(Rev. January 2021)

Department of the Treasury

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) Secretary Park Social security number | IIILEIIIAI I | leverlue del vice | |
|--|---|---|--|
| ## PART 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 fliers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 | Submi | ssion Identification Number (SID) | |
| Spouse's social security number | Taxpaye | r's name | Social security number |
| Spouse's name Spouse's social security number | BHAF | RAT GOKEDA | 679-77-7378 |
| 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 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 6 2, 518. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to receive the tax the want is refunded to the least of my knowledge and belief, it is fire, correct, and complete. I further declare that the amounts in Part allows are the amounts from the loads the tax the refunded to a manufacture of the part the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tax mightles, lead amounts from the income tax return originated to resceive for resceive for resident for resceive for the frammission (b) the reason or any dealty in processing the return originator (part partition) in the processing the return originator part part of the inancial institution is doubt in the tax preparation software for payment of the declared taxes over one of the transmission of the payment in the tax preparation or the payment in the tax preparation or the payment in the tax preparation 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 | Spouse's | s name | Spouse's social security number |
| 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 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 6 2, 518. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to receive the tax the want is refunded to the least of my knowledge and belief, it is fire, correct, and complete. I further declare that the amounts in Part allows are the amounts from the loads the tax the refunded to a manufacture of the part the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tax mightles, lead amounts from the income tax return originated to resceive for resceive for resident for resceive for the frammission (b) the reason or any dealty in processing the return originator (part partition) in the processing the return originator part part of the inancial institution is doubt in the tax preparation software for payment of the declared taxes over one of the transmission of the payment in the tax preparation or the payment in the tax preparation or the payment in the tax preparation 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 | | | |
| Note: Form 1040-S5 filers use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income | Part | Tax Return Information — Tax Year Ending December 31, 2021 (E | nter year you are authorizing.) |
| 1 21,235. 2 Total tax 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 want refunded to you . 4 1,650. 5 Amount you want refunded to you . 5 5 Amount you want refunded to you . 4 1,650. 5 Amount you want refunded to you . 5 5 Fart III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Lurder penalties of penyr, I declare that I have examined a copy of the income tax return (original or amended). In an now authorizing, consent to allow my intermediate sention growing in a more wantering done to the best of my form the life (B) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any dealy in processing the return original or any return or fall, and (c) the date of any return of inspirate precision of the transmission, (b) the reason for any dealy in glorederal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for any dealy in glorederal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for supported in my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for supported in the contact the U.S. Treasury Financial Agent to ferminate the authorization. To revoke (cancel) a submorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ferminate the authorization. To revoke (cancel) a submorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ferminate the authorization. To revoke (cancel) a submorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ferminate the authorization. To revoke (cancel) a submorization is to remain in full force and | | · · · · · · · · · · · · · · · · · · · | |
| 2 Total tax 3 Federal income tax withheld from Forn(s) W-2 and Forn(s) 1099 | | | |
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| Amount you want refunded to you Amount you well and Amount you well and Signature Authorization (Be sure you get and keep a copy of your return) Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuy, 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 labove 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 reserve from the IRS (a) an acknowledgement of receipt or reason for rejection for the transmission, (b) the reason for or electronic funds withdrawal (direct debid entry to the financial institution account indication oscitivation of the transmission). (b) the reason for neglectric funds withdrawal (direct debid entry to the financial institution account indication oscitivation of the tax reparation 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 overain in full force and effect until I notify the U.S. Treasury) Francial Agent to terminate the term to the transmission of 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 resolucies used residue to the payment of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolucies used to the payment of the electronic payment of the electronic payment of the personal identification number (PiN) below is my signature for the income tax return (original or amended) I am now authorizing. I authorize ERO firm name | | | |
| Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Inder penalties of perjury, I declare that I have examined a copy of the income tax return (original or, amended). If an income tax return (original or, amended) is an income tax return (original or amended) is an income tax return (original or amended) is an income tax 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 return, and (c) the date of any return I applicable, landing the reason for any delay in processing the return or return, and (c) the date of any return I applicable, and indirect the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution to debit the entry to this account. This submirization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial Agent to initiate the authorization. To revoke (cancel) a sayment, I must contact the U.S. Treasury Financial Agent at 1-888-334-3437. Payment cancellation requests must be received no later than 2 transpared for provided the authorization in the file of the payment. I surfare acknowledge that the presonal identification number (PIN) below is my signature on 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 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 filled using the Practitioner PIN method. The | | | 2,310. |
