8879 Form

(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

Suhm	ssion Identification Number (SID)			
	· · · · · · · · · · · · · · · · · · ·	0 1 - 1 1	1	
	or's name	Social securit	-	
Spouse	I SAI SRINIVAS KANDUKURI sname	323-97- Spouse's soc		
		.,,		,
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you a	re au	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.			ı
1	Adjusted gross income		1	94,889.
2	Total tax		2	13,794.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	17,024.
4	Amount you want refunded to you		4	3,230.
5 Part	Amount you owe	000 0 000	5	(OUR FOTUED)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
return to send for any Agent to payme authori payme busines taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectleay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate that, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the particular incompletes and resolve issues related to the particular incompletes.	tter, or electroction of the tr S. Treasury are cated in the ta n to debit the the authoriza ests must be processing of ayment. I furt	onic refansmind its of ax prepentry attion. The receive the element of the elemen	turn originator (ERO) ssion, (b) the reason designated Financial paration software for to this account. This To revoke (cancel) a ved no later than 2 ectronic payment of the knowledge that the
-	yer's PIN: check one box only	7 DINI 7	1 1	1 1 2
X	ERO firm name	ř Ent		digits, but er all zeros
	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 not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Yours	ignature ▶ Date ▶			
Snous	se's PIN: check one box only			
Ороц	I authorize to enter or generate r	ov DINI		as my
	ERO firm name	_	er five	digits, but
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Spous	e's signature ▶ Date ▶			
	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 PIN. 5 8	7 2 7 Don't ente	8 6 er all ze	1 9 8 9 eros
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	accordance with the
ERO's	signature ▶ Date ▶			
	ERO Must Retain This Form — See Instructions			
	Don't Submit This Form to the IRS Unless Requested To D	o So		

E	1	0	Department of the Treasury—Internal Revenue Service	(99)
Ē		U4U	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	ırn

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the ron is a child but not your depender	name of	ed filing separately your spouse. If you								
Your first name	and mi	ddle initial	Last na	ıme					Your social security number			
MANI SA	I SR	INIVAS	KANI	OUKURI					323-97-1112			
If joint return, s	pouse's	first name and middle initial	Last na	ime					Spouse	's social sec	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ons.				Apt. no.	ł		on Campaign	
8451 GA								1136		here if you,	or your ntly, want \$3	
		ce. If you have a foreign address, also c	omplete s	spaces below.	Sta			code			Checking a	
JACKSON		E			F.			2216	-1	low will not	0	
Foreign country	/ name			Foreign province/stat	e/coun	ty	For	eign postal code	your tax	x or refund.	. Spouse	
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	ny fina	ancial interes	t in an	y virtual curre	ncy?	Yes	⊠ No	
Standard Deduction		eone can claim:	•	•		a dependen 1	t					
Age/Blindness	You:	☐ Were born before January 2,	1957 [Are blind S	pouse	: Was b	orn be	efore January	2, 1957	☐ Is bli	ind	
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relation	ship	(4) ✓ if q	ualifies fo	r (see instru	ctions):	
If more	(1) Fi	rst name Last name	number to you				Child tax c	redit	Credit for oth	her dependents		
than four												
dependents, see instructions	s —											
and check												
here										[
	1	Wages, salaries, tips, etc. Attach	Form (s)	W-2					. 1	10	03,539.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2b	,		
required.	3a	Qualified dividends	3a		b C	rdinary dividends			. 3b	,		
	4a	IRA distributions	4a		b T	axable amou	unt .		. 4b	,		
	5a	Pensions and annuities	5a		b T	axable amou	unt .		. 5b	,		
Standard	6a	Social security benefits	6a		b T	axable amou	unt .		. 6b	,		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not re	quired	l, check here		▶[7			
Married filing	8	Other income from Schedule 1, line 10							. 8		-8 , 650.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 7	This is your total in	come				▶ 9	(94,889.	
Married filing	10	Adjustments to income from Schedule 1, line 26						. 10	j			
jointly or Qualifying	11							▶ 11	(94,889.		
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedu	le A)	1	2a	12,55	0.			
• Head of	b	Charitable contributions if you take	the star	ndard deduction (se	e instr	ructions) 1	2b	30	0.			
household, \$18,800	С	Add lines 12a and 12b							. 120	c í	12,850.	
If you checked	13	Qualified business income deduc-	tion fron	n Form 8995 or For	m 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 lir	ne 11. If zero or les	s, ente	er-0			. 15		82,039.	
)												

