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

Submission Identification Number (SID)					
Taxpayer's name	Social secu	rity numb	er		
MOHANA SRI SAI PHANI SARIPALLI	784-0	1-1337	,		
Spouse's name		Spouse's social security number			
Part I Tax Return Information — Tax Year Ending December 31,	2021 (Enter year you	are 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		111	21	,576.	
2 Total tax		2	21	873.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2	,341.	
4 Amount you want refunded to you		4		,468.	
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure y	ou get and keep a co	py of y	our retur	n)	
my knowledge and belief, it is true, correct, and complete. I further declare that the amoun return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institut payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of business days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Concept.	provider, transmitter, or elector reason for rejection of the authorize the U.S. Treasury tion account indicated in the inancial institution to debit to terminate the author cancellation requests must is involved in the processing related to the payment. If	tronic returnsmis and its do tax prepone entry to ization. The receive of the electrical and the receiver the	urn originat sion, (b) the esignated I aration soft to this accor to revoke (c red no late ectronic pay knowledge	or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the	
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	Г				
<u> </u>	er or generate my PIN	1 1 3	3 7	as my	
ERO firm name signature on the income tax return (original or amended) I am now authoriz		Enter five o		asiny	
I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practitibelow. Your signature ► S · S · S · Phan	nended) I am now authori				
Spouse's PIN: check one box only	or or gonerate my DIN			00 1001	
L authorize ERO firm name to ente	er or generate my PIN	Enter five o	ligits, but	as my	
signature on the income tax return (original or amended) I am now authoriz		don't enter			
I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practitive below.					
Spouse's signature ▶	Date ►				
Practitioner PIN Method Returns Only—co					
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 F		8 6 nter all ze	1 9 8 ros	9	
I certify that the above numeric entry is my PIN, which is my signature for the electronic indi authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-fi	vidual income tax return (or that I am submitting this re	iginal or a	amended) I ccordance		
ERO's signature ▶	Date ►				
ERO Must Retain This Form — See Ins					
Don't Submit This Form to the IRS Unless Rec					

Department of the Treasury – Internal Revenue Service (99)
U.S. Nonresident Alien Income Tax Return 2021 OMB No. 1545-0074 OMB No. 1545-0074 ORB No. 1545-0074 ORB No. 1545-0074

E I UTU		U.S. Nonresident	Aliei	n Income Tax	Return	1 /4 U		OMB	No. 154	15-0074	or staple in thi	is space.
Filing Status		Single Married filing	•	, , ,	Qualifyin	ıg widow	(er) (QV	V)		•		
Check only one box.		ou checked the QW box, enter the alifying person is a child but not y										
Your first name	and r	middle initial	L	ast name						Your ide (see insti	ntifying nu ructions)	mber
MOHANA SR	I S	AI PHANI	S	SARIPALLI						784-0	01-1337	
Home address (numk	per and street or rural route). If you	ı have	a P.O. box, see ins	tructions.			Apt. no		Check if:	X Individ	
903 WILMI								202			Estate	or Trust
	st offi	ce. If you have a foreign address, al	so com	nplete spaces below.			ZIP co					
DAYTON		_	F		OH		4542					
Foreign country	nam	е	Forei	gn province/state/c	ounty		Foreigi	n postal	code			
At any time duri	ng 20	021, did you receive, sell, exchang	e, or o	otherwise dispose of	any financ	ial intere	st in ar	ny virtual	currer	ncy?	Yes	X No
Dependents									(4)	✓ if quali	fies for (see	inst)·
(see instructions):		(1) First name Last na	ame	(2) Depen identifying	I		enendent's			tax credit	0	or other
If more than four												
dependents, see										<u> </u>		
instructions and											L	
check here ►	_		_	()) ()								076
Income	1a	Wages, salaries, tips, etc. Attach		` '						1a	24	,076.
Effectively	b	Scholarship and fellowship grant		` '	•	1	ni. 5ee	HISTRUCI	ions .	1b		
Connected With U.S.	С	Total income exempt by a treat L, line 1(e)					1c					
Trade or	2a	Tax-exempt interest	2a		1	able inte				2b		
Business	3a	Qualified dividends	3a		1	inary div				3b		
	4a 5a	IRA distributions Pensions and annuities	4a 5a		†	able amo able amo				4b 5b		
	5a 6	Reserved for future use	Ja		J D Tax	able allic	Julit .		•	6		
	7	Capital gain or (loss). Attach Sch	 nedule	D (Form 1040) if red	uired. If no	 ot require	d. ched	ck here .	▶ [7		
	8	Other income from Schedule 1 (I		•								
	9	Add lines 1a, 1b, 2b, 3b, 4b, 5b,								▶ 9	24	,076.
	10	Adjustments to income:										
	а	From Schedule 1 (Form 1040), lin	ne 26 .			[10a	2	,500).		
	b	Reserved for future use					10b					
	С	Scholarship and fellowship grant				_	10c					
	d	Add lines 10a and 10c. These ar							.)	10d		,500.
	11	Subtract line 10d from line 9. This	•	, ,					. •	11	21	<u>,576.</u>
	12a	Itemized deductions (from Sci residents of India, standard dedu	uction.	See instructions Sto	Í Dedn US/India	a Treaty	12a	12	2,55			
	b	Charitable contributions for certa	in resi	dents of India. See i	nstructions	·	12b		30	0.		
	С									12c	12	,850.
	13a	Qualified business income dedu				-	13a					
	b	Exemptions for estates and trust	s only.	. See instructions		[13b					

