### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

Social security number

814-92-4521

Snouss's social acquisity number

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

Submission Identification Number (SID)

Taxpayer's name VENKATA RAJESH LANKA Spouse's name

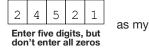
Spouse	e s name	Spouse's social security number							
SRA	VANI SUNITHA DEVI REDDY	976-99-6742							
Par	Part I Tax Return Information - Tax Year Ending December 31, 2021 (Enter year you and								
Enter	Enter whole dollars only on lines 1 through 5.								
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income	<b>1</b> 17,501.							
2	Total tax	<b>2</b> 0.							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 1,647.							
4	Amount you want refunded to you	<b>4</b> 1,647.							
5	Amount you owe	5							

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

<u></u>				ERO firm name		Er
X	Lauthorize	GLOBAL TA	AXES	LLC	to enter or generate my PIN	2



7

Enter five digits, but don't enter all zeros

2

as mv

4

9

6

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 ►

## Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

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.

bel	ow								
5	8	 	_				9	8	9
	bel	 5 8 7	below           5         8         7         2	5 8 7 2 7	5 8 7 2 7 8	5 8 7 2 7 8 6	below	5 8 7 2 7 8 6 1 9	5 8 7 2 7 8 6 1 9 8

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 🕨	ERO's signature Date Date						
	ERO Must Retain This Form — See Don't Submit This Form to the IRS Unless						
	Form <b>9970</b> (Day, 01 0001)						

