Form 8879
(Rev. January 2021)
Department of the Treesury

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)

Taxpayer's name

Taxpay	er's name	Social security number						
SAN	IJAY SUKUMAR PONGULETI	846-87-5540						
Spouse's name Spouse's social security nu								
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	l r year you a	ire aut	horizing.)				
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	49,389.				
2	Total tax		2	4,184.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,086.				
4	Amount you want refunded to you		4	4,302.				
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 perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

7	5	5	4	0	
Ent don	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

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 >							 		
Practitioner PIN Method Returns Only—continue below									
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 9	8	9

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 🕨							
Don't S								
For Denemicarly Deduction Act Nation and		DEV/ 02/17/22 DBO	Earm 8879 (Bay, 01 2021)					

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

REV 02/17/22 PRO

E 1040		artment of the Treasury—Internal Revenue S. Individual Income 1		etı	⁽⁹⁹⁾ 20	21	OMB No. 154	5-0074	IRS Us	e Only	—Do not v	write or staple	in this space.
Filing Statu	s 🗙 s	Single Married filing jointly	M	arrie	d filing separate	ely (MFS) 🗌 Head o	f hous	ehold (HC	DH)	Qua	alifying wid	low(er) (QW)
Check only one box.	,	u checked the MFS box, enter th on is a child but not your depend		of y	our spouse. If y	ou chec	ked the HOH	or QW	box, ent	er th	e child's	s name if th	he qualifying
Your first name	and mi	ddle initial	Las	t nar	ne						Your se	ocial securi	ty number
SANJAY	SUKUI	MAR	PC	NG	ULETI						846-	87-554	.0
If joint return, s	pouse's	first name and middle initial	Las	t nar	ne						Spouse	's social se	curity number
Home address	(numbe	r and street). If you have a P.O. box,	see instr	uctic	ons.				Apt. no.				ion Campaign
8550 TO	UCHT	ON ROAD							2221			here if you,	, or your ntly, want \$3
City, town, or p	post offic	ce. If you have a foreign address, also	o comple	te sp	baces below.	Sta	ate	ZIP					Checking a
JACKSON	VILL	Ξ				F	L	32	216		box be	low will not	t change
Foreign countr	y name			F	oreign province/s	tate/cour	nty	Fore	gn postal o	code	your ta	x or refund	
												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchar	nge, or c	othe	wise dispose o	f any fin	ancial interest	in any	v virtual c	urre	ncy?	Yes	X No
Standard	_	eone can claim: 🗌 You as a	•		· ·		a dependent						
Deduction		Spouse itemizes on a separate re	eturn or	you	were a dual-sta	atus aliei	n						
Age/Blindnes	s You:	Were born before January 2	2, 1957		Are blind	Spouse	e: 🗌 Was bo	orn be	ore Janu	-	-	🗌 ls b	
Dependent					(2) Social sec number	2	(3) Relations	hip				or (see instru	
If more	(1) F	rst name Last name		number to you			Child tax cr			Credit for ot	ther dependents		
than four dependents,													
see instruction	s ——												
and check here ►													
				())									
Attach	1	Wages, salaries, tips, etc. Attac	1 1	(s) V	V-2	· · ·		•		•	. 1		56,789.
Sch. B if	2a	Tax-exempt interest	2a			1	Faxable intere			•	. <u>2</u> k		
required.	<u>3a</u>	Qualified dividends	3a				Ordinary divid			•	. <u>3</u> ł	-	
	/ 4a	IRA distributions	4a			1	Faxable amou			•	. 4ł		
	5a	Pensions and annuities	5a			-	Faxable amou			•	. 5k		
Standard Deduction for—	6a 7	Social security benefits Capital gain or (loss). Attach So	6a	D if	required If pet	_	Faxable amou	nt.			. 61 7		
 Single or Married filing 	8	Other income from Schedule 1						•			. 8		-7,400.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b,	,					•		•	• <u> </u>		49,389.
\$12,550 • Married filing	10	Adjustments to income from So	-								. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. Th								.	► <u>1</u> 1	-	49,389.
widow(er),	12a	Standard deduction or itemiz					1	2a		, 55(
\$25,100 • Head of	b	Charitable contributions if you ta	ake the :	stan	dard deduction	, (see inst		2b		300			
household, \$18,800	с					` 					. 12	с	12,850.
 If you checked 	13	Qualified business income ded	uction f	rom	Form 8995 or F	orm 899	95-A				. 1:		
any box under Standard	14										. 14	4	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line	14 from	n line	e 11. If zero or le	ess, ente	er-0				. 1	5	36,539.
	r												