| Draw parent Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuny, 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 from Part I above are the amounts from 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 from Part I above and the amounts from the income tax control income tax return (original or amended) I am now authorizing. I authorize the U.S. Treasury and its designation of the transmission, (b) the reason or relection of the transmission of the transmission. To revoke (cancel) a payment, I must be received to the payment of the electronic payment of transmission of the payment of transmission of the electronic payment of transmission of the personal identification number (PiN) below is my signature for the income tax return (original or amended) I am now authorizing. I further acknowledge that the personal identification number (PiN) below is my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are enter | | | 1 1/030. |
| Under penalties of perjuny. I declare that I have examined a copy of the income tax return (original or smended) 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 J 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 receiple or research for return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receiple or research for return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receiple or research for return originator (ERO) to send my return to the IRS and to receive from the IRS (a) and acknowledgement of receiple or research for return originator (ERO) to send my return to the IRS and the return or return originator of payment of my federal taxes owed on this return and/or a payment of stimated tax, and the financial institution to debit the entry to this account. This unthorized to its to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to termination account the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-3453-4537. 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 authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-3453-4537. Payment cancellation requests must be received no later than 2 transmission and the received not account to th | | | |
| 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 return (if applicable, a Juthorizze 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 account indicated in the tax preparation software for payment of the U.S. Treasury Financial Agent to immand the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to immand the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent 41-888-334-3458. Payment cancellation required must be electronic payment of the payment of the payment of the payment (and the payment) and the payment (and the payment) | | | |
| Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC Ito enter or generate my PIN To to enter or generate my PI | to send for any Agent to paymer authorize paymer business taxes to personal | my 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 the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account at 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 term 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 processor of the income tax return (original or amended al identification number (PIN) below is my signature for the income tax return (original or amended | r rejection of the transmission, (b) the reason ne U.S. Treasury and its designated Financial indicated in the tax preparation software for itution to debit the entry to this account. This inate the authorization. To revoke (cancel) a requests must be received no later than 2 the processing of the electronic payment of the payment. I further acknowledge that the |
| I authorize GLOBAL TAXES LLC 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. Your signature Date Date Date Practitioner may perform the income tax return (original or amended) I am now authorizing. Check this box only I authorize 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 Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only S 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros Don't enter a | | | |
| Spouse's PIN: check one box only Signature on the income tax return (original or amended) I am now authorizing. Spouse's PIN: check one box only I authorize Signature on the income tax return (original or amended) I am now authorizing. Spouse's PIN: check one box only I authorize Signature on the income tax return (original or amended) I am now authorizing. Spouse's PIN: check one box only I authorize Signature on the income tax return (original or amended) I am now authorizing. 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. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Signature or entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Signature Date Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only Signature | Taxpa | | 7 7 3 7 8 |
| 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 | × | | ate mv PIN as mv |
| 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 enter five digits, but don't enter all zeros I will enter my PIN 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 ▶ 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. | | | |
| Spouse's PIN: check one box only | | 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 m | |
| I authorize | Your s | ignature ▶ Date I | - |
| I authorize | Snous | e's PIN: check one hox only | |
| Spouse's signature ► 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. 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 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. 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. Date Practitioner PIN method Only Don't enter all zeros Date Provider of the 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. | Ороиз | | ate my PIN 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 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. 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. | | | |
| if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Date 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. 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. | | if you are entering your own PIN and your return is filed using the Practitioner PIN m | |
| 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. 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. | Spous | e's signature Date I | • |
| 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. | орошо | | |
| 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. | Part I | | |
| 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. | FRO'e | FFIN/PIN. Enter your six-digit FFIN followed by your five-digit self-selected PIN 5 | 8 7 2 7 8 6 1 9 8 9 |
| 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. | LITO | ET IN/T IN. Effici your six digit Et IIV followed by your live-digit self-selected i IIV. | |
| ERO's signature ▶ Date ▶ | authoriz | zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s | ubmitting this return in accordance with the |
| EnO s signature ► Date ► | EDO! | cionatura N | |
| FRO Must Retain This Form — See Instructions | EKU'S | | |

