someone can claim: You as a dependent Your spouse as a dependent   Deduction Spouse itemizes on a separate return or you were a dual-status alien   Age/Blindness You:   Were born before January 2, 1957 Are blind   Spendents (see instructions):   (1) First name Last name   (2) Social security (3) Relationship   (4) V' if qualifies for (see instructions):   (1) First name Last name   (1) First name Last name   (1) First name Last name   (2) Social security (3) Relationship   (4) V' if qualifies for (see instructions):   (1) First name Last name   (1) First name Last name   (1) First name Last name   (2) Social security (3) Relationship   (4) V' if qualifies for (see instructions):   (1) First name Last name   (2) Social security (3) Relationship   (2) Social security (3) Relationship   (4) V' if qualifies for (see instructions):   (1) First name Last name   (2) Social security (3) Relationship   (2) Social security (3) Relationship   (3) Relationship (4) V' if qualifies or (see i	<b>104</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	21	OMB No. 1	545-007	4 IRS U	se Only	∕—Do not v	write or staple	e in this space.
SRINIVAS REDDY       DENDI       091-37-7261         If joint return, spouse's first name and middle initial       Last name       Spouse's social security nu         Home address (number and street). If you have a PO. box, see instructions.       Apt. no.       Presidential Election Cam Check here if you, or your spouse if filing jointy, want or go to this fund. Check if bot below will not charge         Foreign country name       Foreign province/state/county       Foreign postal code       you is filing jointy, want or go to this fund. Check if bot below will not charge         Foreign country name       Foreign province/state/county       Foreign postal code       you is xot you is Xot you is Xot below will not charge         Standard       Someone can claim:       You as a dependent       Your spouse is dependent       Your spouse is a dependent         Dependents       Gee instructions):       (2) Social security       (3) Relationship to you       (4) If qualifies for (see instructions):         If more than four dependents, see instructions       1       116, 47         Attach       2a and check       2a bordinary dividends       b Taxable interest       2b         Standard       Qualified dividends       3a bordinary dividends       3b bordinary dividends       5b bordinary dividends       5b bordinary dividends       5b bordinary dividends       5b bordinary dividends       5b bordinary dividends       5b bordinary dividends	Check only	lf yo	u checked the MFS box, enter the n	name of y	-		. ,			`	,		, ,	. , . ,
If joint return, spouse's first name and middle initial       Last name       Spouse's social security nu         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Cam, Check here if you, or your spouse if filing jointly, want to go to this fund. Check in the province/state/county         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         JRVINE       CA       92 618       Deck here if you, or your spouse if filing jointly, want to go to this fund. Check in the province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Up on Spouse if Sing jointly, want or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse is a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       Yes       No         Age/Blindness       You:       (1) First name       Last name       Yes       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       Credit for dter dependents, see instructions):       I 116, 47         If more from blift       2a       Ja       b Taxable amount       Ja       Ja       Ja         If a check here       I       Up ges, sala	Your first name	e and mi	ddle initial	Last na	me							Your so	ocial secur	ity number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campon Check here if you, or your spouse if fling jointly, war to go to this fund. Check in go to the change your and check in go the more go to a separate return or you were a dual-status alien   Age/Blindness You: Were born before January 2, 1957 Are blind Spouse i Was born before January 2, 1957 Is blind   Dependents, see instructions; Imore (I) First name Last name Imore (I) First name Last name Imore (I) First name <	SRINIVA	S REI	DDY	DENC	Γ							091-	37-726	51
5461 MOLINO       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       your spouse if filing jointly, war         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Gredit for dependents       (a) First name       Last name       (b) First name       Last name       (c) Credit for other dependents, see instructions):       (f) First name       Last name       (a) Credit for other dependents, see instructions       (b) Credit for other dependents, see instructions       (c) Credit for other dependents, see instructions         40 check       Intach       2a       Do Taxable interest       2b       So         5a       Qualified dividends       5a       Dordianor dividends       3b       So	If joint return, s	spouse's	; first name and middle initial	Last nai	me							Spouse	's social se	curity number
IRVINE       CA       92 618       by down on post on the first			r and street). If you have a P.O. box, see	instructio	ons.					Apt. no.		Check	here if you	i, or your