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	4,184.
	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	4,184.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,184.
	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 total tax				. 🕨	24	4,184.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25 a 7	,086.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	7,086.
If you have a	26	2021 estimated tax payment		• •				26	
qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were b							
		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, lir				31	,	1	
	32	Add lines 27a and 28 throug					lits 🕨	32	1,400.
	33	Add lines 25d, 26, and 32. T		•				33	8,486.
Defined	34	If line 33 is more than line 24						34	4,302.
Refund	35a					•		35a	4,302.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here • Routing number 1 0 2 0 0 1 0 1 7 • c Type: X Checking Savings							
See instructions.	►d	Account number 7 5 3					<u> </u>		
	36	Amount of line 34 you want a			ed tax 🕨	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		tructions	•			. —	omplete b	elow.	× No
		signee's		Phone			onal identif		
		ne 🕨		no. 🕨			ber (PIN) 🕨		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·	piete. Deciaration	Date	Your occupation				t you an Identity
	, 10	ur signature		Dale	Four occupation				N, enter it here
Joint return?					NODEJS DE	VELOPER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			t your spouse an
Keep a copy for your records.	,							ity Prote inst.) ► 🚺	ction PIN, enter it here
,		(=00)=00,050						list.)	
		one no. (720)598-252 parer's name	3 Preparer's signat	Email address	SANJAY4SUK	UMAR@GMAIL.CC	M PTIN		Check if:
Paid									Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 03/03/2022	P02082		
Use Only		m's name ► GLOBAL TA			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				678)965-9522
		m's address ► 2530 Pebb.		in Cummin	-		Firm	s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/17/22 PRO			Form 1040 (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. ► Go to *www.irs.gov/Form1040* for instructions and the latest information. OMB No. 1545-0074 20 1 Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SANJAY SUKUMAR PONGULETI	846-87-5540
Part I Additional Income	

Fai				
1	Taxable refunds, credits, or offsets of state and local income taxes	· · · · · · · ·	1	
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, tru Schedule E		5	-7,400.
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		
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		
ο	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	-7,400.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ıle 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)		
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 Paralympicmedals 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 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 adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 02/17/22 PRO

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

5 (2

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

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

Department of the freasury	1
Internal Revenue Service (99)

	levenue Service (99)	► Go to www.irs.gov/ScheduleE	for inst	ructions	and th	e latest	informatio	n.	Attachr Sequer	ment nce No. 13
lame(s)	shown on return							Your soci	al security	
SANJ.	AY SUKUMAR PONG	JULETI						846-8	7-5540)
Part		s From Rental Real Estate and Ro	-		-				•	
	Schedule C. See	instructions. If you are an individual, rep	port farr	m rental i	ncome	or loss fi	om Form 4	835 on page	2, line 40	1_
A Did	l you make any payme	ents in 2021 that would require you t	to file F	orm(s) 1	099? 8	See instr	uctions		. 🗌 Y	es 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099? .							. 🗌 Y	es 🗌 No
1a		each property (street, city, state, Zl								
Α		TH SADAN POORNANANDANPET		-	DA, AN	IDHRA	PRADESH	H IN 520	003	
В					-					
С										
1b	Type of Property	2 For each rental real estate pro	opertv li	isted	Fair Rental			Personal Use Days		0.11/
	(from list below)	above report the number of fa	air rent	rental and Davs		Days	QJV			
Α	3	 personal use days. Check the if you meet the requirements 	e QJV b to file a	ox only	Α		365		0	
В		qualified joint venture. See ins	structio	ns.	В					
С				F	С					
	of Property:	1			-					
	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental			
-	i-Family Residence	4 Commercial		yalties			r (describe	2)		
ncom	,	Properties:			Α			B		С
3	Bents received	· · · · · · · · · · · ·	3			450.				
4			4			1501				
Expen										
-			5							
		nstructions)	6							
7			7			900.				
8	-		8			900.				
			9							
9			9							
10		essional fees				000				
11	•		11			800.				
12		id to banks, etc. (see instructions)	12							
13			13			0.5.0				
14			14			,850.				
15			15		2,	,100.				
16			16							
17			17		2,	,200.				
18		e or depletion	18							
19	Other (list)									
20	-	lines 5 through 19	20		7,	,850.				
21		line 3 (rents) and/or 4 (royalties). If								
	(),	instructions to find out if you must								
			21		-7,	,400.				
22		l estate loss after limitation, if any,								
	-	nstructions)	22	(7,	400.)	()	(
		eported on line 3 for all rental prop				23a		450.		
		eported on line 4 for all royalty prop				23b				
с	Total of all amounts r	eported on line 12 for all properties	s			23c				

е	Total of all amounts reported on line 20 for all properties	23e	7,8	50.	
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. Ent	25	(7,400.		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and	inter the result			
	here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also er	nter th	nis amount on		
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on li	ne 41	on page 2 .	26	-7,400.

For Paperwork Reduction Act Notice, see the separate instructions.

d Total of all amounts reported on line 18 for all properties

23d

Schedule E (Form 1040) 2021