

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name BHARAT GOKEDA	Social security number 679-77-7378
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.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	21,236.
2	Total tax	2	868.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	2,518.
4	Amount you want refunded to you	4	1,650.
5	Amount you owe	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	7	3	7	8
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 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 

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 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.

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

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 Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: BHARAT
Last name: GOKEDA
Your social security number: 679-77-7378
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 752 CLIFTY LANE
Apt. no.: E
City, town, or post office: COLUMBUS
State: IN
ZIP code: 47201
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [X] You [ ] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes a 'Dependents' section header.

Main income table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total income is 21,236. Adjusted gross income is 21,236. Taxable income is 8,686.

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

<b>16</b> Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		<b>16</b>	868.
<b>17</b> Amount from Schedule 2, line 3		<b>17</b>	
<b>18</b> Add lines 16 and 17		<b>18</b>	868.
<b>19</b> Nonrefundable child tax credit or credit for other dependents from Schedule 8812		<b>19</b>	
<b>20</b> Amount from Schedule 3, line 8		<b>20</b>	
<b>21</b> Add lines 19 and 20		<b>21</b>	
<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-		<b>22</b>	868.
<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21		<b>23</b>	0.
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>		<b>24</b>	868.
<b>25</b> Federal income tax withheld from:			
<b>a</b> Form(s) W-2	<b>25a</b>		2,518.
<b>b</b> Form(s) 1099	<b>25b</b>		
<b>c</b> Other forms (see instructions)	<b>25c</b>		
<b>d</b> Add lines 25a through 25c	<b>25d</b>		2,518.
<b>26</b> 2021 estimated tax payments and amount applied from 2020 return		<b>26</b>	
<b>27a</b> Earned income credit (EIC) <span style="float:right">No</span>	<b>27a</b>		
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 <input type="checkbox"/>			
<b>b</b> Nontaxable combat pay election	<b>27b</b>		
<b>c</b> Prior year (2019) earned income	<b>27c</b>		
<b>28</b> Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>		
<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>		
<b>30</b> Recovery rebate credit. See instructions	<b>30</b>		
<b>31</b> Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b> Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>		<b>32</b>	
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>		<b>33</b>	2,518.

If you have a qualifying child, attach Sch. EIC.

**Refund**

Direct deposit? See instructions.

<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,650.
<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,650.
<b>b</b> Routing number <input type="checkbox"/> X X X X X X X X X X <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b> Account number <input type="checkbox"/> X X X X X X X X X X X X X X X X X X		
<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	

**Amount You Owe**

<b>37</b> Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (669) 226-1029	Email address	GOKEDABHARAT29@GMAIL.COM	

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/04/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678) 965-9522	Firm's EIN 30-1017196	



If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box   
if amending

Your Social Security Number  679  77  7378

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  BHARAT  Initial  Last name  GOKEDA  Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)  752 CLIFTY LANE E  Place "X" in box if you are married filing separately.

City  COLUMBUS  State  IN  Zip/Postal code  47201

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2021.

County where you lived  County where you worked  96  County where spouse lived  County where spouse worked

**Round all entries**

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11  **Federal AGI**  1  21236  .00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1  **Indiana Add-Backs**  2  .00
3. Add line 1 and line 2   3  21236  .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2  **Indiana Deductions**  4  .00
5. Subtract line 4 from line 3   5  21236  .00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3  **Indiana Exemptions**  6  1000  .00
7. Subtract line 6 from line 5  **Indiana Adjusted Gross Income**  7  20236  .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)  8  654  .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)  9  0  .00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)  10  .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back  **Indiana Taxes**  11  654  .00



