#### 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.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
VINAY KUMAR NERIGA	743-49-1668
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2021 (En	ter 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.	
<b>1</b> Adjusted gross income	<b>1</b> 67,844.
<b>2</b> Total tax	<b>2</b> 7,843.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 9,887.
4 Amount you want refunded to you	<b>4</b> 3,444.
<u>5</u> Amount you owe	5

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	E
				ERO firm name		

9	1	6	6	8	
Ent don	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

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 – Practit	ioner PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9				

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.

O's signature ► Date ►							
ERO Must Retain This F Don't Submit This Form to the I							
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/26/22 PRO	Form 8879 (Rev. 01-2021)				

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       X Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions       In are exempt interest       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other depend	E <b>104(</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	21	OMB No. 1	545-00	174 IRS U	Jse Only	y—Do not v	write or staple	in this space.
Person is a child but not your dependent ▶         Vour fist ame and middle initial       Last name         VINAY_KUMAR       NERIGA         H joint return, spouse is first name and middle initial       Last name         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.         Presidential Election Campaign       Class of the province/state/county       Class of the province/state/county         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       Door office. If you have a foreign address, also complete spaces below.       State       ZIP code       Door office. If you have a foreign address, also complete spaces below.       NC       270 45       Door box below will not change         Country name       Foreign province/state/county       Foreign postal code       You       Spouse       No         Standard       Someone can claim:       You as a dependent       You result       You genetic       Spouse temizes on a separate return or you were a dual-status alien         Defunction       Spouse itemizes on a separate return or you were a dual-status alien       Genetic for the dependent       Genetic for the dependent         Genetic for the dependent four       Genetic for the dependent       Do you       Ghal Bearount       Ghal Bearount       Ghal Bearount       Ghal Bearount       Ghal Bearount	Check only	lf yo	u checked the MFS box, enter the n	ame of	-		. ,							
VINAY KUMAR       NERIGA       743-49-1668         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.       Apt. no.       Presidential Election Campaign         2031 LONGSHADOW ST       Check here if you, or your       Spouse's social security names       Spouse's filing jointy, ward S is your tax or refund.         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country         Standard       Someone can claim:       You as a dependent       You require       Yere       No         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Yere       No         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Yere       No         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Yere       No         Age/Blindness You:       Were born before January 2, 1957       Are blind Spouse       Yere       No       Spouse/territorios:       Yere       No         If more       Last name       You as a dependent       You       Yere       No       Spouse/te			, ,	t 🕨										
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.       Apt. no.       Presidential Election Campaign         2031_LONGSHADOW_ST       Clty, town, or poot office. If you have a foreign address, also complete spaces below.       State       IP provide State         RURAL_HALL       NC       270.45       composition of this fund. Ohecking a box boyow will not change your tex or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       your tex or refund.         Standard       Someone can claim:       You as a dependent       You roy pouse as a dependent       You repouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Image: salaries, tips, etc. Attach Form(s)       (2) Social security to you       (4) for quillies to reset dependent         Dependents       (see instructions):       (1) First name       Image: salaries, tips, etc. Attach Form(s) W-2       1       7.9, 9.92.         Attach       3a       Image: salaries, tips, etc. Attach Form(s) W-2       1       7.9, 9.92.       2b         Attach       Ga social security benefits       6a       Social security benefits       6b       6b         Sa Pensions and annuities       Sa       I	Your first name	e and mi	ddle initial	Last na	ime									-
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         2031 LONGSHADOW_ST       Check here if you, or your spouse if filing jointly, want S3       State       ZIP code       to beck here if you, or your spouse if filing jointly, want S3         RURAL HALL       NC       27045       to this fund. Checking a box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you       Spouse it may virtual currency?       Yes       No         Standard       Someone can claim:       Ou as dopendent       You resource as a dependent       You       Spouse         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You       Were born before January 2, 1957       Is blind         Dependents       (a) First name       Last name       number       (a) Social security       (b) or id qualifies for (see instructions);       (f) First name       Last name       1       79, 992.         Attach       1       Tax-exempt interest       2a       b       Tax-exempt interest       2b       2b       5b         Sch B if       3a       Qualified dividends       3a       b       Tax-axable amount       4b       5b       5b       5b <td></td> <td>-</td> <td></td>		-												
