#### 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)

Taxpa	er's name		Social security nu	Imper			
ABI	IISHEK BHARANI		685-45-05	538			
Spous	's name		Spouse's social s	ecurity number			
Par	t I Tax Return Information – Tax Year Ending December 31,	2021 (Enter	year you are a	authorizing.)			
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	I 73,808.			
2	Total tax		2	2 9,163.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		🤇	<b>3</b> 11,218.			
4	Amount you want refunded to you		🛛	<b>i</b> 3,455.			
5	Amount you owe			5			
Par	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

X	I autnorize	GLOBAL .	IAXES	ERO firm name	to enter or generate my PIN	E
	I authorize	CTODAT	TAVEC	TTC	to optox or gonorate my DIN	

5	0	5	3	8	00 00
Ent don	er fiv n't er	ve dig iter a	gits, all ze	but ros	as 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 ►	Da	ate 🕨	•				 		
Practitioner PIN Method Returns Only—	continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Metho	d Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8	 	 	6 all zer	 9	8 9	Э

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 🕨	
	ust Retain This Form — See Ins his Form to the IRS Unless Req		
Fax Denemicarly Deduction Act Nation and Vour tou	return instructions	DEV/ 01/24/22 DDO	Earm 8879 (Bay, 01 2021)

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

Filing Status Create only a hox.       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Your fort arms and middle initial ABH1SHEK       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent b         Your fort arms and middle initial ABH1SHEK       Last name       Your social security number 685-45-0538         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here If you, or your sup out filing jointly, want S3 by our of the I. You have a foreign address, also complete spaces below.       State 2 P code 2 P 4538       Presidential Election Campaign Check here If you, or your sup out filing jointly, want S3 by our this fund. Checking a your tax or refund.         Foreign country name       Foreign province/state/county       Foreign post of class your spouse as a dependent       Yees       No         Standard dependents (and check here b       Spouse: temizes on a separate return or youw rea dual-status alien       Image: class accurity on the your returned in your child accurate county count of class accurity number       Image: class accurity on the you or child ac credit credit or dependent to redit or dependent to redit or dependent       Image: class accurity class accurity post accurity benefits       Image: class accurity class accurity post accurity benefits       Image: class accurity post accurity benefits       Image: class accurity post accuri	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	21	OMB No. 154	15-0074	IRS U	se Only	—Do not w	vrite or staple	in this space.
ABHISHEK       BHARANI       685-45-0538         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         3481 LITTLE       CT       Check here if you, or your       Spouse's social security number         100; town, or your op ot fillor. If you have a foreign address, also complete spaces below.       State       210 code       yet social security number         Foreign posti fillor. If any optimic address, also complete spaces below.       State       210 code       yet social security number         Foreign posti fillor. If any optimic address, also complete spaces below.       State       210 code       yet social security       spouse if filling joint/y, want Sa tog to this fund. Checking a tog	Check only	lf yo	u checked the MFS box, enter the n	ame of	-		. ,				'		, 0	
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         3481_LITTLE_CT       CT       CA       94538       book here if you, or your stot office. If you have a foreign address, also complete spaces below.       CA       94538       book here if you, or your stot office. If you have a foreign address, also complete spaces below.       CA       94538       book here if you, or your stot office. If you have a foreign address, also complete spaces below.       CA       94538       book how if into foreign, want S3       tog to this fund. Checking a you tax or refund.       Poreign postal code       You       Spouse if imig ointy, want S3         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign postal code       You       Spouse         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Dependents       Is blind         Dependents       Gee instructions:       (1) First name       Last name       Is blind       Is blind         If equired.       1       Wages, salaries, tips, etc. Attach Form(s) W-2       Is blind       Is blind       Is blind         Standard       2a       b       Tax-exempt interest       Is b	Your first name	e and mi	ddle initial	Last na	me							Your so	cial securi	ty number
Home address funmber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         3481 LITTLE CT       Check here if you, or your       spouse if filling jointly, want S3         FREMONT       CA       94538         Foreign country name       Foreign province/state/county       Foreign postal code         You       Spouse if filling jointly, want S3         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:       Ova as dependent       You "spouse as a dependent       You "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       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) €' if qualifies for (see instructions):         If more udependents, see instructions	ABHISHE	K		BHAR	ANI							685-	45-053	8
3481 LITTLE CT       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       2/P code       Spouse if fining jointhy, vant 35       to go to this fund. Checking a boose his fund. Check here is his his sour total income his his sour total income his his sour total income.       I & 80 a 208.         Attach       2a       Tax-exempt interest .       2a       b Taxable amount .       4b         Sa Deudified dividends .       3a b       b Taxable amount .       5b       5b         Sa Deudified fundends .       5a b       5a b       5a - 6a, 400.	lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
Cuty, form, of post clines, inyour have a foreign adultess, also complete spaces below.       State       CA       945.38       to go to this fund, checking a box below will not change a				instructio	ons.		_			Apt. no.		Check I	here if you,	or your
