

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 V. V. V. SUKUMAR TUPAKULA	Social security number 834-99-4934
Spouse's name NAGA HARITHA YELURI	Spouse's social security number 823-62-7569

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	20,432.
2 Total tax	2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	1,540.
4 Amount you want refunded to you	4	4,340.
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

9	4	9	3	4
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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 GLOBAL TAXES LLC to enter or generate my PIN

2	7	5	6	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.

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 [] Single [X] 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

Form fields for personal information: Your first name and middle initial (V.V.V. SUKUMAR), Last name (TUPAKULA), Your social security number (834-99-4934), Spouse's social security number (823-62-7569), Home address (400 GREENLAWN DR), City (COLUMBIA), State (SC), ZIP code (29209).

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 for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required and Standard Deduction for— with various income and deduction categories and their amounts.

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	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
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	0.
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	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,540.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,540.
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	2,800.
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	2,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	4,340.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,340.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,340.
Direct deposit? See instructions.	b Routing number 2 4 3 0 8 3 2 3 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5 5 3 1 5 6 2 6 0		
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 MECHANICAL 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 HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (803) 949-9020	Email address	TVV.SUKUMAR@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 04/04/2022	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



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Print or type. First name and middle initial: V.V.V. SUKUMAR, Last name: TUPAKULA, Your social security number: 834-99-4934, Spouse's first name: NAGA HARITHA, Last name: YELURI, Spouse's social security number: 823-62-7569, Mailing address: 400 GREENLAWN DR APT E6, City: COLUMBIA SC 29209, State: SC, ZIP: 29209, Daytime phone number: (803) 949-9020, Tax Year: 2021

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Refundable credits, Refund, and Balance due.

Part II Bank information for Refund or Balance Due

9. Routing number (RTN): 243083237, Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32. 10. Bank account number (BAN): 553156260, 1-17 digits. 11. Type of account: [X] Checking [] Savings

For Balance Due:

12. Payment Withdrawal Date: _____ Payment Withdrawal Amount \$: _____

Part III Declaration of taxpayer

- 13. [X] a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. [] b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account...

If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge.

Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records.

Your signature: _____ Date: _____ Spouse's signature (If married filing jointly, BOTH must sign): _____ Date: _____

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have received the above taxpayer's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail the SC8453 to the SCDOR. I am required to keep the SC8453 and the supporting documents for three years.

ERO's Use Only: ERO signature: _____ Date: 04-04-2022, Check if also paid preparer: [], Check if self-employed: [], PTIN: _____, Firm name: GLOBAL TAXES LLC, address, ZIP: 2530 Pebble Creek Ln, Cumming, GA 30041, FEIN: 30-1017196, Phone: (678) 965-9522

Paid Preparer's Use Only: Preparer signature: _____ Date: 04-04-2022, Check if self-employed: [], PTIN: P02082703, Firm name: SYAM PRIYA RAM SAGAR GUPTA TALLAM, address, ZIP: 2530 Pebble Creek Ln Cumming GA 30041, FEIN: 30-1017196, Phone: (678) 965-9522



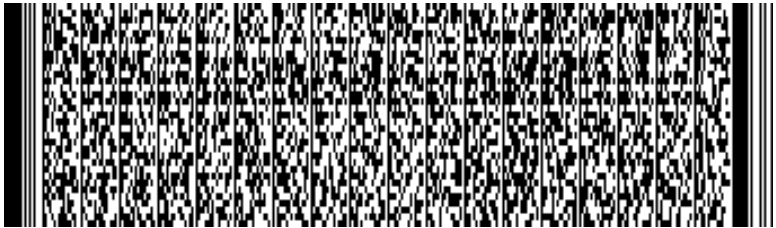
dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2021 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 8/11/21)
3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
834	99	4934	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
823	62	7569	



For the year January 1 - December 31, 2021, or fiscal tax year beginning _____, 2021 and ending _____, 2022

