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

| Submi | ission Identification Number (SID) | | | | | | | | |
|---|--|--|---|---|--|--|--|--|--|
| Taxpaye | er's name | Social securi | ty numl | per | | | | | |
| MON | ALI L SHINDE | 025-59 | 025-59-9243 | | | | | | |
| Spouse | 's name | Spouse's social security number | | | | | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2021 (En | ter year you a | re au | thorizina | 1) | | | | |
| | whole dollars only on lines 1 through 5. | tor your you c | | unonzing |)•/ | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | |
| 1 | Adjusted gross income | | 1 | 73 | 3,029. | | | | |
| 2 | Total tax | | 2 | 8 | 3,987. | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | 2,623. | | | | |
| 4 | Amount you want refunded to you | | 4 | | 3,636. | | | | |
| 5 | Amount you owe | | 5 | | | | | | |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get an | d keep a cop | y of y | our retu | ırn) | | | | |
| return (to send for any Agent t paymer authori paymer busines taxes t person | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I all (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tranding return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into finy federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming I, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rest days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the alidentification number (PIN) below is my signature for the income tax return (original or amended) nic Funds Withdrawal Consent. | smitter, or electrice consistency of the transition of the processing of the processing of payment. If turn of the processing of the proce | onic reransmised ax prepartion. The receiff the eland and the receifther acceims. | turn origina ssion, (b) to designated paration so to this acco To revoke ved no late ectronic para | ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the | | | | |
| | nic runds withdrawal Consent. yer's PIN: check one box only | | | | l | | | | |
| X | | to my DINI 9 | 9 : | 2 4 3 | as my | | | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř En | | digits, but er all zeros | as my | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below. | | | | | | | | |
| Your s | signature ▶ Date ▶ | | | | | | | | |
| Snous | se's PIN: check one box only | | | | | | | | |
| Г | I authorize to enter or genera | te my PIN | | | as my | | | | |
| | ERO firm name | _ | ter five | digits, but | asiny | | | | |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below. | | | | | | | | |
| Spous | e's signature ▶ Date ▶ | | | | | | | | |
| | Practitioner PIN Method Returns Only—continue belo |)W | | | | | | | |
| 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 Don't ent | 8 6 er all ze | | 8 9 | | | | |
| authori | y that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of | e tax return (orig bmitting this ret | inal or urn in a | amended) accordance | | | | | |
| ERO's | s signature ► Date ► | · | | | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To | o Do So | | | | | | | |

