Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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 Social security number SANTHOSH REDDY KANAGANTI 033-49-3882 Spouse's name Spouse's social security number ANUVARMA BASANI APPLIED FOR Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Part I 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. Adjusted gross income 110,230. 1 1 2 2 10,225. 3 3 17,421. 4 4 8,596. 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 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 I	LLC	to enter or generate my PIN
		ERO firm name	

	9	3	8	8	2	as					
Enter five digits, but don't enter all zeros											

Enter five digits, but don't enter all zeros

my

as mv

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 🕨

X

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN

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—continu	e bel	ow						
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		 6 all zei	 9	89	

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 🕨		
	Don't S	ERO Must Retain This Form – Submit This Form to the IRS Un			
				 0070 /=	04.0004

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Date

Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Single or Married filing separately, \$12,550 8 Other income from Schedule 1, line 10 8 • Married filing jointy or Qualifying widow(er), \$25,100 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 110, 230. • Married filing jointy or Qualifying widow(er), \$25,100 10 Adjustments to income from Schedule 1, line 26 10 • Married filing jointy or Qualifying widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedule A) 11 110, 230. • Head of household, \$18,800 b Charitable contributions if you take the standard deduction (see instructions) 12b 12c 25,100.	104		artment of the Treasury-Internal Revenue Serv S. Individual Income Ta		(99) urn	20	21	OMB No. 1	545-0	0074 IRS Use C	Dnly–	-Do not w	/rite or	r staple i	in this space.
SANTHOSH REDDY KANAGANTI 033-49-3882 If join return, spouse's first name and middle initial Last name Spouse's social security number ANUVARM BASANT APEILID FOR Home address (number and street). If you have a P.0. box, see instructions. Apt. no. Presidential Election Campaign 10344 OXFORDITLL DR S Check here if you, or your City, tow, or post office. If you have a foreign address, also complete spaces below. State Zir code foreign postince/state/county Foreign posti code your tax or refund. Foreign country name Foreign province/state/county Foreign posti code your tax or refund. You Spouse if migg jointly, ward S at the postical security No Standard Someone can claim: You as a dependent You repouse as a dependent You You Spouse: Dependents (ee instructions): (P) First name Last name Spouse: Was born before January 2, 1957 Is blind Dependents (ee instructions): (P) First name Last name Interpostical security Spouse it enables instructions): Child tax credit Credit for othe dependents Age/Blindess You Spouse itemp is	Check only	lf yo	u checked the MFS box, enter the r	name of	-						· -			0	. , . ,
