Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
KRISHNAKANTH MIDIDODDY	514-69-7573
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	er 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 76,076.
2 Total tax	2 9,658.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 13,163.
4 Amount you want refunded to you	· · · · 4 3,505.
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 periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL .	TAXES	ERO firm name	to enter or generate my PIN	E
	La subla a site a			TTO	to out on a second on DINI	

9	7	5	7	3	
Ent don	er fiv i't er	ve di Iter a	gits, all ze	but ros	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 Pl	Ν

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date ►
Practitioner PIN Metho	d Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

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 Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	- BAA	REV 02/17/22 PRO	Form 8879 (Rev. 01-2021)

E1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		(99) urn	202	21	OMB No. 15	545-007-	4 IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single [] Married filing jointly [ou checked the MFS box, enter the r son is a child but not your dependen	ame of	-	separately ouse. If you	. ,			•			, 0	low(er) (QW) he qualifying
Your first name	e and m	iddle initial	Last na	me							Your so	ocial securi	ty number
KRISHNA	KANT	Н	MIDI	DODD	ζ.						514-	69-757	3
If joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
1280 SA	XE S	er and street). If you have a P.O. box, see TREET ce. If you have a foreign address, also co			low	Sta	te	710	Apt. no. 150 code		Check	here if you,	i on Campaign , or your ntly, want \$3
BEAUMON			inpiete 3	paces be	10 .				705		•		Checking a
Foreign countr					rovince/state				eign postal	oodo		low will not x or refund	•
	ynanie			oreigin p	IOVINCE/Stati	e/courr	ty		eigiri postai	coue	your tu		. Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise di	spose of a	ny fina	ancial interes	st in an	y virtual o	currer	ncy?	Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•		•		a depender	nt					
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	957	Are b	lind S	oouse	e: 🗌 Was b	oorn be	fore Janu	uary 2	2, 1957	🗌 ls b	lind
Dependent	s (see	instructions):		(2) 5	Social secur	ity	(3) Relation		(4) 6	🖊 if qı	ualifies fo	or (see instru	uctions):
If more	(1) F	irst name Last name			number		to you	I	Child	tax cr	redit	Credit for ot	ther dependents
than four													
dependents, see instruction	IS												
and check													
here 🕨 📋													
	<u>1</u>	Wages, salaries, tips, etc. Attach I	orm(s)	W-2 .	· · ·						. 1		91,706.
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable inter	est			. 2t)	
required.	3a	Qualified dividends	3a			bС	Ordinary divi	dends			. 3t)	
) 4a	IRA distributions	4a			bΤ	axable amo	unt.			. 4t)	
	5a	Pensions and annuities	5a			bΤ	axable amo	unt.			. 5t)	
Standard	6a	Social security benefits	6a			bΤ	axable amo	unt.		•	. 6t)	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f require	d. If not re	quired	, check here	э.			_ 7		
Married filing	8	Other income from Schedule 1, lin									. 8		15,630.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our total in	come				. 1	▶ 9		76,076.
 Married filing jointly or 	10	Adjustments to income from Sche	dule 1, l	ine 26						•	. 10)	
Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inc	ome	· · ·	• •			► <u>11</u>	1	76,076.
widow(er), \$25,100	12a	Standard deduction or itemized		•		,	-	12a	12	,550	D .		
Head of	b	Charitable contributions if you take	the star	ndard de	duction (se	e instr	ructions)	12b		300	<u>).</u>		
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 8	995 or For	m 899	95-A				. 13		
Standard	14												12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or less	s, ente	er-0			•	. 15	5	63,226.

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

Form **1040** (2021)

