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)

Тахрау	ver's name	Social securit	y numb	er
JYC	THSNA KAVERI	850-55-	-3710)
Spouse	s's name	Spouse's soc	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Ent	er year you a	re aut	horizina)
	whole dollars only on lines 1 through 5.	ion your you u		
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	81,477.
2	Total tax		2	10,846.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,480.
4	Amount you want refunded to you		4	1,634.
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	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ
---	-------------	--------	-------	-----	-----------------------------	---

5	3	7	1	0	
			gits, all ze		as my

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. 1. - 10

Your signatu

ire 🕨	K. Jyotha	٩
-------	-----------	---

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN	
te enter er generate my i mi	

Date > 02/04/2022

Enter five digits, but don't enter all zeros

as mv

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 ► D	ate 🕨							
Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8			6 all ze	9	89)

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.

RO'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 01/17/22 PRO	Form 8879 (Rev. 01-2021)						

104	Dep U.	artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		⁽⁹⁹⁾ urn 2	02	1	OMB No. 154	5-0074	IRS Use	e Only	-Do not	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly but checked the MFS box, enter the rison is a child but not your dependen	name of				Head of ed the HOH d						
Your first name	e and m	iddle initial	Last na	me							Your se	ocial securi	ty number
JYOTHSN	A		KAVE	RI							850-	-55-371	0
lf joint return, s	pouse'	s first name and middle initial	Last na	me							Spouse	e's social se	curity number
		er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.				on Campaign
4835 US									6204			here if you if filing ioir	, or your htly, want \$3
		ice. If you have a foreign address, also co	omplete s	paces below.		Stat		ZIP					Checking a
SAN ANT						TX		-	240			low will not	
Foreign countr	y name			Foreign provinc	ce/state/o	count	У	Fore	ign postal o	code	your ta	ax or refund	
At any time du	uring 2	021, did you receive, sell, exchange	, or othe	rwise dispos	e of any	/ fina	ncial interest	in any	/ virtual c	urre	псу?	Yes	X No
Standard Deduction		neone can claim:			•		a dependent						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	957	Are blind	Spo	ouse:	: 🗌 Was bo	rn be	fore Janu	ary 2	2, 1957	🗌 ls b	lind
Dependent	s (see	instructions):		(2) Social	l security		(3) Relations	hip	(4) 🖌	i f q	ualifies fr	or (see instru	uctions):
If more		First name Last name		num	nber		to you	.	Child	tax c	redit	Credit for o	ther dependents
than four													
dependents, see instruction	·												
and check	3												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach I	Form(s) \	W-2							. 1		88,357.
Attach Sch. B if	2 a	Tax-exempt interest	2a			b Ta	axable interes	st			. 21	b	
required.	3a	Qualified dividends	3a			b 0	rdinary divide	ends			. 31	b	
) 4a	IRA distributions	4a			b Ta	axable amour	nt.			. 41	b	
	5a	Pensions and annuities	5a			b Ta	axable amour	nt.			. 5ł	b	
Standard	6a	Social security benefits	6a			b Ta	axable amour	nt.		•	. 61	b	
 Deduction for — Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f required. If i	not requ	iired,	check here				7	,	
Married filing	8	Other income from Schedule 1, lin									. 8		-6,880.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	'his is your to	otal inco	ome					▶ 9)	81,477.
 Married filing jointly or 	10	Adjustments to income from Sche	,								. 10	0	
Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gros	s incor	ne		-			► <u>1</u>	1	81,477.
widow(er), \$25,100	_12a	Standard deduction or itemized	deduct	ions (from So	chedule	A)	12	la 📃	12,	55	J.		
 Head of 	b	Charitable contributions if you take	the star	ndard deducti	ion (see	instri	uctions) 12	b.		30	<u>).</u>		
household, \$18,800	с										. 12	2c	12,850.
 If you checked any box under 	13	Qualified business income deduct									. 10	_	
any box under Standard	14										. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf zero	or less,	entei	r-0				. 1	5	68,627.
	'												

