(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

internal rievenae cervice	-						
Submission Identification	Number (SID)						
Taxpayer's name	,		Social securi	ty numbe	er		
JAYANTH SAI GODIS	835-35	835-35-3374					
Spouse's name		Spouse's social security number					
Dort I Toy Dotum	Information Tay Voor Ending F	2000mbox 21 0000	1 (Entaryour you	ro outh	orizina)		
Part I Tax Return Enter whole dollars only o	Information — Tax Year Ending D	ecember 31, 202.	1 (Enter year you a	ire auti	ionzing.,	<u>'</u>	
•	s use line 4 only. Leave lines 1, 2, 3, and	5 hlank					
	come			1	29	,950.	
, ,				2		,856.	
	withheld from Form(s) W-2 and Form(s)			3		,591.	
4 Amount you want r				4		,735.	
•				5		,,,,,,	
Part II Taxpayer D	eclaration and Signature Authoriz	ation (Be sure you go	et and keep a cop	y of yo	our retui	rn)	
my knowledge and belief, it return (original or amended) I to send my return to the IRS for any delay in processing the Agent to initiate an ACH elect payment of my federal taxes authorization is to remain in payment, I must contact the business days prior to the pataxes to receive confidential personal identification number Electronic Funds Withdrawal		elare that the amounts in Pontermediate service provided adgement of receipt or reasisfund. If applicable, I author the financial institution actimated tax, and the financial reasury Financial Agent to 153-4537. Payment cancellate financial institutions involve and resolve issues related	art I above are the amer, transmitter, or electron for rejection of the trize the U.S. Treasury account indicated in the tal institution to debit the terminate the authorization requests must breed in the processing of I to the payment. I fur	ounts from the counts from the counts from the country to community the country to community the country to country the country that the country the country that the country	om the incurrence of the incur	come tax tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the	
Taxpayer's PIN: check of	ne box only		5	3 3	7 4		
X I authorize GLC	OBAL TAXES LLC	to enter or g	enerate mv PIN 🖰		igits, but	as my	
signature on the	ERO firm name income tax return (original or amended)	I am now authorizing.		n't enter			
	N as my signature on the income tax render and your own PIN and your return is filed						
Your signature ►			Date ►				
Spouse's PIN: check one	e hox only						
l authorize	, box only	to enter or a	enerate my PIN			as my	
	ERO firm name		,	ter five d	igits, but	ao my	
signature on the	income tax return (original or amended)	I am now authorizing.	do	n't enter	all zeros		
	N as my signature on the income tax rengy our own PIN and your return is filed						
Spouse's signature ▶		Γ	Date ►				
	Practitioner PIN Method R	Returns Only—continue	e below				
Part III Certification	n and Authentication — Practition	er PIN Method Only					
ERO's EFIN/PIN. Enter yo	our six-digit EFIN followed by your five-o	digit self-selected PIN.	5 8 7 2 7 Don't ent	8 6 er all zer	1 9 8 os	9	
authorized to file for tax yea	eric entry is my PIN, which is my signature for ir indicated above for the taxpayer(s) indicat ther PIN method and Pub. 1345, Handbook fo	ted above. I confirm that I	am submitting this reti	urn in ac	cordance		
ERO's signature ▶			Date ►				
	ERO Must Retain This						
	Don't Submit This Form to the	IRS Unless Request	ed To Do So				

Tiling Status

Department of the Treasury—Internal Revenue Service (99) U.S. Nonresident Alien Income Tax Return (99) Qualifying widow(er) (QW)

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

	-										
Filing Status	⊠ Single			Qualifyir	ng widow	v(er) (QV	V)				
Check only one box.	If you checked the QW box, enter the qualifying person is a child but not yo										
Your first name a	and middle initial	Last nam	ne						Your identifying number (see instructions)		
JAYANTH SAI GODISHALA 8						835-3	835-35-3374				
	number and street or rural route). If you			uctions.			Apt. no			X Individual	
,	HTSBRIDGE RD		,				3321			Estate or Trust	
City, town, or pos	t office. If you have a foreign address, als	so complete sp	paces below.	State		ZIP cod	de				
FARMERS BI	RANCH					7523	4				
Foreign country	name	Foreign prov				Foreign postal code					
At any time durir	ng 2021, did you receive, sell, exchang	e, or otherwis	e dispose of	any finano	cial intere	est in an	y virtual	currer	icy?	☐ Yes 🔀 No	
					I				4 10 111		
Dependents			(2) Depend	lent's	(3)	Depende	nt's			ies for (see inst.): Credit for other	
(see instructions):	(1) First name Last na	me	identifying n			onship to		Child	tax credit	dependents	
If more than four dependents, see											
instructions and											
check here ►											
Income	1a Wages, salaries, tips, etc. Attach	Form(s) W-2							1a	32,450.	
Effectively	b Scholarship and fellowship grant	s. Attach Forr	m(s) 1042-S c	r required	d statem	ent. See	instruct	ions .	1b		
Connected	c Total income exempt by a treaty		ule OI (Form	1040-NR)), Item						
With U.S.	L, line 1(e)	1			[1c					
Trade or	2a Tax-exempt interest	2a			able inte				2b		
Business	3a Qualified dividends	3a			dinary div				3b		
	4a IRA distributions	4a			able am				4b		
	5a Pensions and annuities [5a			able am	ount .			5b		
									6		
	7 Capital gain or (loss). Attach Sch8 Other income from Schedule 1 (F	`	, .		•			_	_		
	9 Add lines 1a, 1b, 2b, 3b, 4b, 5b,	, .								32,450.	
-	Add lines 1a, 1b, 2b, 5b, 4b, 5b, 10 Adjustments to income:	r, and o. mis	is your total	enective			come .			32,130.	
'	a From Schedule 1 (Form 1040), lir	ne 26				10a	2	,500) .		
	b Reserved for future use					10b		7500			
	c Scholarship and fellowship grant					10c					
	d Add lines 10a and 10c. These are				• · ·			. •	10d	2,500.	
1	Subtract line 10d from line 9. Thi	-	=					. •	11	29,950.	
1	2a Itemized deductions (from Schresidents of India, standard dedu					12a	13	2,550	n .	·	
	b Charitable contributions for certa				_ H	12b		300			
	c Add lines 12a and 12b				- · [12c	12,850.	
1	13a Qualified business income deduc	ction from For	m 8995 or Fo	rm 8995-	Α. Ι	13a				.,	
	b Exemptions for estates and trust					13b					
									13c		
	14 Add lines 12e and 12e								14	12 050	

