

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|                                    |                                       |
|------------------------------------|---------------------------------------|
| Taxpayer's name<br>SHIVRATAN GUPTA | Social security number<br>844-12-4389 |
| Spouse's name                      | Spouse's social security number       |

## 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 | 8,005. |
| 2 | Total tax . . . . .   | 2 | 0.     |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 894.   |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 894.   |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 4 | 3 | 8 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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 signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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 |
|---|---|---|---|---|---|---|---|---|---|---|

 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  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 ▶

|   |                    |  |
|---|--------------------|--|
| Your first name and middle initial<br>SHIVRATAN         | Last name<br>GUPTA | Your social security number<br>844-12-4389 |
| If joint return, spouse's first name and middle initial | Last name          | Spouse's social security number            |

|  |                               |                     |   |
|--|-------------------------------|---------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions.<br>828 CARRIAGE RD       |                               | Apt. no.            | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>PITTSBURGH | State<br>PA                   | ZIP code<br>15220   |   |
| Foreign country name   | Foreign province/state/county | Foreign postal code |   |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  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

| Dependents (see instructions):<br>If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): |                             |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |           |                            |                         | Child tax credit   | Credit for other dependents |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|  |  |   |            |         |
|--|--|---|------------|---------|
| Attach Sch. B if required.<br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,550<br>• Married filing jointly or Qualifying widow(er), \$25,100<br>• Head of household, \$18,800<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |            | 8,005.  |
|  | <b>2a</b>  | Tax-exempt interest . . . . .   | <b>2a</b>  |         |
|  | <b>3a</b>  | Qualified dividends . . . . .   | <b>3a</b>  |         |
|  | <b>4a</b>  | IRA distributions . . . . .   | <b>4a</b>  |         |
|  | <b>5a</b>  | Pensions and annuities . . . . .  | <b>5a</b>  |         |
|  | <b>6a</b>  | Social security benefits . . . . .  | <b>6a</b>  |         |
|  | <b>7</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> | <b>7</b>   |         |
|  | <b>8</b>   | Other income from Schedule 1, line 10 . . . . .   | <b>8</b>   |         |
|  | <b>9</b>   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 | <b>9</b>   | 8,005.  |
|  | <b>10</b>  | Adjustments to income from Schedule 1, line 26 . . . . .  | <b>10</b>  |         |
|  | <b>11</b>  | Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                     | <b>11</b>  | 8,005.  |
|  | <b>12a</b>   | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  | <b>12a</b> | 12,550. |
|  | <b>b</b>   | Charitable contributions if you take the standard deduction (see instructions)  | <b>12b</b> |         |
|  | <b>c</b>   | Add lines 12a and 12b . . . . .   | <b>12c</b> | 12,550. |
|  | <b>13</b>  | Qualified business income deduction from Form 8995 or Form 8995-A . . . . .   | <b>13</b>  |         |
| <b>14</b>  | Add lines 12c and 13 . . . . .   | <b>14</b>   | 12,550.    |         |
| <b>15</b>  | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . . | <b>15</b>   | 0.         |         |

|     |  |     |      |
|-----|--|-----|------|
| 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 <b>total tax</b>   | 24  | 0.   |
| 25  | Federal income tax withheld from:  |     |      |
| a   | Form(s) W-2  | 25a | 894. |
| b   | Form(s) 1099   | 25b |      |
| c   | Other forms (see instructions)   | 25c |      |
| d   | Add lines 25a through 25c  | 25d | 894. |
| 26  | 2021 estimated tax payments and amount applied from 2020 return  | 26  |      |
| 27a | Earned income credit (EIC) <span style="float:right">No</span>   | 27a |      |
|     | 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"/> |     |      |
| 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  |      |
| 31  | Amount from Schedule 3, line 15  | 31  |      |
| 32  | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | 32  |      |
| 33  | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | 33  | 894. |
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | 34  | 894. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>  | 35a | 894. |
| b   | Routing number 043000096 <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings  |     |      |
| d   | Account number 1052314057  |     |      |
| 36  | Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | 36  |      |
| 37  | <b>Amount you owe</b> . 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.

Refund

Direct deposit? See instructions.

Amount You Owe

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.

