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 secur	Social security number				
KISHAN SAPARE	876-37	876-37-7807				
Spouse's name	Spouse's so	cial secu	rity numbe	er		
Part I Tax Return Information — Tax Year Ending December 31, 202	 21 (Enter year you a	re 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		1		721.		
2 Total tax		2		,461.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		3,496.		
4 Amount you want refunded to you		4	3	3,035.		
5 Amount you owe	et and keen a cor	5 of v	our reti	ırn)		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Freturn (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authomatically authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution across any deferred to initiate any action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel business days prior to the payment (settlement) date. I also authorize the financial institutions involtaxes to receive confidential information necessary to answer inquiries and resolve issues relate personal identification number (PIN) below is my signature for the income tax return (original or amelectronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or entering grant to 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 if you are entering your own PIN and your return is filed using the Practitioner below.	r amended) I am now au Part I above are the am ler, transmitter, or electron for rejection of the torize the U.S. Treasury account indicated in the filal institution to debit the oterminate the authorizillation requests must be to the payment. I fur ended) I am now authorized in the payment and the payment of the payment of the payment of the payment. I fur ended) I am now authorized in the payment of the pa	thorizing ounts fronic retransmiss and its dax prepe entry tation. Teer received the received at the received the received at	g, and to to the room the incurrence of the second aration so this according to the second are the second aration so the second aration second aration second are second aratic second are	best of facome tax ator (ERO) he reason I Financial of fitware for ount. This (cancel) a er than 2 ayment of e that the cable, my as my		
Spouse's PIN: check one box only						
• _	generate my PIN			as my		
ERO firm name	Er	Inter five digits, but				
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 amende if you are entering your own PIN and your return is filed using the Practitioner below.	ed) I am now authoriz	ng. Ch				
<u></u>	Date ►					
Practitioner PIN Method Returns Only—continu						
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 Don't en	8 6 ter all ze		3 9		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Pro	I am submitting this ret	urn in a	ccordance			
	Date ►					
ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Reques						

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	s 🗌 s	Single Married filing jointly	Marri	ed filing separately	(MFS)) Head	of hous	sehold (HOH)	Qua	lifying wic	dow(er) (QW)
Check only one box.	•	ou checked the MFS box, enter the open is a child but not your depender		your spouse. If you INEELA MADHAVI AT			or QV	V box, enter th	e child's	name if tl	ne qualifying
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
KISHAN			SAP	ARE					876-	37-780	17
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse'	s social se	curity number
									597-	97-971	. 6
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	Preside	ntial Electi	ion Campaigr
_5325 JE	SSIP	ST								nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	omplete spaces below. State NC		ZIP	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a		
MORRISV	ILLE					C	27	7560	box below will not change		
Foreign country	y name		Foreign province/state/county			ty	Foreign postal code		e your tax or refund. You Spouse		
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	ny fina	ancial interes	t in an	y virtual curre	ncy?	Yes	⊠ No
Standard	Som	neone can claim:	ependen	it Your spou	ise as	a dependen	t				
Deduction		Spouse itemizes on a separate retu	rn or you	u were a dual-statu	s alier	1					
Age/Blindness	You:	: Were born before January 2,	1957 [Are blind S	pouse	: Was b	orn be	efore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relation	ship	(4) ✓ if q	ualifies fo	r (see instru	uctions):
If more		First name Last name		number to you		-	Child tax cred		Credit for of	ther dependents	
than four											
dependents, see instruction	s										
and check											
here ►											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		88,920.
Attach	2 a	Tax-exempt interest	2a		b T	axable intere	est		. 2b)	
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary divid	dends		. 3b)	
	4a	IRA distributions	4a		b T	axable amou	unt .		. 4b)	
	5a	Pensions and annuities	5a	b Taxable amount				. 5b)		
Standard	6a	Social security benefits	b Taxable amount					. 6b)		
Deduction for— 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		-9 , 199.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							▶ 9		79,721.
Married filing	10	Adjustments to income from Schedule 1, line 26						. 10)		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is your adjusted gross income					▶ 11		79,721.		
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t ions (from Schedu	le A)	1	2a	12,55	0.		
Head of	b	Charitable contributions if you take	e the sta	ndard deduction (se	e inst	ructions) 1	2b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120		12,850.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or For	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 lir	ne 11. If zero or less	s, ente	er -0			. 15	<u> </u>	66,871.

