## 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

	5						
Submi	ission Identification Number (SID)						
Taxpaye	er's name	Social securi	cial security number				
DEE!	PTHI GAMPALA	893-14-1648					
Spouse'	's name	Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	 er year you a	re au	thorizina	1		
	whole dollars only on lines 1 through 5.	i year you c	ii C aa	trionzing.	<i>)</i>		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	13	,867.		
2	Total tax		2		101.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	,882.		
4	Amount you want refunded to you		4		,181.		
5	Amount you owe		5				
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	rn)		
my know return (to send for any Agent to payment authoric payment business taxes to person to send for any formal for any formal formal for any formal formal formal formal formal formal for any formal form	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abortoriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transful my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reducing the return or refund, and (c) the date of any refund. If applicable, I authorize the I to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into the financial 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 terminath, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receives days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I also authorize the financial or amended) I all the transfer of the income tax return (original or amended) I also authorize the financial or amended) I also all the transfer of the income tax return (original or amended) I also authorize the financial institutions involved in the content of the transfer of the income tax return (original or amended) I also authorize the financial institutions involved in the content of the payment (settlement) below is my signature for the income tax return (original or amended) I also authorize the financial institutions involved in the content of the payment of the	ove are the amnitter, or electripection of the to J.S. Treasury a dicated in the to ion to debit the the authorizquests must be processing opayment. I fur	ounts for the conic reference in the conic reference in the conic received in the conic	from the inc turn original ssion, <b>(b)</b> the designated paration soff to this accor- fo revoke (eved no late ectronic parack	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the		
	nic Funds Withdrawal Consent.  Iyer's PIN: check one box only						
X		my PIN	1   0	6 4 8	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	do my		
	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 <b>and</b> your return is filed using the Practitioner PIN met below.						
Your s	signature ▶ Date ▶						
Snous	se's PIN: check one box only						
	I authorize to enter or generate	my PIN			as my		
ERO firm name Enter five digits, but							
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros			
	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 <b>and</b> your return is filed using the Practitioner PIN met below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below	v					
Part	III Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	7 2 7 Don't ent	8 6	1 9 8	9		
		Don r em	∪ı aıı ∠t	03			
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	nitting this reti	urn in a	accordance			
ERO's	s signature ▶ Date ▶						
	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

202	1

OMB No. 1545-0074

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 nation is a child but not your dependent	- ame of	ied filing separately f your spouse. If you	. ,	<del></del>		, ,	_		. , . ,
Your first name and middle initial Last name				ame					Your social security number		
DEEPTHI			GAM	PALA					893-14-1648		
If joint return, spouse's first name and middle initial				ame					Spouse's social security number		
	•	er and street). If you have a P.O. box, see RIVER DR	instruc	tions.				Apt. no.		ntial Election	on Campaign or your
City, town, or post office. If you have a foreign address, also co				mplete spaces below. State			1	code 103	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You Spouse		
Foreign country name			Foreign province/state/count			ty	Foreign postal code				
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of a	ny fina	ancial interest i	in an	y virtual currer	псу?	☐ Yes	⊠ No
Standard Deduction		eone can claim:				•					
Age/Blindness	You:	Were born before January 2, 1	957	Are blind S	pouse	: Was bo	rn be	fore January 2	2, 1957	ls bl	lind
Dependent	•	e instructions):  (2) Social security number  (3) Relationship to you Child tax or					r (see instru Credit for ot	ictions): her dependents			
If more than four	(.,					-				0.00.00	
dependents,											
see instructions and check	s ——										
here											
	_1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		13,867.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b	)	
Sch. B if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds		. 3b	)	
	4a	IRA distributions	4a		b T	axable amoun	ıt .		. 4b	)	
	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	ıt.		. 5b	)	
Standard	6a	6a Social security benefits 6a b Taxable amount						. 6b	)		
Deduction for—	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							▶ [	7		
Single or Married filing									. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a							▶ 9		13 <b>,</b> 867.
Married filing	10	Adjustments to income from Sche	sustments to income from Schedule 1, line 26						. 10	)	
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	line 10 from line 9. This is your <b>adjusted gross income</b>								13,867.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	le A)	12	а	12,550	0.		
Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b 300.							0.		
household, \$18,800	С	Add lines 12a and 12b							. 12	c :	12,850.
If you checked	13	Qualified business income deducti	on fror	m Form 8995 or Foi	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0									1,017.

	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	101.
	17	Amount from Schedule 2, line 3						17	_
	18	Add lines 16 and 17						18	101.
	19	Nonrefundable child tax credit or credit for o	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	101.
	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	101.
	25	Federal income tax withheld from:							
	а	Form(s) W-2							
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	1,882.
16	26	2021 estimated tax payments and amount a						26	
If you have a lqualifying child,	27a	Earned income credit (EIC)							
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 -11 1- 0040	-				
	28	Refundable child tax credit or additional child			28				
	29	American opportunity credit from Form 8863							
	30	Recovery rebate credit. See instructions .			30	1	,400.		
	31	Amount from Schedule 3, line 15			31	dable eved	:to		1 400
	32	Add lines 27a and 28 through 31. These are	-					32	1,400. 3,282.
	33 34	Add lines 25d, 26, and 32. These are your to						33	3,282.
Refund		If line 33 is more than line 24, subtract line 24	35a	3,181.					
Direct deposit?	35a ▶ b	Amount of line 34 you want <b>refunded to you</b> Routing number 1 1 1 1 0 0 0 0 0	Soa	3,101.					
See instructions.	►d	Account number 5 8 6 0 3 6 6			Checl		Savings		
	36	Amount of line 34 you want applied to your			36				
Amount	37	Amount you owe. Subtract line 33 from line				tructions	. ▶	37	
You Owe	38	Estimated tax penalty (see instructions) .			38			31	
Third Party		you want to allow another person to disc							
Designee		structions				Yes. Co	mplete b	elow.	X No
	Des	lesignee's Phone Personal identific							
	nar	me ►	no. 🕨			numb	er (PIN)	•	
Sign		der penalties of perjury, I declare that I have examine							
Here		ief, they are true, correct, and complete. Declaration of			aseu on	all lillorifiatio	1		, ,
	YOU	ur signature	Date	Your occupation					nt you an Identity IN, enter it here
Joint return?			SOFTWARE DEVELOPER				1	nst.) ►	
See instructions.	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	Date Spouse's occupation						nt your spouse an
Keep a copy for your records.	,							ity Prote nst.) ▶	ection PIN, enter it here
yea. 1000.ac.									
		parer's name Preparer's signat	Email address	DEEPTHI.HS		GMAIL.CO	M PTIN		Charle if
Paid		, , , , , , , , , , , , , , , , , , , ,		OUDER	Date	1 2 / 2 2 2 2		2700	Check if:
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/13/2022 P02082							Self-employed
Use Only		m's name  GLOBAL TAXES LLC	- C	~ (7 20041					(678) 965-9522
		m's address ▶ 2530 Pebble Creek L	n Cumming				Firm'	s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 04	4/01/22 PRO			Form <b>1040</b> (2021)

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