## 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

The state of the s						
Submission Identification Number	(SID)					
Taxpayer's name			Social secur	ity numb	er	
POOJA BHAMARE			687-79	-3285		
Spouse's name			Spouse's so			
Part I Tax Return Informa	ation — Tax Year Ending D	ecember 31. 202	   (Enter year you a	are aut	horizina	)
Enter whole dollars only on lines 1		202		aro aat	monizing.	<i>/</i>
Note: Form 1040-SS filers use line	_	5 blank.				
				1 1	15	,782.
				2		294.
3 Federal income tax withheld	from Form(s) W-2 and Form(s)	1099		3	2	,477.
4 Amount you want refunded	to you			4		,183.
5 Amount you owe				5		
Part II Taxpayer Declarati	on and Signature Authoriz	ation (Be sure you g	et and keep a cop	y of y	our retu	rn)
Under penalties of perjury, I declare that my knowledge and belief, it is true, concern (original or amended) I am now at to send my return to the IRS and to refor any delay in processing the return of Agent to initiate an ACH electronic fund payment of my federal taxes owed on the authorization is to remain in full force payment, I must contact the U.S. Tresusiness days prior to the payment (set taxes to receive confidential information personal identification number (PIN) be Electronic Funds Withdrawal Consent.	prrect, and complete. I further decauthorizing. I consent to allow my inceive from the IRS (a) an acknowle or refund, and (c) the date of any reds withdrawal (direct debit) entry to this return and/or a payment of estimand effect until I notify the U.S. Teasury Financial Agent at 1-888-3 ettlement) date. I also authorize the on necessary to answer inquiries	lare that the amounts in F ntermediate service provid dgement of receipt or reas fund. If applicable, I autho to the financial institution ac mated tax, and the financi- reasury Financial Agent to 53-4537. Payment cancel financial institutions invol- and resolve issues related	Part I above are the amer, transmitter, or electron for rejection of the parties the U.S. Treasury account indicated in the parties the unit of the parties	nounts from the received and its distance of the entry to the received from the receivent action. The receives the receive	om the incurn original sion, (b) the lesignated aration sofo this according to the lesignate of the lesignat	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the
Taxpayer's PIN: check one box of	only		Г			
X lauthorize GLOBAL TA	-	to enter or o	generate my PIN	3 2	8 5	as my
	ERO firm name ax return (original or amended)		· Ei		digits, but all zeros	ac,
	signature on the income tax ret wn PIN <b>and</b> your return is filed					
Your signature ►			Date ►			
Spouse's PIN: check one box on	lv		_			
authorize	.9	to enter or o	generate my PIN			as my
	ERO firm name		, _	nter five o	digits, but	ao my
signature on the income to	ax return (original or amended)	I am now authorizing.	de	on't enter	all zeros	
	signature on the income tax ret wn PIN <b>and</b> your return is filed					
Spouse's signature ▶		ļ	Date ►			
	Practitioner PIN Method R	eturns Only—continu	e below			
Part III Certification and A	uthentication — Practition	er PIN Method Only				
ERO's EFIN/PIN. Enter your six-di	git EFIN followed by your five-c	ligit self-selected PIN.	5 8 7 2 7 Don't en	8 6 ter all ze	1 9 8	9
I certify that the above numeric entry is authorized to file for tax year indicated requirements of the Practitioner PIN me	d above for the taxpayer(s) indicat	ed above. I confirm that I	am submitting this ret	urn in a	ccordance	
ERO's signature ▶			Date ►			
	ERO Must Retain This					
Don	't Submit This Form to the	<b>IRS Unless Reques</b>	ted To Do So			

E 1040-NR Department of the Treasury-Internal Revenue Service (99) U.S. Nonresident Alien Income Tax Return 2021 OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