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

REV 01/31/22 PRO

Date

Filing Status       Single X Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(en) (QM)         Check only       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QM box, enter the child's name if the qualifying widow(en) (QM)         Your first name and midel initial       Last name       Your social security number         YEINKAT NA DESI       Last name       Your social security number         Status       Spouse's social security number       Spouse's social security number         Status       QUI that the QUI       RSDDY       Spouse's social security number         Status       QUI that the QUI       RSDDY       Spouse's social security number         Status       QUI that the QUI       RSDDY       Spouse's social security number         Status       QUI tax or right security number       Spouse's social security number       Spouse's filling jointy, ward Status         City, town or poor office. If you have a forsign address, also complete spaces below.       Status       Tax       Tax         Spouse filling jointy, ward Status       Spouse filling jointy, ward Status       Tax       Tax         City, town or poor office. If you have a long address, also complete spaces below.       Status       Tax       Tax         Spouse filling jointy, ward Status       Spouse filling jointy	<b>104</b>		artment of the Treasury-Internal Revenue Serv S. Individual Income Ta		(99) <b>urn</b>	20	21	OMB No.	1545-	0074	IRS Use	Only-	–Do not v	vrite or	staple i	n this space.	
VENKATA RAJESH       LANKA       814-92-4521         Hjont return, spouse is first name and middle initial       Last name       Spouse's social security number         SRAVANI SUNITHA DEVI       REDPY       976-99-6742         Home address fumber and street). If you have a P.O. box, see instructions.       Apt. no.       Taxa         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       post office. If no.       Check here if you, or your         Sons ANTONIO       Foreign post office. If you have a foreign address, also complete spaces below.       State       ZP code       post office. If no.       Spouse if filing jointly, wart S3         Foreign country name       Foreign province/state/country       Foreign post office. If you have a dependent       You       Spouse if mig jointly, wart S3         Standard       Someone can claim:       You as a dependent       You you were a dual-status alien       Age/Blindness You:       Was born before January 2, 1957       Is blind         Dependents       (ee instructions):       (f) First name       Last name       (g) Social security       (g) Relationship       (h) f' qualifies for (see instructions):         If more       (f) First name       Last name       (g) Social security       (h) f' qualifies for (see instructions):       (h) f' q' uitailies for (see instructions):         <	Check only	lf yo	u checked the MFS box, enter the r	name of	-							<i>,</i> ,		-	0	. , . ,	
If joint return, spouse's first name and middle initial SRAVANI SUNITIA DEVI And address, iter in the a P.O. box, see instructions.       Appl. the REDDY       Spouse's social security number 976-99-6742         7.342 OAK MANOR DR City, town, or post office. If you have a foreign address, also complete spaces below. SAN ANTONIO       TX       78220         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign postal office. If you have a foreign address, also complete spaces below. SAN ANTONIO       TX       78220         Someone can claim:       You as a dependent       Poreign province/state/county       Foreign postal office. If you have a foreign address, also complete spaces below.       State       ZIP code         Standard       Someone can claim:       You as a dependent       You respouse as a dependent       You Spouse         Dependents       See instructions:       (2) Social security       (3) Relationship       (4) Vf qualifies for Gee instructions;:         If more       (1) First name       Last name       Immber       Immber       Immber         1       10 you       Glaid security for the spouse is a complete space instructions;       Immber       Immber       Immber         If more       (1) First name       Last name       Immber       Immber       Immber       Immber       Immber         1       177, 501.       Sa <td>Your first name</td> <td>e and mi</td> <td>ddle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial s</td> <td>securit</td> <td>y number</td>	Your first name	e and mi	ddle initial	Last na	me								Your so	cial s	securit	y number	
SRAVANI SUNITHA DEVI     REDDY     976-99-6742       Home address furmber and street). If you have a P.O. box, see instructions.     Apt. no.     13.0       7342 OAK MANOR DR     13.0     Check here If you, or your spouse if filing jointly, want S3       SAN ANTONIO     TX     7822.9       Foreign country name     Foreign province/state/county     7822.9       Foreign country name     Foreign province/state/county     Foreign postal code       You     Spouse it milling (bintly, want S3       Statadard     Someone can claim:     You as dependent       Deduction     Spouse itemizes on a separate return or you were a dual-status alien       Age/Blinchess You:     Were born before January 2, 1957     Are blind       Dependents     (a) Cell status countions):     (a) Social security     (b) You       If more than four dependents, see instructions:     (a) Social security     (b) You     Child tax credit Credit for other dependents; see instructions:       If more than four dependents, see instructions     Immber     Immber     Immber     Immber       Statadard     Social security was tax and     Immber     Immber     Immber       If more than four dependents, see instructions:     Immber     (a) Social security     Immber       If an exempt interest     2a     Immber     Immber     Immber       If an eawerempt	VENKATA RAJESH LANKA 81										814-92-4521						
Home address (rumber and street). If you have a P.O. box, see instructions.       Apt. no. 1303       Presidential Election Campaign Check here if you, or your stoge if filing jointly, want S3 to go to this tund. Checking a try want S3 to go to this tund. Checking a try want S3 to go to this tund. Checking a your tax or refund.         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse 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 Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You       Spouse         Age/Blindness       You for both before January 2, 1957       I b blind       Spouse:       Was bom before January 2, 1957       I blind         Dependents       (see instructions): tim ore than four dependents, see instructions       (a) First name       (b) Fraxable amount.       1       1.7, 501.         Attach Sch. Bif required.       2a       b       Tax-exempt interest       2b       2b         Standard Defendentor than four dependents, see instructions       5a       b       Taxable amount.       4b         4a       b       Tax-exempt interest       2a											Spouse's social security number						