FREMONT       CA       94538       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       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:       Was born before January 2, 1957       Is blind         Dependents       (1) First name       Last name       number       (all you check the dependents, see instructions):       (all you check the dependents, see instructions):       (all you check the dependents, see instructions):       (b reduction the dependents, see instructions):       (b reduction the dependents, see instructions):       (b reduction the dependents, see instructions):       (check the dependents, see instruction	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Stat	te	ZIP c	ode				
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       Someone can claim:       You as a dependent       You repouse 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):       (I) First name       Last name       number       (I) First name       Child tax credit       Credit for other dependents         see instructions       III       Nages, salaries, tips, etc. Attach Form(s) W-2       I       80, 208.       I       80, 208.         Attach       2a       Vages, salaries, tips, etc. Attach Form(s) W-2       I       80, 208.       I       80, 208.         Standard       2a       IRA distributions       4a       I       I       80, 208.         Standard Deduction for-       6a       Social security benefits       6a       I       Taxable amount       6b         Standard Deduction for-       8 dotalines 1, 2b, 3b, 4b, 5b, 5b, 7, and 8. This is your total income       I       7       7	FREMONT						CI	4	94	538		box bel	ow will not	change
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       (b) You       Child tax credit       Credit for other dependents         see instructions	Foreign countr	y name		F	Foreign pr	ovince/state	e/count	ty	Forei	gn postal	code	your ta	_	_
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 than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         Add dependents, see instructions       (1) First name       Last name       (1) First name </td <td>At any time du</td> <td>uring 20</td> <td>021, did you receive, sell, exchange,</td> <td>, or othe</td> <td>rwise dis</td> <td>spose of a</td> <td>ny fina</td> <td>ancial interest</td> <td>t in any</td> <td>virtual</td> <td>curre</td> <td>ncy?</td> <td>Yes</td> <td>X No</td>	At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	rwise dis	spose of a	ny fina	ancial interest	t in any	virtual	curre	ncy?	Yes	X No
Dependents (see instructions):       (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       (2) Social security number       (3) Relationship to you         Child tax credit       Credit for other dependents, see instructions       (1) First name       (1) First name       (2) Social security number       (2) Relationship to you         Child tax credit       Credit for other dependents       (2) Social security number       (2) Relationship to you       (3) Relationship to you         Marerel       (2) Social security number       (2) Social security number       (2) Social security to you       (3) Relationship to you         Attach       2a       (2) Social security to you       (2) Social security to you       (2) First name       (2) First name         Attach       2a       (2) First name       (2) First name       (2) First name       (2) First name         Attach       2a       (2) First name       (2) First name       (2) First name       (2) First name         Attach       2a       (2) First name       (2) First name       (2) First name       (2) First name         Sch. B if required.       4a       IR A distributions       (2) First name       (2) First name       (2) First name       (2)				•		•								
If more than four dependents, see instructions and check       Image: transme	Age/Blindnes	s You:	Were born before January 2, 1	957	Are bl	ind Sp	oouse	: 🗌 Was b	orn bef	ore Jan	uary 2	2, 1957	🗌 ls b	ind
If more       10 Find Hame       List Hame       1       Control and check         dependents, see instructions	Dependent				<b>(2)</b> S		ty		ship					
dependents, see instructions and check here       Image: searce of the sea		<b>(1)</b> Fi	irst name Last name			number		to you		Child	I tax c	redit	Credit for ot	her dependents
see instructions       Image: see instructions       Image: see instructions       Image: see instructions         and check       Image: see instructions														
here       I       Wages, salaries, tips, etc. Attach Form(s) W-2       I       1       80, 208.         Attach       2a       Tax-exempt interest       I       80, 208.       2b         Sch. B if       3a       Qualified dividends       I       80, 208.       2b         Sch. B if       3a       Qualified dividends       I       80, 208.       2b         sch. B if       a       Qualified dividends       I       80, 208.       2b         sch. B if       a       Qualified dividends       I       80, 208.       2b         sch. B if       a       Qualified dividends       I       4a       b       Definition         4a       IRA distributions       I       4a       b       Taxable amount       I       4b         5a       Pensions and annuities       5a       6a       Social security benefits       6a       b       Taxable amount       I       6b         Deduction for       Sa ocial security benefits       6a       D       Taxable amount       I       8       -6, 400.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       I       7       I       9       73, 808.         10       Subtract	•	s —									<u> </u>			
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       80, 208.         Attach       2a       Tax-exempt interest       2a       b       1       80, 208.         Sch. B if       3a       Qualified dividends       3a       b       Taxable interest       2b         4a       IRA distributions       .       4a       b       Taxable amount       3b         5a       Pensions and annuities       .       5a       b       Taxable amount       .       .       4b         5a       Pensions and annuities       .       5a       b       Taxable amount       .       .       .       6b         Standard       Ga       Social security benefits       .       6a       b       Taxable amount       .<											-			