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

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

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

| Filing Status Check only one box. | If yo | Single Married filing jointly use the MFS box, enter the nation is a child but not your dependent | ame of | ried filing separately (N f your spouse. If you c | , | | | , | _ | , , | , , , , |
|---|----------|---|--------------------|--|------------------|-------------|-----------|---------------------|-------------|---------------|---------------------|
| Your first name | and m | iddle initial | Last n | ame | | | | | Your so | cial securi | ty number |
| BHARAT | | | GOK | EDA | | | | | 679- | 77-737 | 8 |
| If joint return, s | pouse's | s first name and middle initial | Last n | ame | | | | | Spouse' | s social se | curity number |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | Apt. r | 10. | Preside | ntial Electi | ion Campaign |
| 752 CLI | FTY : | LANE | | | | | E | | | nere if you, | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete | spaces below. | State | | / IP COOE | | _ | 0. | ntly, want \$3 |
| COLUMBU | S | | | | IN | | 47201 | | | ow will not | Checking a t change |
| Foreign countr | y name | | | Foreign province/state/o | county | | | | | or refund You | |
| At any time du | uring 20 | 021, did you receive, sell, exchange, | or oth | erwise dispose of any | financial in | nterest in | any virtu | ial currei | ncy? | Yes | ⊠ No |
| Standard Deduction | | eone can claim: | | | | endent | | 7 | | | |
| Age/Blindness | s You: | ☐ Were born before January 2, 19 | 957 | Are blind Spo | use: 🗌 🛚 | Was born | before . | anuary 2 | 2, 1957 | ☐ Is b | lind |
| Dependent | s (see | instructions): | | (2) Social security | (3) R | elationship | | (4) 🗸 if q | ualifies fo | r (see instru | uctions): |
| If more | (1) F | irst name Last name | | number | | to you | C | hild tax cı | redit | Credit for ot | ther dependents |
| than four | | | | | | | | | | | |
| dependents, see instruction | ۰ | | | | | | | | | | |
| and check | · | | | | | | | | | | |
| here ► | | | | | | | | | | | |
| | _1_ | Wages, salaries, tips, etc. Attach F | orm(s) | W-2 | | | | | . 1 | | 21,236. |
| Attach | 2a | Tax-exempt interest | 2a | | b Taxable | interest | | | . 2b | | |
| Sch. B if required. | 3a | Qualified dividends | ualified dividends | | | | . 3b | | | | |
| | 4a | IRA distributions | la l | | b Taxable | amount | | | . 4b | | |
| | 5a | Pensions and annuities | 5a | | b Taxable | amount | | | . 5b | | |
| Standard | 6a | Social security benefits | Sa | | b Taxable | amount | | | . 6b | | |
| • Single or | 7 | Capital gain or (loss). Attach Scheo | dule D | if required. If not requ | ired, checl | k here | | . ▶ [| 7 | | |
| Married filing | 8 | Other income from Schedule 1, line | e 10 | | | | | | . 8 | | |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | and 8. | This is your total inco | ome | | | | ▶ 9 | | 21,236. |
| Married filing | 10 | Adjustments to income from Sched | dule 1, | line 26 | | | | | . 10 | | |
| jointly or Qualifying | 11 | Subtract line 10 from line 9. This is | your a | adjusted gross incon | ne | | | | ▶ 11 | | 21,236. |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | deduc | tions (from Schedule | A) | 12a | : | 12,55 | 0. | | |
| • Head of | b | Charitable contributions if you take | the sta | andard deduction (see | instructions | s) 12b | | | | | |
| household, \$18,800 | С | Add lines 12a and 12b | | | | | | | . 120 | ; | 12,550. |
| If you checked | 13 | Qualified business income deducti | on from | m Form 8995 or Form | 8995-A . | | | | . 13 | | |
| any box under Standard | 14 | Add lines 12c and 13 | | | | | | | . 14 | | 12,550. |
| Deduction, | 15 | Taxable income. Subtract line 14 | from li | ne 11. If zero or less, | enter -0 | | | | . 15 | | 8,686. |

