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	/er s name		Social securi	ty numb	ber
SOW	MITH REDDY GADDAM		190-08	-7253	1
Spouse	o's name		Spouse's soo	cial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021	(Entei	l r year you a	re aut	thorizing.)
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	64,942.
2	Total tax			2	7,205.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	10,007.
4	Amount you want refunded to you			4	2,802.
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 periury. 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

		-		FBO firm name	- ,	Ēr
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			18

	8	7	2	5	1	as		
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 ►	Date I					 		
Practitioner PIN Method Returns Only—continu	e be	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 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 Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/19/22 PRO	Form 8879 (Rev. 01-2021)

104		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn	202	.1	OMB No. 15	645-007	4 IRS Us	e Only	—Do not v	vrite or staple	in this space.	
Filing Statu Check only one box.	lf yo	Single D Married filing jointly curve checked the MFS box, enter the n son is a child but not your dependen	name of y	-	eparately (use. If you	,			`	'		, ,	low(er) (QW) he qualifying	
Your first name	e and mi	iddle initial	Last na	me							Your so	cial securi	ty number	
SOWMITH	RED.	DY	GADE	MAG							190-	08-725	1	
If joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number	
		er and street). If you have a P.O. box, see STORM AVENUE	instructio	ons.					Apt. no.		Check	here if you		
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces bel	ow.	Stat	te	ZIP	code				ntly, want \$3 Checking a	
TAMPA						FI	J	33	3610			ow will not	0	
Foreign countr	y name		F	Foreign pr	ovince/state	/count	ty	For	eign postal	code	your ta:	tax or refund.		
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise dis	spose of an	y fina	incial interes	st in an	y virtual o	currei	ncy?	Ves	X No	
Standard Deduction		eone can claim:	n or you		dual-status		_		efore Janu	190/0	0 1057	☐ ls b	lind	
			937											
Dependent		instructions): irst name Last name		(2) S	ocial securit number	У	(3) Relatior to you		(4) ⊌ Child			r (see instru	uctions): ther dependents	
lf more than four	(1)						. ,		Onid		ieun			
dependents,														
see instruction and check	IS ——									\square				
here										$\overline{\Box}$				
	1	Wages, salaries, tips, etc. Attach I	Form(s) \	W-2 .						<u> </u>	. 1		73,152.	
Attach	2a		2a			bТ	axable inter	est			2b			
Sch. B if	3a	· · -	3a				ordinary divi				3b	,		
required.	4a	IRA distributions	4a				axable amo				. 4k	,		
	5a	Pensions and annuities	5a			b Ta	axable amo	unt.			. 5b	,		
Standard	6a	Social security benefits	6a			b Ta	axable amo	unt.			. 6b	,		
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	f required	d. If not req	uired,	, check here	э.			7			
 Single or Married filing 	8	Other income from Schedule 1, lin									. 8		-8,210.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is you	ur total inc	ome					▶ 9		64,942.	
 Married filing 	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10)		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted g	gross inco	me					▶ 11		64,942.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (fror	m Schedule	e A)	·	12a	12,	,55	0.			
Head of	b	Charitable contributions if you take	the star	ndard dec	duction (see	instr	uctions)	12b		300	0.			
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.	
 If you checked 	13	Qualified business income deduct	ion from	Form 89	995 or Forn	n 899	5-A				. 13			
any box under <i>Standard</i>	14	Add lines 12c and 13									. 14	+	12,850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	ente	r-0				. 15		52,092.	
	/													

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		7,205.
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		7,205.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		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		7,205.
	23	Other taxes, including self-e						23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24		7,205.
	25	Federal income tax withheld				1 1				
	а	Form(s) W-2					,007.	-		
	b	Form(s) 1099				25b		_		
	С	Other forms (see instructions	,			25c				
	d	Add lines 25a through 25c						25d	1	0,007.
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						
	с	Prior year (2019) earned inco								
	28	Refundable child tax credit or			Schedule 8812	28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Recovery rebate credit. See				30		-		
	31	Amount from Schedule 3, lin	e 15			31		-		
	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	hese are your to	tal payments			. 🕨	33	1	0,007.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34		2,802.
nerunu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	3 is attached, che	ck here		35a		2,802.
Direct deposit?	►b	Routing number 1 1 1			► c Type: 🛛	Checking	Savings			
See instructions.	►d	Account number 8 0 8	7 1 0 8	3 9						
	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	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			_	
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete l	celow.	X No	
		signee's ne ►		Phone no.			onal identi ber (PIN)			
0:000		der penalties of perjury, I declare t	hat I have examine						t of my kn	
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	e IRS ser	nt you an lo	dentity
	k	5							N, enter it	here
Joint return?					SOFTWARE			inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spo	ouse an , enter it here
your records.								inst.) ▶		
	Ph	one no. (571) 358-278	4	Email address	SOWMITHREDI	DY25@GMAIL.CO)M			
		eparer's name	Preparer's signat		50mii 111100	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	, ,		GUPTA TALLAM	1 03/30/2022	P0208	2703		-employed
Preparer		n's name ► GLOBAL TAX								65-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	q GA 30041			i's EIN ►		L017196
Go to www irs a		11040 for instructions and the late			BAA	REV 03/19/22 PRO				1040 (2021)
		io ioi monuono anu me late	et internation.		DAA	11 V U3/19/22 PRU			1 0111	