£1040

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

2021

OMB No. 1545-007

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

| Filing Status Check only one box. | If yo | Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent | name of | ied filing separately your spouse. If you | ` ′ | _ | | , , | _ | , 0 | , , , , | |
|---|----------|--|---|--|-----------------------------|---------------|----------|---------------------------|--------------------------------|-----------------|----------------|--|
| Your first name | and m | iddle initial | Last na | ame | | | | | Your so | cial securi | ty number | |
| MONALI : | L | | SHII | NDE | | | | | 025-59-9243 | | | |
| If joint return, spouse's first name and middle initial | | | | ame | | | | | Spouse's social security numbe | | | |
| | | er and street). If you have a P.O. box, see URST DRIVE | instruct | ions. | | | | Apt. no. | 1 | ntial Electi | ion Campaign | |
| | | ce. If you have a foreign address, also co | omplete s | snaces helow | Sta | nte. | 7IP | code | | | ntly, want \$3 | |
| PLANO | 0000 | oo. If you have a follogif address, also of | ompioto (| spaces below. | T | | | 5024 | | | Checking a | |
| Foreign countr | y name | | | Foreign province/stat | | | _ | | | | | |
| | | | | | | | | | | You | Spouse | |
| At any time du | iring 20 | 021, did you receive, sell, exchange | , or othe | erwise dispose of a | iny fina | ancial intere | st in an | y virtual curre | ency? | Yes | ⊠ No | |
| Standard Deduction | _ | neone can claim: | • | | | | nt | | | | | |
| Age/Blindness | s You | : Were born before January 2, 1 | 957 [| Are blind S | pouse | : Was I | oorn be | efore January | 2, 1957 | ☐ Is b | lind | |
| Dependent | s (see | instructions): | | (2) Social secur | ity | (3) Relation | nship | (4) ✓ if c | qualifies fo | r (see instru | uctions): | |
| Dependents (see instructions): If more (1) First name La | | • | number to | | to you | | | redit | Credit for ot | ther dependents | | |
| than four | | | | | | | | | | | | |
| dependents, | | | | | | | | | | | | |
| see instruction and check | S — | | | | | | | | | | | |
| here ► | | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach | Form(s) | W-2 | | | | | . 1 | | 80,629. | |
| Attach | 2a | Tax-exempt interest | 2a | | b T | axable inter | est | | . 2b | , | | |
| Sch. B if | За | Qualified dividends | 3a | | b Ordinary dividends | | | | . 3b | , | | |
| required. | 4a | IRA distributions | 4a | | b Taxable amount . | | | | | , | | |
| | 5a | Pensions and annuities | 5a | | b T | axable amo | unt . | | . 5b | , | | |
| Standard | 6a | Social security benefits | 6a | | b T | axable amo | unt . | | . 6b | , | | |
| Deduction for— | 7 | Capital gain or (loss). Attach Sche | dule D | if required. If not re | quired | l, check here | e . | • | □ 7 | | | |
| Single or Married filing | 8 | Other income from Schedule 1, lir | ne 10 | | · | | | | . 8 | | -7,600. | |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is your total in | come | | | | ▶ 9 | | | |
| Married filing | 10 | | ital gain or (loss). Attach Schedule D if required. If not required, check here re income from Schedule 1, line 10 | | | | | | | | | |
| jointly or Qualifying | 11 | • | | | ome | | | | ▶ 11 | | 73,029. | |
| widow(er), | 12a | Standard deduction or itemized | • | | | | 12a | 12,55 | 0. | | | |
| \$25,100 • Head of | b | Charitable contributions if you take | | , | , | - | 12b | 30 | | | | |
| household, \$18,800 | c | | | | | | | | . 120 | c | 12,850. | |
| • If you checked | 13 | Qualified business income deduct | | | m 899 | 95-A | | | . 13 | | | |
| any box under Standard | 14 | Add lines 12c and 13 | | | | | | | . 14 | _ | 12,850. | |
| Deduction, | 15 | Taxable income. Subtract line 14 | from lin | ne 11. If zero or les | s, ente | er -0 | | | . 15 | | 60,179. | |