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

17,100.

15

Form 1040-NR (2	2021)											Page 2
	16	Tax (see instructions). Check if	any from Form	(s): 1	B14 2 [4972	2 3			16		1,856.
	17	Amount from Schedule 2 (Form	n 1040), line 3							17		0.
	18	Add lines 16 and 17								18		1,856.
	19	Nonrefundable child tax credit	or credit for o	ther depende	nts from Scl	hedule 8	8812 (Fo	orm 104	0)	19		
	20	Amount from Schedule 3 (Form	n 1040), line 8							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18. I	f zero or less, e	enter -0						22		1,856.
	23a	Tax on income not effectively from Schedule NEC (Form 104					23a					
	b	Other taxes, including self-emline 21			•	, ,	23b					
	С	Transportation tax (see instruc	tions)			. [23c					
	d	Add lines 23a through 23c .								23d		
	24	Add lines 22 and 23d. This is y	our total tax						. ▶	24		1,856.
	25	Federal income tax withheld fr	om:									
	а	Form(s) W-2				.	25a	3	3,591.			
	b	Form(s) 1099				.	25b					
	С	Other forms (see instructions)				. [25c					
	d	Add lines 25a through 25c .								25d		3,591.
	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	pplied from 20	020 return .					26		
	27	Reserved for future use				.	27					
	28	Refundable child tax credit c 8812 (Form 1040)	r additional cl				28					
	29	Credit for amount paid with Fo	orm 1040-C			. [29					
	30	Reserved for future use				.	30					
	31	Amount from Schedule 3 (Form	,				31					
	32	Add lines 28, 29, and 31. Thes	e are your tot	al other paym	ents and re	efundal	ole cred	lits	. ▶	32		
	33	Add lines 25d, 25e, 25f, 25g, 2							. ▶	33		3,591.
Refund	34	If line 33 is more than line 24,					-	-	· <u>·</u>	34		1,735.
	35a	Amount of line 34 you want re								35a		1,735.
Direct deposit?	▶b	Routing number 1 0 1			▶ c Type	: 🗵 (Checkin	g _. \sqcup	Savings			
See instructions.	▶ d	Account number 1 5 2	3 2 0 8	3 4 1 4	0 5							
	▶ e	If you want your refund check enter it here.					s not sh	own on	page 1,			
	36	Amount of line 34 you want ap	plied to your	2022 estimat	ed tax .	•	36					
Amount	37	Amount you owe. Subtract lin	ne 33 from line	24. For detail	s on how to	pay, se	ee instru	ctions	. ▶	37		
You Owe	38	Estimated tax penalty (see ins	tructions) .			•	38					
Third Party Designee	Con instructions							Complete	below.	XN	lo	
	Desig name			Phone no. ▶				Perso numb	nal identifi er (PIN)	cation		
Sign Here		penalties of perjury, I declare that I they are true, correct, and complete										
пеге								n Identity				
								PIN, enter	it here			
	<u>/</u>				ENGINE	ER			(see	inst.) ▶		
	Phone		Duama	Email addres	SS	1	Dat :		DTIN		01	
Paid		rer's name	Preparer's sig	-	A		Date	1000	PTIN		Check if	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TA	ALLAM	03/16	/2022	P0208			-employed
Use Only							ne no. (678)965-9522 No. FIN ► 30-1017196					
- 1	Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm							⊢irm′s E	Firm's EIN ► 30-1017196			

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

JAYANTH SAI GODISHALA

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

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

Your social security number 835-35-3374

	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	s	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, tr Schedule E		5	
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		
i	Stock options	8j		
k		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	

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	>		
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 adjustments 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.

► Attach to Form 1040-NR. Attachment Sequence No. 7C ► Answer all questions.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR Your identifying number JAYANTH SAI GODISHALA 835-35-3374 Α Of what country or countries were you a citizen or national during the tax year? INDIA In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: X No Yes 1. A U.S. citizen? X No Yes If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. 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. Ε immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes 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, Date entered United States Date entered United States Date departed United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2019 ______, 2020 ______, and 2021 ______365 ___. Yes X No Т If "Yes," give the latest year and form number you filed ▶ X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a Yes No Κ Yes X No No If "Yes," did you use an alternative method to determine the source of this compensation? 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. (d) Amount of exempt (a) Country (b) Tax treaty article (c) Number of months claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X 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 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