	16	Tax (see instructions). Check if any from Form(s): 1	8814 2 4972	3 🗌		16	10,461.	
	17	Amount from Schedule 2, line 3				17		
	18	Add lines 16 and 17				18	10,461.	
	19	Nonrefundable child tax credit or credit for other de	pendents from Schedule	8812]	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	10,461.	
	23	Other taxes, including self-employment tax, from So	chedule 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax			. 🕨	24	10,461.	
	25	Federal income tax withheld from:						
	а	Form(s) W-2		25a 13,	496.			
	b	Form(s) 1099		25b				
	С	Other forms (see instructions)		25c				
	d	Add lines 25a through 25c				25d	13,496.	
If you have a	26	2021 estimated tax payments and amount applied f	rom 2020 return			26		
qualifying child,	27a	Earned income credit (EIC)		27a				
attach Sch. EIC.		Check here if you were born after January 1, January 2, 2004, and you satisfy all the other taxpayers who are at least age 18, to claim the EIC.	requirements for See instructions ▶ □					
	b	' '	27b					
	С	, , ,	27c					
	28	Refundable child tax credit or additional child tax cred		28				
	29	American opportunity credit from Form 8863, line 8		29				
	30	Recovery rebate credit. See instructions		30				
	31	Amount from Schedule 3, line 15		31				
	32	Add lines 27a and 28 through 31. These are your to			- 1	32		
	33	Add lines 25d, 26, and 32. These are your total pay			. •	33	13,496.	
Refund	34	If line 33 is more than line 24, subtract line 24 from l		•		34	3,035.	
	35a	Amount of line 34 you want refunded to you. If For			▶ ∐	35a	3,035.	
Direct deposit? See instructions.	▶b	Routing number 0 1 1 9 0 0 2 5 4		Checking Sa	vings			
	►d	Account number 3 8 5 0 1 9 9 0 8						
	36	Amount of line 34 you want applied to your 2022 es		36				
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For		1 1	. 🕨	37		
	38	Estimated tax penalty (see instructions)		38				
Third Party Designee	ins	you want to allow another person to discuss the ructions		Yes. Com	•		⋉ No	
		ignee's ne ▶	Phone no. ▶		al identifi ·(PIN) ▶			
Sign	Un	ler penalties of perjury, I declare that I have examined this re ef, they are true, correct, and complete. Declaration of prepar	turn and accompanying sch	edules and statements	, and to	the best		
Here		r signature Date	Your occupation		1		t you an Identity	
	,	Date	Tour occupation		1		N, enter it here	
Joint return?			FULL STACK	NET DEVELPER	(see ir	nst.) ▶		
See instructions. Keep a copy for	Spo	use's signature. If a joint return, both must sign. Date					t your spouse an	
your records.	,				1	ntity Protection PIN, enter it here		
		ne no. (925) 819-2812 Email a	ddroes CLINEEL A MAI	NIIIACMATI COM	(000.11	,,,		
		ne no. (925) 819-2812 Email a	udiess SUNEELA.MAI	DHU@GMAIL.COM Date F	PTIN	$\overline{}$	Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM S	ארא אר מווסייא ייאד. דא או ארא אר מווסייא איז דא או		02082	703	Self-employed	
Preparer		rrita ram sagar Gupta Tallam STAM PRITA RAM S 's name GLOBAL TAXES LLC	NALLALIAU AADA	04/11/2022 P			678) 965-9522	
Use Only		n's address ▶ 2530 Pebble Creek Ln Cui	mming GA 300/1			eno. (sEIN ►	· ·	
Co to warming				DEV 04/00/22 77.2	Timits	LIIN		
GO TO WWW.Irs.go	ov/rorm	1040 for instructions and the latest information.	BAA	REV 04/09/22 PRO			Form 1040 (2021)	

Form 1040 (2021)

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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

KISHAN SAPARE

Your social security number
876-37-7807

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	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, tr Schedule E	•	5	-9,199.
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 1040-NR, line 8		10	-9,199.

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

Par	Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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)	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	24 j		
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 t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Attachment

Sequence No. 13

OMB No. 1545-0074

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 social security number 876-37-7807 KISHAN SAPARE Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α P No 150, F 103, Lakshmi Vinayaka Residency Mothinagar, Hyderabad Telangana IN 500018 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 0 Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 605. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,988. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,572. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 14 Repairs. 2,045. 15 1,952. 15 Supplies . Taxes 16 16 17 17 2,247. 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 20 20 9,804. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must file Form 6198 21 -9,199.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,199. 605. 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 9,804. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 9,199. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

26

-9,199.

26

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2