7342 OAK MANOR DR       1303       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       Spouse if fining jointly, want 35 to go to this fund. Checking a box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       \overlap to this fund. Checking a box below will not change your tax or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       \overlap to your spouse as a dependent         Age/Blindness       You:       Ware born before January 2, 1957       Is blind         Dependents       (90 Ver if qualifies for (see instructions):       (10 First name       Last name         (10 First name       Last name       (2) Social security       (3) Relationship       (4) Ver if qualifies for (see instructions):         If more than four       1       Tax-exempt interest       2a       b       b       Taxable interest       2b         Attach       2a       Tax-exempt interest       2a       b       Taxable amount       4b       5b         San and check       5a       b       Taxable amount       5b       5b       5b       5b       5b         Standard       0       Gualified dividends											976-99-6742						
Intervention       Differentiation       Di	Home address	s (numbe	r and street). If you have a P.O. box, see	e instructio	ons.					Apt	. no.		Preside	ntial	Electio	on Campaign	
SAN       ANPONIO       TX       78229       to go to this fund. checking a box below will not change your tax or refund.         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       Yes         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         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:         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If duilifies for (see instructions):         If more       (1) First name       Last name       number       1       17, 501.         Standard       Degendents, see instructions):       2a       b       Tax-resempt interest .       2b         Attach       Sa       Altach       Sa       b       Taxable interest .       2b         Standard       Qualified dividends .       3a       b       b       Taxable interest .       2b         Standard       Ga is social security benefits .       Sa       Sa       b </td <td>7342 OA</td> <td>k mai</td> <td>NOR DR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>13</td> <td>03</td> <td></td> <td>Check  </td> <td>here</td> <td>if you,</td> <td>or your</td>	7342 OA	k mai	NOR DR							13	03		Check	here	if you,	or your	
SAN_ANTONIO       TX       78229       box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you it ax 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 spouse as a dependent       Yes       No         Dependents       See instructions):       (1) First name       Last name       (1) First name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four dependents, see instructions:       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four dependents, see instructions:       2a       b       Dependents, see instructions:       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four dependents, see instructions:       2a       b       Dependents, see instructions:       (2) Social security or reduit       Cedit for other dependents         See instructions       1       17, 501.       2a       Dependents       Dependents       Dependents       Dependents       De	City, town, or p	post offic	ce. If you have a foreign address, also co	omplete s	paces bel	ow.	Stat	te		ZIP code	)						
Foreign country name       Foreign province/state/county       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 spouse as a dependent       Yeur spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) ✔ if qualifies for (see instructions):         If more       (1) First name       Last name       number       1       17, 501.         Standard       Defendents							TΣ	ζ		7822	9						
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If it qualifies for (see instructions):         If more       (1) First name       Last name       number       Credit for other dependents         see instructions       Immore       Immore       Immore       Immore       Immore         and check       Immore       Immore       Immore       Immore       Immore       Immore         Attach       2a       Data       Data       Data       Immore       Immore </td <td>Foreign countr</td> <td>y name</td> <td></td> <td>F</td> <td>Foreign pr</td> <td>ovince/stat</td> <td>e/count</td> <td>ty</td> <td></td> <td>Foreign p</td> <td>oostal co</td> <td>de</td> <td></td> <td colspan="4"></td>	Foreign countr	y name		F	Foreign pr	ovince/stat	e/count	ty		Foreign p	oostal co	de					
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         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       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       Immediate       Immediate <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>You</td><td>Spouse</td></t<>															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       A re 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):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         Attach       Standard       Defendents       (1) First name       Last name       (1) First name       (2) Social security       (2) First name       (2) Social security       (2) First name       (2) Social security name       (2) First name	At any time du	uring 20	21, did you receive, sell, exchange	, or othe	rwise dis	spose of a	iny fina	ncial inter	est ir	n any vir	tual cu	irren	icy?		Yes	X No	
