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

Subm	ission Identification Number (SID)							
Taxpay	er's name	Social securit	security number					
PRI	THVI PERI	722-54-	722-54-4096					
				se's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you a	re aut	horizing	J.)			
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		1,308.			
2	Total tax		2	(5,413.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3	3,793.			
4	Amount you want refunded to you		4		3,780.			
5	Amount you owe		5					
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retu	urn)			
return to send for any Agent payme author payme busine taxes person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the posal identification number (PIN) below is my signature for the income tax return (original or amended) I aronic Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury are cated in the te n to debit the the authorizatests must be processing of ayment. I furt	onic ret ansmis nd its c ax prep entry t ation. T e receiv the ele her ac	urn origination, (b) to the signated aration so this according to the signature of the sign	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the			
Taxpa	ayer's PIN: check one box only							
>		Ent		9 6 digits, but r all zeros	as my			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN metholelow.							
Your	signature ► Date ►							
Spou	se's PIN: check one box only				1			
	I authorize to enter or generate r	ny PIN			as my			
	ERO firm name			digits, but	, ,			
	signature on the income tax return (original or amended) I am now authorizing.	doı	n't ente	r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.							
Spous	se's signature ▶ Date ▶							
Practitioner PIN Method Returns Only—continue below								
Part	III Certification and Authentication — Practitioner PIN Method Only							
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't enter	8 6 er all ze		8 9			
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this retu	ırn in a	ccordanc				
ERO's	s signature ► Date ►							
	ERO Must Retain This Form — See Instructions							

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

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Check only		Single Married filing jointly [ou checked the MFS box, enter the i	_	ed filing separately (_		, ,	_	, 0	, , , ,
one box.	pers	on is a child but not your depender	nt 🕨								
Your first name and middle initial Last n			Last na	ame					Your social security number		
PRITHVI			PER:	I					722-54-4096		
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's social security no		
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ions.				Apt. no.	Preside	ntial Electi	on Campaign
7924 N I	MACAI	RTHUR BLVD						2079	1	here if you,	•
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ite	ZIP	code			otly, want \$3
IRVING				TX			75	063	to go to this fund. Checking a box below will not change		
Foreign country	y name			Foreign province/state/county		ty	Fore	eign postal code	1	x or refund	•
								You	Spouse		
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of an	y fina	ancial interest	in an	y virtual curre	ncy?	Yes	⊠ No
Standard	Som	eone can claim:	ependen	t Your spous	se as	a dependent					
Deduction		Spouse itemizes on a separate retu	rn or you	u were a dual-status	alier	ı					
Age/Blindness	You:	Were born before January 2,	1957 [Are blind Sp	ouse	: Was bo	rn be	fore January	2, 1957	☐ Is b	lind
Dependents (see instructions): (2) Social				(2) Social securit	ecurity (3) Relationsh		ship (4) ✔ if qu		ualifies fo	r (see instru	uctions):
If more	(1) Fi	First name Last name		number to you		to you	Child tax c		redit	Credit for ot	ther dependents
than four											
dependents, see instruction	•										
and check	5 —										
here ▶ 🗌											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		61,308.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b)	
Sch. B if	3a	Qualified dividends	3a		b (Ordinary divide	nds		. 3b)	
required.	4a	IRA distributions	4a			axable amour			. 4b)	
	5a	Pensions and annuities	5a		b T	axable amour	ıt .		. 5b)	
Standard	6a	Social security benefits	6a b Taxable amount						. 6b)	
Deduction for—	7	Capital gain or (loss). Attach Sche	Schedule D if required. If not required, check here								
Single or Married filing	8	Other income from Schedule 1, line 10									
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	dd lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								61,308.
Married filing	10	Adjustments to income from Schedule 1, line 26)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income							▶ 11		61,308.
widow(er),	12a	·							0.		
\$25,100 Head of	b	Charitable contributions if you take		•	,	ructions) 12	b	30			
household, \$18,800	С	, , , , , , , , , , , , , , , , , , , ,							. 12	С	12,850.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Form	า 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14	,	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	l from lir	ne 11. If zero or less,	ente	er -0			. 15	;	48,458.
JUU II IJU UUUIUI IJ.										_	

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 .	. [16	6,413.	
	17	Amount from Schedule 2, line 3	. [17		
	18	Add lines 16 and 17		18	6,413.	
	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	6,413.	
	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	6,413.	
	25	Federal income tax withheld from:				
	а	Form(s) W-2	93.			
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c		25d	8,793.	
	26	2021 estimated tax payments and amount applied from 2020 return	. [26	· ·	
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)				
attach Sch. EIC.		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 ▶ ☐				
	b	Nontaxable combat pay election 27b				
	С	Prior year (2019) earned income				
	28	Refundable child tax credit or additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8				
	30	Recovery rebate credit. See instructions	00.			
	31	Amount from Schedule 3, line 15				
	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	10,193.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	<u>.</u> +	34	3,780.	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here		35a	3,780.	
Direct deposit? See instructions.	▶b	Routing number 1 1 1 0 0 0 6 1 4 ▶ c Type: ★ Checking Sav				
	►d	Account number 6 6 7 2 8 6 1 9 6				
	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)				
Third Party		you want to allow another person to discuss this return with the IRS? See structions	alata ba	low	× No	
Designee		signee's Phone Personal			Z NO	
		me ► no. ► number (ation		
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements,	and to th	ne best	t of my knowledge and	
Here	beli	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	f which p	repare	er has any knowledge.	
TICIC	You	ur signature Date Your occupation			t you an Identity	
1		DATA ENCINEEDING	1	e inst.)		
Joint return? See instructions.	Spo	DATA ENGINEERING ouse's signature. If a joint return, both must sign. Date Spouse's occupation	,		t vour spouse an	
Keep a copy for	Орс	ouse 3 signature. If a joint retain, sour must sign.	Identity Protection PIN, enter it here (see inst.) ▶			
your records.						
		one no. (979)402-1729 Email address PRITHVIPERI7@GMAIL.COM				
Paid	Pre	eparer's name Preparer's signature Date PT	ΓIN		Check if:	
Preparer Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/07/2022 PO	20827	703	Self-employed	
Use Only	Firr	m's name ► GLOBAL TAXES LLC	Phone	no. (678)965-9522	
————	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm's	EIN 🕨	30-1017196	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 03/26/22 PRO			Form 1040 (2021)	

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