2031 LONGSHADOW ST       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       2/P code       Stops of filling infilling infill	lf joint return, s	spouse's	first name and middle initial	Last na	ime							Spouse	's social se	curity number
Autoch       December       State       ZIP code       spouse if filing jointy, want \$3 to go to this full. Checking a box below will not change box box below will not change box below				instructi	ons.					Apt. no.				
RIRAL HALL       NC       27045       bg of o this hund. Checking a box below will not change box body will not change box body will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code your tax or refund.       You       Spouse         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       X Yes       No         Standard       Someone can claim:       You as dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       See instructions):       (2) Social security       (3) Relationship       (4) I ' d' qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) I ' d' qualifies for (see instructions):         If more than four       (1) First name       Last name       Dependents, see instructions:       (2) Social security       (3) Relationship       (4) I ' qualifies for (see instructions):         If more than four       (1) First name       Last name       Dependents       Dependentin       Dependentin <th< td=""><td></td><td></td><td></td><td>molete s</td><td>paces be</td><td>low.</td><td>Sta</td><td>ite</td><td>7</td><td>P code</td><td></td><td>spouse</td><td>e if filing joir</td><td>ntly, want \$3</td></th<>				molete s	paces be	low.	Sta	ite	7	P code		spouse	e if filing joir	ntly, want \$3
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your say as a dependent       Your say as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Yes       No         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (a) Relationship       (b) You       Child tax credit       Credit for other dependents         were here				piete e	paces so							Ŭ Ŭ		0
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       You repose as a dependent         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents, (see instructions):       (I) First name       Last name       number       (I) First name       Child tax credit       Credit for other dependents         image instructions       Images, salaries, tips, etc. Attach Form(s) W-2       Images, salaries, tips, etc. Attach Form(s) W-2<					Foreign p	rovince/state		-			al code			0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more dependents, see instructions and check       Image: Salaries, tips, etc. Attach Form(s) W-2	i oloigii oodiiti	y name			i ereigii p	o moo, otat	,	- )		in ign poor		,	_	
Deduction       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):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         Add check       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         and check       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         Attach       2       Marked billing       (1) To 7, 992.       (2) To 7, 992.       (2) To 7, 992.         Attach       2a       Vages, salaries, tips, etc. Attach Form(s) W-2       b Taxable interest       (2) b         4       4       b To 7       (2) Social security benefits       (3) a       (4) To 7, 992.         5a       Ga       Qualified dividends       (3) a       (4) To 7, 992.       (4) To 7, 992. <tr< td=""><td>At any time du</td><td>uring 20</td><td>021, did you receive, sell, exchange</td><td>, or othe</td><td>erwise di</td><td>spose of a</td><td>ny fina</td><td>ancial intere</td><td>est in a</td><td>any virtua</td><td>curre</td><td>ency?</td><td>X Yes</td><td>No</td></tr<>	At any time du	uring 20	021, did you receive, sell, exchange	, or othe	erwise di	spose of a	ny fina	ancial intere	est in a	any virtua	curre	ency?	X Yes	No
Dependents (see instructions):       (2) Social security number       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security number       (3) Relationship       (4) ✓ if qualifies for (see instructions):         Child tax credit       Credit for other dependents, see instructions       (1) First name       (1) First name <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td>•</td> <td>ent</td> <td></td> <td></td> <td></td> <td></td> <td></td>				•				•	ent					
If more than four dependents, see instructions and check       Image: transme	Age/Blindnes	s You:	Were born before January 2, 1	957	Are b	lind Sp	ouse	: 🗌 Was	born l	pefore Jai	nuary	2, 1957	🗌 ls b	lind
If more       1<	Dependent	s (see	instructions):		(2) \$	Social securi	ty	(3) Relatio	onship	(4)	🖌 if q	ualifies fo	or (see instru	uctions):
dependents, see instructions and check here       Image: searce of the sea	If more	<b>(1)</b> F	irst name Last name			number		to yo	u	Chil	d tax c	redit Credit for other dependent		
see instructions       Image: constructions and check       Image: constructions and check         here b       Image: constructions and check       Image: constructions and check       Image: constructions and check         Attach       2a       Tax-exempt interest       Image: constructions and check       Image: constructions and constructions anot constructions and constructions and constructions an														
and check       here ▶		IS												