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         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       8       -6,400.       8         9       73,808.       9       73,808.       10       10         10       Maried filing jointy or       10       Adjustments to income from Schedule 1, line 26       10       11       73,808.         11       73,808.       10       Adjustments to income from Schedule 1, line 26       10       11       73,808.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.		4	Wages solaries tips ato Attach		N 2							4		<u> </u>
Sch. B if 3a Qualified dividends 3a   required. 4a Ba   4a b   5a Pensions and annuities   6a Social security benefits   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10 Adjustments to income from Schedule 1, line 26   11 Subtract line 10 from line 9. This is your adjusted gross income   12a Standard deduction or itemized deduction (see instructions)   12a Standard deduction or itemized deduction (see instructions)   12b 300   12c 12,850 </td <td>Attach</td> <td><u> </u></td> <td></td> <td>Ľ</td> <td>vv-z .</td> <td>· · ·</td> <td> ьт</td> <td>••••</td> <td>· · ·</td> <td>• •</td> <td>•</td> <td></td> <td></td> <td>50,200.</td>	Attach	<u> </u>		Ľ	vv-z .	· · ·	 ьт	••••	· · ·	• •	•			50,200.
4a       IRA distributions       4a       b       5a       b       4b         5a       Pensions and annuities       5a       b       5b       5b         5a       Pensions and annuities       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       6b         7       Capital gain or (loss). Attach Schedule I, line 10       7       6a       -6,400.         8       Other income from Schedule 1, line 10       10       10       10       10         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10       10         10       Adjustments to income from Schedule 1, line 26       10       10       10       10         11       73,808.       10       Adjustments to income from Schedule 1, line 26       10       11       73,808.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.       11       73,808.         14       Add lines 12a and 12b       12.       12.       12.       12.       12.       12.	Sch. B if		· ·							• •	•			
5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         * Single or Married filing separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       7         • Married filing jointly or Qualifying widow(er), \$25,100       9       Add lines 10 from line 9. This is your adjusted gross income       10       11       73,808.         • Head of household, \$18,800       •       Capital ga and 12b       •       12a       12,550.       12c       12c       12,850.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12c and 13       14       12,850.       14       12,850.       15       14       12,850.	required.									• •	•			
Standard Deduction for -       6a       Social security benefits				-										
Deduction for-       7         • Single or Married filing separately, \$12,550       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8         • Married filing jointy or Qualifying widow(er), \$25,100       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9         10       Adjustments to income from Schedule 1, line 26       10         11       T3, 808.         12a       Standard deduction or itemized deductions (from Schedule A)         12a       Standard deduction or itemized deductions (from Schedule A)         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,850.         15       Taxable income       14	Standard	6a		6a			b T	axable amou	nt			. 6b	,	
<ul> <li>Single or Married filing separately, \$12,550</li> <li>Married filing jointly or Qualifying widow(er), \$25,100</li> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>If</li></ul>	Deduction for –	7	Capital gain or (loss). Attach Sche	dule D if	required	d. If not red	quired	, check here				7		
separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       73,808.         Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       73,808.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         12b       300.       12b       300.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12       12,850.         14       Add lines 12c and 13       14       12,850.       14       14       12,850.		8						· 				. 8		-6,400.
<ul> <li>Married filing jointy or Qualifying widow(er), \$25,100</li> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>If you che</li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur <b>total in</b>	come					▶ 9		
Qualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       12,850.         14       12,850.       14       12,850.       14       12,850.	<ul> <li>Married filing</li> </ul>	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10	)	
widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         • Head of household, \$18,800       c       Add lines 12a and 12b		11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted	gross inco	ome					▶ 11		73,808.
<ul> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>Add lines 12c and 12b</li> <li>Image: Add lines 12c and 12b</li> <li>Image: Add lines 12c and 13</li> <li>Image: Add lines 12c and 12c and 13</li> <li>Image: Add lines 12c and 13</li></ul>	widow(er), \$25,100	12a	Standard deduction or itemized	deduct	i <b>ons</b> (froi	m Schedu	e A)	1	2a	12	,55	0.		
\$18,800       C       Add lines 12a and 12b       12c       12,850.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12c and 13       14       12,850.         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0.       15       60,958	<ul> <li>Head of</li> </ul>	b	Charitable contributions if you take	the star	dard deo	duction (se	e instr	ructions) 1	2b		30	0.		
any box under Standard       14       Add lines 12c and 13       14       12,850         Deduction,       15       Tayable income       Subtract line 14 from line 11 If zero or less enter -0-       15       60,958		с	Add lines 12a and 12b									. 12	c	12,850.
Standard         14         Add lines 12c and 13         14         12,850           Deduction,         15         Tayable income         Subtract line 14 from line 11 If zero or less enter -0-         15         60,958	<ul> <li>If you checked</li> </ul>	13		ion from	Form 89	995 or For	m 899	5-A				. 13	_	
	Standard	14												
		15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	s, ente	er-0				. 15	5	60,958.

