

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>OVIYA SHIVANI MOHANRAJ</b>	Social security number <b>024-84-6917</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are 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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	2,840.
<b>2</b> Total tax . . . . .	<b>2</b>	0.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	190.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	190.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

4	6	9	1	7
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 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name
- 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 

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 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### 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. 

2	2	2	4	9	6	6	1	9	8	9
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. 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

Your first name and middle initial: OVIYA SHIVANI
Last name: MOHANRAJ
Your social security number: 024-84-6917
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.
10551 CHERRY GROVE COURT
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
WEXFORD
State: PA
ZIP code: 15090
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction
Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, and amounts. Total income is 2,840. Adjusted gross income is 2,840. Standard deduction is 12,550. Taxable income is 0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	0.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	190.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	190.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <b>No</b>	<b>27a</b>	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	190.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	190.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	190.
Direct deposit? See instructions.	<b>b</b> Routing number 043300738 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 6077979381		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

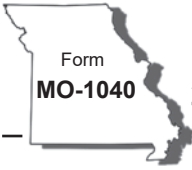
**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		STUDENT	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (814) 779-4777 Email address OVIYA.MD@YAHOO.COM

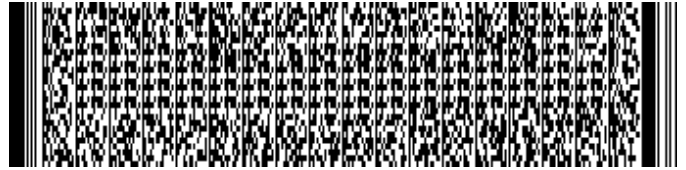
**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/11/2023	P02082703	
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	245 ROONEY CT E BRUNSWICK NJ 08816			(678) 965-9522
Firm's EIN				88-2145487



2021 Individual Income Tax Return - Long Form

For Calendar Year January 1 - December 31, 2021



Print in BLACK ink only and DO NOT STAPLE.

Amended Return Composite Return (For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

Vendor Code 1555 Department Use Only

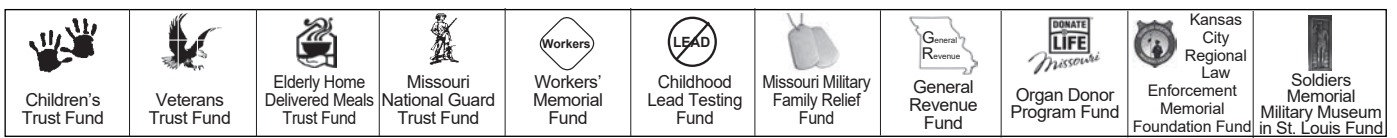
Filing Status: Single (checked), Claimed as a Dependent, Married Filing Combined, Married Filing Separately, Head of Household, Qualifying Widow(er)

Age 62 through 64, Age 65 or Older, Blind, 100% Disabled, Non-Obligated Spouse

Name: OVIYA SHIVANI MOHANRAJ; Social Security Number: 024-84-6917; Spouse's Social Security Number; In Care Of Name

Address: 10551 CHERRY GROVE COURT, WEXFORD, PA, 15090, STCH

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	2840 .00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7)	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2	3Y	2840 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	2840 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	2840 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8	.00
9. Tax from federal return	9	0 .00
10. Other tax from federal return	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	0 .00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	35.00 %

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	0 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100	14	12550 .00
15. Long-term care insurance deduction	15	.00
16. Health care sharing ministry deduction	16	.00
17. Active Duty Military income deduction	17	.00
18. Inactive Duty Military income deduction	18	.00
19. Bring jobs home deduction	19	.00
20. Transportation facilities deduction	20	.00

A. Port Cargo Expansion  B. International Trade Facility  C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	21	<input type="text"/>	.00		
22. Long Term Dignity Savings Account Deduction.....			22	<input type="text"/>	.00		
23. Total deductions - Add Lines 8 and 13 through 22.....			23	12550	.00		
24. Subtotal - Subtract Line 23 from Line 6.....			24	0	.00		
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S.....	25Y	<input type="text"/>	0	.00	25S	<input type="text"/>	.00
26. Enterprise zone or rural empowerment zone income modification.....	26Y	<input type="text"/>	.00	26S	<input type="text"/>	.00	