Form 1040 (2021)									Pa	age 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16		9,65	8.
	17	Amount from Schedule 2, lin	ne3					17			
	18	Add lines 16 and 17						18		9,65	8.
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedul	e8812		19			
	20	Amount from Schedule 3, lin	ne8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		9,65	8.
	23	Other taxes, including self-e						23			0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24		9,65	8.
	25	Federal income tax withheld				1 1			I		
	а	Form(s) W-2					,163.		1		
	b	Form(s) 1099				25b		_	I		
	С	Other forms (see instructions	,			25c			1		
	d	Add lines 25a through 25c						25d	1	3,16	3.
If you have a	26	2021 estimated tax payment			37	1 1		26			
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			I		
		Check here if you were a January 2, 2004, and you							1		
		taxpayers who are at least a							1		
	b	Nontaxable combat pay elec	-	1 1					I		
	с	Prior year (2019) earned inco	ome						I		
	28	Refundable child tax credit or	r additional child	tax credit from	Schedule 8812	28			I		
	29	American opportunity credit	from Form 8863	3, line 8		29			I		
	30	Recovery rebate credit. See	instructions .			30			1		
	31	Amount from Schedule 3, lir	ne 15			31			I		
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	I		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	1	3,16	3.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34		3,50	5.
neiuna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	eck here		35a		3,50	5.
Direct deposit?	►b	Routing number 1 1 1				Checking	Savings				
See instructions.	►d	Account number 4 8 8	0 6 1 9	4 6 0 3	1 3				I		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36					
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37			
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_		
Designee		structions					•		X No		
		signee's me ►		Phone no.			onal identi oer (PIN) 🖡				
0:000		der penalties of perjury, I declare t	hat I have examine						t of my kr		
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation		If the	e IRS ser	nt you an I	dentity	
		-			-				N, enter it	here	
Joint return?					SOFTWARE		`	inst.) 🕨			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupa	tion			nt your spo ection PIN		here
your records.								inst.) 🕨			
	Ph	one no. (409)998-333	2	Email address	KRISHNAKANT	H064@GMAIL.CO)M				
		eparer's name	Preparer's signat			Date	PTIN		Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM	1 03/06/2022	P0208	2703	Self-	-employe	ed
Preparer		m's name ► GLOBAL TA							678)96		
Use Only		m's address ► 2530 Pebb		n Cummin	q GA 30041			's EIN ▶		L0171	
Go to www.irs a		n1040 for instructions and the late			BAA	REV 02/17/22 PRO				1040	
					600						· · · · · · · · · · · · · · · · · · ·

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR.

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Your soc	ial security number
	Attachment Sequence No. 01

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest inform						
Name(s) shown on Form 1040, 1040-SR, or 1040-NR							

Tour social security number
514-69-7573

Part I Additional Income

KRISHNAKANTH MIDIDODDY

1	Taxable refunds, credits, or offsets of state and local income taxes	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	-15,630.
6	Farm income or (loss). Attach Schedule F		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	-15,630.

For Paperwork Reduction Act Notice, see your tax return instructions.

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
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 Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
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)		
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 violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
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 to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 02/17/22 PRO

SCHE	DULE	Е
(Form	1040)	

Supplemental Income and Loss

OMB No. 1545-0074 2

Attachment Sequence No. 13

20

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

1040-SR, 1040-NR, or 1041.

Attach to I	Form	1040,
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Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s)	shown on return								Your socia	I securi	ty numb	ər
KRIS	HNAKANTH MIDIDO	DDDY							514-6	9-757	3	
Part			Real Estate and Ro	-		-			• •			use
	d you make any payme				• • •							
	Yes," did you or will you									· 🗆 '	res _	No
<u>1a</u>			(street, city, state, ZIF									
	H:NO 9-7-172,E	BURUDUGALL	Y NIZAMABAD TEI	LANGA	ANA IN	500	031					
<u>C</u>							E . i	Dental	D			
1b	Type of Property	2 For each	rental real estate prop	perty li	sted			Rental Days	Personal	QJV		
	(from list below)	- personal	eport the number of fa l use days. Check the set the requirements to	QJV b	JV box only			-	Days 0		┼────	
 	2	_ if you me	eet the requirements to joint venture. See inst	o file a	sa ns	A B	365					<u>_</u>
C	+	-			-	в С						<u>_</u>
	f Duon outru					C					L	
	of Property:		/Chart Tarra Daratal	5 a.	a al			Devetel				
-	gle Family Residence	4 Comme	n/Short-Term Rental				7 Self-					
Incom	ti-Family Residence	4 Comme	Properties:	0 KU	yalties	Α	8 Othe	r (describe E			С	
3			-	3			450.		•		U	
4	Rents received Royalties received .			4			450.					
Expen				-								
5	Advertising			5								
6	Auto and travel (see i			6								
7	Cleaning and mainter	,		7		2	450.					
8	Commissions			8		4,	150.					
9	Insurance			9								
10	Legal and other profe			10								
11	Management fees .			11		2	000.					
12	Mortgage interest pai			12		4,	000.					
13	Other interest		. ,	13								
14	Repairs			14		4.	200.					
15	Supplies			15			680.					
16	Taxes			16								
17	Utilities			17		3,	750.					
18	Depreciation expense			18								
19	Other (list)			19								
20	Total expenses. Add	lines 5 through	n 19	20		16,	080.					
21	Subtract line 20 from	line 3 (rents) a	nd/or 4 (royalties). If									
	result is a (loss), see											
	file Form 6198			21		-15,	630.					
22	Deductible rental rea on Form 8582 (see in			22	(15 A	530.)	((,
23a	Total of all amounts r					<u> </u>	23a	1	450.			,
b	Total of all amounts r	•					23b		1001			
c	Total of all amounts r						23c					
d	Total of all amounts r	•					23d					
e	Total of all amounts r	•					23e	1	6,080.			
24	Income. Add positiv	-							. 24			
25	Losses. Add royalty lo						nter tota	al losses her		(15,6	530.
26	Total rental real est											,
	here. If Parts II, III, I											
	Schedule 1 (Form 104										-15	,630.