IRVINE       CA       92 618       box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you is pour tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents (see instructions):       (1) First name       Last name       number       (a) Pelationship       (b) I' if qualifies for (see instructions):         If more than four dependents, see instructions       Immediate the pelation       Immediate the pelation       Immediate the pelation       Immediate the pelation         Attach       2a       Tax-exempt interest       2a       Immediate the pelation of the pelatis the pelation of the pelation of the pelatis	City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	te	ZIP	code				
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       Yes         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more       (1) First name       Last name       number       Image: Child tax credit       Credit for other dependents, see instructions         see instructions       and check       Image: Child tax credit       Credit for other dependents, see instructions       Image: Child tax credit       Image: Child tax credit       Credit for other dependents, see instructions         and check       Image: Child tax credit       Credit for other dependents, see instructions       Image: Child tax credit       Credit for other dependents, see instructions       Image: Child tax credit       Image: Child tax credit       Credit for other dependents, see instructions         Attach       2a       Tax-exempt interest       Image: Child tax credit       Image: C	IRVINE						CZ	J	92	2618		Ŭ Ŭ		0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Immber	Foreign countr	y name		F	<sup>=</sup> oreign pi	rovince/state	e/count	ty	For	eign postal	code	your ta	_	i.
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more       (1) First name       Last name       Immber       Child tax credit       Credit for other dependents;         see instructions	At any time du	uring 20	)21, did you receive, sell, exchange	, or othe	rwise di	spose of a	ny fina	incial intere	st in ar	ny virtual	curre	ncy?	Yes	🗙 No
Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions and check here ▶       1       Last name       1       Credit for other dependents, see instructions):         Attach       2a       b       1       116,47         Attach       2a       b       Tax-exempt interest       1       116,47         Attach       3a       Qualified dividends       3a       b       Draxable interest       3b         Attach       3a       Qualified dividends       5a       Pensions and annuities       5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for -       •       Gait again or (loss). Attach Schedule D if required. If not required, check here       •       7       6b         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       •       9       116,47		_	Spouse itemizes on a separate retur	n or you		•								
If more than four dependents, see instructions and check here       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents, see instructions         and check here	Age/Blindnes	s You:	Were born before January 2, 1	957	Are bl	ind S	oouse	: 🗌 Was	born b			-		
If more       If more       Last halle       If more       If more <td>Dependent</td> <td></td> <td></td> <td></td> <td>(2) S</td> <td></td> <td>ity</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1</td> <td></td>	Dependent				(2) S		ity			1			1	
dependents, see instructions       □ <t< td=""><td></td><td>(1) Fi</td><td>rst name Last name</td><td colspan="3">number</td><td>to you</td><td>u</td><td colspan="3">Child tax cree</td><td>Credit for o</td><td>ther dependents</td></t<>		(1) Fi	rst name Last name	number			to you	u	Child tax cree			Credit for o	ther dependents	
see instructions and check here														<u> </u>
here ▶       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       116, 47         Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if required.       3a       b       Taxable interest       2b       2b         4a       IRA distributions       3a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116, 47         9       Adjustments to income from Schedule 1, line 26       10       10	· · ·	IS												
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       116, 47         Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if required.       3a       b       Taxable interest       2b       3b         4a       IRA distributions       3a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       7         • Single or Married filing separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       9       116, 47         • Married filing binth or plotth or       10       Adjustments to income from Schedule 1, line 26       10       10														
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         5ingle or Married filing separately, \$12,550       6a       Other income from Schedule 1, line 10       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       9       116, 47		4	Wages solaries tips ato Attach [		N 0							4		
Sch. B if 3a Qualified dividends 3a   required. 4a b   4a b   5a Pensions and annuities   5a b   7   6a Social security benefits   6a b   7   6a   8   9   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10	Attach	<u> </u>	-		₩-2 .	· · ·	 ь т	· · ·			·			10,470.
