### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)						
Taxpay	rer's name	Social securit	y numb	er			
BAL	A SUNDEEP KENGANA	588-87-	8-87-3399				
Spouse	Spouse's soc						
Par	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you a	re aut	horizing.	)		
Enter	whole dollars only on lines 1 through 5.	, ,			<u>'</u>		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	59	,072.		
2	Total tax		2	5	,918.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7	,523.		
4	Amount you want refunded to you		4	3	,005.		
5	Amount you owe		5				
Part		eep a cop	y of y	our retu	rn)		
return to sen for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated 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 terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the power and identification number (PIN) below is my signature for the income tax return (original or amended) I arounce Funds Withdrawal Consent.	tter, or electro ction of the tr S. Treasury as cated in the ta n to debit the the authoriza tests must be processing of ayment. I furt	onic ret ansmis nd its o ax prep entry t ation. T e receive the ele- her ac	urn originatesion, (b) the designated paration softo this according to revoke (c) yed no late ectronic paknowledge	for (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the		
Тахра	ayer's PIN: check one box only						
>	I authorize GLOBAL TAXES LLC to enter or generate	my PIN	3 3		as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but r all zeros	,		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.						
Your	signature ▶ Date ▶						
Snou	se's PIN: check one box only						
Брои	_	my DINI			ac my		
L	I authorize to enter or generate i		er five	digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.						
Spou	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	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 enter	8 er all ze	ros			
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income taked to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Incompanies.	itting this retu	ırn in a	ccordance	am now with the		
FR∩'	s signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						

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

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

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 [ u checked the MFS box, enter the on is a child but not your depender	name o									
Your first name	and mi	ddle initial	Last r	name					Your so	ocial secur	ity number	
BALA SUN	DEE		KEN	IGANA					588-87-3399			
If joint return, sp	ouse's	first name and middle initial	Last r	name					Spouse's social security number			
		r and street). If you have a P.O. box, se	e instruc	ctions.				Apt. no.			ion Campaign	
		EN MANOR DR						102		here if you	i, or your ntly, want \$3	
	ost offic	ce. If you have a foreign address, also c	omplete					code			. Checking a	
MEMPHIS				TN			+	3125	1	low will no	•	
Foreign country	name			Foreign province/state/county F				Foreign postal code   y		x or refund	i. Spouse	
At any time du	ing 20	21, did you receive, sell, exchange	, or oth	nerwise dispose of ar	y fina	ancial interest	in an	y virtual curre	ncy?	Yes	⊠ No	
Standard Deduction	_	eone can claim:	•			a dependent						
Age/Blindness	You:	Were born before January 2,	1957	Are blind Sp	ouse	: Was bo	orn be	efore January 2	2. 1957	□ ls b	olind	
Dependents	-			(2) Social securit		(3) Relations				or (see instri		
If more	•	,	,		ber to you		ornip	Child tax cred		1 '	ther dependents	
than four	<del>``</del>										$\overline{\Box}$	
dependents,											$\overline{\Box}$	
see instructions and check											$\overline{\Box}$	
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s	) W-2					. 1	<u>'                                    </u>	66,072.	
Attach	2a	Tax-exempt interest	2a	´	b T	axable intere	st		2k	)		
Sch. B if	3a	Qualified dividends	3a			Ordinary divide			3k	,		
required.	4a	IRA distributions	4a			axable amou			. 4k	,		
	5a	Pensions and annuities	5a		b T	axable amou	nt .		. 5k	,		
Standard	6a	Social security benefits	6a		b T	axable amou	nt .		. 6k	,		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D	if required. If not req	uired	, check here		▶[				
Single or Married filing	8	Other income from Schedule 1, lii	ne 10						. 8		-7,000.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							▶ 9		59,072.	
Married filing	10	Adjustments to income from Schedule 1, line 26							. 10	)		
jointly or Qualifying	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>						<b>▶</b> 11		59,072.		
widow(er),	12a	Standard deduction or itemized		-		12	2a	12,55	0.			
\$25,100 Head of	b	Charitable contributions if you take					2b	30				
household, \$18,800	С									С	12,850.	
If you checked	13	Qualified business income deduc	tion fro	m Form 8995 or Forr	n 899	05-A			. 13			
any box under Standard	14	A 1 1 1' 40 140							. 14		12,850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from I	ine 11. If zero or less	, ente	er -0			. 15		46,222.	