	0.0. 11011103140111	Alleli illoolile Tu	x itotuiii	3 © <b>— -</b>   OW	D 140. 104	0 0074 0	stapic in this space.
Filing Status	_	separately (MFS)	Qualifying wi	dow(er) (QW)		•	
Check only one box.	If you checked the QW box, enter the qualifying person is a child but not y						
	and middle initial	Last name				Your ident	tifying number
						(see instruc	ctions)
POOJA		BHAMARE				687-79	
,	number and street or rural route). If yo	ou have a P.O. box, see in	structions.	Apt. ı	10.	Check if:	X Individual
	R CREST CT		1				Estate or Trust
	t office. If you have a foreign address, a	also complete spaces below		ZIP code			
CHARLOTTE Foreign country		Foreign province/state/o	NC nountry	28262	l oodo		
Foreign country	lame	Foreign province/state/	County	Foreign posta	ii code		
At any time durir	ng 2021, did you receive, sell, exchanç	ge, or otherwise dispose of	of any financial ir	nterest in any virtu	al currer	ncy?	☐ Yes       X No
Danandanta					(4)	<b>✓</b> if qualific	es for (see inst.):
Dependents (see instructions):		<b>(2)</b> Depe		(3) Dependent's	1	tax credit	Credit for other
	(1) First name Last n	name identifying	g number re	elationship to you	Crinic	TIAX CIECUIL	dependents
f more than four							
dependents, see					+	$\vdash$	
nstructions and check here ►							
Income	1a Wages, salaries, tips, etc. Attac	h Form(s) W-2				1a	18,282.
Effectively	<b>b</b> Scholarship and fellowship gran	` '			ctions .		10,101.
Connected	c Total income exempt by a treat	` ,	•	1 1			
With U.S.	L, line 1(e)			1c			
Trade or	2a Tax-exempt interest	2a	<b>b</b> Taxable	interest		2b	
Business	3a Qualified dividends	3a	<b>b</b> Ordinary	dividends		3b	
	4a IRA distributions	4a		amount		4b	
	5a Pensions and annuities	5a	<b>b</b> Taxable	amount		5b	
	Reserved for future use					6	
	<ul><li>7 Capital gain or (loss). Attach Sci</li><li>8 Other income from Schedule 1 (</li></ul>	, ,	•	•	. •	7        8	
	<ul><li>9 Add lines 1a, 1b, 2b, 3b, 4b, 5b</li></ul>	` ' '				9	18,282.
1	Adjustments to income:	, r, and o. This is your tot	ar encouvery oc				107202.
	a From Schedule 1 (Form 1040), I	ine 26		10a	2,500	).	
	<b>b</b> Reserved for future use			10b			
	c Scholarship and fellowship gran	nts excluded		10c			
	d Add lines 10a and 10c. These a	re your total adjustments	s to income .		•	10d	2,500.
1	1 Subtract line 10d from line 9. The	nis is your <b>adjusted gross</b>	s income			11	15,782.
1	2a Itemized deductions (from Solvesidents of India, standard ded				L2,550	D.	
	<b>b</b> Charitable contributions for cert	ain residents of India. See	instructions .	12b	300	0.	
	c Add lines 12a and 12b					12c	12,850.
1	3a Qualified business income dedu			13a			
	<b>b</b> Exemptions for estates and trus			13b		4.5	
_						13c	10.050
1	4 Add lines 12c and 13c					14	12,850.

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

2,932.