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       79,992.         Attach       2a       Tax-exempt interest       2a       b       1       79,992.         Sch. B if       3a       Qualified dividends       3a       b       Taxable interest       2b         Attach       3a       Qualified dividends       3a       b       Taxable amount       3b         Standard       5a       Pensions and annuities       5a       5a       b       Taxable amount       4b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing jointly or       6a       Sother income from Schedule 1, line 10       5b       7       8       -12,148.         9       67,844.       9       67,844.       9       67,844.       10       67,844.         11       67,844.       11       67,844.       10       10       10       10       67,844.         Vidow(er), \$25,00       12       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.       11       67,844.         10       Adjustments to income from Schedule 1, line 26       10       10       10       <	and check													
Attach 2a Tax-exempt interest 2a   Sch. B if 3a b   required. 4a   BAddistributions 3a   4a b   5a Pensions and annuities   6a b   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 8   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   8 -12,148.   9 67,844.   9 67,844.   10 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   11 67,844.   10 10   11 67,844.   12a 12,550.   12a 12,550.   12b 300.   12a 12,550.   12a 12,550.   12a 12,550.   12b 300.   12a 12,550.   12b 300.   12a 12,550.   12b 300.   12c 12,850.   13 Qualified business income deduction from Seredule A	here 🕨 📋													
Sch. B if required.       2a       1ax-extempt interest       2a       2b         Sch. B if required.       3a       Qualified dividends       3a       3b       3b         4a       IRA distributions       4a       b       Ordinary dividends       3c       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         Standard       Ga       Social security benefits       6a       b       Taxable amount       5b         Single or Married filing separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       7         9       67,844.       9       67,844.       10       10       10         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       67,844.       10         9       67,844.       10       10       10       10       10         10       Subtract line 10 from line 9. This is your adjusted gross income       12a       12,550.       11       67,844.         11       67,844.       12b       300.       11       <	Attach	1	Wages, salaries, tips, etc. Attach F	Form(s)	W-2 .	· · ·					•	. 1		79,992.
angle and a start of the standard deduction for - single or standard bedrafting pointly or Qualifying widow(er), \$12,550.       angle and the standard deduction or itemized deductions (from Schedule A)       b Taxable amount       angle and the standard deduction (see instructions)         b Maried filling is the standard deduction (see instructions)       angle and the standard deduction (see instructions)       angle and the standard deduction (see instructions)       angle angle and the standard deduction (see instructions)       angle a		2a	· ·	-			bΤ	axable inte	erest		•	· –		
5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       b       Taxable amount       7         9       67,844.       9       67,844.       10       Adjustments to income from Schedule 1, line 26       10         10       Adjustments to income from Schedule 1, line 26       10       11       67,844.         10       Subtract line 10 from line 9. This is your adjusted gross income       10       11       67,844.         11       67,844.       10       11       67,844.       10         11       67,844.       10       11       67,844.         12a       12a,550.       12b       300.       12c       12,850.         14       12a and 12b       12b       300.       12c       12,850.         15       Taxable income       14       12,850.       14       12,850.		<u>3a</u>	Qualified dividends	3a			<b>b</b> Ordinary dividend		vidend	3	•	. 3ł	<b>)</b>	
Standard Deduction for -       6a       Social security benefits		) 4a					<b>b</b> Taxable amount .				•			
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       -12,148.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       67,844.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       67,844.       10       Subtract line 10 from line 9. This is your adjusted gross income       10         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,850.       14       12,850.		5a									•			
<ul> <li>Single or Married filing separately, \$12,550</li> <li>Married filing jointy or Qualifying widow(er), \$25,100</li> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>If</li></ul>	Standard	6a	···· , ··· _								•••			
Married filing separately, \$12,550       8       -12,148.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       67,844.         9       67,844.       9       67,844.         9       67,844.       10         10       Adjustments to income from Schedule 1, line 26       10         11       67,844.         9       67,844.         10       11       67,844.         11       67,844.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         12a       Standard deduction or itemized deduction (from Schedule A)       12a       12,550.         13       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         14       12,850.       13       14       12,850.         15       Taxable income       14       14,2,850.					f require	d. If not rea	quired	, check her	re.					
\$12,550       9       Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income       9       67,844.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         • Hard of household, \$18,800       12a       Standard deduction or itemized deductions (from Schedule A)       11       67,844.         • Head of household, \$18,800       •       •       12a       12,550.       12b       300.         • Had of household, \$18,800       •       •       12a       12,550.       12c       12,850.         • Had of household, \$18,800       •       •       12a       12,550.       12c       12,850.         • Had of household, \$18,800       •       •       12a       12,850.       12c       12,850.         • Had of household, \$18,800       •       •       12b       300.       12c       12,850.         • If you checked any box under Standard       •       •       •       •       13       14       12,850.         • Add lines 12c and 13       •       •       •       •       14       12,850.         • If you checked any box under Standard       •       •       •       •       •       13         • If	Married filing		,								•			
jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       1       11       67,844.         12a       12a       12,550.       11       67,844.         * Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12a       12,550.       12b       300.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       12,850.         14       12c, and 13       14       12,850.       14       12,850.		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our <b>total in</b>	come				•	▶ 9		67,844.
Qualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       12,850.         14       12,850.       14       12,850.       14       12,850.       15	<ul> <li>Married filing iointly or</li> </ul>	10	-								•	. 10		
\$25,100       12a       12a,350.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       12,850.         • If you checked any box under Standard       14       12,850.       14       12,850.         • If you checked any box under Standard       14       12,850.       14       12,850.         • If you checked any box under Standard       14       12,850.       14       12,850.         • If you checked any box under Standard       14       12,850.       14       12,850.         • If you checked any box under Standard       15       54,994       994	Qualifying	11						· · ·	• •				1	67,844.
household, \$18,800       c       Add lines 12a and 12b       12c       12c       12,850.         If you checked any box under Standard Deduction,       I3       Qualified business income deduction from Form 8995 or Form 8995-A       I3       I3         I4       Add lines 12c and 13       I4       12,850.       I4       14       12,850.         Deduction,       I5       Tayable income       Subtract line 14 from line 11 If zero or less enter -0-       I5       54,994	\$25,100	12a			`		,			12				
\$18,800       C       Add lines 12a and 12b       12       12,850.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12c and 13       14       12,850.       14       12,850.         15       Tayable income       Subtract line 14 from line 11 If zero or less enter -0-       15       54,994	Head of	b	Charitable contributions if you take	the star	ndard de	duction (se	e insti	ructions)	12b		30	0.		
any box under Standard       14       Add lines 12c and 13       14       12,850         Deduction,       15       Taxable income       Subtract line 14 from line 11 lf zero or less enter -0-       15       54,994		с		• •								. 12	c	12,850.
Standard         14         Add lines 12c and 13         12,850.           Deduction,         15         Taxable income         Subtract line 14 from line 11 If zero or less enter -0-         15         54,994	<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct	ion from	n Form 8	995 or For	n 899	95-A				. 1:		
	Standard	14										. 14		
		15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or less	, ente	er-0			•	. 18	5	54,994.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (2021	)									Pag	je <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16		7,843	
	17	Amount from Schedule 2, lin	ie3					17			
	18	Add lines 16 and 17						18		7,843	
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19			
	20	Amount from Schedule 3, lin	ie8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		7,843	•
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23			).
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24		7,843	•
	25	Federal income tax withheld				1 1					
	а	Form(s) W-2					,887.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	,			25c					
	d	Add lines 25a through 25c						25d		9,887	•
If you have a	26	2021 estimated tax payment		• •	37 -			26			
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a					
attach Sch. Elo.		Check here if you were k									
		January 2, 2004, and you taxpayers who are at least a									
	b	Nontaxable combat pay elec	-	1 1							
	С	Prior year (2019) earned inco				-					
	28	Refundable child tax credit or			Schedule 8812	28					
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Recovery rebate credit. See				30 1	,400.				
	31	Amount from Schedule 3, lin				31	-				
	32	Add lines 27a and 28 throug					lits 🕨	32		1,400	).
	33	Add lines 25d, 26, and 32. T						33		1,287	
Defined	34							34		3,444	
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here								3,444	
Direct deposit?	►b	Routing number $0 \ 4 \ 4 \ 0 \ 0 \ 0 \ 3 \ 7 $ <b>b</b> c Type: <b>X</b> Checking <b>Checking</b>									
See instructions.	►d	Account number 9 2 2 3 8 2 6 6 3									
	36	Amount of line 34 you want a			ed tax ►	36					
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37			
You Owe	38	Estimated tax penalty (see in				38					
Third Party	Do	you want to allow another				? See					_
Designee		tructions	•				omplete b	elow.	X No		
		signee's		Phone			onal identif				
		ne 🕨		no. 🕨			ber (PIN) 🕨				
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature	piete. Deciaration	Date	Your occupation				it you an le		<i>j</i> c.
	. 10	ur signature		Dale	rour occupation				N, enter it		
Joint return?					SOFTWARE	ENGINEER	(see i	nst.) 🕨			$\square$
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	tion			it your spo		
Keep a copy for your records.	,							ity Prote nst.) ► 🛛	ction PIN,	enter it h	1ere
,			•				,	nst.)			
		one no. (234)817-798 eparer's name		Email address	NERIGA.VINAY	KUMAR@GMAIL.CC	PTIN		Chaols if		
Paid			Preparer's signat			Date			Check if:	-employe	d
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 04/06/2022	P02082				
Use Only		m's name ► GLOBAL TAX			~ 07 20041				678)96		
		n's address ► 2530 Pebb		in Cummin	-		Firm'	s EIN 🕨		101719	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/26/22 PRO			Form	<b>1040</b> (2	:021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074 201**1** 