Form 1040 (2021	1)					_				Pa	age 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	13,79	4.
	17	Amount from Schedule 2, lin	ne 3						. 17		
	18	Add lines 16 and 17	. 18	13,79	4.						
	19	Nonrefundable child tax cre	. 19								
	20	Amount from Schedule 3, lir	ne 8						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18	•							13,79	<u>4.</u>
	23	Other taxes, including self-e							. 23		0.
	24	Add lines 22 and 23. This is	your total tax						▶ 24	13,79	<u>4.</u>
	25	Federal income tax withheld									
	а	Form(s) W-2				25a	17	,02	4.		
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c				l	
	d	Add lines 25a through 25c							. 25d	17,02	<u>4.</u>
If you have a	26	2021 estimated tax paymen		•	37 -				. 26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a					
attach och. Elo.	January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶										
		b Nontaxable combat pay election 27b									
	С	Prior year (2019) earned inco			-						
	28 Refundable child tax credit or additional child tax credit from Schedule 8812 28										
	29	American opportunity credit				29					
	30	Recovery rebate credit. See				30					
	31	Amount from Schedule 3, lin				31	labla ana			l	
	32	Add lines 27a and 28 through		-						17 02	
	33	Add lines 25d, 26, and 32. T If line 33 is more than line 24						•	33	17,02 3,23	
Refund	34					•	•		- I	3,23	
Direct deposit?	35a ▶ b	Amount of line 34 you want							_	3,23	<u>. </u>
See instructions.	▶d	Routing number 0 8 1 0 0 0 3 2 ► c Type: X Checking Savings Account number 3 5 5 0 0 4 4 9 8 3 3 4						JS			
	36	Amount of line 34 you want				36					
Amount	37	Amount you owe. Subtract					ructions		▶ 37		—
You Owe	38	Estimated tax penalty (see in				38	uctions		37		
Third Party			-							l	
Designee	y Do you want to allow another person to discuss this return with the IRS? See instructions									X No	
	De	Designee's			Phone Personal						
	naı	me ▶		no. 🕨			num	ber (PII	N) ►		
Sign Here		der penalties of perjury, I declare to ief, they are true, correct, and com									
Here	Your signature			Date	Your occupation			nt you an Identity			
Latinat material O	k					¬NIC⊤NI	מתח		rotection P see inst.)	IN, enter it here	\neg
Joint return? See instructions.	Spouse's signature. If a joint return, both must sign.			Date	SOFTWARE I		LLK	,		nt your spouse an	ш
Keep a copy for	opouse s signature. If a joint retain, both must sign.			Date	opouse s occupat			ection PIN, enter it	here		
your records.				(6							
	Ph	one no. (816) 673-051	6	Email address	MANISAISRIN	IVAS@C	MAIL.CO	MC			
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	_
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/0	8/2022	P02	082703	Self-employe	ed
Use Only	Firm's name ▶ GLOBAL TAXES LLC								Phone no. (678) 965-9522		
OSE OILLY	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041						F	Firm's EIN ► 30-1017196			

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 01 Your social security number

MANI	SAI SRINIVAS KANDUKURI		323-9	7-111	.2
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe	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, tr Schedule E			5	-8,650.
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			
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	-8,650.

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

	Educator expenses	11
2	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
3	Health savings account deduction. Attach Form 8889	13
ŀ	Moving expenses for members of the Armed Forces. Attach Form 3903	14
5	Deductible part of self-employment tax. Attach Schedule SE	15
6	Self-employed SEP, SIMPLE, and qualified plans	16
7	Self-employed health insurance deduction	17
3	Penalty on early withdrawal of savings	18
9a	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
0	IRA deduction	20
1	Student loan interest deduction	21
2	Reserved for future use	22
3	Archer MSA deduction	23
4	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 8l 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 ▶	
5	Total other adjustments. Add lines 24a through 24z	25

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 Attachment

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.

Sequence No. 13

Your social security number

MANI		KANDUKURI							23-97		
Part		From Rental Real Estate and Ro									
		instructions. If you are an individual, rep									
		nts in 2021 that would require you to		` '							
	Yes," did you or will yo	ou file required Form(s) 1099?		· · ·						Y	'es No
<u>1a</u>	-	each property (street, city, state, ZIF		•							
_ <u>A</u> _	LAWSONS COLONN	Y VISAKHAPATNAM ANDHRA I	PRAD	ESH IN	5300	17					
B C											
	Type of Droporty	2				Eair	Rental	Dor	sonal l	leo	
ID	Type of Property (from list below)	For each rental real estate propabove, report the number of fa	perty iir rent	listed tal and			Days	Per	Days	QJV	
A	3	personal use days. Check the	QJV t	oox onlv⊢	Α		365)	П
B	<u> </u>	if you meet the requirements to qualified joint venture. See inst	tructio	is a ins	В		303				
	 				C						
	of Property:										
	gle Family Residence	3 Vacation/Short-Term Rental	5 La	ınd	7	' Self-	Rental				
•	ti-Family Residence	4 Commercial		oyalties			r (describe))			
Incom		Properties:			Α		В				С
3	Rents received		3		6	550.					
4			4								
Expen											
5	Advertising		5								
6	Auto and travel (see in	nstructions)	6								
7	_	nance	7		1,0)50.					
8	Commissions		8								
9			9								
10		ssional fees	10								
11	•		11		1,2	280.					
12		d to banks, etc. (see instructions)	12								
13			13			270					
14	•		14			970.					
15			15		۷,5	500.					
16 17			16 17		1 [500.					
18		e or depletion	18		⊥, <i>~</i>						
19	Other (list)	of depiction	19								
20		lines 5 through 19	20		9.3	300.					
21	•	line 3 (rents) and/or 4 (royalties). If			,,,	, , ,					
4 1		instructions to find out if you must									
			21		-8,6	550.					
22	Deductible rental real	estate loss after limitation, if any,									
	on Form 8582 (see in	structions)	22	(8,6	50.)	()()
23a	Total of all amounts re	eported on line 3 for all rental prope	erties			23a		6.	50.		
b		eported on line 4 for all royalty prop				23b					
С		eported on line 12 for all properties				23c					
d		1 1				23d					
e		eported on line 20 for all properties				23e		9,30			
24	·	e amounts shown on line 21. Do no		-					24		0 (50)
25		sses from line 21 and rental real estate						1	25 (8,650.)
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this at							26		-8,650.
		roj, mio or oution wise, include tills at	ouri		tai Oii I		on page 2		20		0,000.