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)

Taxpay	ver's name	Social security number							
DEE	PTHI LAVANYA ANGULURI	017-33-1850							
Spouse	s's name	Spouse's social security number							
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Ente	r year you a	re auth	orizing.)					
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	20,069.					
2	Total tax		2	753.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2,965.					
4	Amount you want refunded to you		4	3,612.					
5	Amount you owe		5	•					
Part	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

X	l authoriza	GLOBAL TA	TAXES LLC	T.T.C	to enter or generate my PIN	5
~	1 authorize				to criter of generate my ring	Fr
				ERO firm name		

3	1	8	5	0	20						
Enter five digits, but don't enter all zeros											

my

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter	or	generate	my	PIN

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

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	D	ate 🖡									
Practitioner PIN Method Returns Only—continue below											
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 F	YN.	5	8					6 all zer	 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.

ERO's signature ► Date ►										
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/17/22 PRO	Form 8879 (Rev. 01-2021)							

E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	1	OMB No. 1545	-0074	IRS Use	Only	–Do not w	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly C u checked the MFS box, enter the n on is a child but not your dependent	ame of y	-			Head of ked the HOH o							
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	y number	
DEEPTHI	LAV	ANYA	ANGU	JLURI							017-	33-185	0	
lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number	
Home address 2813 SAI		r and street). If you have a P.O. box, see COVE	instructio	ons.				A	pt. no.		Check I	here if you,		
City, town, or p	oost offic	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Stat	te	ZIP co	de				tly, want \$3 Checking a	
ROUND RO	ЭСК					TX	ζ	786	81			ow will not		
Foreign country	y name		F	Foreign pr	ovince/state/	count	iy.	Foreigi	n postal c	ode	your tax	ur tax or refund.		
At any time du	iring 20	21, did you receive, sell, exchange,	or othe	rwise dis	pose of any	/ fina	incial interest i	n any v	virtual c	urrer	ncy?	Yes	X No	
Standard Deduction Age/Blindness		eone can claim: Vou as a de Spouse itemizes on a separate retur Were born before January 2, 1	n or you		dual-status			n befo	re Janua	ary 2	, 1957	Is bl	ind	
Dependents				(2) S	ocial security		(3) Relationsh					r (see instru	ctions):	
If more		rst name Last name		(_) 0	number		to you		Child t	•	, , , , , , , , , , , , , , , , , , , ,			
than four														
dependents, see instruction	e													
and check														
here 🕨 🗌									[
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2 .						•	1		20,069.	
Attach Sch. B if	2 a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b)		
required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b)		
	4a		4a				axable amoun		· ·	•	4b)		
	5a		5a				axable amoun		• •	•	5b			
Standard Deduction for –	6a	,	6a				axable amoun	t	• •	 	6b)		
 Single or 	7	Capital gain or (loss). Attach Sche		required	1. If not requ	iired,	, check here	• •	• •					
Married filing separately,	8	Other income from Schedule 1, lin				• •		• •	• •	• •	8		0.	
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						• •	• •	. '	► <u>9</u>		20,069.	
 Married filing jointly or 	10	Adjustments to income from Sche						• •	• •	• •	10			
Qualifying widow(er),	11	Subtract line 10 from line 9. This is	•	-	-				 12,	. I			20,069.	
\$25,100	12a b	Standard deduction or itemized Charitable contributions if you take		•		'		-	12,	550	· ·			
 Head of household, 	c										120	.	12,550.	
\$18,800 If you checked	13	Qualified business income deduct						• •	• •	•	13		LZ,JJU.	
any box under	14	Add lines 12c and 13									14	_	12,550.	
Standard Deduction,	15	Taxable income. Subtract line 14	from lin								15		7,519.	
see instructions.				_	,		-						,	

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

Form **1040** (2021)

Form 1040 (2021	1)									Page 2
	16	Tax (see instructions). Check	if any from Form(s)	: 1 🗌 881	4 2 4972	3		16		753.
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		753.
	19	Nonrefundable child tax cred	dit or credit for oth	er depender	nts from Schedule	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, en	ter -0				22		753.
	23	Other taxes, including self-e	mployment tax, fro	om Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax .				. 🕨	24		753.
	25	Federal income tax withheld								
	а	Form(s) W-2				25a 2	,965.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	,			25c				
	d	Add lines 25a through 25c						25d	2,	,965.
If you have a	26	2021 estimated tax payment			NT -			26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a				
		Check here if you were k								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	c	Prior year (2019) earned inco				1				
	28	Refundable child tax credit or			Schedule 8812	28				
	29	American opportunity credit				29				
	30	Recovery rebate credit. See				-	,400.			
	31	Amount from Schedule 3, lin				31	,			
	32	Add lines 27a and 28 throug				I refundable cred	lits 🕨	32	1,	,400.
	33	Add lines 25d, 26, and 32. T						33		,365.
Defund	34	If line 33 is more than line 24						34		,612.
Refund	35a	Amount of line 34 you want						35a		,612.
Direct deposit?	►b	Routing number 0 5 1					Savings			
See instructions.	►d	Account number 4 3 5					0			
	36	Amount of line 34 you want a	applied to your 20	22 estimate	d tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line 24	4. For details	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see ir				38				
Third Party	Do	you want to allow another	person to discus	s this retur	n with the IRS?	See				
Designee	ins	tructions				Yes. Co	omplete b	elow.	X No	
		signee's		Phone			onal identif			
		ne 🕨		no. 🕨			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature	· · ·)ate	Your occupation		1	• •	t you an Ide	0
	10	ul signature		ale					N, enter it he	
Joint return?					JAVA DEVE	LOPER	(see i	nst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			t your spous	
Keep a copy for your records.	,							nst.) 🕨	ction PIN, er	nter it here
	Dh		4	mail addraaa		111400000000000000000000000000000000000	,			
		one no. (409) 728-642 parer's name	Preparer's signature	mail address	DEEPTHIDEEP	U114@GMAIL.CC Date	PTIN		Check if:	
Paid			. 0		רידעשע איי			0700	Self-en	nnloved
Preparer			SYAM PRIYA RA	WI SAGAK	GUPIA TALLAM	02/27/2022	P02082			
Use Only	-	m's name ► GLOBAL TAX		Cummin	2 07 20011				678)965	
		m's address ► 2530 Pebbl		Cullinin	-		Firm'	s EIN 🕨		17196
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 02/17/22 PRO			Form 10	040 (2021)