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

Form **1040** (2021)

| | 16 | Tax (see instructions). Check if any from Form | (s): 1 8814 | 4 2 🗌 4972 | 3 🗌 | | 16 | 868. |
|--|---------|---|--------------------|-------------------|-------------------------|--------------|---------|--|
| | 17 | Amount from Schedule 2, line 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 868. |
| | 19 | Nonrefundable child tax credit or credit for o | ther depender | nts from Schedule | 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 less, | enter -0 | | | | 22 | 868. |
| | 23 | Other taxes, including self-employment tax, | | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | | | | . ▶ | 24 | 868. |
| | 25 | Federal income tax withheld from: | | | | | | |
| | а | Form(s) W-2 | | | 25a 2 | ,518. | | |
| | b | Form(s) 1099 | | | 25b | | | |
| | С | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 2,518. |
| | 26 | 2021 estimated tax payments and amount a | | | | | 26 | |
| If you have a Lagrangian qualifying child, | 27a | Earned income credit (EIC) | | No | 27a | | | |
| attach Sch. EIC. | | Check here if you were born after Janu | ary 1, 1998, | and before | | | | |
| | | January 2, 2004, and you satisfy all the | | | | | | |
| | | taxpayers who are at least age 18, to claim t | 1 1 | structions | | | | |
| | b | Nontaxable combat pay election | | | | | | |
| | С | Prior year (2019) earned income | | 0.1 | | | | |
| | 28 | Refundable child tax credit or additional child | | | 28 | | - | |
| | 29 | American opportunity credit from Form 8863 | | | 29 | | - | |
| | 30 | Recovery rebate credit. See instructions . | | | 30 | | - | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | | |
| | 32 | Add lines 27a and 28 through 31. These are | | | | | 32 | 0 510 |
| | 33 | Add lines 25d, 26, and 32. These are your to | | | | . • | 33 | 2,518. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 | | | • | | 34 | 1,650. |
| D: 1.1 '10 | 35a | Amount of line 34 you want refunded to you | | | | | 35a | 1,650. |
| Direct deposit? See instructions. | ▶b | Routing number X X X X X X X X | | | | Savings | | |
| | ► d | Account number X X X X X X X X | | | i i | | | |
| A | 36 | Amount of line 34 you want applied to your | | | 36 | | 07 | |
| Amount You Owe | 37 | Amount you owe. Subtract line 33 from line | | | 1 1 | . ▶ | 37 | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | |
| Third Party Designee | | you want to allow another person to disc tructions | | n with the IRS? | | omplete b | elow | X No |
| Designee | | ignee's | Phone | | | onal identif | | |
| | | ne ► | no. ▶ | | | oer (PIN) | | |
| Sign | | der penalties of perjury, I declare that I have examine | | | | | | |
| Here | | ef, they are true, correct, and complete. Declaration | | | ased on all information | | | , , |
| | You | ir signature | Date | Your occupation | | | | nt you an Identity N, enter it here |
| Joint return? | | | | SOFTWARE I | CNGINEER | | nst.) ▶ | 14, enter it fiere |
| See instructions. | Spo | buse's signature. If a joint return, both must sign. | Date | Spouse's occupati | | If the | IRS ser | nt your spouse an |
| Keep a copy for your records. | , | | | | | I . | | ection PIN, enter it here |
| your records. | | | | | | (see i | nst.) ► | |
| | | one no. (669)226-1029 | Email address | GOKEDABHARA | T29@GMAIL.CO | | | |
| Paid | | parer's name Preparer's signat | | | Date | PTIN | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/04/2022 | P02082 | | Self-employed |
| Use Only | - | n's name ► GLOBAL TAXES LLC | | | | | | 678)965-9522 |
| | | n's address ▶ 2530 Pebble Creek L | n Cumming | g GA 30041 | | Firm' | s EIN 🕨 | |
| Go to www.irs.go | ov/Form | 1040 for instructions and the latest information. | | BAA | REV 02/17/22 PRO | | | Form 1040 (2021) |