Age/Blindness       You:       □ yer 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):         (1) First name       Last name       □       □       □       □         dependents,       □       □       □       □       □         see instructions       □       □       □       □       □         and check       □       □       □       □       □       □         here ▶       □       □       □       □       □       □       □         Attach       2a       Tax-exempt interest       .       2a       b       Taxable interest       .       2b         Sch. B if       3a       Qualified dividends       .       3a       b       Totable amount       .       4b         Sa Pensions and annuities       .       5a       b       Taxable amount       .       6b       .         Deduction for-       8       Social security benefits       .       6a       b       .       .       . </td <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> <td></td> <td></td>				•					ent								
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) If qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       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         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         <	Deduction		spouse itemizes on a separate retui	m or you	i were a	dual-statt	is allen										
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If more       10 Find half of the hal	Dependent	•			(2) S		rity			p	• •			1 `		,	
dependents, see instructions       Image: See instructions       Image: See instructions       Image: See instructions         and check       Image: See instructions         Attach       2a       Tax-exempt interest       Image: See instructions		<b>(1)</b> Fi	rst name Last name	number to you			ou	Child tax cred			edit	Cred	it for oth	ier dependents			
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       Image: Constructions and check       Image: Constructions and check       Image: Constructions and check         Attach       2a       Image: Constructions and check       Image: Constructions and check       Image: Constructions and check         Sch. B if required.       Image: Constructions and annuities and check here       Image: Constructions and check       Image: Constructions and check         4a       IRA distributions and annuities and check here       Image: Constructions and check       Image: Constructions and check       Image: Constructions and check         5a       Pensions and annuities and check led Image: Construction for -       Scale security benefits and check led Image: Construction for -       Image: Construction for -       Image: Construction for -       Scale security benefits and check led Image: Construction for -       Image: Construction for												<u> </u>				<u> </u>	
here   Attach   Sch. B if   ag   Qualified dividends   sch. B if   required.   4a   Ba   Qualified dividends   4a   Ba   Qualified dividends   4a   Ba   9   1   1   1   1   1   1   1   1   2a    1    2a    1   1   2a    1   1    2a    1    2a    1   1    2a    1    1   2a    1    2a    1   1   2a    1   1   2a    2a    2a    2a    2a    2a    2a    2a    2a   2a    2a   2a   2a   2a   2a   2a   2a   2a   2a    2a    2a   2a    2a   2a   2a    2a   2a   2a   2a   2a    2a		IS ——														<u> </u>	
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       17,501.         Attach       2a       b       Tax-exempt interest       2a       b         Sch. B if       3a       Qualified dividends       3a       b       Taxable interest       2b         Attach       3a       Qualified dividends       3a       b       Taxable amount       3b         4a       IRA distributions       5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       8         8       Other income from Schedule 1, line 10       8       9       17,501.       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       17,501.       10         10       Adjustments to income from Schedule 1, line 26       10       10       10       10         9       17,501.       12a       Standard deduction or itemized																<u> </u>	
Attach 2a Tax-exempt interest 2a   Sch. B if 3a Qualified dividends 3a   required. 4a IRA distributions 3a   4a b Draxable amount 4b   5a Pensions and annuities 5a   Pensions and annuities 5a   6a b   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 6b   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   8 0ther income from Schedule 1, line 10   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 17, 501.   8 9   9 17, 501.   10 Adjustments to income from Schedule 1, line 26   10 Adjustments to income from Schedule 1, line 26   11 17, 501.   12a Standard deduction or itemized deduction (see instructions)   12a 25, 100.   11 17, 501.   12a 25, 100.   13 Qualified business income deduction from Song 8995 -A   14 Add lines 12c and 13   15 Taxable income   14 25, 100.	here 🕨 📋																
Sch. B if 2a Qualified dividends 2a   a Qualified dividends 3a   b Ordinary dividends 3b   a IRA distributions 4a   b D   b Taxable amount 4b   b Taxable amount 4b   b Taxable amount 4b   c 5a 5a   c Social security benefits 5a   c 6a 5a   Deduction for 7   c Capital gain or (loss). Attach Schedule D if required. If not required, check here 6b   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7   • Single or 8 Other income from Schedule 1, line 10 7   • Single or 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7   • Subtract line 10 from line 9. This is your adjusted gross income 10   • Married filing 10 11   yidow(er), \$22, 100.   \$25, 100 12a   • Head of household,   \$18, 800 12a   • Head of Add lines 12a and 12b 12a   • Hou checked 13 Qualified business income deduction from Form 8995 or Form 8995-A   • Hou checked 14 Add lines 12a and 13   • Hou checked 15 Taxable income   • Hou checked 14 Add lines 12a and 13   • Hou checked 15 Taxable income   • Hou checked 14 Add	A++  -	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2 .	· · ·							1		1	.7 <b>,</b> 501.	
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         6a       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       17, 501.         10       Adjustments to income from Schedule 1, line 26       10       11       17, 501.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       17, 501.         12a       Standard deduction or itemized deduction (see instructions)       12b       12c       25, 100.         13       Qualified business income deduction from For		2a	Tax-exempt interest	2a			b T	axable int	erest				2b	)			
4a IRA distributions 4a   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   6a Social security benefits   6a Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 Single or   8 Other income from Schedule 1, line 10   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 17, 501.   10 Adjustments to income from Schedule 1, line 26   11 17, 501.   12a Standard deduction or itemized deductions (from Schedule A)   12a Standard deduction or itemized deduction (from Schedule A)   12a Standard deduction or itemized deduction (see instructions)   12a Capital and 12b   13 Qualified business income deduction from Form 8995 or Form 8995-A   14 Add lines 12c and 13   15 Taxable income		3a	Qualified dividends	3a			bО	ordinary di	vider	nds .			3b	)			
