Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social security number

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaver's name

Taxpayer S hame	Social Security number								
NEELIMA KONDA	305-45-2275								
Spouse's name	Spouse's social security number								
SRI HARSHAVARDHAN YANDURI	754-11-1617								
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	1 145,667.								
2 Total tax	2 17,912.								
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 19,322.								
4 Amount you want refunded to you	4 4,210.								
5 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 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

X lauthorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

		/e di			as my
5	2	2	7	5	
	5	-	-	5 2 2 7	

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 Neelima Konda

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

enter or o	anerate	mv	PIN	1

Date > 01/25/2022

1 7 6 1 as my Enter five digits, but don't enter all zeros

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

ERO firm name

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.

to

Spouse's signature Harrsha	Date 🕨	01	/25	/20)22	, -		
Practitioner PIN Method Re	turns Only—continue belo [,]	N						
Part III Certification and Authentication – Practitioner	r PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig	jit self-selected PIN. 5	3 7	2	7	8	6	1	9

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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	
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nature 🕨	Date 🕨	
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So	
		0070

8

E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	21	OMB No. 1	545-00)74 IRS Us	e Only	—Do not v	vrite or staple	in this space.		
Filing Status Check only one box.	lf yo	u checked the MFS box, enter the n	ame of y	ed filing separate your spouse. If yo										
	pers	on is a child but not your dependent												
Your first name	and mi	ddle initial	Last na	me							ocial securi			
NEELIMA			KONE	A						305-	45-227	5		
-		first name and middle initial	Last na							•	Spouse's social security number			
SRI HARS			YAND							754-	11-161	7		
	`	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.				on Campaign		
6720 S (104			here if you	, or your htly, want \$3		
		ce. If you have a foreign address, also co	mplete s	paces below.		tate		IP code				Checking a		
LITTLET						20		30122			low will not	0		
Foreign country	/ name		F	Foreign province/st	ate/cou	inty	F	oreign postal	code	your ta	x or refund	_		
											You	Spouse		
At any time du	ring 20	21, did you receive, sell, exchange,	or othe	rwise dispose of	any fir	nancial intere	est in a	any virtual o	currer	псу?	Yes	X No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Your sp	ouse a	s a depende	ent							
Deduction		Spouse itemizes on a separate return		•										
		·		_		_								
		Were born before January 2, 1	957	_ Are blind	Spous	se: 🗌 Was	born	before Janu			ls b	-		
Dependents				(2) Social sec	urity	(3) Relation					or (see instru			
If more	(1) Fi	rst name Last name		number		to yo	bu	Child	tax ci	redit	edit Credit for other dependents			
than four dependents,														
see instruction	s ——													
and check														
here 🕨 📋														
Attach	1	Wages, salaries, tips, etc. Attach F		N-2			• •		·	. 1		50,967.		
Sch. B if	2a	' –	2a		b Taxable interest		erest			. 2 t				
required.	3a		3a			b Ordinary dividen		s		. 3b				
	4a		4a		-	Taxable amo				. 4b	>			
	5a	Pensions and annuities	5a		b	Taxable amo	ount.		•	. 5b	>			
Standard Deduction for —	6a	, <u>,</u>	6a		-	Taxable amo			• _	. 6b	>			
Single or	7	Capital gain or (loss). Attach Schee		frequired. If not i	require	ed, check her	re.		► L	7				
Married filing	8	Other income from Schedule 1, line							•	. 8		-5,300.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a		-	incom	е				9		45,667.		
 Married filing jointly or 	10	Adjustments to income from Schee								. 10				
Qualifying	11	Subtract line 10 from line 9. This is				1	• •			► <u>11</u>	1	45,667.		
widow(er), \$25,100	12a	Standard deduction or itemized			,	F	12a	25,	,100					
Head of household	b	Charitable contributions if you take	the star	idard deduction (see ins	structions)	12b		500).				
household, \$18,800	С	Add lines 12a and 12b					• •			. 12		25,600.		
 If you checked any box under 	13	Qualified business income deducti	on from	Form 8995 or Fo	orm 89	995-A				. 13	_			
Standard	14	Add lines 12c and 13								. 14		25,600.		
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, en	ter -0				. 15	5 1	20,067.		
)														

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

Form **1040** (2021)