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	9,163.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	9,163.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,163.
	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 <b>total tax</b>				. 🕨	24	9,163.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 11	,218.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	11,218.
If you have a	26	2021 estimated tax payment		• •	37			26	
qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		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				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See		,			,400.	1	
	31	Amount from Schedule 3, lin				31	,	1	
	32	Add lines 27a and 28 throug					lits 🕨	32	1,400.
	33	Add lines 25d, 26, and 32. T		•				33	12,618.
Defensel	34	If line 33 is more than line 24						34	3,455.
Refund	35a	Amount of line 34 you want						35a	3,455.
Direct deposit?	►b	Routing number 1 2 1			-		Savings		
See instructions.	►d	Account number 3 2 5					<b>J</b>		
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				see instructions	. ►	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				? See			
Designee		structions	•			. —	omplete b	below.	X No
		signee's		Phone			onal identif		
		me 🕨		no. 🕨			ber (PIN) 🕨		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·		Date	Your occupation				nt you an Identity
	, 10	ur signature		Dale	Four occupation				IN, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	,							tity Prote inst.) ▶	ection PIN, enter it here
,		(010) 100 100						1151.)	
		one no. (818)488-429 eparer's name	5 Preparer's signat	Email address	BHARANI109	31@GMAIL.CC	M PTIN		Check if:
Paid									
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 01/29/2022	P02082		Self-employed
Use Only		m's name ► GLOBAL TAX			~ 01 20041				678)965-9522
		m's address ► 2530 Pebb		in Cummin	-		Firm	's EIN ▶	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/22 PRO			Form <b>1040</b> (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury Internal Revenue Service

