

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 DEEPAK SHANMUGHA SUNDARAM	Social security number 448-91-2579
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	20,319.
2	Total tax	2	748.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,081.
4	Amount you want refunded to you	4	3,733.
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 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

1	2	5	7	9
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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 ▶ _____ 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 [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: DEEPAK
Last name: SHANMUGHA SUNDARAM
Your social security number: 448-91-2579
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
3729 S PACKARD AVE
Apt. no.: 3
City, town, or post office. If you have a foreign address, also complete spaces below.
SAINT FRANCIS
State: WI
ZIP code: 53235
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

Standard Deduction
Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total income is 20,319. Taxable income is 7,469.

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	748.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	748.
19	Nonrefundable child tax credit or credit for other dependents 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	748.
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	748.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,081.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	3,081.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	4,481.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,733.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,733.
Direct deposit? See instructions.	b Routing number 075000019 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 781636078		
	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	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (609) 721-7432 Email address SHANMUGAM.DEEPAK@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/22/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

For the year Jan. 1-Dec. 31, 2021, or other tax year

Check here if an amended return beginning _____, 2021 ending _____, 20____.

Note

DO NOT STAPLE

See page 5 before assembling return

Your legal last name SHANMUGHA SUNDARAM	Legal first name DEEPAK	M.I.	Your social security number 448912579
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. 3729 S PACKARD AVE		Apt. no. 3	Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2021. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town SAINT FRANCIS
City or post office SAINT FRANCIS		State WI	Zip code 53235
Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12). If married, fill in spouse's SSN above and full name here		Legal last name _____ Legal first name _____ M.I. _____	County of MILWAUKEE School district number See page 43 5026 Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 9)

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not** like this → Ø 1 4 7 ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income (see page 12)	1	<u>20319.00</u>
Form W-2 wages included in line 1		<u>20319.00</u>
2 Total additions to income from Schedule AD, line 33. Enclose Schedule AD (see page 13)	2	<u>.00</u>
3 Add lines 1 and 2	3	<u>20319.00</u>
4 Total subtractions from income from Schedule SB, line 51. Enclose Schedule SB (see page 13) Enter as a positive number	4	<u>.00</u>
5 Subtract line 4 from line 3. This is your Wisconsin income	5	<u>20319.00</u>
6 Standard deduction. See table on page 34, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/>	6	<u>10708.00</u>
7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0	7	<u>9611.00</u>
8 Exemptions (Caution: See page 14)		
a Fill in exemptions allowed <u>1</u> x \$700 ... 8a		<u>700.00</u>
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ... 8b		<u>.00</u>
c Add lines 8a and 8b	8c	<u>700.00</u>
9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income	9	<u>8911.00</u>
10 Tax (see table on page 36)	10	<u>317.00</u>

PAPER CLIP payment here



NO COMMAS; NO CENTS

11	Itemized deduction credit. Enclose Schedule 1, page 4	11	_____	.00	0
12	School property tax credit				
	a Rent paid in 2021 – heat included _____		.00	} Find credit from table page 17. . . 12a	_____
	Rent paid in 2021 – heat not included _____		.00		
	b Property taxes paid on home in 2021 _____		.00	} Find credit from table page 19 . . . 12b	_____
					.00
13	Working families tax credit (see page 19)	13	_____	0	.00
14	Married couple credit. Enclose Schedule 2, page 4	14	_____	.00	
15	Nonrefundable credits from line 34 of Schedule CR	15	_____	.00	
16	Net income tax paid to another state. Enclose Schedule OS . . . []	16	_____	.00	
17	Add lines 11 through 16	17	_____		0 .00
18	Subtract line 17 from line 10. If line 17 is larger than line 10, fill in 0. This is your net tax.	18	_____		317 .00
19	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22)	19	_____		.00
	If you certify that no sales or use tax is due, check here				▶ <u> X </u>
20	Donations (decreases refund or increases amount owed)				
	a Endangered resources _____		.00	e Military family relief	_____
	b Cancer research00	f Second Harvest/Feeding Amer. _____	.00
	c Veterans trust fund00	g Red Cross WI Disaster Relief _____	.00
	d Multiple sclerosis00	h Special Olympics Wisconsin _____	.00
				Total (add lines a through h) . . . ▶ 20i	_____
					.00
21	Penalties on IRAs, retirement plans, MSAs, etc. (see page 23)00	x .33 = 21	_____
					.00
22	Other penalties (see page 24)	22	_____	.00	
23	Add lines 18, 19, 20i, 21 and 22	23	_____		317 .00
24	Wisconsin tax withheld. Enclose withholding statements	24	_____	1240	.00
25	2021 estimated tax payments and amount applied from 2020 return	25	_____	.00	
26	Earned income credit. Number of qualifying children . . ▶ _____				
	Federal credit00	x _____ % =	26 _____
					.00
27	Farmland preservation credit. a Schedule FC, line 17	27a	_____	.00	
	b Schedule FC-A, line 13	27b	_____	.00	
28	Repayment credit (see page 26)	28	_____	.00	

NOTE: You must use your 2021 earned income (see page 25).



Name(s) shown on Form 1		Your social security number	
DEEPAK SHANMUGHA SUNDARAM		448912579	
NO COMMAS; NO CENTS			
29	Homestead credit. Enclose Schedule H or H-EZ	29	<u> </u> .00
30	Eligible veterans and surviving spouses property tax credit . .	30	<u> </u> .00
31	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	31	<u> </u> .00
32	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	32	<u> </u> .00
33	Add lines 24 through 32	33	<u> </u> 1 240 .00
34	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	34	<u> </u> .00
35	Subtract line 34 from line 33	35	<u> </u> 1 240 .00
36	If line 35 is larger than line 23, subtract line 23 from line 35. This is the AMOUNT YOU OVERPAID	36	<u> </u> 9 23 .00
37	Amount of line 36 you want REFUNDED TO YOU	37	<u> </u> 9 23 .00
38	Amount of line 36 you want APPLIED TO YOUR 2022 ESTIMATED TAX	38	<u> </u> 0 .00
39a	If line 35 is smaller than line 23, subtract line 35 from line 23. This is the AMOUNT YOU OWE . Paper clip payment to front of return	39a	<u> </u> .00
39b	Interest (see page 30)	39b	<u> </u> .00
40	Underpayment interest. Fill in exception code-See Sch. U <u> </u> Also include on line 39a (see page 31)	40	<u> </u> .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 32)? **Yes** Complete the following. **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

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Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
		6097217432	_____
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)

I-010ai

Mail your return to: Wisconsin Department of Revenue
If tax duePO Box 268, Madison WI 53790-0001
If refund or no tax due.....PO Box 59, Madison WI 53785-0001
If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



Schedule 1 – Itemized Deduction Credit (see page 15)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions.	1	.00
2	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	300 .00
4	Casualty losses from federal Schedule A (Form 1040)	4	.00
5	Add lines 1 through 4	5	300 .00
6	Fill in your standard deduction from line 6 on page 1 of Form 1.	6	10708 .00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	0 .00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	9	0 .00

▶ **You must submit this page with Form 1 if you claim either of these credits** ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1		
– Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1 .00	.00
2		
– Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	2 .00	.00
3		
Combine lines 1 and 2. This is earned income.	3 .00	.00
4		
– Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	4 .00	.00
5		
– Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 .00	.00
6		
Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	.00
7		
Rate of credit is .03 (3%).	7	x .03
8		
Multiply line 6 by line 7. Fill in here and on line 14 on page 2 of Form 1.	8	.00

Do not fill in more than \$480.

