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 security number NIRAV JAGDISH PATIL 706-51-5446 Spouse's name Spouse's social security number 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. 46,706. 1 2 3,866. 3 7,109. 3,243. 5 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 Ú.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 X | I authorize | GLOBAL TAXES | LLC to enter or generate my PIN as my Enter five digits, but ERO firm name don't enter all zeros 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 as my ERO firm name Enter 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 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 ▶ Practitioner PIN Method Returns Only—continue below Certification and Authentication — Practitioner PIN Method Only Part III ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 6 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 ▶ **ERO Must Retain This Form — See Instructions**

Don't Submit This Form to the IRS Unless Requested To Do So

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

Filing
Status
Check only one box.

Your first name and middle initial

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

Qualifying widow(er) (QW)

| RS Use Only—Do not write or staple in this space.
| Qualifying widow(er) (QW)
| Qualifying widow(er) (QW)
| Your identifying number (99)
| Qualifying number (99)
| Qualifying widow(er) (QW)

| Check only one box. | qu | alifying person is a child but not yo | our depend | ent ► | | | | | | | | | |
|------------------------------------|----------------------|--|--------------|------------------|--------------------|-----------------------------|----------|------------|--------------|-------------------------------|--|------------|--|
| Your first name and middle initial | | | | | | | | | | | Your identifying number (see instructions) | | |
| NIRAV JAG | DIS | H | PATI | L | | | | | | 706-5 | 1-5446 | i | |
| Home address (r | numk | per and street or rural route). If you | have a P.C |). box, see inst | ructions. | | | Apt. no |). | Check if: | X Indivi | dual | |
| 1633 MELRO | OSE | AVENUE | | | | | | 106 | | | | e or Trust | |
| City, town, or pos | st offi | ce. If you have a foreign address, als | so complete | spaces below. | State | | ZIP cc | de | | | | | |
| SEATTLE | | | WA | | 9812 | 12 | | | | | | | |
| Foreign country | nam | е | Foreign pr | | | | n postal | code | | | | | |
| | | | | | | | | | | | | | |
| At any time durir | ng 20 | 021, did you receive, sell, exchange | e, or otherv | vise dispose of | any finan | cial inter | est in a | ny virtual | currer | ncv? | X Yes | □No | |
| | .9 | | | | a,a | | | ., | | , . | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Dependents | | | | (2) 5 | | | | | (4) | ✓ if qualif | ies for (see | inst.): | |
| (see instructions): | | (1) First name Last na | mα | | | Dependent's tionship to you | | Child | I tax credit | t Credit for other dependents | | | |
| | | (1) First Harrie Last Ha | 1110 | identifying i | 10111001 | Tolati | onomp t | o you | | | Сере | | |
| f more than four | | | | | | | | | | | | _ | |
| dependents, see | | | | | | | | | | | | _ | |
| nstructions and check here ► | | | | | | | | | | | | | |
| | 10 | Wages, salaries, tips, etc. Attach | Form(s) W | 2 | | | | | | 1a | 46 | | |
| Income | 1a | Scholarship and fellowship grant | () | | | | | | | | 10 | ,,,,,,,, | |
| Effectively | b | · · | | | | | Se | e mstruc | lions . | ID | | | |
| Connected | С | Total income exempt by a treaty | rom Sche | eaule OI (Form | 1040-NR |), item | 1c | | | | | | |
| With U.S. | 20 | L, line 1(e) | 2a | | h Tox | · · | | | | 2b | | | |
| Trade or | 2a | Tax-exempt interest Qualified dividends | 3a | | | | | | | 3b | | | |
| Business | 3a 4a | IRA distributions | 4a | | | • | | | | 4b | | | |
| | ч а 5а | Pensions and annuities | 5a | | | | | | | 5b | | | |
| | 5a 6 | Pensions and annuities | | | | | | | | 6 | | | |
| | 7 | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . | | | | | | | | 7 | | | |
| | 8 | Other income from Schedule 1 (Form 1040), line 10 | | | | | | | | | | | |
| | 9 | Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income | | | | | | | | 9 | 46 | 706. | |
| - | 10 | Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income Adjustments to income: | | | | | | | | | | 7,700. | |
| ' | а | | | | | | | | | | | | |
| | b | | | | | | | | | | | | |
| | C | | | | | | | | | | | | |
| | d | | | | | | | | | ► 10d | | | |
| 1 | 11 | Subtract line 10d from line 9. This is your adjusted gross income | | | | | | | ► 11 | 46 | 706. | | |
| | 12a | | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| ' | ıza | residents of India, standard dedu | | | | | 12a | 1: | 2,550 | o . | | | |
| | b | | | | | | | | | | | | |
| | c | | | | | | | | 12c | 12 | 2,850. | | |
| 1 | 13a | | | | | | | | | | | · | |
| | b | | | | | | | | | | | | |
| | c | | | | | | | | 13c | | | | |
| 1 | 14 | | | | | | | 4.4 | 12 | 2,850. | | | |
| | 15 | Taxable income. Subtract line 1 | | | ss, enter | | | | | | | 8,856. | |
| | | | | | | | | | | | | | |