SCHEDULE	1
(Form 1040)	

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 20 Attachment

	Sequence No. 01
Your soc	ial security number
190-08	-7251

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SOWM	ITH REDDY GADDAM		190-0	8-72	51
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes	S		1	
2 a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)	•			
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, tru Schedule E			5	-8,210.
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			
Т	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 ►	0-			
0		8z		0	
9 10	Total other income. Add lines 8a through 8z		10-SR or	9	
10				10	-8,210.
	e en regel. De drestiens A et Nietien, en e regel ter vetrue instancetiene			.	

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-basis 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	l
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	l
19a	Alimony paid	 19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	 20	l
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)		
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		
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 ► 24z		
25	Total other adjustments. Add lines 24a through 24z	 25	
26	Add lines 11 through 23 and 25. These are your adjustments to inc here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 03/19/22 PRO

SCHE	DULE	Ε
(Form	1040)	

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ► Go to www.irs.gov/ScheduleE for instructions and the latest information.

20 21 Attachment Sequence No. 13

Name(s) shown on return Yo								Your	our social security number		
								190	90-08-7251		
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		•						
A Did	l you make any payme	ents in 2021 that would require you t	o file F	orm(s) 1	099? S	ee insti	ructions .		🗆	Yes 🔀 No	
B If ""	"Yes," did you or will you file required Form(s) 1099?										
1a	Physical address of each property (street, city, state, ZIP code)										
Α	F.NO:G9, AKRUTHI SRINIVASAM NIZAMPET, BALAJI NAGAR HYDERABAD, TELANGANA IN										
В							,	-			
С											
1b	Type of Property (from list below)	2 For each rental real estate pro above, report the number of fa personal use days. Check the	air rent	r rental and		Fair Rental Days		Personal Use Days		QJV	
Α	3	if you meet the requirements t	o file a	as a	Α		365		0		
В		qualified joint venture. See inst			В						
С											
Туре с	of Property:			I			I				
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd	-	7 Self-	Rental				
2 Mult	i-Family Residence	4 Commercial	6 Ro	yalties	8	B Othe	r (describe))			
Incom	*	Properties:		Í	Α		B			С	
3	Rents received		3			620.				-	
4			4								
Expen											
5			5								
6		nstructions)	6								
7	Cleaning and maintenance				1.	360.					
8			7		-,						
9			9								
10			10								
11	÷ .		11		1	240.					
12	-	id to banks, etc. (see instructions)	12		±,.	240.					
13			13								
14			14		1	980.					
15	•		14			110.					
				Z,	110.						
16 17			16		0	1 4 0					
			,								
18		e or depletion	18								
19	Other (list)	line 5 thread 10	19		0	0.2.0					
20	-	lines 5 through 19	20		δ,	830.					
21	Subtract line 20 from result is a (loss), see file Form 6198			-8,2	210.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)			(8.2	10.)	()()	
23a		eported on line 3 for all rental prop	22 erties			23a	x	62	0.	,	
b	Total of all amounts reported on line 4 for all royalty proper					23b					
c		eported on line 12 for all properties				23c			_		
d		eported on line 18 for all properties				23d					
e	Total of all amounts reported on line 20 for all properties								0		
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 (8,210.)	
	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result									0,210.)	
26											
		IV, and line 40 on page 2 do not 40), line 5. Otherwise, include this a							26	-8,210.	
For Day		Notice. see the separate instructions			IPA	1115 4 1	-8,21			(Form 1040) 2021	

For Paperwork Reduction Act Notice, see the separate instructions.