required.       4a       b       5a       b       4b         5a       Pensions and annuities	Sch. B if											· –		
5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for -       6a       Social security benefits       6a       b       Taxable amount       6b         * Single or Married filing separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       •       •       9       116, 47         • Married filing linity (or glinity or glinity)       10       Adjustments to income from Schedule 1, line 26       •       •       10	required.										•	·		
Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,550       • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       • Interview of the security benefits       • In											•			
Deduction for –       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       . <td< td=""><td>Standard</td><td>\</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></td<>	Standard	\											-	
<ul> <li>Single or Married filing separately, \$12,550</li> <li>Married filing 10</li> <li>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing initive or point or initive or</li> </ul>														
separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116, 47         • Married filing birthy or       10       Adjustments to income from Schedule 1, line 26       10														
• Married filing initiative of the filing and the form Schedule 1, line 26	separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is vo	ur total in	come							16,470.
iointly or		10		-						. 10				
Qualifying 11 Subtract line 10 from line 9. This is your adjusted gross income	jointly or Qualifying	11	Subtract line 10 from line 9. This is							▶ 11	1 1	16,470.		
widow(er), \$25,100 <b>12a</b> Standard deduction or itemized deductions (from Schedule A) <b>12a</b> 12,550.	widow(er),	12a	Standard deduction or itemized	deducti	i <b>ons</b> (fro	m Schedu	le A)		12a	12	,55	0.		
B Charitable contributions if you take the standard deduction (see instructions)		b					,	uctions)	12b					
household, \$18,800 c Add lines 12a and 12b		с	Add lines 12a and 12b									. 12	с	12,850.
• If you checked 13 Qualified business income deduction from Form 8995 or Form 8995-A	<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	ion from	Form 8	995 or For	m 899	5-A				. 10		
any box under Standard         14         Add lines 12c and 13         12,85		14	Add lines 12c and 13	•••								. 14	4	12,850.
	Deduction,	15	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or less	s, ente	r-0	· ·			. 15		03,620.

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): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	18,890.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	18,890.
	19	Nonrefundable child tax cred	dit or credit for c	other depender	nts from Schedul	e8812		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	18,890.
	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 <b>total tax</b>				. 🕨	24	18,890.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				<b>25a</b> 17	,929.	_	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			1
	d	Add lines 25a through 25c						25d	17,929.
If you have a	26	2021 estimated tax payment			3.7			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)			No	27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a	,						
	b	Nontaxable combat pay elec	-	1 1					
	с	Prior year (2019) earned inco							
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	3, line 8		29		1	
	30	Recovery rebate credit. See	instructions .			30		1	
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	17,929.
Refund	34	If line 33 is more than line 24						34	
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attached, che	ck here		35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Checking	Savings		
See instructions.	►d	Account number X X X	X X X X	XXXX	x   x   x   x	XXX			
	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 detail	s on how to pay,	see instructions	. 🕨	37	961.
You Owe	38	Estimated tax penalty (see ir	structions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			
Designee	ins	structions				. 🕨 🗌 Yes. Co	omplete b	oelow.	X No
		signee's		Phone			onal identi		
0.		ne 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	•	Date	Your occupation				nt you an Identity
				Duto					N, enter it here
Joint return?					SOFTWARE ENGINEER			inst.) 🕨	
See instructions. Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupa	tion			nt your spouse an action PIN, enter it here
your records.								inst.) 🕨	
	Ph	one no. (732) 372-902	3	Email address		1228@GMAIL.CC	M		
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA ΤΑΤ.Τ.ΔΝ		P0208	2703	Self-employed
Preparer		n's name ► GLOBAL TAX			<u></u>				678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	a GA 30041			's EIN ►	
Go to www.irc.or		11040 for instructions and the late			2		1		Form <b>1040</b> (2021)
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