| | 16 | Tax (see instructions). Check | | | | | | 16 | 8,987. | |
|---|--------|--|----------------------|--------------------------|-------------------|-----------------------------|----------------|---|---|--|
| | 17 | Amount from Schedule 2, line | e3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 8,987. | |
| | 19 | Nonrefundable child tax cred | 19 | | | | | | | |
| | 20 | Amount from Schedule 3, line | 20 | | | | | | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18. | If zero or less, | enter -0 | | | | 22 | 8,987. | |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | 2, line 21 | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is y | our total tax | | | | . ▶ | 24 | 8,987. | |
| | 25 | Federal income tax withheld | from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 12 | ,623. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | 25d | 12,623. | |
| If you have a | 26_ | 2021 estimated tax payment | s and amount a | pplied from 20 | | | | 26 | | |
| qualifying child, | 27a | Earned income credit (EIC) . | | | No | 27a | | | | |
| attach Sch. EIC. | | Check here if you were b January 2, 2004, and you taxpayers who are at least ag | | | | | | | | |
| | b | Nontaxable combat pay elec | | | | | | | | |
| | С | Prior year (2019) earned inco | | | | | | | | |
| | 28 | Refundable child tax credit or | | | | 28 | | - ! | | |
| | 29 | American opportunity credit | | | | 29 | | - ! | | |
| | 30 | Recovery rebate credit. See | | | | 30 | | - ! | | |
| | 31 | Amount from Schedule 3, line | | | | 31 | | | | |
| | 32 | Add lines 27a and 28 through | | | | | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. The | | | | | . ▶ | 33 | 12,623. | |
| Refund | 34 | If line 33 is more than line 24 | | | | • | | 34 35a | 3,636. | |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □ Routing number 1 1 1 1 9 0 0 6 5 9 ▶ c Type: ★ Checking □ Savings | | | | | | | 3,636. | |
| Direct deposit? See instructions. | ►b | | | | | | | | | |
| | ►d | Account number 8 2 9 | | | | | | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | | |
| Amount | 37 | Amount you owe. Subtract | | | | 1 1 | . ▶ | 37 | | |
| You Owe | 38 | Estimated tax penalty (see in | | | | 38 | | | | |
| Third Party Designee | ins | you want to allow another tructions | • | | | Yes. Co | • | | ⊠ No | |
| | | signee's ne ▶ | | | | onal identif oer (PIN) 🕨 | identification | | | |
| Ciana | | der penalties of perjury, I declare the | nat I have evamine | | Laccompanying sch | | | | et of my knowledge and | |
| Sign | | ef, they are true, correct, and comp | | | | | | | | |
| Here | You | ır signature | | Date | Your occupation | | | | nt you an Identity IN, enter it here | |
| Joint return? | | | | | DATA ENGIN | IEER | | inst.) 🕨 | | |
| See instructions. Keep a copy for your records. | Spo | Spouse's signature. If a joint return, both must sign. | | Date Spouse's occupation | | | Ident | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | |
| | ———Pho | one no. (682)472-1226 | 5 | Email address | MUNTILSTITMUM | 1291@GMAIL.CO | | | | |
| | | parer's name | Preparer's signat | | HOMETINE | Date | PTIN | | Check if: | |
| Paid | | | | | СПРТА ТАТ.Т.АМ | 04/05/2022 | P02082 | 2703 | Self-employed | |
| Preparer | | | | | | | | 678)965-9522 | | |
| Use Only | | | | | | | s EIN ▶ | • | | |
| Go to www irs a | | a1040 for instructions and the lates | | Cammilli | BAA | REV 03/26/22 PRO | 1 111111 | CLIIV | Form 1040 (2021) | |
| | | ioi mondono dila tilo latot | | | שאת | 11 V 00/20/22 F 110 | | | 10 10 (2021) | |

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

| ANON | LI_L SHINDE | | 025-5 | 9-924 | 13 |
|------------|---|---------|-------|-------|---------|
| Par | t I Additional Income | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxe | s | | 1 | |
| 2 a | Alimony received | | 2a | | |
| b | Date of original divorce or separation agreement (see instructions) | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, tr Schedule E | | | 5 | -7,600. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | 8a (|) | | |
| b | Gambling income | 8b | | | |
| С | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | |
| е | Taxable Health Savings Account distribution | 8e | | | |
| f | Alaska Permanent Fund dividends | 8f | | | |
| g | Jury duty pay | 8g | | | |
| h | Prizes and awards | 8h | | | |
| i | Activity not engaged in for profit income | 8i | | | |
| j | Stock options | 8j | | | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | | | |
| I | Olympic and Paralympic medals and USOC prize money (see instructions) | 81 | | | |
| m | Section 951(a) inclusion (see instructions) | 8m | | | |
| n | Section 951A(a) inclusion (see instructions) | 8n | | | |
| 0 | Section 461(I) excess business loss adjustment | 80 | | | |
| р | Taxable distributions from an ABLE account (see instructions) . | 8p | | | |
| Z | Other income. List type and amount ▶ | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | |
| | | | | | |

Schedule 1 (Form 1040) 2021 Page **2**

| Par | Adjustments to Income | | | |
|-----|--|-------------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106 | | | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form | 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | > | _ | |
| С | Date of original divorce or separation agreement (see instructions) | - | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24 g | | |
| h | , | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24 j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount ▶ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line | | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Name(s) shown on return

MONALI L SHINDE

Department of the Treasury Internal Revenue Service (99)