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 10       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       17, 501.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         9       17, 501.       10       Adjustments to income from Schedule 1, line 26       10       11         11       17, 501.       10       Subtract line 10 from line 9. This is your adjusted gross income       11       17, 501.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25, 100.       12b         13       Capitified business income deduction from Form 8995 or Form 8995-A       13       12c       25, 100.         14       Add lines 12c and 13       14       25, 100.       14       25, 100.         14       25, 100.       15       Taxable income       14       25, 100.		) 4a	IRA distributions	4a			<b>b</b> Taxable amount			nt			4b	)			
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         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       17, 501.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       17, 501.       10       Subtract line 10 from line 9. This is your adjusted gross income       11       17, 501.         *Z5,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25, 100.         •       Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b         •       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,100.         •       14       25,100.       14       25,100.       15       14       25,100.		5a	Pensions and annuities	5a			<b>b</b> Taxable amount						5b	)			
<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>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>In Adjustments to income from Schedule 1, line 26</li> <li>In Adjustments to income from Schedule 1, line 26</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Subtract line 10 from line 9. This is your adjusted gross income</li> <li>In Interpret adjusted deductions (from Schedule A)</li> <li>In Interpret adjusted deduction (see instructions)</li> <li>In Interpret adjusted deduction (see instructions)<td></td><td>6a</td><td>Social security benefits</td><td>6a</td><td></td><td></td><td>bΤ</td><td>axable am</td><td>nount</td><td></td><td></td><td></td><td>6b</td><td>)</td><td></td><td></td></li></ul>		6a	Social security benefits	6a			bΤ	axable am	nount				6b	)			
Married filing separately, \$12,550       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       17,501.         • Married filing jointly or Qualifying widow(er), \$25,100       10       9       17,501.         11       17,501.       10         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         13       Qualified business income deduction from Form 8995 or Form 8995-A       12c       25,100.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13a         14       25,100.       14       25,100.		7	Capital gain or (loss). Attach Sche	edule D if	f required	d. If not re	quired	, check he	ere		🕨		7				
\$12,550       9       Add lines 1, 25, 30, 40, 55, 66, 7, and 8. This is your total income       9       17, 301.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         • Married filing jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       17, 501.         • Head of household, \$18,800       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25, 100.         • Head of household, \$18,800       • Add lines 12a and 12b       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lir	ne 10									8				
jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       17,501.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12a         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12c       25,100.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,100.         14       25,100.       14       25,100.       14       25,100.		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur <b>total ir</b>	icome					. 🕨	▶ 9		1	.7,501.	
Qualifying widow(er), \$25,100       11       17,501.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b         If you checked ary box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       12c       25,100.         14       25,100.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,100.         14       25,100.       14       25,100.       14       25,100.		10	Adjustments to income from Sche	dule 1, line 26					10								
\$25,100       12a       Standard deduction of nemized deductions (nom schedule A)       12a       23,100.         • Head of household, \$18,800       b       C Add lines 12a and 12b       12b       12b         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,100.         14       Add lines 12c and 13       14       25,100.       14       25,100.	Qualifying	11	Subtract line 10 from line 9. This i	s your <b>a</b> e	djusted	gross inc	ome					. )	► <u>11</u>		1	.7,501.	
<ul> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>Had d lines 12c and 12b</li> <li>If you checked any box under Standard</li> <li>If you checked any box under Standard<td></td><td>_12a</td><td colspan="7">Standard deduction or itemized deductions (from Schedule A) 12a 25,100.</td><td>).</td><td></td><td></td><td></td></li></ul>		_12a	Standard deduction or itemized deductions (from Schedule A) 12a 25,100.							).							
\$18,800       C       Add lines 12a and 12b       12c       25,100.         • 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       25,100.       14       25,100.         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       0	<ul> <li>Head of</li> </ul>	b	Charitable contributions if you take	ake the standard deduction (see instructions) 12b													
any box under Standard       14       Add lines 12c and 13       14       25,100.         Deduction,       15       Taxable income       Subtract line 14 from line 11. If zero or less enter -0-       15       0		c	Add lines 12a and 12b										12	c	2	25,100.	
Standard         14         Add lines 12c and 13         14         25,100.           Deduction,         15         Taxable income         Subtract line 14 from line 11. If zero or less enter -0-         15         0	<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	tion from	Form 8	995 or Foi	rm 899	5-A					13	3			
	Standard	14	Add lines 12c and 13										14		2	25,100.	
		15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or les	s, ente	r-0					15	5		0.	