12. Enter credits from Schedule 5, line 10 (enclose schedule) _____	12	1039	.00
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13		.00
14. Add lines 12 and 13 _____ <b>Indiana Credits</b>	14	1039	.00
15. Enter amount from line 11 _____ <b>Indiana Taxes</b>	15	654	.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	385	.00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18. Subtract line 17 from line 16 _____ <b>Overpayment</b>	18	385	.00
19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).			
Enter your county code <input type="text"/> county tax to be applied _ \$	a		.00
Spouse's county code <input type="text"/> county tax to be applied _ \$	b		.00
Indiana adjusted gross income tax to be applied _____ \$	c		.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		.00
21. <b>Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 _____ <b>Your Refund</b>	21	385	.00
22. <b>Direct Deposit</b> (see instructions)			
a. Routing Number <input type="text"/>			
b. Account Number <input type="text"/>			
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23		.00
24. Penalty if filed after due date (see instructions) _____	24		.00
25. Interest if filed after due date (see instructions) _____	25		.00
26. <b>Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>	26		.00

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.**

Your Signature	Date	Spouse's Signature	Date
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- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40

BHARAT GOKEDA

Your Social Security Number

679 77 7378

**Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.**

**Round all entries**

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000  1000.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6  x \$1000 .00  
 You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
  - who was under the age of 19 by Dec. 31, 2021,
  - or a full-time student who was under the age of 24 by Dec. 31, 2021, and
  - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.  x \$1500 .00

4. Place "X" in box(es) below if, by December 31, 2021

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6  **Total Exemptions** .00



23021111030

Name(s) shown on Form IT-40

Your Social Security Number

BHARAT GOKEDA

679 77 7378

**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	674	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	365	.00
3. Estimated tax paid for 2021: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line <b>A-3</b> _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ <b>Total Credits</b>	10	1039	.00

**Schedule IN-DONATE**

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	code no.	1a	.00
b. Enter fund name	code no.	1b	.00
c. Enter fund name	code no.	1c	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>	2		.00



Name(s) shown on Form IT-40

BHARAT GOKEDA

Your Social Security Number

679 77 7378

1. Federal filing information

Are you filing a federal income tax return for 2021? Place "X" in appropriate box. Yes  No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

\$  .00

State where spouse worked

Spouse's income

\$  .00

3. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

6. Date of death

If any individual listed at the top of the IT-40 died during 2021, enter date of death (MM/DD).

Taxpayer's date of death   2021 Spouse's date of death   2021

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number

6692261029

Your

email address

GOKEDABHARAT29@GMAIL.C

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN

P02082703

Address

2530 PEBBLE CREEK LN

City

CUMMING

State

GA

Zip Code

30041

Preparer's

signature SYAM PRIYA RAM SAGAR GUPTA







Submission ID  -  -

First Name and Middle Initial BHARAT	Last Name GOKEDA	Your Social Security Number 679 77 7378	Spouse's Social Security Number
Spouse's First Name and Middle Initial	Spouse's Last Name	Street Address 752 CLIFTY LANE E	
City COLUMBUS	State IN	Zip Code 47201	Daytime Telephone Number 669 226 1029

**Part I Tax Return Information (See Instructions on Next Page)**

1. Federal Adjusted Gross Income.....	21236
2. Indiana Adjusted Gross Income.....	20236
3. Total Indiana Tax.....	654
4. Total State Tax Withheld.....	674
5. Total County Tax Withheld.....	365
6. Total Indiana Tax Credits.....	1039
7. Refund.....	385
8. Amount You Owe.....	

**Part II Direct Deposit**

9. Routing number  *Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*

10. Account number

11. Type of account:  Checking  Savings  Hoosier Works MC

12. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail This Form To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited.

**Part III Declaration**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2021 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

**Your PIN:** check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN  as my signature on my tax year 2021 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 IV below.

Your signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's PIN:** check one box only

- I authorize \_\_\_\_\_ to enter my PIN  as my signature on my tax year 2021 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 IV below.

Spouse's signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Part IV Practitioner 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**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ► \_\_\_\_\_ Date \_\_\_\_\_

**I  
N  
D  
I  
A  
N  
A**

▼ Attach W-2 Forms Here ▼