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/17/22 PRO			Form 1	040 (2021)
	Firr	m's address 🕨 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm'	s EIN 🕨	30-10	17196
Use Only		m's name ► GLOBAL TAX					Phon	e no. (678)965	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/26/2022	P02082			mployed
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	mployed
		one no. (573)953-530		Email address	SANTHOSHKANA	GANTI3@GMAIL.CO			Chack H	
Keep a copy for your records.			<u> </u>	Emelle 11	HOME MAKE		(see	ity Prote nst.) ►	ection PIN, e	nter it here
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat		If the	IRS ser	nt your spou	se an
Joint return?					SOFTWARE	ENGINEER		ection Pl inst.) ►	N, enter it h	ere
Here		ief, they are true, correct, and com ur signature	plete. Declaration of	of preparer (othe Date	r than taxpayer) is b Your occupation	ased on all informatio	If the	IRS ser	nt you an Ide	entity
Sign	Un	der penalties of perjury, I declare t		ed this return and		nedules and stateme	nts, and to			
2		signee's ne ►		Phone no. ▶			onal identif oer (PIN) 🕨	ication		
Third Party Designee		you want to allow another	person to disc		rn with the IRS?	°See . ► □Yes.Co	omplete b	elow.	X No	
You Owe	38	Estimated tax penalty (see in				38				
Amount	37	Amount you owe. Subtract				1 1	. 🕨	37		
	36	Amount of line 34 you want a				36				
See instructions.	►d	Account number 6 3 1								
Direct deposit?	►b	Routing number 1 0 3			► c Type: 🛛	Checking	Savings			
	35a	Amount of line 34 you want				•		35a		,596.
Refund	34	If line 33 is more than line 24						34		,596.
	33	Add lines 25d, 26, and 32. T						33		,821.
	32	Add lines 27a and 28 throug					lits 🕨	32	1	,400.
	31	Amount from Schedule 3, lin				31				
	30	Recovery rebate credit. See					,400.			
	29	American opportunity credit				29				
	28	Refundable child tax credit or			Schedule 8812	28				
	c	Prior year (2019) earned inco				-				
	b	taxpayers who are at least a Nontaxable combat pay electronic sectors and the sector of the sector	-	1 1	structions ►					
		January 2, 2004, and you	u satisfy all the	e other requi	rements for					
attach Sch. EIC.		Check here if you were k						1		
If you have a qualifying child,	27a	Earned income credit (EIC)		• •		27a				
	26	2021 estimated tax payment						26		
	d	Add lines 25a through 25c						25d	17	,421.
	c	Other forms (see instructions				25c		1		
	b	Form(s) 1099				25b	,	1		
	25 a	Form(s) W-2				25a 17	,421.			
	24 25	Federal income tax withheld	-					24	10	,223.
	23 24	Other taxes, including self-e Add lines 22 and 23. This is						23 24	1.0	0.
	22	Subtract line 21 from line 18	-					22	10	,225.
	21	Add lines 19 and 20						21	1.0	225
	20	Amount from Schedule 3, lin						20		
	19	Nonrefundable child tax cred						19		
	18	Add lines 16 and 17						18	10	,225.
	17	Amount from Schedule 2, lin						17		
	16	Tax (see instructions). Check	-				• •	16	10	,225.
	16	Tax (see instructions). Check	if any from Form	(c)· 1 201		3 🗌		16	1 0	Page 2