Joint return? See instructions. Keep a copy for your records.

|  |      |                                       |   |
|--|------|---------------------------------------|---|
| Your signature   | Date | Your occupation<br>SOFTWARE DEVELOPER | 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                   | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (412) 551-0404 Email address SHIVRATAN.GUPTA@GMAIL.COM

Paid Preparer Use Only

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>06/15/2022 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN   |   |                    |                   | 30-1017196  |

PA-40 - 2021
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

844124389

GUPTA

SHIVRATAN

Occupation SOFTWARE D

Occupation

828 CARRIAGE RD

PITTSBURGH

PA 15220

412-551-0404

02060

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name ALLEGHENY VAL

1a Gross Compensation. Do not include exempt income, such as combat zone pay and
qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete PA Schedule A if required.

3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit PA Schedule J.

8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.

9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c,
2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 Other Deductions. Enter the appropriate code for the type of deduction.
See the instructions for additional information.

11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

N

Table with 2 columns: Line Number, Amount. Rows include 1a (8399), 1b (0), 1c (8399), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (8399), 10 (0), 11 (8399).



PA-40 - 2021

Social Security Number

844124389

Name(s) SHIVRATAN GUPTA

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

12 258

13 Total PA Tax Withheld. See the instructions.

13 258

14 Credit from your 2020 PA Income Tax return.

14 0

15 2021 Estimated Installment Payments. REV-459B included.

15 0

16 2021 Extension Payment.

16 0

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

17 0

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

18 0

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19a 01

19b Dependents, Section II, Line 2, PA Schedule SP

19b 00

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

20 8399

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

21 52

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

22 0

23 Total Other Credits. Submit your PA Schedule OC.

23 0

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

24 310

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

25 0

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

26 0

27 Penalties and Interest. See the instructions. Enter Code:

27 0

If including form REV-1630/REV-1630A, mark the box.

N

28 TOTAL PAYMENT DUE. See the instructions.

28 0

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

29 52

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

REFUND

30 52

31 Credit - Amount of Line 29 you want as a credit to your 2022 estimated account.

31 0

32 Refund donation line. Enter the organization code and donation amount. See instructions.

32

33 Refund donation line. Enter the organization code and donation amount. See instructions.

33

34 Refund donation line. Enter the organization code and donation amount. See instructions.

34

35 Refund donation line. Enter the organization code and donation amount. See instructions.

35

36 Refund donation line. Enter the organization code and donation amount. See instructions.

36

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

|  |                                       |
|--|---------------------------------------|
| Your Signature                               | Spouse's Signature, if filing jointly |
| Preparer's Name and Telephone Number         |                                       |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522 |                                       |
| Date   | 061522                                |

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



PA SCHEDULE SP - 2021
Special Tax Forgiveness
PA-40 SP (10-21)
PA Department of Revenue

SHIVRATAN GUPTA

844124389

Eligibility Questions

- 1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? N
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness? N

IMPORTANT: If you answered "No" to Question 1, please proceed with completing Schedule SP.

If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2 to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Section I below.

SECTION I - FILING STATUS FOR TAX FORGIVENESS

- 1. Y Unmarried - use Column A to calculate your Eligibility Income. Enter "01" for Unmarried on Line 19a of the PA-40. Enter a Y in the space that describes your situation:
a. Y Single. Unmarried/divorced on Dec. 31, 2020
b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:
2. Separated - use Column A to calculate your Eligibility Income. Enter a "Y" in this space only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Enter a "01" in the space for Unmarried on Line 19a of the PA-40.
3. Married - Enter "02" for Married on Line 19a of your PA-40. Enter your spouse's name and SSN above. Enter a "Y" in the space that describes your situation:
a. Married and claiming Tax Forgiveness together with my spouse. Use Column A to calculate Eligibility Income.
b. Married and filing separate PA tax returns.
Certification. Enter a "Y" in this space certifying that you and your spouse are submitting the same information on each PA Schedule SP. Use Columns B and C to calculate your Eligibility Income.
c. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use Columns B and C to calculate Eligibility Income. Enter the other person's:
d. Separated and lived apart from my spouse but for less than the last six months of the year. Use Columns B and C to calculate Eligibility Income. Enter your spouse's name and SSN above.
4. Deceased - use Column A to calculate your Eligibility Income. Enter "03" for Deceased on Line 19a of the PA-40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

SECTION II - DEPENDENT CHILDREN

Provide all the information for each dependent child. If more than nine dependent children, submit additional sheets in this format.