BAA

| Form 1040-NR (| 2021) | | | | | | | | | | | | Page 2 |
|-------------------|--|---|----------------------|-----------------|-----------------|----------|------------|------------------|--------------------------|-------------|-------|----|---------------|
| | 16 | Tax (see instructions). Check if | any from Form | (s): 1 8 | 314 2 [| 497 | 2 3 | | | 16 | | 3, | 866. |
| | 17 | Amount from Schedule 2 (Forr | n 1040), line 3 | | | | | | | 17 | | | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | | 3, | 866. |
| | 19 | Nonrefundable child tax credit | or credit for o | ther depende | nts from Sc | hedule | 8812 (I | orm 104 | 0) | 19 | | | |
| | 20 | Amount from Schedule 3 (Forr | n 1040), line 8 | | | | | | | 20 | | | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | | | |
| | 22 | Subtract line 21 from line 18. I | f zero or less, | enter -0 | | | | | | 22 | | 3, | ,866. |
| | 23a | Tax on income not effectively from Schedule NEC (Form 104 | | | | | 23a | | | | | | |
| | b | Other taxes, including self-em line 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 | | 3, | 866. |
| | 25 | Federal income tax withheld fr | om: | | | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | 7 | 7,109. | | | | |
| | b | Form(s) 1099 | | | | | 25b | | | | | | |
| | С | Other forms (see instructions) | | | | | 25c | | | | | | |
| | d | Add lines 25a through 25c . | | | | | · . | | | 25d | | 7, | 109. |
| | е | Form(s) 8805 | | | | | | | | 25e | | | |
| | f | Form(s) 8288-A | | | | | | | | 25f | | | |
| | g | Form(s) 1042-S | | | | | | | | 25g | | | |
| | 26 | 2021 estimated tax payments | and amount a | pplied from 20 |)20 return . | | | | | 26 | | | |
| | 27 | Reserved for future use | | | | | 27 | | | | | | |
| | 28 | Refundable child tax credit of 8812 (Form 1040) | r additional c | | | | 28 | | | | | | |
| | 29 | Credit for amount paid with Fo | | | | | 29 | | | | | | |
| | 30 | Reserved for future use | | | | | 30 | | | | | | |
| | 31 | Amount from Schedule 3 (Forr | | | | | 31 | | | | | | |
| | 32 | Add lines 28, 29, and 31. Thes | | | | | | edits | ▶ | 32 | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 2 | | | | | | | | 33 | | 7, | 109. |
| Refund | 34 | If line 33 is more than line 24, | | | | | | | | 34 | | | 243. |
| | 35a | Amount of line 34 you want re | | | | | • | - | _ | 35a | | | 243. |
| Direct deposit? | ▶ b | Routing number 3 2 2 | | | ▶ c Type | | Check | | Savings | | | | |
| See instructions. | ▶d | Account number 5 2 7 | | | | | | | | | | | |
| | ▶ e | If you want your refund check | mailed to an a | address outsid | | | es not s | shown on | page 1, | | | | |
| | 36 | enter it here. Amount of line 34 you want ap | polied to your | 2022 estimat | ed tax . | . | 36 | | | - | | | |
| Amount | 37 | Amount you owe. Subtract lir | | | | pav. s | | ructions | . ▶ | 37 | | | |
| You Owe | 38 | Estimated tax penalty (see inst | | | | • | 38 | | | 0. | | | |
| Third Party | Do you want to allow another person to discuss this return with the IRS? See instructions | | | | | | | | | | | | |
| Designee | | | | | | | | | | | , 140 | | |
| | Desig name | | | Phone no. ▶ | | | | | nal identifi er (PIN) | cation • | | | |
| Sign | 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. | | | | | | | | | | | | |
| Here | 1. Gai Gigitatai G | | | | | | | ent you | | , | | | |
| | SOFTWARE DEVELOPMENT ENGINE | | | | | | PIN, en | iter it l | nere | | | | |
| | 7 | | | | | DEVEL | LOPMEN | T ENGINE | EER (see | inst.) ▶ | Щ | Щ | |
| | Phone | | | Email addres | SS | | | | | | | | |
| Paid | | arer's name | Preparer's si | _ | | | Date | | PTIN | | Chec | | |
| Preparer | | | | | | P0208 | | | | nployed | | | |
| Use Only | | | | | | | | o. (678)965-9522 | | | | | |
| | Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's E | | | | | | | | IN ▶ 3 | 30-10 | 1171 | 96 | |