Form 1040 (2021)									P	Page 2	
	16	Tax (see instructions). Check	if any from Form	i(s): 1 🗌 881	4 2 🗌 4972	3		16	1	7,91	2.	
	17	Amount from Schedule 2, lin	e3					17				
	18	Add lines 16 and 17						18	1	7,91	12.	
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedule	e 8812		19				
	20	Amount from Schedule 3, lin	e8					20				
	21	Add lines 19 and 20						21				
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1	7,91	L2.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23			0.	
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	1	7,91	L2.	
	25	Federal income tax withheld	from:			1 1						
	а	Form(s) W-2				25a 19	,322.					
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c						25d	1	9,32	22.	
If you have a	26	2021 estimated tax payment			NT	1 1		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 a										
	b	Nontaxable combat pay elec	ction	. 27b								
	С	Prior year (2019) earned inco	ome	. 27c								
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Recovery rebate credit. See	Recovery rebate credit. See instructions									
	31	Amount from Schedule 3, lin				31						
	32	Add lines 27a and 28 throug		-				32		2,80		
	33	Add lines 25d, 26, and 32. T					. 🕨	33		2,12		
Refund	34	If line 33 is more than line 24					·	34		4,21		
	35a	Amount of line 34 you want						35a		4,21	_0.	
Direct deposit? See instructions.	►b	Routing number 0 8 1				Checking	Savings					
	►d	Account number 2 9 1										
	36	Amount of line 34 you want a				36						
Amount	37	Amount you owe. Subtract					. 🕨	37				
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38						
Third Party Designee		you want to allow another	person to disc	cuss this retur	m with the IRS?	'See . ▶ □ Yes. Co	omplete b	elow.	× No			
Decignee		signee's		Phone			onal identif					
		me 🕨		no. 🕨		numl	oer (PIN) 🕨					
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupation		If the	IRS sen	t you an I	dentity		
				01/25/2022					N, enter it	here		
Joint return?		eelima Konda			SOFTWARE		nst.) 🕨					
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			t your spo ction PIN			
your records.	41	arrsha					nst.) 🕨 🛛					
	Pho	one no. (618) 407-686	4	Email address		DA16@GAMIL.CO	M					
		eparer's name	Preparer's signat			Date	PTIN		Check if:	:		
Paid	UMA	A MAHESHWARI BOYINI	UMA MAHES	HWARI BOY	ZINI	01/26/2022	P02472	2867	Self	-employ	yed	
Preparer		m's name ► GLOBAL TAX				1			678)96			
Use Only	-	m's address ► 2530 Pebb.		n Cummin	g GA 30041			s EIN 🕨		L0171		
Go to www.irs.go		n1040 for instructions and the late			BAA	REV 01/17/22 PRO				1040		
5											. /	

	DULE 1 1040)	Additional Income and Adjustments to Inco	ome	0	MB No. 1545-0074
	nent of the Treasury	Attach to Form 1040, 1040-SR, or 1040-NR.			20 21
	Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information of the latest informat		S	Sequence No. 01
	(S) Shown on Fo Jima Konda	orm 1040, 1040-SR, or 1040-NR & SRI HARSHAVARDHAN YANDURI	Your s		ecurity number
Par	t I Additio	onal Income		-	
1	Taxable refu	unds, credits, or offsets of state and local income taxes		1	
2a	Alimony rec	eived		2a	
b	Date of origi	nal divorce or separation agreement (see instructions) >			
3		come or (loss). Attach Schedule C		3	
4	Other gains	or (losses). Attach Form 4797		4	
5		estate, royalties, partnerships, S corporations, trusts, et		5	-5,300.
6	Farm incom	e or (loss). Attach Schedule F		6	
7	Unemploym	nent compensation		7	
8	Other incom	ne:			
а	Net operatir	ng loss			
b	Gambling in	ncome			
С	Cancellatior	n of debt			
d	Foreign ear	ned income exclusion from Form 2555 8d (
е	Taxable Hea	alth Savings Account distribution			
f	Alaska Pern	nanent Fund dividends			
g	Jury duty pa	ay			
h	Prizes and a	awards			
i	Activity not	engaged in for profit income			
j	Stock option	ns			
k	the rental for	m the rental of personal property if you engaged in or profit but were not in the business of renting such 8k			
Ι	Olympic an	d Paralympic medals and USOC prize money (see			
m	Section 951	(a) inclusion (see instructions)			
n	Section 951	A(a) inclusion (see instructions) 8n			
0	Section 461	(I) excess business loss adjustment			
р	Taxable dist	tributions from an ABLE account (see instructions) . 8p			
Z	Other incom	ne. List type and amount ►8z			
9	Total other i	income. Add lines 8a through 8z		9	
10		nes 1 through 7 and 9. Enter here and on Form 1040, 104		-	
	1040-NR, lir			10	-5,300.