Form 1040 (2021	)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌 _			16	5,918.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	5,918.
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812			19	
	20	Amount from Schedule 3, lir	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18							22	5,918.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. ▶	24	5,918.
	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a	7,	523.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	7,523.
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20	20 return				26	
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)			NO	27a				
attach och. Elo.		Check here if you were lanuary 2, 2004, and you taxpayers who are at least a	born after Janu u satisfy all tho ge 18, to claim t	ary 1, 1998, e other requi he EIC. See in	and before rements for					
	b	Nontaxable combat pay ele								
	С	Prior year (2019) earned inc			0       0010	00				
	28	Refundable child tax credit o				28			-	
	29	American opportunity credit				29	1	400	-	
	30	Recovery rebate credit. See				30	Ι,	400.	-	
	31	Amount from Schedule 3, lir Add lines 27a and 28 through				_	able eredi	+o •	20	1,400.
	32 33	Add lines 25d, 26, and 32. T							32	8,923.
	34	If line 33 is more than line 24							34	3,005.
Refund	3 <del>4</del> 35а					•	-	· ·	35a	3,005.
Direct deposit?	⊳ b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here							55a	3,003.
See instructions.	►d	Account number 7 1 6 8 1 0 3 5 8								
	36	Amount of line 34 you want			ed tax ▶	36	1			
Amount	37	Amount you owe. Subtract					ıctions	. •	37	
You Owe	38	Estimated tax penalty (see in				38	actions		01	
Third Party		you want to allow another								
Designee		structions					Yes. Co	mplete l	oelow.	X No
3		signee's	Phone			Perso	nal identi	fication		
	nar	me ►		no. 🕨			numb	er (PIN)	<u> </u>	
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying s belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is						of which	n prepar	er has any knowledge.
11010	Yo	Your signature			Date Your occupation					nt you an Identity IN, enter it here
Joint return?	hum?				APPLICATIO	M DEZ	/ELOPEI	,	inst.) 🕨	IIV, enter it fiere
See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupation				e IRS ser	nt your spouse an
Keep a copy for your records.								tity Prote inst.) ▶	ection PIN, enter it here	
		one no. (937) 929-931		Email address	SANDEEP.KENG		MAIL.CO			
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/21	/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TA						Pho	ne no. (	678) 965-9522
	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Fir						Firm	Firm's EIN ► 30-1017196		

#### SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

BALA SUNDEEP

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

KENGANA

Your social security number 588-87-3399

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
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	-7,000.
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	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040-NR, line 8		10	-7,000.

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

	Educator expenses	11
2	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
3	Health savings account deduction. Attach Form 8889	13
ŀ	Moving expenses for members of the Armed Forces. Attach Form 3903	14
5	Deductible part of self-employment tax. Attach Schedule SE	15
6	Self-employed SEP, SIMPLE, and qualified plans	16
7	Self-employed health insurance deduction	17
3	Penalty on early withdrawal of savings	18
9a	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
0	IRA deduction	20
1	Student loan interest deduction	21
2	Reserved for future use	22
3	Archer MSA deduction	23
4	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 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	
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 24g	
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 violations	
j	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
Z	Other adjustments. List type and amount ▶	
5	Total other adjustments. Add lines 24a through 24z	25

## 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.

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Your social security number

	SUNDEEP KENGANA								7-339			
Part		-		-				• .			use	
	Schedule C. See instructions. If you are an individual, re	port far	m rental i	ncome c	r loss fi	om Form 48	<b>35</b> or	n page	2, line 4	0		
A Dic	d you make any payments in 2021 that would require you t	to file F	orm(s) 1	099? S	ee instr	ructions .			. 🗌 ነ	ſes ⊠	No	
B If "	Yes," did you or will you file required Form(s) 1099? .								. 🗆 ነ	ſes 🗌	No	
1a	Physical address of each property (street, city, state, Z											
Α	GAYATHRI HILLS, JUBILEE HIL HYDERABAD	TELA	NGANA	IN 50	00033							
В												
С												
1b	Type of Property 2 For each rental real estate pro	perty !	isted			Rental Days	Per	Personal Use		QJV		
	personal use days. Check the	above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only						Days				
A	3 if you meet the requirements	if you meet the requirements to file as a qualified joint venture. See instructions.							0 🗆			
В	qualified joint venture. See ins	structio	ns.	В							<u> </u>	
С				С								
	of Property:			_								
•	gle Family Residence 3 Vacation/Short-Term Rental				7 Self-							
	ti-Family Residence 4 Commercial ne: Properties:		yalties		3 Othe	r (describe)						
Incom	<u> </u>			Α	400	В	•			С		
<del>3</del> 4	Rents received	3		•	480.							
	Royalties received	4										
Expen		5			0.0							
5 6	Advertising	6		,	80. 200.							
7	Cleaning and maintenance	7			600.							
8	Commissions.	8			000.							
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11			900.							
12	Mortgage interest paid to banks, etc. (see instructions)	12			<i>5</i> 00.							
13	Other interest	13										
14	Repairs	14		2,3	200.							
15	Supplies	15			100.							
16	Taxes	16										
17	Utilities	17		1,	400.							
18	Depreciation expense or depletion	18										
19	Other (list)	19										
20	Total expenses. Add lines 5 through 19	20		7,	480.							
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	t										
	file Form 6198	21		-7,	000.							
22	Deductible rental real estate loss after limitation, if any,		,	_		,			,			
	on Form 8582 (see instructions)	22	[(	7,0	00.)	(		)			)	
23a	Total of all amounts reported on line 3 for all rental prop				23a		4	80.				
b	Total of all amounts reported on line 4 for all royalty pro				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		7 /					
e 24	Total of all amounts reported on line 20 for all properties				23e		7,4					
24 25	Income. Add positive amounts shown on line 21. <b>Do n</b>		-			l locaca har		24	1	7 0	۱ ۱	
25	Losses. Add royalty losses from line 21 and rental real estat							25		7,00	υ <b>υ.</b> )	
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not											
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						OII	26		-7.1	000.	
	on our in the rest in the control wilder, include this control wilder, included this control wilder, included this control wilder, and the control wilder, an	ar i i Our I		July Oll		Jii pago Z		20		′ , `	•	