1. DEPENDENT'S NAME AGE RELATIONSHIP SOCIAL SECURITY NO.

2. Number of dependent children. Enter on Line 19b of your PA-40. 0

Important: Only claim the child or children that you claimed as your dependent(s) on your 2021 Federal Income Tax return.



PA SCHEDULE SP - 2021  
Special Tax Forgiveness  
PA-40 SP (10-21)  
PA Department of Revenue

SHIVRATAN GUPTA

844124389

SECTION III – ELIGIBILITY INCOME

Married taxpayers filing jointly use **Column A** and **Eligibility Income Table 2**.  
Single filers, qualifying separated filers, and if filing for a decedent use  
**Column A** and **Eligibility Income Table 1**.

Married taxpayers filing separately, and taxpayers separated  
but not for the last six months of the year use  
**Columns B and C**, and **Eligibility Income Table 2**.

| Column A<br>Unmarried or Married<br>Filing Jointly  | The Eligibility Income Tables are on page 39 of the PA-40 booklet. | Column B<br>Taxpayer | Column C<br>Spouse |
|---|--|----------------------|--------------------|
| 1. 8399   | PA taxable income from Line 9 of your PA-40                        | 1. 0                 | 0                  |
| 2. 0  | Nontaxable interest, dividends and gains and/or annualized income  | 2. 0                 | 0                  |
| 3. 0  | Alimony  | 3. 0                 | 0                  |
| 4. 0  | Insurance proceeds and inheritances                                | 4. 0                 | 0                  |
| 5. 0  | Gifts, awards and prizes   | 5. 0                 | 0                  |
| 6. 0  | Non-PA income - part-year residents and nonresidents               | 6. 0                 | 0                  |
| 7. 0  | Nontaxable military income – Do not include combat pay             | 7. 0                 | 0                  |
| 8. 0  | Gain excluded from the sale of a residence                         | 8. 0                 | 0                  |
| 9. 0  | Nontaxable educational assistance                                  | 9. 0                 | 0                  |
| 10. 0   | Cash received for personal purposes from outside your home         | 10. 0                | 0                  |
| 11. 8399  | ← Total Eligibility Income for Column A                            |                      |                    |
| Total Eligibility Income for Columns B and C – add Lines 1 through 10 for each spouse and enter the total → |  |                      | 11. 0              |

SECTION IV – CALCULATING YOUR TAX FORGIVENESS CREDIT

|          |   |       |
|----------|---|-------|
| 12. 258  | PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions)   | 12. 0 |
| 13. 0    | Less Resident Credit from your PA-40, Line 22   | 13. 0 |
| 14. 258  | Net PA Tax Liability. Subtract Line 13 from Line 12   | 14. 0 |
| 15. 0.20 | Percentage of Tax Forgiveness entered as a decimal from the <b>Eligibility Income Table</b> using your dependents from Section II and your <b>Total Eligibility Income</b> from Line 11 | 15.   |
| 16. 52   | <b>Tax Forgiveness Credit.</b> Multiply Line 14 by the decimal on Line 15.  | 16. 0 |





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2021

PA-8879 (EX) 10-21

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Rows for Primary and Secondary Taxpayer.

SECTION I TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2021 (whole dollars only)

Table with 2 columns: Description and Amount. Rows for Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, and Total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2021 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 24389 as my signature on my tax year 2021 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Table with 2 columns: Signature and Date.

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize to enter my PIN as my signature on my tax year 2021 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Table with 2 columns: Signature and Date.

SECTION III CERTIFICATION AND AUTHENTICATION - PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above.

Table with 2 columns: ERO's Signature and Date.

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.



Name  
SHIVRATAN GUPTA

Social Security Number  
844-12-4389

**Federal Forms W-2**

| # of W2 | * N T / T X B L | TS | N R H | Employer Name<br><br>Employer identification number from box B | Federal wages from box 1<br><br>Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17 | ST ID |
|---------|-----------------|----|-------|--|---|---|-------|
| 1       |                 | T  |       | TATA CONSULTANCY<br>98-0429806                                 | 8,005.<br>8,399.  | 8,399.<br>258.  | PA    |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |
|         |                 |    |       |  |   |   |       |

|   | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 . . . . .                            | 8,399.   | 0.     |
| Pennsylvania W-2 to Schedule NRH, line 9 . . . . .    |          |        |
| Federal Form 4137, Unreported Tips, line 6 . . . . .  |          |        |
| Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . . |          |        |
| Withholding . . . . .                                 | 258.     |        |

