(Rev. January 2021)

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.

OMB No. 1545-0074

Submi	ission Identification Number (SID)						
Taxpaye	er's name	Social secu	Social security number				
ASM	ITA MOHANRAO NIKAM	857-0	857-08-4251				
Spouse'			Spouse's social security number				
Dort	Toy Poture Information Toy Voor Ending December 21 2001	/Entor year year	oro ou	thorizina	\		
Part	Tax Return Information — Tax Year Ending December 31, 2021 whole dollars only on lines 1 through 5.	(Enter year you	are au	unonzing	.)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1 1	42	2,594.		
2	Total tax		2		3,368.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,312.		
4	Amount you want refunded to you		4		,944.		
5	Amount you owe		5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you ge penalties of perjury, I declare that I have examined a copy of the income tax return (original or a						
return (to send for any Agent t paymer authoriz paymer busines taxes t persona	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Pa (original or amended) I am now authorizing. I consent to allow my intermediate service provider of my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso of delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the total the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellates adays prior to the payment (settlement) date. I also authorize the financial institutions involve to receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or ameninic Funds Withdrawal Consent.	, transmitter, or elect n for rejection of the ze the U.S. Treasury ount indicated in the institution to debit the erminate the authori tion requests must I d in the processing to the payment. I fu	ronic reitransmis and its of tax prepare entry zation. To receipt the elerther actions and the receipt the action actions are receipt the action actions actio	turn origina ssion, (b) ti designated paration so to this acc To revoke ved no lat ectronic pa	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of the that the		
	ayer's PIN: check one box only						
X		enerate my PIN	3 4 2	2 5 1	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	, E		digits, but er all zeros	as my		
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.						
Your s	signature ▶ Da	ate ►					
Spous	se's PIN: check one box only						
Spous		enerate my PIN			as my		
	ERO firm name		nter five	digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.						
Spous	se's signature ▶ Da	ate ►					
	Practitioner PIN Method Returns Only—continue	below					
Part	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 7 2 7	8 6		3 9		
		2011 (61	011 20				
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual in zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I at ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providence.	m submitting this re	turn in a	accordance			
ERO's	s signature ► Da	ate ▶					
	ERO Must Retain This Form — See Instructi						
	Don't Submit This Form to the IRS Unless Requeste						

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

202	1

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

	s X	Single Married filing jointly	Marı	ried filing separately (MFS)	☐ Head of	hous	ehold (HOH)	Qua	lifying wid	low(er) (QW)	
Check only one box.	•	u checked the MFS box, enter the roon is a child but not your dependen		f your spouse. If you	checl	ked the HOH o	r QW	box, enter th	e child's	name if th	ne qualifying	
Your first name	and mi	iddle initial	Last n	ame					Your social security number			
ASMITA I	MOHA	NRAO	NIK	AM					857-08-4251			
If joint return, s	pouse's	s first name and middle initial	Last n	ame					Spouse's social security number			
		er and street). If you have a P.O. box, see AVENUE	e instruc	tions.				Apt. no.		ntial Electinere if you,	on Campaign . or vour	
		ce. If you have a foreign address, also co	omplete	spaces below	Sta	te	ZIP (code	spouse	if filing join	ntly, want \$3	
JERSEY (07307		to go to this fund. Checking a box below will not change		
Foreign countr				Foreign province/state/county			Foreign postal code			cw will flot cor refund	•	
.	,								You Spouse			
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	y fina	ancial interest i	in an	y virtual curre	ncy?	Yes	⊠ No	
Standard	Som	eone can claim: You as a de	epende	nt	se 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, 1	957	Are blind Sp	ouse	: Was bo	rn be	fore January 2	2. 1957	☐ Is b	lind	
Dependent				(2) Social securit		(3) Relationsh				r (see instru	uctions):	
If more			number	to you			Child tax cred			ther dependents		
than four												
dependents, see instruction												
and check	5 —											
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		46,424.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b)		
Sch. B if required.	3a	Qualified dividends	3a		b 0	Ordinary divide	nds		. 3b)		
required.	4a	IRA distributions	4a		b T	axable amoun	t.		. 4b)		
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. 5b)		
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6b)		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not req	uired	, check here		▶[7			
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10						. 8		-3,830.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							▶ 9		42,594.	
Married filing	10	Adjustments to income from Schedule 1, line 26						. 10)			
jointly or Qualifying	11_	Subtract line 10 from line 9. This is your adjusted gross income						▶ 11		42,594.		
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	e A)	12	а	12,55	0.			
Head of	b	Charitable contributions if you take	the sta	andard deduction (see	inst	ructions) 12	b	30	0.			
household, \$18,800	С	Add lines 12a and 12b							. 12		12,850.	
If you checked	13	Qualified business income deduct	tion fro	m Form 8995 or Forn	า 899	95-A			. 13			
any box under Standard	14	Add lines 12c and 13							. 14	,	12 , 850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	ente	er-0			. 15		29 , 744.	

