

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) ▶

Taxpayer's name ABHINAV PRASHANT PAMIDIGHANTAM	Social security number 739-10-2823
Spouse's name	Spouse's social security number

Part I 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 filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	40.
2 Total tax	2	4.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4 Amount you want refunded to you	4	
5 Amount you owe	5	4.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	2	8	2	3
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 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 ▶ *Abhinav* Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 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 ▶ _____ 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.

5	8	7	2	7	8	6	1	9	8	9
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 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.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status

Single Married filing separately (MFS) Qualifying widow(er) (QW)

If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Check only one box.

Your first name and middle initial ABHINAV PRASHANT		Last name PAMIDIGHANTAM	Your identifying number (see instructions) 739-10-2823
Home address (number and street or rural route). If you have a P.O. box, see instructions. 15 ESTERBROOKE AVENUE			Apt. no. Check if: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Estate or Trust
City, town, or post office. If you have a foreign address, also complete spaces below. TORONTO		State	ZIP code
Foreign country name Canada		Foreign province/state/county	Foreign postal code M2J2C5

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Dependents (see instructions):	(1) First name	Last name	(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business	1a Wages, salaries, tips, etc. Attach Form(s) W-2		1a	
	b Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions		1b	
	c Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e)		1c	
	2a Tax-exempt interest	2a	b Taxable interest	2b 40 .
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6 Reserved for future use			6
	7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . ▶ <input type="checkbox"/>			7
	8 Other income from Schedule 1 (Form 1040), line 10			8
	9 Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income . . . ▶			9 40 .
	10 Adjustments to income:			
	a From Schedule 1 (Form 1040), line 26	10a		
	b Reserved for future use	10b		
	c Scholarship and fellowship grants excluded	10c		
d Add lines 10a and 10c. These are your total adjustments to income ▶			10d	
11 Subtract line 10d from line 9. This is your adjusted gross income ▶			11 40 .	
12a Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions	12a	0 .		
b Charitable contributions for certain residents of India. See instructions	12b			
c Add lines 12a and 12b			12c 0 .	
13a Qualified business income deduction from Form 8995 or Form 8995-A	13a			
b Exemptions for estates and trusts only. See instructions	13b			
c Add lines 13a and 13b			13c	
14 Add lines 12c and 13c			14 0 .	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15 40 .	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____		16	4.
17	Amount from Schedule 2 (Form 1040), line 3		17	0.
18	Add lines 16 and 17		18	4.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 (Form 1040)		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, enter -0-		22	4.
23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a	23d	
b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	23b		
c	Transportation tax (see instructions)	23c		
d	Add lines 23a through 23c			
24	Add lines 22 and 23d. This is your total tax		24	4.
25	Federal income tax withheld from:		25d	
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c			
e	Form(s) 8805	25e		
f	Form(s) 8288-A	25f		
g	Form(s) 1042-S	25g		
26	2021 estimated tax payments and amount applied from 2020 return		26	
27	Reserved for future use	27	28	
28	Refundable child tax credit or additional child tax credit from Schedule 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	31	32	
32	Add lines 28, 29, and 31. These are your total other payments and refundable credits			
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments			
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		35a	
Direct deposit? See instructions.	b Routing number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		36	
	d Account number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
	e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.			
36	Amount of line 34 you want applied to your 2022 estimated tax	36		
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions		37	4.
	38 Estimated tax penalty (see instructions)	38		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No			
	Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date <input type="text"/>	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
			SENIOR ASSOCIATE -PROJECTS	
	Phone no. <input type="text"/>	Email address <input type="text"/>		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN
	SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/14/2022	P02082703
	Firm's name <input type="text"/>	Firm's EIN <input type="text"/>		Check if: <input type="checkbox"/> Self-employed
	Firm's address <input type="text"/>			Phone no. <input type="text"/>
	2530 Pebble Creek Ln Cumming GA 30041			(678)965-9522

**SCHEDULE A
(Form 1040-NR)**

Itemized Deductions

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040-NR.

2021
Attachment
Sequence No. **7A**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

Name shown on Form 1040-NR

ABHINAV PRASHANT PAMIDIGHANTAM

Your identifying number

739-10-2823

Taxes You Paid

- 1a** State and local income taxes **1a**
- b** Enter the smaller of line 1a or \$10,000 (\$5,000 if you checked Married filing separately under *Filing Status* on page 1 of Form 1040-NR) **1b**

Gifts to U.S. Charities

- 2** Gifts by cash or check. If you made any gift of \$250 or more, see instructions **2**
- 3** Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals **must** attach Form 8283 if line 3 is over \$500 **3**
- 4** Carryover from prior year **4**
- 5** Add lines 2 through 4 **5**

Casualty and Theft Losses

- 6** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions **6**

Other Itemized Deductions

- 7** Other—from list in instructions. List type and amount ▶ _____

_____ **7**

Total Itemized Deductions

- 8** Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 12a **8**

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Other Information

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information.
▶ Attach to Form 1040-NR.
▶ Answer all questions.

OMB No. 1545-0074

2021
Attachment
Sequence No. **7C**

Name shown on Form 1040-NR

Your identifying number

ABHINAV PRASHANT PAMIDIGHANTAM

739-10-2823

- A** Of what country or countries were you a citizen or national during the tax year? CANADA
- B** In what country did you claim residence for tax purposes during the tax year? United States
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
1. A U.S. citizen? Yes No
2. A green card holder (lawful permanent resident) of the United States? Yes No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** 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 year. B1/B2
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
- If you answered "Yes," indicate the date and nature of the change ▶ _____
- G** List all dates you entered and left the United States during 2021. See instructions.

Note: If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada** or **Mexico** and skip to item H. Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2019 _____, 2020 _____, and 2021 0.
- I** Did you file a U.S. income tax return for any prior year? Yes No
- If "Yes," give the latest year and form number you filed ▶ _____
- J** Are you filing a return for a trust? Yes No
- If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
- If "Yes," did you use an alternative method to determine the source of this compensation? Yes No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b . . . ▶ _____

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
- If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . ▶
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . ▶