Add lines 12c and 13c

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.

c Add lines 13a and 13b

14

12,850.

8,726.

13c

14

15

	16	Tax (see instructions). Check if any from Form	(s): 1	3814 2 [4972	3			16	873.
	17	Amount from Schedule 2 (Form 1040), line 3							17	0.
	18	Add lines 16 and 17							18	873.
	19	Nonrefundable child tax credit or credit for or	ther depende	ents from Sc	hedule 8	3812 (F	orm 104	0)	19	
	20	Amount from Schedule 3 (Form 1040), line 8							20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If zero or less, e							22	873.
	23a	Tax on income not effectively connected v from Schedule NEC (Form 1040-NR), line 15				23a				
	b	Other taxes, including self-employment tax, line 21		•	, · ·	23b				
	С	Transportation tax (see instructions)			. [23c				
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is your total tax						. ▶	24	873.
	25	Federal income tax withheld from:								
	а	Form(s) W-2			. [25a	2	2,341.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	2,341.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2021 estimated tax payments and amount ap	oplied from 2	2020 return .					26	
	27	Reserved for future use				27				
	28	Refundable child tax credit or additional cl 8812 (Form 1040)				28				
	29	Credit for amount paid with Form 1040-C			. [29				
	30	Reserved for future use			. [30				
	31	Amount from Schedule 3 (Form 1040), line 15	5		. [31				
	32	Add lines 28, 29, and 31. These are your total	al other payr	ments and r	efundak	ole cre	dits	. ▶	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. The	se are your t	total payme	nts .			. ▶	33	2,341.
Refund	34	If line 33 is more than line 24, subtract line 24	from line 33	3. This is the	amount	you o	verpaid		34	1,468.
	35a	Amount of line 34 you want refunded to you		38 is attache	d, check	here			35a	1,468.
Direct deposit?	▶b	Routing number 0 4 4 0 0 0 0	3 7	▶ c Type	e: 🛛 (Checki	ng 🗌	Savings		
See instructions.	▶ d	Account number 5 9 1 2 0 6 8	7 2							
	►e	If you want your refund check mailed to an a enter it here. Amount of line 34 you want applied to your	ddress outs	ide the Unite	ed States	s not s	hown on	page 1,		
	36	Amount of line 34 you want applied to your	2022 estima	ited tax .	•	36				
Amount	37	Amount you owe. Subtract line 33 from line					uctions	. ▶	37	
You Owe	38	Estimated tax penalty (see instructions) .			▶	38				
Third Party Designee	,	ou want to allow another person to distructions	scuss this	return with	the IF	RS? ▶ [Yes.	Complete	below.	⊠ No
- · · · · · · · · · · · · · · · · · · ·	Designame		Phone no. ▶					nal identifi er (PIN)	ication	
Sign Here		penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of p								
пеге	Your	signature	Date	Your occu	upation					ent you an Identity
				000000	. D	TC T	and a	I		PIN, enter it here
	7			SOFTWA	YKF FJ	NGTNI	:EK	(see	inst.) ▶	
	Phone		Email addre	ess	Т	Doto		PTIN	-	Chook if
Paid		rer's name Preparer's sig		D 011D#3		Date	. / 0 0 0 0		2722	Check if:
Preparer		RIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	KAM SAGAI	K GUPTA TA	ALLAM	U3/12	2/2022	P0208		Self-employed
Use Only		name GLOBAL TAXES LLC	~ .	~- c -						78)965-9522
•	/ Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's El							:IIN 🟲 3	0-1017196	