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information.	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Î

latest information.		Attachment Sequence No. <b>01</b>
	Your soc	ial security number
	685-45	-0538

## ABHISHEK BHARANI Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
<b>2</b> 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	-6,400.
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) .	8р		
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 10 1040-NR, line 8		10	-6,400.
				5,100.

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 government 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 <b>24b</b>		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>		
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 <b>24g</b>		
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 violations24i		
j	Housing deduction from Form 2555         .         .         .         24j		
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 <b>adjustments to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 01/24/22 PRO

SCHEDULE	Ε
(Form 1040)	

### **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.

s, etc.) 2021 Attachment Sequence No. 13

Your social security number

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

ABHI	SHEK BHARANI						6	85-45-	053	8	
Part	Income or Loss	s From Rental Real Estate and Ro	yaltie	s Note: If yo	ou are ir	the busines	s of ren	ting perso	nal p	roperty,	use
		instructions. If you are an individual, rep									
A Dic		nts in 2021 that would require you to									No
										Yes 🗌	No
1a	Yes," did you or will you file required Form(s) 1099?										
Α	LAXMINAGAR COLONY MAHABUBNAGAR TELANGANA IN 509001										
В											
С											
1b	Type of Property (from list below)	2 For each rental real estate prop above, report the number of fa	perty listed		F	Fair Rental Days		Personal Use Days		QJV	
Α	1	above, report the number of fair rental and personal use days. Check the <b>QJV</b> box or if you meet the requirements to file as a				365					
В		If you meet the requirements to file as a qualified joint venture. See instructions.								C	
С		-		C							
Tvpe	of Property:										
	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7 Se	elf-Rental					
-	ti-Family Residence	4 Commercial		valties	8 O	ther (descri	be)				
Incom		Properties:		A			<u>B</u>			С	
3	Rents received		3		600						
4			4								
Expen	ises:										
5			5								
6		nstructions)	6								
7	Cleaning and maintenance			1	1,000						
8	Commissions		8								
9			9								
10		essional fees	10								
11			11	1	1,000						
12		id to banks, etc. (see instructions)	12		-						
13			13								
14	Repairs		14	1	1,500						
15			15	1	1,500	•					
16			16								
17	Utilities		17		2,000						
18	Depreciation expense	e or depletion	18								
19	Other (list) 🕨		19								
20	Total expenses. Add	lines 5 through 19	20	5	7,000						
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	- 6	5,400	•					
22	Deductible rental real on <b>Form 8582</b> (see in	l estate loss after limitation, if any, structions)	22	( 6	,400.	)(		)(			)
23a	Total of all amounts r	eported on line 3 for all rental prope	rties		23	Ba	6	500.			
b	Total of all amounts r	eported on line 4 for all royalty prop	erties		23	Bb					
С	Total of all amounts r	eported on line 12 for all properties			23	Bc					
d		eported on line 18 for all properties			23	Bd					
е	Total of all amounts reported on line 20 for all properties										
24		e amounts shown on line 21. <b>Do no</b>		•				24			
25	Losses. Add royalty lo	esses from line 21 and rental real estate	losse	s from line 22	. Enter	total losses	here .	<b>25</b> (		6,4	.00.)
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar						26		-б,	400.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021