**Federal Forms W-2: Local Tax**

| # of W2 | * N T / T X B L | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|---------|-----------------|----|---|---------------|---|--------------------------------------|-------|
| 1       |                 | T  | 98-0429806                                | 700102        | 8,399.                                      | 128.                                 | PA    |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |
|         |                 |    |   |               |   |                                      |       |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 . . . . .                     | 8,399.   |        |
| Federal Form 4137, Unreported Tips, line 6 . . . . . |          |        |
| Withholding . . . . .                                | 128.     |        |

**Excess Reimbursements**

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
|   |             |                |     |        |
|   |             |                |     |        |
|   |             |                |     |        |
|   |             |                |     |        |

|                                 | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements . . . . . |          |        |

**Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements**

| *                        | Payer Name | Payer EIN | T/S | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|--------------------------|------------|-----------|-----|------|------------------|-----------------|-------------|
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |
| <input type="checkbox"/> |            |           |     |      |                  |                 |             |

**Pennsylvania Payment type:**

- |   |  |
|---|--|
| <b>A</b> Executor fee   | <b>H</b> Other nonemployee compensation.<br>Describe: _____                  |
| <b>B</b> Jury duty pay  | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>C</b> Director's fee   | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>D</b> Expert witness fee   | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>E</b> Honorarium   | <b>L</b> Distribution from Charitable Gift Annuities                         |
| <b>F</b> Covenant not to compete  | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>Describe: _____ |
| <b>G</b> Damages or settlement for lost wages, other than personal injury | <b>N</b> Fiduciary fees from a trust   |
|   | <b>O</b> Other income not listed above<br>Describe: _____                    |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. | _____    | _____  |
| Withholding . . . . .  | _____    | _____  |

**Compensation from Federal Forms 1099R**

| *                        | Payer's EIN<br>Payer's Name | T<br>S | Fed<br># | PA<br>Type | Gross<br>Distribution | Basis | PA Taxable | PA Tax<br>Withheld |
|--------------------------|-----------------------------|--------|----------|------------|-----------------------|-------|------------|--------------------|
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |
| <input type="checkbox"/> |                             |        |          |            |                       |       |            |                    |

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- |  |   |
|--|---|
| <b>N</b> No entry  | <b>I22</b> I'm not eligible yet; plan is eligible in PA |
| <b>I31</b> PA school, state, or municipal employee plan  | <b>J1</b> Traditional or Roth IRA; I'm over 59.5        |
| <b>I11</b> United Mine Workers pension   | <b>J2</b> Traditional or Roth IRA; I'm under 59.5       |
| <b>I32</b> Military pension  | <b>K2</b> Non-qualified deferred compensation plan      |
| <b>I33</b> U.S. Civil service retirement/disability/annuity                                      | <b>K3</b> Life insurance or endowment                   |
| <b>K1</b> Annuity or Non-civil service disability<br>(including Qual Joint Survivorship Annuity) | <b>L</b> Distribution from Charitable Gift Annuities    |
| <b>I21</b> Early distribution from a retirement plan   | <b>M1</b> ESOP: Allocated ESOP Stock Dividend           |
| <b>I12</b> Rollover  | <b>M2</b> ESOP: Non-Allocated ESOP Stock Dividend       |
| <b>I13</b> I'm eligible; plan is eligible (no PA tax)  | <b>M3</b> KSOP: Taxable ESOP within a 401(k)            |
|  | <b>M4</b> KSOP: Nontaxable ESOP within a 401(k)         |

|  | Taxpayer | Spouse |
|--|----------|--------|
| Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . . . . | _____    | _____  |
| Distribution from Charitable Gift Annuities . . . . .  | _____    | _____  |
| Compensation from Form 1099R (eligible retirement plans). . . . .  | _____    | _____  |
| Withholding . . . . .  | _____    | _____  |

**Total Gross Compensation**

|  | Taxpayer | Spouse |
|--|----------|--------|
| Total gross compensation to Form PA-40 line 1a. . . . .          | 8,399.   | 0.     |
| Total Schedule NRH gross compensation to PA-40, line 12. . . . . | _____    | _____  |
| Withholding to Form PA-40 line 13. . . . .                       | 258.     | _____  |

|  |        |
|--|--------|
| Total gross compensation to Form PA-40 line 1a . . . . . | 8,399. |
|--|--------|

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.