## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)					
Taxpay	ver's name	Social securit	Social security number			
PRA	VIN BHAGWANRAO BABAR	687-43-	687-43-7126			
Spouse	e's name	Spouse's soc	ial securit	ty number		
Par	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	_ ∣ er year you a	re auth	orizing.)		
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	24,	618.	
2	Total tax		2	1,	214.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,	403.	
4	Amount you want refunded to you		4	3,	589.	
5	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of yo	ur retur	n)	
return to sen for any Agent payme author payme busine taxes persor	conveledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rey delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reses days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the hall identification number (PIN) below is my signature for the income tax return (original or amended) I onic Funds Withdrawal Consent.	mitter, or electro- ejection of the tr U.S. Treasury and dicated in the ta- tion to debit the te the authoriza quests must be e processing of payment. I furt	onic return ansmissind its desax prepara entry to ation. To the election acknowledges	rn originato ion, (b) the signated F ration softwathis account revoke (can d no later stronic pay nowledge f	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the	
Taxpa	ayer's PIN: check one box only					
	I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	ř Ent	7 1 er five dig n't enter a		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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.	hod. The ERC	) must c			
Your	signature ▶ Date ▶	02-19-20	)22			
Spou	se's PIN: check one box only					
	I authorize to enter or generate 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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.	Ent doi now authorizin		all zeros ck this bo		
Spou	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	N				
Part	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	3 7 2 7 Don't ente		1 9 8 s	9	
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in acc	cordance v		
FRO'	s signature ▶ Date ▶					
LITO	ERO Must Retain This Form — See Instructions					

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  uchecked the MFS box, enter the reson is a child but not your dependen	name of	ed filing separately your spouse. If you	` '	_		` '	_		, ,	. , . ,	
Your first name and middle initial Last name					Yo	Your social security number							
PRAVIN I	BHAG	WANRAO	BAB	AR					68	687-43-7126			
If joint return, spouse's first name and middle initial				ame					Sp	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see ins				instructions.				Apt. no.	- 1	Presidential Election Campaign			
6000 OH											Check here if you, or your spouse if filing jointly, want \$3		
City, town, or post office. If you have a foreign address, also con PLANO				mplete spaces below. State TX				ZIP code			to go to this fund. Checking a box below will not change		
Foreign country name				Foreign province/state/county F							your tax or refund.  You Spouse		
At any time du	ıring 20	021, did you receive, sell, exchange	, or other	erwise dispose of a	any fina	ancial intere	est in ar	ny virtual cur	rency	?	Yes	⊠ No	
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate retur	•			'	nt						
Age/Blindnes	s You:	: Were born before January 2, 1	957 [	Are blind	pouse	: Was	born be	efore Januar	y 2, 19	957	☐ Is bl	ind	
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relation	nship	(4) 🗸 i	f qualif	ies for	(see instru	ictions):	
If more	(1) F	First name Last name		number		to you		Child tax cr		t (	Credit for ot	her dependents	
than four									]				
dependents, see instruction	s								]				
and check	·								]				
here ►									]				
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		24,618.	
Attach Sch. B if	<b>2</b> a	Tax-exempt interest	2a		<ul><li>b Taxable interest</li><li>b Ordinary dividend</li></ul>		rest			2b			
required.	3a	Qualified dividends	3a				idends	nds		3b			
	4a	IRA distributions	4a		<b>b</b> Taxable amount .					4b			
	5a	Pensions and annuities	5a	<b>b</b> Taxable a			ount .			5b			
Standard	6a	Social security benefits	<b>b</b> Taxable amount						6b				
• Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here $$								7			
Married filing	8	Other income from Schedule 1, line 10							8				
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							•	9	1	24,618.	
<ul> <li>Married filing</li> </ul>	10	Adjustments to income from Schedule 1, line 26								10			
jointly or Qualifying	11	Subtract line 10 from line 9. This is	rom line 9. This is your <b>adjusted gross income</b>					•	11	1	24,618.		
widow(er), \$25,100	12a	Standard deduction or itemized						50.					
<ul> <li>Head of</li> </ul>	b								00.				
household, \$18,800	С	Add lines 12a and 12b								12c	<u> </u> :	12,850.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			
any box under Standard	14	Add lines 12c and 13								14		12,850.	
Deduction,	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								15		11,768.	

	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b>	4 <b>2</b> 🗌 4972	3 🗌		16	1,214.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	1,214.
	19	Nonrefundable child tax credit or credit for c	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	1,214.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax				🕨	24	1,214.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	3,403		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	3,403.
., .	26	2021 estimated tax payments and amount a					26	
If you have a liqualifying child,	27a	Earned income credit (EIC)		No .	27a			
attach Sch. EIC.		Check here if you were born after Janu						
		January 2, 2004, and you satisfy all th						
		taxpayers who are at least age 18, to claim t	1 1	structions ► ∐				
	b	Nontaxable combat pay election						
	С	Prior year (2019) earned income						
	28	Refundable child tax credit or additional child			28		_	
	29	American opportunity credit from Form 8863			29	1 100	_	
	30	Recovery rebate credit. See instructions .			30	1,400	-	
	31	Amount from Schedule 3, line 15			31			1 100
	32	Add lines 27a and 28 through 31. These are	-					1,400.
	33	Add lines 25d, 26, and 32. These are your to	33	4,803.				
Refund	34	If line 33 is more than line 24, subtract line 2			•		34	3,589.
D	35a	Amount of line 34 you want <b>refunded to you</b>		3,589.				
Direct deposit? See instructions.	▶b	Routing number 1 1 1 0 0 0 6	•					
	► d	Account number 7 7 7 8 6 9 9						
	36	Amount of line 34 you want applied to your			36			
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	ns . ▶	37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc			See ► TYes	. Complete	holow	X No
Designee		signee's	Phone			Personal ider		IN NO
		ne ►	no.			number (PIN)		
Sign		der penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration						
Here	You	ır signature	Date	Your occupation		lf t	he IRS ser	nt you an Identity
	k	Ralsar	00.40.0000	•		I .		N, enter it here
Joint return?			02-19-2022	SOLIMAKE ENGINEEK			e inst.) 🕨	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, <b>both</b> must sign.						nt your spouse an ection PIN, enter it here
your records.					see inst.)			
	———Pho	one no. (214) 207-7465	Email address	PRAVINBABA	RAGMATT.	. COM		
		parer's name Preparer's signat		TIMIV TINDIIDE	Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TAT.T.AM	02/18/20	22 PO20	82703	Self-employed
Preparer		n's name ► GLOBAL TAXES LLC			132,10,20			678) 965-9522
Use Only		n's address ▶ 2530 Pebble Creek I	n Cummina	g GA 30041			m's EIN ▶	· ·
Go to www ire or		11040 for instructions and the latest information.	0 0111111111	BAA	REV 02/11/22 P	· · · · · · · · · · · · · · · · · · ·	0 = 111	Form <b>1040</b> (2021)
25 to *****.113.90	OIII			DAA	11L V 02/11/22 P	110		101111 10 10 (2021)

Form 1040 (2021)

Page 2