Form 1040 (2021)

Page **2**



REV 02/16/22 PRO

2021

Indiana Full-Year Resident Individual Income Tax Return

Due April 18, 2022

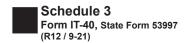
| 18 | (R20 / 9-21) If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY | Y): Place "X" in box |
|-----|--|--|
| | from to: | if amending |
| | Your Social Security Number 679 77 7378 Spouse's Social Security Number | |
| , | Place "X" in box if applying for ITIN Place "X" in four first name | box if applying for ITIN Suffix |
| | BHARAT GOKEDA | |
| I | f filing a joint return, spouse's first name Initial Last name | Suffix |
| | | |
| Ì | Present address (number and street or rural route) | |
| | 752 CLIFTY LANE E | Place "X" in box if you are married filing separately. |
| (| | Postal code |
| | COLUMBUS IN 4 | 17201 |
| L | Foreign country 2-character code (see instructions) | 1/201 |
| [| | |
| L | | |
| | Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the count | ty where you lived and |
| | vorked on January 1, 2021. | ativudara |
| | | nty where |
| | | Daniel all autrica |
| 1. | Enter your federal adjusted gross income from your federal | Round all entries |
| | 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 |
| | Enter amount nom concade 1, and 1, and entered concade 1 | |
| 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 |
| _ | Out to at line A from line O | 5 21236.00 |
| 5. | Subtract line 4 from line 3 | 5 21236,00 |
| 6. | You must complete Schedule 3. Enter amount from Schedule 3, line 6, | 1000 |
| | and enclose Schedule 3Indiana Exemptions | 6 1000.00 |
| | 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) 8 654.0 | |
| 9. | (if answer is less than zero, leave blank) 8 | |
| | (if answer is less than zero, leave blank) 90. | 00 |
| 10. | Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) | 0.0 |
| | | |
| 11. | Add lines 8, 9 and 10. Enter total here and on line 15 on the back Indiana Taxes | 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 | | Indiana Credits | 14 | 1039.00 |
| 15. | Enter amount from line 11 | | Indiana Taxes | 15 | 654.00 |
| 16. | If line 14 is equal to or more than line 15, subtract line 15 from I | ine 14 | (if smaller, skip to line 23) | 16 | 385.00 |
| 17. | Enter donations from Schedule IN-DONATE (enclose schedule |); can | not be greater than line16 | 17 | .00 |
| 18. | Subtract line 17 from line 16 | | Overpayment | 18 | 385.00 |
| 19. | Amount from line 18 to be applied to your 2022 estimated tax a Enter your county code county tax to be applied _\$ | ccour | t (see instructions). | | |
| | Spouse's county code county tax to be applied\$ Indiana adjusted gross income tax to be applied\$ | b | .00 | | |
| | Total to be applied to your estimated tax account (a + b + c; car | | | 19d | .00 |
| 20. | Penalty for underpayment of estimated tax from Schedule IT-22 | 210 or | IT-2210A | 20 | .00 |
| 21. | Refund: Line 18 minus lines 19d and 20. Note: If less than zero | o, see | line 23 Your Refund | 21 | 385.00 |
| 22. | a. Routing Number b. Account Number c. Type: Checking Savings Hoosier Works M. d. Place an "X" in the box if refund will go to an account outsid | | United States | | |
| 23. | If line 15 is more than line 14, subtract line 14 from line 15. Add (see instructions) | to thi | s any amount on line 20 | 23 | .00 |
| 24. | Penalty if filed after due date (see instructions) | | | 24 | .00 |
| 25. | Interest if filed after due date (see instructions) | | | 25 | .00 |
| | Amount Due: Add lines 23, 24 and 25 | nstruc | tions. | 26 | Schedule 7. |
| Your | Signature Date | S _I | oouse's Signature | | Date |

- 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.