N	Form AO-1040 For Calendar Year January 1 - December 31, 2021	
Print	t in BLACK ink only and DO NOT STAPLE.	<u>ofre</u>
	Amended Return Composite Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).	
	Image: Segment of the segment of th	
Filing Status	Single Claimed as a Dependent X Married Filing Combined Married Filing Married Filing Separately Head of Head of Widow(er) Qualifying Widow(er)	
	Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spor urself Spouse Yourself Spouse Yourself Spouse Yourself	use
Name	Deceased Deceased Deceased Social Security Number in 2021 Spouse's Social Security Number in 2021 033 - 49 - 3882 APP - LI - ED F First Name M.I. Last Name Suff SANTHOSH REDDY KANAGANTI	021
Address	Present Address (Include Apartment Number or Rural Route) 10344 OXFORDHILL DR APT 5 City, Town, or Post Office State ZIP Code SAINT LOUIS MO 63146 - County of Residence STCO STCO -	

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.





					Yourself (Y)		Spouse (S)		
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y		110230 00	1S			00
	0		2Y	T	. 00	2S		Γ	00
	Ζ.	Total additions (from <u>Form MO-A</u> , Part 1, Line 7)		T				Γ	
Income	3.	Total income - Add Lines 1 and 2	3Y		110230 00	35		. L	00
	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		. 00	4S		.[00
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y		110230 00	5S			00
		Total Missouri adjusted gross income - Add columns 5Y and 55	S		6 11	023	0 00		
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		100 %	7S		9	6
	8.	Pension, Social Security and Social Security Disability exemption Section D)	•			8			00
	9.	Tax from federal return		9	10225	00			
	10.	Other tax from federal return.		1(00			
	11.	Total tax from federal return. Do not enter federal income tax with	held.	1	1 10225	00			
	12.	Federal tax percentage – Enter the percentage based on your							
		Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage		12	2 5.00	%			
Jeauctions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less 33 \$25,001 to \$50,000 29 \$50,001 to \$100,000 16 \$100,001 to \$125,000 55 \$125,001 or more 0	5% 5% 5% 5%	rcei	ntage:				
cions and L	13.	Federal income tax deduction – Multiply Line 11 by the percenta amount not to exceed \$5,000 for an individual or \$10,000 for co				13	511	.[00
Exemptic	14.	Missouri standard deduction or itemized deductions. (If itemizin • Single or Married Filing Separate-\$12,550 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see pa	isehol	ld-\$	18,800	14	25100		00
			•					 ۲	
	15.	Long-term care insurance deduction		• •		15		L. ۱	00
	16.	Health care sharing ministry deduction				16		l.	00
	17.	Active Duty Military income deduction				17		.[00
	18.	Inactive Duty Military income deduction				18		.[00
	19.	Bring jobs home deduction				19		.[00
	20.	Transportation facilities deduction				20			00
		A. Port Cargo Expansion B. International Trade Fa	cility		C. Qualified Trade A	ctivities	6		
1									
EV 0	2/05/22	PRO 213220215	555				MO-1040 F	ag	ge 2

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	21.	First Time Home Buyers deduction. A.	В.			21		0	00
Deductions Continued	22.	Long Term Diginity Savings Account Deduction				22		0	00
s Cont	23.	Total deductions - Add Lines 8 and 13 through 22				23	25611	0	00
uction	24.	Subtotal - Subtract Line 23 from Line 6				24	84619	0	00
Ded	25.	Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S	25Y	84619	9.00	25S	0	0	00
	26.	Enterprise zone or rural empowerment zone income modification	26S		0	00			
	27.	Taxable income - Subtract Line 26 from Line 25	27Y	84619	9.00	27S	0	0)0
	28.	Tax (see tax chart on page 26 of the instructions)	28Y	4382	2 00	28S	0	0	00
	29.	Resident credit - Attach Form MO-CR and other states' income tax return(s).	29Y		. 00	29S		0	00
	30.	Missouri income percentage - Enter 100% unless you are							
		completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	30Y	100) %	30S	100	%	, D
Тах	31.	Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30	31Y	4382	2 . 00	31S	0	. 0	00
	32.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution (Form 4972)						. –	
		Recapture of low income housing credit (Form 8611)	32Y		. 00	32S			00
	33.	Subtotal - Add Lines 31 and 32	33Y	4382	2 00	33S	0		00
	34.	Total Tax - Add Lines 33Y and 33S				34	4382	0	0
								1 –	_
	35.	MISSOURI tax withheld - Attach Forms W-2 and 1099				35	5078	0	00
	36.	2021 Missouri estimated tax payments - Include overpayment fro	om 2020) applied to 2021		. 36		0)0
and Credits	37.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP				37		0	00
ents and	38.	Missouri tax payments for nonresident entertainers - Attach Fo	orm MO	<u>-2ENT</u>		38		0)0
Payments	39.	Amount paid with Missouri extension of time to file (Form MO-	<u>-60</u>)			39		0	00
	40.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	h Form	MO-TC		40		0	00
	41.	Property tax credit - Attach Form MO-PTS				41		0	00
	42.	Total payments and credits - Add Lines 35 through 41				42	5078	0	00