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	0.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	0.
	19	Nonrefundable child tax cred						19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18						22	0.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	0.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				<b>25a</b> 1	,647.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	1,647.
If you have a	26	2021 estimated tax payment			3.7			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)			<sup>NO</sup>	27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	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	8, line 8		29		1	
	30	Recovery rebate credit. See	instructions .			30		1	
	31	Amount from Schedule 3, lin	e15			31		1	
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	1,647.
Refund	34	If line 33 is more than line 24						34	1,647.
neiuliu	35a	Amount of line 34 you want I	refunded to you	<b>.</b> If Form 8888	is attached, che	ck here		35a	1,647.
Direct deposit?	►b	Routing number 0 2 1 2 0 0 3 3 9 ► c Type: X Checking Savings							
See instructions.	►d	Account number 3 8 1	0 4 2 0	8 3 3 2	2 2 2		-		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	structions) .		🕨	38			
Third Party	Do	you want to allow another				? See			
Designee	instructions						omplete b	oelow.	🗙 No
		signee's		Phone Personal					
		ne 🕨		no. ►			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here				Date	Your occupation				it you an Identity
	Your signature Date Your occupation								N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) ► 🛛	
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	Date	Spouse's occupa	tion		the IRS sent your spouse an		
Keep a copy for your records.	HOME MAKER					D		tity Prote inst.) ▶ 🖡	ection PIN, enter it here
	Dh	one no. (425) 829-5652	 າ	Email address		k JA@GMAIL.CO	`		
		one no. (425) 829-5652 parer's name	Preparer's signat		RAJESH.RA				Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 0				P0208	2702	Self-employed
Preparer				IVARI SAGAK	GUEIA IALLAM	1 02/09/2022			678) 965-9522
Use Only		m's name ► GLOBAL TAX m's address ► 2530 Pebbl		n Cummin	T GA 300/1			ie no. ( 's EIN ►	
Ca ta unita					2			3 LIN F	50-1017196 Form <b>1040</b> (2021)
GO LO WWW.Irs.go	uv/Forn	n1040 for instructions and the late	si mormation.		BAA	REV 01/31/22 PRO			⊦orm I <b>U4U</b> (2021)