Form 1040-NR (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

MOHANA SRI SAI PHANI SARIPALLI

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 784-01-1337

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	
6	Farm income or (loss). Attach Schedule F \ldots		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8	040, 1040-SR, or	10	

Schedule 1 (Form 1040) 2021 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	•	12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>		
С	Date of original divorce or separation agreement (see instructions)	·		
20	IRA deduction		20	
21	Student loan interest deduction		21	2,500.
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
Z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	2,500.

SCHEDULE OI (Form 1040-NR)

Other Information

► Go to www.irs.gov/Form1040NR for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR

► Attach to Form 1040-NR. ► Answer all questions.

Attachment Sequence No. **7C**

Your identifying number

MC	HA	NA SRI SAI PHANI SAF	RIPALLI			784-01-13	337			
Α		Of what country or countries were you a citizen or national during the tax year? INDIA								
В		In what country did you claim residence for tax purposes during the tax year? United States								
С		Have you ever applied to be a green card holder (lawful permanent resident) of the United States?								
D		Were you ever:								
	1.	1. A U.S. citizen?								
	2.	A green card holder (lawful permanent resident) of the United States?								
		If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.								
Ε		If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax yearF1								
F		Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?								
		If you answered "Yes," indicate the date and nature of the change ▶								
G		List all dates you entered and I								
		Note: If you are a resident of C				uent intervals.				
		check the box for Canada or				☐ Mexico				
		Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	es	Date entered United State mm/dd/yy		rted Unite	d States		
н		Give number of days (including	vacation, nonworkdays, and	 I partial days) you	were present in the United	States during:				
		2019								
I		Did you file a U.S. income tax I	return for any prior year?.				X Yes	□No		
J		Are you filing a return for a trus	st?				Yes	⊠ No		
		If "Yes," did the trust have a U								
		U.S. person, or receive a contr					Yes	☐ No		
K		Did you receive total compens	·				☐ Yes	⊠ No		
		If "Yes," did you use an alterna		-			☐ Yes	□ No		
L		Income Exempt From Tax—If complete (1) through (3) below	you are claiming exempti	on from income	tax under a U.S. income					
	1.	Enter the name of the country,				ı claimed the tre	atv henefi	t and the		
	••	amount of exempt income in the					aty borion	t, and the		
		(a) Cour		(b) Tax treaty art		hs (d) Am	ount of exe	empt		
		(1)	,	(1)	claimed in prior tax ye		n current ta			
		(e) Total. Enter this amount or	n Form 1040-NR, line 1c. D	o not enter it on I	ine 1a or line 1b	. ▶				
	2.	Were you subject to tax in a fo	reign country on any of the	income shown in	n 1(d) above?		☐ Yes	☐ No		
	3.	Are you claiming treaty benefit	s pursuant to a Competent	Authority determ	ination?		☐ Yes	X No		
		If "Yes," attach a copy of the C	Competent Authority detern	nination letter to y	our return.					
М		Check the applicable box if:								
	1.	This is the first year you are may with a U.S. trade or business u						onnected . ▶ □		
	2.	You have made an election in States as effectively connected	a previous year that has	not been revoke	d, to treat income from re	eal property loc	ated in th			