Your social security number

| | LI L SHINDE | | | | | | | | 25-59-9 | | |
|----------|---|--|----------|-------------|----------|-----------|-------------------|--------------|-------------|--------|------------|
| Part | Income or Loss | From Rental Real Estate and Roy | yalties | Note: | If you a | re in th | e business c | f rent | ing persor | al pro | perty, use |
| | Schedule C. See i | nstructions. If you are an individual, repo | ort farn | n rental ir | come o | r loss fi | om Form 48 | 35 or | n page 2, I | ne 40. | |
| A Dic | d you make any paymer | nts in 2021 that would require you to | file F | orm(s) 10 |)99? Se | e instr | uctions . | | | Ye | es 🗵 No |
| B If " | Yes," did you or will yo | ou file required Form(s) 1099? | | | | | | | | Ye | es 🗌 No |
| 1a | | each property (street, city, state, ZIF | | | | | | | | | |
| Α | KONDHWA PUNE M | AHARASHTRA IN 411048 | | | | | | | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| 1b | Type of Property | 2 For each rental real estate prop | erty li | sted | | Fair | Rental | Per | sonal Us | е | QJV |
| | (from list below) | above, report the number of fair personal use days. Check the | ir renta | al and | | | ays | | Days | | QUV |
| Α | 3 | if you meet the requirements to | o file a | sa | Α | | 365 | | 0 | | |
| В | | qualified joint venture. See inst | ructio | ns. | В | | | | | | |
| С | | | | | С | | | | | | |
| Type o | of Property: | | | | | | | | | | |
| | gle Family Residence | 3 Vacation/Short-Term Rental | 5 Lar | nd | 7 | ' Self- | Rental | | | | |
| | ti-Family Residence | | 6 Ro | yalties | 8 | Othe | r (describe) |) | | | |
| Incom | e: | Properties: | | | Α | | E | 3 | | | С |
| 3 | | | 3 | | 5 | 500. | | | | | |
| 4 | Royalties received . | | 4 | | | | | | | | |
| Expen | | | | | | | | | | | |
| 5 | _ | | 5 | | | | | | | | |
| 6 | , | nstructions) | 6 | | | | | | | | |
| 7 | | ance | 7 | | 3 | 300. | | | | | |
| 8 | | | 8 | | | | | | | | |
| 9 | | | 9 | | | | | | | | |
| 10 | _ | ssional fees | 10 | | | | | | | | |
| 11 | • | | 11 | | 1,2 | 200. | | | | | |
| 12 | | d to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | | | 13 | | | | | | | | |
| 14 | • | | 14 | | | 500. | | | | | |
| 15 | | | 15 | | 2,1 | L00. | | | | | |
| 16 | | | 16 | | | 100 | | | | | |
| 17 | | | 17 | | 2,4 | 100. | | | | | |
| 18 | | or depletion | 18 | | | | | | | | |
| 19 | Other (list) | | 19 | | | | | | | | |
| 20 | | ines 5 through 19 | 20 | | 8,1 | L00. | | | | | |
| 21 | | line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | result is a (loss), see if file Form 6198 | nstructions to find out if you must | 21 | | -7,6 | 500 | | | | | |
| 00 | | | 21 | | - / , (| ,00. | | | | | |
| 22 | on Form 8582 (see ins | estate loss after limitation, if any, | 22 | (| 7 6 | 00.) | (| |)/ | | ١ |
| 23a | · | eported on line 3 for all rental prope | | (| 1,0 | 23a | (| | 00. | | |
| 23a b | | eported on line 4 for all royalty prope | | | | 23b | | ے | | | |
| C | | eported on line 12 for all properties | 01 1100 | | | 23c | | | | | |
| d | | eported on line 18 for all properties | | | • | 23d | | | | | |
| e | | eported on line 20 for all properties | | | | 23e | | 8,1 | 0.0 | | |
| 24 | | e amounts shown on line 21. Do no | t inclu | | | | | J, 1 | 24 | | |
| 25 | • | sses from line 21 and rental real estate | | - | | ter tota | al losses her | е. | 25 (| | 7,600.) |
| | | | | | | | | | | | ,,,,,,,, |
| 26 | | ate and royalty income or (loss). (V, and line 40 on page 2 do not a | | | | | | | | | |
| | | 0), line 5. Otherwise, include this ar | | | | | | | 26 | | -7,600. |