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

SCHEDULE 1

Schedule 1 (Form 1040) 2021

OMB No. 1545-0074

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	0	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)	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 81	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	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	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	24j		
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 t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	

REV 01/17/22 PRO

	SCHEDULE E Supplemental Income and Loss Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								OMB	No. 1545-0074			
(FOIII	Attach to Form 1040_1040_SR_1040_NR_or 1041									2	021		
Departme	ent of the Treasury levenue Service (99)				s.gov/ScheduleE 1							Attac	hment ence No. 13
	shown on return											· · · ·	ty number
NEEL	IMA KONDA	& SR	I HZ	ARSHAVARD	HAN YANDURI						305-4	5-227	5
Part	Income	or Loss	s Froi	m Rental Re	al Estate and Ro	oyaltie	s Note	e: If you	are in th	ne business c	of renting pe	rsonal p	roperty, use
	Schedule	C. See i	instru	ctions. If you a	re an individual, rep	oort farr	n rental	income o	or loss f	rom Form 48	3 35 on page	e 2, line 4	0.
A Did	l you make any	payme	nts in	2021 that wo	ould require you t	o file F	orm(s) 1	099? S	ee inst	ructions .		. 🗌 `	Yes 🗙 No
B If "					rm(s) 1099?							. 🗌 '	Yes 🗌 No
1 a					eet, city, state, Zll								
<u>A</u>	RAMGOPAL	STREE	TV	IJAYAWADA	ANDHRA PRA	DESH	IN 52	20001					
B													
<u>C</u>			•						F air	Dantal	Davaaraa		
1b	Type of Pro		2	For each ren	ital real estate pro	perty li	isted al and			Rental	Persona		QJV
	(from list be	elow)		personal use	e davs. Check the	QJV b	ox only	•		Days	Day		
	3			if you meet t	he requirements t it venture. See ins	to file a	s a	A		355		0	
B C				quantea join		auto	10.	B C					
	f Droportu							C					
	of Property:	lanaa	0	Vegetion/Sh	ort-Term Rental	E L O	ad			Rental			
•	le Family Resid						valties				\ \		
Incom	,	ence	4	Commercia	Properties:		yanies	A	8 Othe	er (describe) E			С
3	-	4				3			500.		,		0
4	Royalties rece					4			500.				
Expen		iveu .											
5	Advertising .					5							
6	Auto and trave					6			300.				
7	Cleaning and r	•				7			800.				
8	Commissions.					8							
9	Insurance					9							
10	Legal and othe					10							
11	Management f	•				11							
12	-				ee instructions)	12							
13	Other interest.	•			,	13							
14	Repairs					14		1,	500.				
15	Supplies					15		2,	100.				
16	Taxes					16							
17	Utilities					17		1,	100.				
18	Depreciation e	xpense	or d	epletion .		18							
19	Other (list) 🕨					19							
20	Total expense					20		5,	800.				
21	Subtract line 2	0 from	line 3	3 (rents) and/	or 4 (royalties). If								
					d out if you must								
	file Form 6198					21		-5,	300.				
22					limitation, if any,			_					
	on Form 8582			,		22	(5,3	00.)	()	()
23a			•		or all rental prope		• •	· ·	23a		500.		
b			•		or all royalty prop				23b				
C			•		for all properties		• •	· ·	23c				
d					for all properties				23d		E 000		
e			•		for all properties				23e		5,800.		
24 05		•			on line 21. Do no				• •		. 24	(E 200 V
25					nd rental real estate							(5,300.)
26					come or (loss).								
					page 2 do not ise, include this a						on . 26		-5,300.
Eor Da			,		arate instructions			JPA	1110 41	-5,30		hadula E	(Form 1040) 2021

Schedule E (Form 1040) 2021