First name and middle initial V . V . V . SUKUMAR		Last name TUPAKULA		Suffix
Spouse's first name, if married filing jointly NAGA HARITHA		Last name YELURI		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 400 GREENLAWN DR E6			County code 40
City COLUMBIA	State SC	ZIP 29209	Daytime phone number with area code (803) 949 - 9020	
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
 - Check this box if you have filed a federal or state extension.
 - Check this box if you served in a military combat zone during the filing period
- Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input checked="" type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er)

Number of dependents claimed on your 2021 federal return

Number of dependents claimed that were under the age of 6 years as of December 31, 2021

Number of taxpayers age 65 or older as of December 31, 2021

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

Your SSN 834-99-4934

2021

1 Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	1	Dollars	0	00
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ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (see instructions)	a	00		
b Out-of-state losses Type: _____	b	00		
c Expenses related to National Guard and Military Reserve Income	c	00		
d Interest income on obligations of states and political subdivisions other than South Carolina	d	00		
e Other additions to income (attach explanation - see instructions)	e	00		
2 Total additions (add line a through line e)	2			00
3 Add line 1 and line 2 and enter the total here	3			0 00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f	00		
g Total and permanent disability retirement income, if taxed on your federal return	g	00		
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00		
i 44% of net capital gains held for more than one year	i	00		
j Volunteer deductions (see instructions) Type: _____	j	00		
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	k	00		
l Active Trade or Business Income deduction (see instructions)	l	00		
m Interest income from obligations of the US government	m	00		
n Certain nontaxable National Guard or Reserve pay	n	00		
o Social Security and/or railroad retirement, if taxed on your federal return	o	00		
p Retirement Deduction (see instructions)				
p-1 Taxpayer (date of birth: _____)	p-1	00		
p-2 Spouse (date of birth: _____)	p-2	00		
p-3 Surviving spouse (date of birth of deceased spouse: _____)	p-3	00		
Military Retirement Deduction (see instructions)				
p-4 Taxpayer (date of birth: _____)	p-4	00		
p-5 Spouse (date of birth: _____)	p-5	00		
p-6 Surviving spouse (date of birth of deceased spouse: _____)	p-6	00		
q Age 65 and older deduction (see instructions)				
q-1 Taxpayer (date of birth: _____)	q-1	00		
q-2 Spouse (date of birth: _____)	q-2	00		
r Negative amount of federal taxable income	r	4,668	00	
s Subsistence allowance (multiply _____ days by \$8)	s	00		
t Dependents under the age of 6 years on December 31 of the tax year	t	00		
u Consumer Protection Services	u	00		
v Other subtractions (see instructions)	v	00		
w South Carolina Dependent Exemption (see instructions)	w	0	00	
4 Total subtractions (add line f through line w)	4	<	4,668	00 >
5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5			0 00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	0	00	
7 TAX on Lump Sum Distribution (attach SC4972)	7	00		
8 TAX on Active Trade or Business Income (attach I-335)	8	00		
9 TAX on excess withdrawals from Catastrophe Savings Accounts	9	00		
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10			0 00



NON-REFUNDABLE CREDITS

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Child and Dependent Care, Two Wage Earner Credit, and Total nonrefundable credits.

PAYMENTS AND REFUNDABLE CREDITS

Table with 4 columns: Line number, Description, Amount, and Total. Rows include SC income tax withheld, 2021 Estimated Tax payments, and various refundable credits.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Total payments and adjustments for overpayment or amount due.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 4 columns: Line number, Description, Amount, and Total. Rows include USE TAX, amount to be credited to 2022 Estimated Tax, and total contributions for check-offs.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!

Form for Refund Options and Payment Options. Includes checkboxes for Direct Deposit, Debit Card, Paper Check, MyDORWAY, and ACH Debit. Also includes fields for routing and bank account numbers.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature and authorization section. Includes fields for preparer's signature, date, printed name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), PTIN (P02082703), and firm name (GLOBAL TAXES LLC).

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105