	Sk	kip Lines 43 through 45 if you are not filing an amended return.		
		Amount paid on original return.		00
	44.	Overpayment as shown (or adjusted) on original return	44	00
		Indicate Reason for Amending Enter date of IRS report (MM/DD/YY)		
Amended Return		A. Federal audit Enter year of loss (YY)		
Amend		B. Net Operating Loss carryback Enter year of credit (YY)		
		C. Investment tax credit carryback Enter date of federal amended return, if filed. (I	MM/DD/YY)	
		D. Correction other than A, B, or C		
	45.	Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44. Enter on Line 45	45	00
	46.	If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT	46 696	00
	47.	Amount of Line 46 to be applied to your 2022 estimated tax	47	00
	48.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional tru	ist fund codes.	
	48	Children's Children's . 00 48b. Trust Fund . 00 48c. Trust Fund . 00 48c. Trust Fund . 00 48c.	Missouri National Guard 1. Trust Fund	0
	48	Workers' Workers' Lead A8f. Testing Fund A8f. Childhood Lead A8f. Testing Fund Kansas City Kansas City Memorial Military Family Soldiers Memorial A8f. Soldiers	General Revenue Fund	С
Refund	48	Organ Donor Contraction Contra		
R	48	Additional Fund Fund Amount . 00 Additional Fund Amount . 00 Additional Fund Amount . 00 Additional Fund Amount . 00		
		Total Donation - Add amounts from Boxes 48a through 48m and enter here	48	00
	49.	Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632	49	00
	50.	REFUND - Subtract Lines 47, 48, and 49 from Line 46 and enter here	50 696	00

Reserved



	51.	If Line 34 is larger than Line 42 or Line		ence.							
		Amount of UNDERPAYMENT				51].U	00		
t Due	52.	Underpayment of estimated tax penalt	y - Attach <u>Form MO</u>	<u>-2210</u> . Enter pena	alty amount he	ere 52			00		
Amount Due		Select this box if you are a farm	ner exempt from the	underpayment of	estimated tax	penalty.					
	53.	AMOUNT DUE - Add Lines 51 and 52 If you pay by check, you authorize the electronically. Any returned check may	Department of Reve			53			00		
	of r the bas imp	der penalties of perjury, I declare that I ha ny knowledge and belief it is true, correct, Department of Revenue with my signatur sed on all information of which he or sh posed on any individual who files a f authorized aliens as defined under federa ns.	and complete. By sig re as required under § e has knowledge. A rivolous return. I a	ning or entering my Section 143.561, F s provided in <u>Cha</u> so declare unde	/ name in the " <u>RSMo.</u> Declaration <u>pter 143, RS</u> <u>r</u> penalties of	Signature" fiel tion of prepar <u>Mo.</u> , a penal [:] perjury tha	ld(s) below, I a er (other than ty of up to \$5 t I employ n	am provid taxpayer 500 shall io illegal	ding r) is l be l or		
	Sig	nature				Date (MM/DD	/YY)				
	Spo	ouse's Signature (If filing combined, BOTH mu	ust sign)			Date (MM/DD	/YY)				
	E-n	nail Address				Daytime Tele	phone				
Signature	S	YAM@GTAXFILE.COM		573953	5306						
Sign	Pre	parer's Signature	Date (MM/DD)/YY)							
	S	YAM PRIYA RAM SAGAR GU	PTA TALLAM			02	26	22			
	Pre	parer's FEIN, SSN, or PTIN				Preparer's Te	lephone				
	30	0-1017196				6789659522					
	Pre	parer's Address				State	ZIP Code				
	25	530 PEBBLE CREEK LN CU	MMING			GA	30041				
	or Dic an	uthorize the Director of Revenue or dele any member of the preparer's firm I you pay a tax return preparer to comple Internal Revenue Service preparer tax io parer's name, address, and phone num	ete your return, but th	ne preparer failed t If you marked ye	o sign the retures, please inse	Irn or provide		·	No		
			21322	051555							
			Departme	nt Use Only							
	А	🗌 FA 🗌 E10	DE	F							
	l to:	Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329	Refund or No Am Missouri Departme P.O. Box 500 Jefferson City, MC	ent of Revenue 0 65105-0500	Ever serv States Arr If yes, visit <u>do</u>	ed on activ med Force or.mo.gov/mil	/e duty in tl s? <u>itary/</u> to see the	he Unite e services	ed s and		
		Phone: (573) 751-7200	Phone: (573) 751	-3303	bonofite we a	ffor to all pligib	lo militon indiv		lict (

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.

benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at **veteranbenefits.mo.gov/state-benefits/**.