	16	Tax (see instructions). Check if any from Form	(s): 1 🗌 881	4 2 🗌 4972	3 🗌		16	3,368.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	3,368.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	3,368.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax				▶	24	3,368.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	5,312.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	5,312.
	26	2021 estimated tax payments and amount a					26	· · · · · · · · · · · · · · · · · · ·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			27a			
attach Sch. EIC.		Check here if you were born after Janu						
		January 2, 2004, and you satisfy all the						
		taxpayers who are at least age 18, to claim to	1 1	structions - 🗀				
	b	Nontaxable combat pay election			_			
	С	Prior year (2019) earned income						
	28	Refundable child tax credit or additional child			28		_	
	29	American opportunity credit from Form 8863			29		-	
	30	Recovery rebate credit. See instructions .			30		_	
	31	Amount from Schedule 3, line 15			31		_	
	32	Add lines 27a and 28 through 31. These are	-				32	
	33	Add lines 25d, 26, and 32. These are your to					33	5,312.
Refund	34	If line 33 is more than line 24, subtract line 24			•		34	1,944.
D	35a	Amount of line 34 you want refunded to you					35a	1,944.
Direct deposit? See instructions.	▶b	Routing number 0 2 1 0 0 0 3			Checking [Savings		
	► d	Account number 4 8 3 0 8 0 1						
A	36	Amount of line 34 you want applied to your			36			
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	s . •	37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc				Complete	helow	X No
Designee		signee's	Phone			ersonal ident		Z NO
		me ►	no.			umber (PIN)		
Sign		der penalties of perjury, I declare that I have examine						
Here	beli	ief, they are true, correct, and complete. Declaration of			sed on all inform			, ,
	You	ur signature	Date	Your occupation		I		nt you an Identity N, enter it here
Joint return?				SENIOR TECHN	ITCAT. CONSI		inst.) ▶	N, enter it fiere
See instructions.	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati			e IRS ser	nt your spouse an
Keep a copy for	,	, , ,				Ider	ntity Prote	ection PIN, enter it here
your records.						(see	inst.) 🕨	
		one no. (551) 358-5750	Email address	ASMITA16NIF	_			
Paid		eparer's name Preparer's signate			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/25/202			Self-employed
Use Only		m's name ▶ GLOBAL TAXES LLC				Pho	ne no. (678) 965-9522
	Firr	m's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041		Firm	n's EIN ▶	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.		BAA	REV 01/17/22 PR	0		Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

ASMITA MOHANRAO NIKAM

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

857-08-4251

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	S	1	0.
2a	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, tr Schedule E		5	-3,830.
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 k	Stock options	8j 8k		
I	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 ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8		10	-3,830.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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 8l	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	24 j		
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			

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Your social security number

857-08-4251 ASMITA MOHANRAO NIKAM Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α 39/B/1139,NEHRUNAGAR KURLA MUMBAI MAHARASHTRA IN 400024 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 470. 4 4 Royalties received Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 850. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 750. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 1,100. 15 950. 15 Supplies . Taxes 16 16 17 17 650. 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 4,300. 20 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -3,830.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 3,830.) 470. 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 4,300. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 3,830. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 -3,830.