Schedule 3: Exemptions

2021

Enclosure Sequence No. **03**

| Name(s) shown on Form IT-40 | Your Socia | I Security I | Number | |
|--|------------------|--------------|----------------|--------|
| BHARAT GOKEDA | 679 | 77 | 7378 | |
| Complete and enclose Schedule IN-DEP: Dependent Information and Addition Dependent Child Information if you are claiming dependents on lines 2 and/ | | ı | Round all entr | ies: |
| 1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 | | 1 | 10 | 000.00 |
| Enter the number of dependents listed on Schedule IN-DEP, Box 6 You MUST enclose Schedule IN-DEP. | x \$1000 | 2 | | .00 |
| 3. You may claim an additional exemption for each qualifying dependent child: who is a son, stepson, daughter, stepdaughter, foster child and/or child follogal 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 | | 3 | | .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, pla | ace "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_ | | 5 | | .00 |
| 6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 | Total Exemptions | 6 | 10 | 00.00 |

Schedule 5: Credits

2021

Enclosure Sequence No. **04**

0 0

Your Social Security Number Name(s) shown on Form IT-40 77 GOKEDA 679 7378 BHARAT Round all entries 674 . 00 1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts 365 2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts 3. Estimated tax paid for 2021: include any extension payment made with Form IT-9 4. Unified tax credit for the elderly 100 5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 6. Lake County residential income tax credit 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, 0 0 line 19 (enclose schedule) 8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) 8 9. Headquarters relocation credit (refundable portion - see instructions) 1039. 10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 **Total Credits** 10 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 b. Enter fund name code no. 1b Enter fund name code no. 00 1c

2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 **Total Donations**

Schedule 7 Form IT-40, State Form 54000 (R12 / 9-21)

Schedule 7: Additional Required Information 2021

Enclosure Sequence No. 06

| Name(s) shown on Fo | orm IT-40 | Your Social Security Number | |
|---|---|--|---|
| BHARAT GOKED | A | 679 77 7378 | |
| Federal filing inform Are you filing a federal | nation income tax return for 2021? Place "X | X" in appropriate box. Yes No | |
| income from Illinois, Ke | | ouse (if filing a joint return) received any salary, wage, tip and/or commission ia or Wisconsin. Enter two-digit code number from the back of Schedule CT-4 | |
| State where you worke | d Your income | State where spouse worked Spouse's income | |
| | \$.00 | \$.00 | |
| 3. Extension of time to | | | |
| a. Place "X" in box if | you have filed a federal extension o | 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 inco | me | | |
| Place "X" in box if at lea | ast two-thirds of your gross income v I an "X" in the box, you MUST attach | | |
| | ers. If you are eligible to file federal PA, enclose Schedule IN-40PA and | Form 8857, Request for Innocent Spouse Relief, and are completing I check the box. | |
| 6. Date of death If any individual listed a | at the top of the IT-40 died <i>during</i> 2 | 2021, enter date of death (MM/DD). | |
| Taxpayer's date | e of death 2021 | 1 Spouse's date of death 2021 | |
| Under penalty of perjury plete and correct. I und taxes due under this rewavenue to furnish my my refund is properly de | erstand that if this is a joint return, a turn. Also, my request for direct dep financial institution with my routing r | all attachments and to the best of my knowledge and belief, it is true, com- any refund will be made payable to us jointly and each of us is liable for all posit of my refund includes my authorization to the Indiana Department of number, account number, account type and Social Security number to ensur epartment to contact the Social Security Administration to confirm that the | e |
| 7. Your daytime | | Your | _ |
| telephone number | 6692261029 | email address GOKEDABHARAT29@GMAIL.C | |
| I authorize the Depart personal representati | ment to discuss my return with m | Paid Preparer: Firm's Name (or yours if self-employed) | |
| | es, complete the information belo | ow. GLOBAL TAXES LLC | |
| Personal Representat | ive's Name (please print) | IN-OPT on file with paid preparer if not filing electronically | |
| | | PTIN P02082703 | |
| Telephone number | | Address 2530 PEBBLE CREEK LN | |
| Address | | City CUMMING | |
| City | | State GA Zip Code 30041 | |
| State | Zip Code | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA | |



Indiana Individual Income Tax DECLARATION OF ELECTRONIC FILING Income Tax for the Tax Year January 1 - December 31, 2021