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): 1 🗌 881	4 2 🗌 4972	3		16	10,846.
	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	10,846.
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedule	e 8812		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	10,846.
	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	10,846.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 12	,480.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,480.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20	20 return .			26	
qualifying child,	27a	Earned income credit (EIC)			NO	27a			
attach Sch. EIC.		Check here if you were h							
		January 2, 2004, and you							
		taxpayers who are at least a	-		structions				
	b	Nontaxable combat pay elec				-			
	C	Prior year (2019) earned inco			0 1 1 0010				
	28	Refundable child tax credit or				28		-	
	29	American opportunity credit				29			
	30	Recovery rebate credit. See				30		-	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug						32	10 100
	33	Add lines 25d, 26, and 32. T					. 🕨	33	12,480.
Refund	34	If line 33 is more than line 24						34	1,634.
Diverse de la secito	35a	Amount of line 34 you want						35a	1,634.
Direct deposit? See instructions.	►b	Routing number 1 1 1				Checking	Savings		
	►d	Account number 4 8 8							
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Amount you owe. Subtract				1 1	. 🕨	37	
	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another	person to disc	cuss this retui	rn with the IRS?	See . ► Yes. Co	omolata h	مامس	X No
Designee		signee's		Phone			onal identif		
		ne 🕨		no. ►			oer (PIN)		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	edules and stateme	nts, and to	the best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	ased on all information	on of which	prepare	r has any knowledge.
TIELE	Yo	ur signature		Date	Your occupation				t you an Identity
	N.							nst.) 🕨 🖡	N, enter it here
Joint return? See instructions.	- Sn	ouse's signature. If a joint return, I	hoth must sign	Date	SOFTWARE I Spouse's occupat			· _	t your spouse an
Keep a copy for	Sh	ouse s signature. It a joint return, i	boun must sign.	Date	Spouse's occupat	1011			ction PIN, enter it here
your records.							(see i	nst.) 🕨	
	Ph	one no. (626) 265-480	0	Email address	KAVERIJYOTH	ISNA@GMAIL.CO	M		
Doid	Pre	parer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	UMZ	A MAHESHWARI BOYINI	UMA MAHES	HWARI BOY	YINI	01/25/2022	P02472	2867	Self-employed
Preparer	Fir	m's name ► GLOBAL TA	XES LLC				Phon	e no. (678)965-9522
Use Only	Fir	m's address ► 2530 Pebb.		n Cummin	g GA 30041			s EIN 🕨	
Go to www.irs.a		1040 for instructions and the late			BAA	REV 01/17/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 202 1 Attachment Sequence No. 01

Internal	Revenue Service Go to www.irs.gov/Form1040 for instructions	and the latest information	ı.	S	equence No. 01
	(s) shown on Form 1040, 1040-SR, or 1040-NR				ecurity number
	'HSNA KAVERI		850-5	5-37	10
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local inco	ome taxes		1	
2 a	Alimony received			2 a	
b	Date of original divorce or separation agreement (see instru	uctions) 🕨			
3	Business income or (loss). Attach Schedule C \ldots .			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corpora Schedule E			5	-6,880.
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 eng the rental for profit but were not in the business of rentin property	ng such			
I	Olympic and Paralympic medals and USOC prize mon instructions)				
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 instruct	ions) . 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				
	1040-NR, line 8			10	-6,880.

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

Schedule 1 (Form 1040) 2021

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-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)	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

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										4	
Department of the Treasury Internal Revenue Service (99)		 Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. 											
											Attachment Sequence No. 13		
Name(s) shown on return									Your socia	al securit	y numbe	r	
	HSNA KAVER								850-5		·		
Part			Rental Real Estate and Ro	-		•			• •			use	
			ions. If you are an individual, rep										
			021 that would require you to		. ,								
B If "			equired Form(s) 1099?							. 🗆 ۱	/es	No	
<u>1a</u>			roperty (street, city, state, ZIF		e)								
	METPALLI KARIMNAGAR TELANGANA IN 505504												
<u>C</u>													
1b	Type of Prop				perty listed		Fair Rental		Personal Use Days		QJV		
(from list bel		personal use days. Check the			QJV box only			Days		-			
A B	3	i	if you meet the requirements to qualified joint venture. See instr			A		350	0] 1	
 С	+			laotio	-	B C] 1	
	f Droportu					C]	
	of Property: gle Family Resid		/acation/Short-Term Rental	E L O	ad		7 Self-	Dontol					
	ti-Family Reside		Commercial		valties								
Incom	,		Properties:		yaities	Α	8 Othe	Other (describe)			С		
3	-			3			450.				•		
4			· · · · · · · · · · ·	4			100.						
Expen		vca											
5				5			120.						
6	Ũ		ions)	6			200.						
7				7			600.						
8				8									
9				9									
10			l fees	10									
11	U U	•		11			900.						
12	0		inks, etc. (see instructions)	12									
13		•		13									
14				14		1,	630.						
15				15		2,	300.						
16				16									
17				17		1,	580.						
18	Depreciation e	xpense or dep	oletion	18									
19	Other (list) 🕨			19									
20	Total expenses		through 19	20		7,	330.						
21	Subtract line 2	0 from line 3 ((rents) and/or 4 (royalties). If										
	result is a (loss	s), see instruc	tions to find out if you must										
				21		-6,	880.						
22			e loss after limitation, if any,										
	on Form 8582	•	-	22	(6,8	880.)	()	()	
23a	Total of all amounts reported on line 3 for all rental pro						23 a		450.				
b		•	d on line 4 for all royalty prop	erties			23b						
С		•	d on line 12 for all properties				23c						
d		•	d on line 18 for all properties				23d						
е	Total of all am	ounts reported	d on line 20 for all properties				23e		7,330.				

Supplemental Income and Loss

24	Income. Add positive amounts shown on line 21. Do not include any losses	24	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .	25	(6,880.
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result		
	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	26	-6,880

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2021

-6,880.

)

OMB No. 1545-0074