15

	16	Tax (see instructions). Check if any from Form(s	s): <b>1</b>	8814	<b>2</b> 4	1972 <b>3</b>	B 🗌		16	294.
	17	Amount from Schedule 2 (Form 1040), line 3							17	0.
	18	Add lines 16 and 17							18	294.
	19	Nonrefundable child tax credit or credit for ot	her depend	dents from	n Schedi	ule 8812 (	Form 1040	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	294.
	23a	Tax on income not effectively connected w from Schedule NEC (Form 1040-NR), line 15								
	b	Other taxes, including self-employment tax, f line 21		•		), <b>23b</b>				
	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	294.
	25	Federal income tax withheld from:								
	а	Form(s) W-2				25a	2	477.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	2,477.
	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	plied from	2020 retu	ırn				26	
	27	Reserved for future use				27				
	28	Refundable child tax credit or additional ch 8812 (Form 1040)				e <b>28</b>				
	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	Add lines 28, 29, and 31. These are your total				ndable cr	edits	. ▶	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. The	se are you	r total pay	ments			. ▶	33	2,477.
Refund	34	If line 33 is more than line 24, subtract line 24	from line	33. This is	the amo	ount you <b>c</b>	overpaid		34	2,183.
	35a	Amount of line 34 you want refunded to you	. If Form 88	388 is atta	ched, ch	neck here			35a	2,183.
Direct deposit?	▶b	Routing number 0 2 1 2 0 2 3				X Check		Savings		
See instructions.	▶d	Account number   5   2   6   9   1   2   0	6 5		Ï					
	<b>▶</b> e	If you want your refund check mailed to an a enter it here.  Amount of line 34 you want applied to your 2	ddress out	side the L	Jnited St	tates not	shown on	page 1,		
	36	Amount of line 34 you want applied to your 2	2022 estim	ated tax	. •	36				
Amount	37	Amount you owe. Subtract line 33 from line						. ▶	37	
You Owe	38	Estimated tax penalty (see instructions) .			🕨	38				
Third Party Designee	•	ou want to allow another person to dis structions	cuss this	return v	with the	e IRS?	Yes. C	Complete	below.	⊠ No
	Desigi name		Phon no. ▶					nal identifi er (PIN)	cation	
Sign Here		penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of p								
icic	Your s	signature	Date	Your	occupati	ion		1		ent you an Identity
				ביאזכי	INEER			I	ection F inst.) ▶	PIN, enter it here
	Dh · · ·		Face all 1 of 1		TWEFK			(266	11 ISL.) 🖊	
	Phone	e no. rer's name Preparer's sig	Email add	ress		Date	1	PTIN	1	Chook if:
Paid		'		אם מיים	, marr		2/2022		2702	Check if:
Preparer	se Only							Self-employed		
Jse Only							78)965-9522			
	Firm's address 2530 Pebble Creek Ln Cumming GA 30041 Firm's E						IIN <b>►</b> 3	0-1017196		

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

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

Your social security number
687-79-3285

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	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		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
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)	Bm		
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		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	<b>&gt;</b>		
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 <b>adjustments</b> 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. Attachment Sequence No. **7C** ► Answer all questions. Your identifying number

РΟ	OJ	A BHAMARE		687-79-3285						
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?							⊠ No	
D		Were you ever:								
	1.	A U.S. citizen?								
:	2.	A green card holder (lawful per							X No	
		If you answer "Yes" to (1) or (2)	•							
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?								
		Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?								
G		List all dates you entered and left the United States during 2021. See instructions.								
		Note: If you are a resident of C check the box for Canada or	Canada or Mexico <b>AND</b> cor <b>Mexico</b> and skip to item H	mmute to work ir	the l	United States at frequ $\square$ Canada	ent intervals,  Mexico			
		Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	es	Dat	te entered United State mm/dd/yy		arted United mm/dd/yy	d States	
				_						
		Cive number of days (including	vecetion nonworkdove and		L	present in the United (	Ptotoo duringu			
Н		Give number of days (including								
ï		2019	roturn for any prior year?	, ai	IU 202	303	·	X Yes	□No	
		If "Yes," give the latest year an						<u> </u>		
J		Are you filing a return for a trus						Yes	⊠ No	
•		If "Yes," did the trust have a L								
		U.S. person, or receive a contr						☐ Yes	☐ No	
Κ		Did you receive total compens	ation of \$250,000 or more	during the tax ye	ar? .			☐ Yes	⊠ No	
		If "Yes," did you use an alterna	ative method to determine t	the source of this	comp	pensation?		☐ Yes	☐ No	
L		Income Exempt From Tax—If complete (1) through (3) below					tax treaty with	n a foreign	country,	
	1.	Enter the name of the country, amount of exempt income in th					claimed the tr	eaty benefi	t, and the	
		(a) Coul	ntry	(b) Tax treaty ar	ticle	(c) Number of month	, ,			
						claimed in prior tax ye	ars income	in current ta	ıx year	
		(e) Total. Enter this amount or	n Form 10/0-NP line 1a D	lo not enter it en	line 1	a or line 1h				
	2	Were you subject to tax in a fo						Yes	No	
		Are you claiming treaty benefit						☐ Yes	□ No	
,	٥.	If "Yes," attach a copy of the C						L 1€3	Z NU	
м		Check the applicable box if:	competent Authority determ	miadoniedei de	your f	otairi.				
	1	This is the first year you are ma	aking an election to treet in	come from roal n	ropor	ty located in the Unite	ad States as o	ffectively o	nnectod	
		with a U.S. trade or business u	ınder section 871(d). See ir	structions						
:	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 ▶ □								