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

Your soc	ial security number
	Attachment Sequence No. <b>01</b>

743-49-1668

Par	Additi	onal Income
VINA	Y KUMAR NE	IRIGA
Name(	s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

_				
1	Taxable refunds, credits, or offsets of state and local income taxe	s	1	0.
2a	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	-12,148.
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		
ο	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	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8		10	-12,148.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ıle 1 (Form 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
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)		
b	Deductible expenses related to income reported on line 8k from         the rental of personal property engaged in for profit <b>24b</b>		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
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 violations24i		
j	Housing deduction from Form 2555         .         .         .         24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
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 <b>adjustments to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 03/26/22 PRO

SCHEDULE	Е
(Form 1040)	

Department of the Treasury

## Supplemental Income and Loss

OMB No. 1545-0074

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. www.irs.gov/ScheduleE for instructions and the latest information.

20 21 Attachment Sequence No. 13

Your social security number

	enue Service		►G	o to v		
Name(s) shown on return						
VINAY	KUMAR	NE	RIGA			
Part I	Incon	ne	or Loss	From	Ren	

VINA	Y KUMAR NERIGA							49-160		
Part		-		-			÷ .			y, use
	Schedule C. See instructions. If you are an individual, repo	ort farı	m rental i	income	or loss f	rom Form 48	<b>35</b> on pag	e 2, line	40.	
A Dic	I you make any payments in 2021 that would require you to	file F	orm(s) 1	099? 5	See inst	ructions .		. 🗆	Yes	X No
B If "	Yes," did you or will you file required Form(s) 1099?							. 🗆	Yes [	No
1a	Physical address of each property (street, city, state, ZIF	, code	e)							
Α	H.NO:16-74, ADARSH HILLS COLONY, MEERE		,	ABAD	TELAN	GANA IN	500097	7		
В						-				
С										
1b	Type of Property <b>2</b> For each rental real estate prop	oertv I	isted		Fair	Rental	Person	al Use		
	(from list below) above, report the number of fa	ir rent	al and			Days	Day	/S		JV
Α	3 personal use days. Check the of if you meet the requirements to	QJV b	ox only	Α		365	-	0		$\Box$
B	qualified joint venture. See inst	ructio	is a ns.	B		505		0		
C	+ ' '			C						
	of Property:			U						
	gle Family Residence 3 Vacation/Short-Term Rental	5 1 0	nd		7 Self-	Pontal				
-	-									
Incom			yalties	Α	8 Othe	r (describe) E			С	
3		3		A	100		)		0	
<u> </u>	Rents received	4			480.					
	Royalties received	4								
Expen		-								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,	275.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,	340.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			650.					
15	Supplies	15		2,	570.					
16	Taxes	16								
17	Utilities	17		2,	793.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		12,	628.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-12,	148.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(	12,1	L48.)	(		)(		
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		480.			,
b	Total of all amounts reported on line 4 for all royalty prop				23b					
C	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
e	Total of all amounts reported on line 20 for all properties				23e	1	2,628.			
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>					· · · ·	. 24			
25	<b>Losses.</b> Add royalty losses from line 21 and rental real estate		-		nter tot	al losses her		(	12.	148.)
								\	1	_ 10. )
26	Total rental real estate and royalty income or (loss).	JUIID		o ∠4 dí	iu ∠0. E		suit	1		

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

For Paperwork Reduction Act Notice, see the separate instructions.