Do Not Mail This Form To DOR

| - Claic I dilli 00000 | conne tax for the fa | x real January | i - Decembe | 1 31, 2021 | | |
|--|---|--|---|--|---|-------------------------------|
| (R17 / 9-21) | Submission ID | | | | | |
| First Name and Middle Initial BHARAT | Last Name GOKEDA | | Your Socia 679 7 | I Security Number 7 7378 | Spouse's Social Security | Numbe |
| Spouse's First Name and Middle | Spouse's Last Name | | Street Add | ress | 1 | |
| Initial | | | 752 CL: | IFTY LANE E | | |
| City COLUMBUS | | ~\C | State IN | Zip Code 47201 | Daytime Telephone Nun | nber |
| Part | I Tax Return Info | ormation (See | Instructions of | on Next Page) | | |
| Federal Adjusted Gross Income | | | | | | 21236 |
| 2. Indiana Adjusted Gross Income | | | | | | 20236 |
| 3. Total Indiana Tax | | | | | | 654 |
| 4. Total State Tax Withheld | | | | . 4. | | 674 |
| 5. Total County Tax Withheld | | | | | · · | 365 |
| 6. Total Indiana Tax Credits | | | | | | 1039 |
| 7. Refund | | | | . 7. | | 385 |
| 8. Amount You Owe | | | | . 8. | | |
| | Par | t II Direct De | eposit | | | |
| 9. Routing number | | Note: The first to | vo digits of the | | nust be 01 - 12 or 21 - 32 | <u>?.</u> |
| 10. Account number | | | | | Do Not Mail | |
| I1. Type of account: ☐ Checking | ☐ Savings ☐ Ho | osier Works MC | | | This Form | |
| 12. Place an "X" in the box if refund w | ill go to an account outsi | de the United State | es. 🗌 | | To DOR | |
| My request for direct deposit of my re | fund includes my author | ization for the India | na Department o | of Revenue to furni | sh my financial institution | |
| with my routing number, account num | ber, account type, and S | Social Security num | ber to ensure my | y refund is properly | deposited. | |
| | Pai | rt III Declara | ation | | | |
| Under penalties of perjury, I declare corresponding lines of the electronic complete. I consent to my ERO send using a computer system and softwal pertaining to my use of the system an and/or transmitter an acknowledgemereason(s) for the rejection. If the procreason(s) for the delay of when the responding to the control of the procreason of the delay of the delay of the procreason of | portion of my income tax ling my return, this declar te to prepare and transm ad software and to the tra ent of receipt of transmis- essing of my return or re | return. To the best aration, and accom lit my return electro ansmission of my re sion and an indicat | of my knowledge panying schedul nically, I consent eturn electronical ion of whether or | e and belief, my 20 es and statements t to the disclosure lly. I also consent t not my return is a | 21 return is true, correct as to the DOR. In addition, to the DOR of all information the DOR sending my Effected, and, if rejected, 1 | and by ion RO the |
| CIODAI WAYEG | TTG | 7 7 7 7 | | | | |
| I authorize GLOBAL TAXES | to enter my PIN | / / 3 / do not enter all zeros | as my signat | ture on my tax yea | 2021 electronically filed | N |
| income tax return. I will enter my PIN as my signatur own PIN and your return is filed u | | | | | ıly if you are entering you | ' D |
| Your signature ▶ | | Date | | | | I |
| Spouse's PIN: check one box only | | | _ | | | A |
| ☐ I authorize | to enter my PIN | | as my signat | ture on my tax yea | r 2021 electronically filed | N |
| income tax return. | | do not enter all zeros | | | | ^ |
| I will enter my PIN as my signatu own PIN and your return is filed to | | | | | nly if you are entering you | r 🔑 |
| Spouse's signature ▶ | | Date | | | | |
| Part IV Practiti | oner Certification | and Authentic | ation - Practi | itioner PIN Me | thod ONLY | |
| ERO's EFIN/PIN. Enter your six-digit | EFIN followed by your five | ve-digit self selecte | d PIN. 5 8 | 7 2 7 8 6 do not enter all 3 | 5 1 9 8 9 zeros | |
| I certify that the above numeric entry taxpayer(s) indicated above. I confirm | | | | | | |
| ERO's Signature ▶ | | Date | | | | |

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