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name shown on Form 1040-NR ▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

Sequence No. 7B

Your identifying number

NIRAV JAGDISH PATIL 706-51-5446 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) (a) 10% **Nature of Income** (c) 30% **(b)** 15% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 3 4 Motion picture or TV copyright royalties Other royalties (copyrights, recording, publishing, etc.) . . . 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Gambling winnings—Residents of countries other than Canada. 11 12 Other (specify) ▶ 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ▶ Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-Form 4797, or both. . • 18

SCHEDULE OI (Form 1040-NR)

Other Information

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

► Attach to Form 1040-NR.

► Answer all questions.

Attachm Sequence

OMB No. 1545-0074

2021

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service (99)

| Name sl | nown on Form 1040-NR | Your identifying number | | | | | | | | | |
|---------|--|-------------------------------------|-------------------------|------------------------------------|-------------------------------|----------|--|--|--|--|--|
| NIRA | V JAGDISH PATIL | | 706-51-5446 | | | | | | | | |
| 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 | 🗌 Yes | ⊠ No | | | | | | | | |
| D | Were you ever: | | | | | | | | | | |
| | A U.S. citizen? | | | | | ⊠ No | | | | | |
| 2. | A green card holder (lawful per | , | | | ∟ 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 | | | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | | | |
| G | List all dates you entered and | eft the United States durin | g 2021. See instr | uctions. | | | | | | | |
| | Note: If you are a resident of C check the box for Canada or | | | | | | | | | | |
| | | - | | | Mexico | o | | | | | |
| | Date entered United States mm/dd/yy | Date departed United State mm/dd/yy | es | Date entered United State mm/dd/yy | Date departed United mm/dd/yy | States | | | | | |
| | Tillin den yy | типи аси у у | _ | типи аси у у | Tillit day y | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Н | Give number of days (including | vacation, nonworkdays, and | I partial days) you | were present in the United | States during: | | | | | | |
| | 2019 | | | | | | | | | | |
| 1 | Did you file a U.S. income tax | return for any prior year?. | | | 🗌 Yes | ⊠ No | | | | | |
| | If "Yes," give the latest year ar | d form number you filed > | | | | | | | | | |
| J | Are you filing a return for a trus | st? | | | □ Yes | ⊠ No | | | | | |
| | If "Yes," did the trust have a U.S. person, or receive a contr | | | | | □ No | | | | | |
| K | Did you receive total compensation of \$250,000 or more during the tax year? | | | | | | | | | | |
| | If "Yes," did you use an alterna | ative method to determine t | 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. | 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) Cou | (b) Tax treaty ar | 1 | | | | | | | | |
| | | | | claimed in prior tax ye | ears income in current tax | year | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount or | n Form 1040-NR. line 1c. D | o not enter it on | line 1a or line 1b | • | | | | | | |
| 2. | 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? | | | | | | | | | | |
| | Are you claiming treaty benefits pursuant to a Competent Authority determination? | | | | | | | | | | |
| | If "Yes," attach a copy of the Competent Authority determination letter to your return. | | | | | | | | | | |
| М | Check the applicable box if: | | | | | | | | | | |
| 1. | 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. | 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 | | | | | | | | | | |
| | States as effectively connected | d with a U.S. trade or busin | ess under section | n 8/1(d). See instructions . | | <u> </u> | | | | | |