-12,148.

26

-12,148.

<b>K-40</b> (Rev. 7-21		2021 <sup>ĸ</sup>	ANSAS IND	IVIDUAL	. INCOME	E TAX	305	1228	21
VINAY KUMA	R	NERIGA			234817	7982	NERI	743491	.668
2031 LONGSHADOW ST RURAL HALL			NC 27045		JF	339			
Name or address h	has char	ged?	Taxpayer or (spouse if	f filing joint) died d	uring this tax year		Taxpayer was eng	aged in commercial	I farming/fishing in 2021
Amended Return:		Amended affects k	Kansas only	Amended Fe	deral tax return		Adjustment by the	IRS	
Filing Status:	Х	Single	ingle Married Filing Joint (Even if only one had income)				Married Filing Sep	arate	Head of Household (Do not check if filing joint return)
Residency Status:	Х	Resident	NonResident (Co	omplete Sch S, Pa	rt B)		State of Legal Res	idence	
		Part-Year Residen	t (Complete Sch S, Part E	3) From		То			
			mptions for you, your spo ou claim as a dependent.				tatus above is Head o old, add one exemptio		Total Kansas exemptions
	In th	e following spaces, p	rovide the requested infor	mation for all pers	ons you claimed a	s dependents.	DO NOT include you	u or your spouse.	

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2021. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2021?	E. Number of exemptions claimed
B. Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?	F. Number of dependents that are 18 years of age or older (born on or before January 1, 2004)
C. Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, STOP HERE, you do	G. Total qualifying exemptions (subtract line F from line E)
not qualify for this credit. D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.	0 H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.
If Line D is more than \$30,615 <b>STOP HERE,</b> you do not qualify for this credit.	

REV 03/22/22 PRO

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# **2021** KANSAS INDIVIDUAL INCOME TAX

305



VINAY KUMAR

R NERIGA

#### NERI 743491668

1. Federal adjusted gross income	67844	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	67844	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5750	28. Overpayment from original return. This figure is a subtraction.	0
7. Taxable income	62094	29. Total refundable credits	3939
8. Tax	3081	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	3081	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	858
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	3081	<ol> <li>Senior Citizens Meals On Wheels Contribution Program</li> </ol>	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	3081	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (out of state and internet purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	3081	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	3939	44. REFUND	858

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer. I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature <b>(Required)</b>						Date	Spouse Signature <b>(Required)</b>		Date
Preparer Signature <b>(Required)</b>	SYAM	PRIYA	RAM	SAGAR	GUPT	Preparer Phone Number _6	5789659522	Preparer PTIN, EIN, or SSN (Required)	P02082703

### KANSAS SUPPLEMENTAL SCHEDULE

VINAY KUMAR

S

NERIGA

2021

NERI 743491668

# PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME: A1. State and municipal bond interest not A5. Business interest expense carryforward deduction (I.R.C. § 163(J)) specifically exempt from KS income tax (reduced by related expenses) A2. Contributions to all KPERS (Kansas A6. Other additions to FAGI (enclose list) Public Employee's Retirement Systems) A3. Kansas Expensing Recapture (enclose A7. Total additions to FAGI (add lines A1 - A6) applicable schedules) A4. Low income student scholarship contribution (enclose Schedule K-70) SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME: A16. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A) A8. Social Security benefits A9. KPERS lump sum distributions exempt from income tax A17. Disallowed business interest deduction (I.R.C. § 163(J)) A10. Interest on U.S. Government obligations A18. Disallowed business meal expenses (reduced by related expenses) (I.R.C. § 274) A11. State or local income tax refund (if included in line 1 of Form K-40) 0 A19. Contributions to an ABLE savings account A12. Retirement benefits specifically exempt A20. Kansas Expensing Deduction (Enclose from Kansas Income Tax K-120EX) A13. Military compensation of a nonresident A21. Other subtractions from FAGI (enclose servicemember (Non-Residents only) list) A14. Contributions to Learning Quest or other states' qualified tuition program A22. Total subtractions from FAGI (add lines A8 through A21) A15. Armed forces recruitment, sign-up, or

## NET MODIFICATIONS:

retention bonus

A23. Net modifications to FAGI (subtract line A22 from line A7). Enter total here and on line 2, Form K-40.

0

0