Tax

27. Taxable income - Subtract Line 26 from Line 25.....	27Y	<input type="text"/>	0	.00	27S	<input type="text"/>	.00
28. Tax (see tax chart on page 26 of the instructions),.....	28Y	<input type="text"/>	0	.00	28S	<input type="text"/>	.00
29. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s).....	29Y	<input type="text"/>	.00	29S	<input type="text"/>	.00	
30. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100%.....	30Y	<input type="text"/>	100	%	30S	<input type="text"/>	%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.....	31Y	<input type="text"/>	0	.00	31S	<input type="text"/>	.00
32. Other taxes - Select box and attach federal form indicated. <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	32Y	<input type="text"/>	.00	32S	<input type="text"/>	.00	
33. Subtotal - Add Lines 31 and 32.....	33Y	<input type="text"/>	0	.00	33S	<input type="text"/>	.00
34. Total Tax - Add Lines 33Y and 33S.....			34	0	.00		

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.....	35	<input type="text"/>	7	.00
36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021.....	36	<input type="text"/>	.00	
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms <b>MO-2NR</b> and <b>MO-NRP</b> .....	37	<input type="text"/>	.00	
38. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> .....	38	<input type="text"/>	.00	
39. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ).....	39	<input type="text"/>	.00	
40. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC.....	40	<input type="text"/>	.00	
41. Property tax credit - Attach <b>Form MO-PTS</b> .....	41	<input type="text"/>	.00	
42. Total payments and credits - Add Lines 35 through 41.....	42	<input type="text"/>	7	.00



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**Skip Lines 43 through 45 if you are not filing an amended return.**

43. Amount paid on original return. . . . .	43		.00
44. Overpayment as shown (or adjusted) on original return . . . . .	44		.00

Amended Return

**Indicate Reason for Amending**

A. Federal audit. . . . .

Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback . . . . .

Enter year of loss (YY)

C. Investment tax credit carryback . . . . .

Enter year of credit (YY)

D. Correction other than A, B, or C. . . . .

Enter date of federal amended return, if filed. (MM/DD/YY)

45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44. Enter on Line 45. . . . .	45		.00
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46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT . . . . .	46		7	.00
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47. Amount of Line 46 to be applied to your 2022 estimated tax . . . . .	47		.00
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48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

48a. Children's Trust Fund	<input type="text"/>	.00	48b. Veterans Trust Fund	<input type="text"/>	.00	48c. Elderly Home Delivered Meals Trust Fund	<input type="text"/>	.00	48d. Missouri National Guard Trust Fund	<input type="text"/>	.00
48e. Workers' Memorial Fund	<input type="text"/>	.00	48f. Childhood Lead Testing Fund	<input type="text"/>	.00	48g. Missouri Military Family Relief Fund	<input type="text"/>	.00	48h. General Revenue Fund	<input type="text"/>	.00
48i. Organ Donor Program Fund	<input type="text"/>	.00	48j. Kansas City Regional Law Enforcement Memorial Foundation Fund	<input type="text"/>	.00	48k. Soldiers Memorial Military Museum in St. Louis Fund	<input type="text"/>	.00			
48l. Additional Fund Code	<input type="text"/>	Additional Fund Amount	<input type="text"/>	.00	48m. Additional Fund Code	<input type="text"/>	Additional Fund Amount	<input type="text"/>	.00		

Refund

Total Donation - Add amounts from Boxes 48a through 48m and enter here . . . . .	48		.00
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49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from <b>Form 5632</b> . . . . .	49		.00
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50. <b>REFUND</b> - Subtract Lines 47, 48, and 49 from Line 46 and enter here . . . . .	50		7	.00
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a. Routing Number  c.  Checking  Savings

b. Account Number





Amount Due

- 51. If Line 34 is larger than Line 42 or Line 45, enter the difference.  
Amount of UNDERPAYMENT . . . . . 51  . 00
- 52. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here . . . 52  . 00  
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
- 53. **AMOUNT DUE** - Add Lines 51 and 52.  
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 53  . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text" value="SYAM@GTAXFILE.COM"/>			Daytime Telephone	<input type="text" value="8147794777"/>		
Preparer's Signature	<input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/>			Date (MM/DD/YY)	<input type="text" value="02"/>	<input type="text" value="11"/>	<input type="text" value="23"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="88-2145487"/>			Preparer's Telephone	<input type="text" value="6789659522"/>		
Preparer's Address	<input type="text" value="245 ROONEY CT E BRUNSWICK"/>			State	<input type="text" value="NJ"/>	ZIP Code	<input type="text" value="08816"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . .  Yes  No



21322051555

**Department Use Only**

A     FA     E10     DE     F     .

Form MO-1040 (Revised 12-2021)

**Mail to:** **Balance Due:**  
Missouri Department of Revenue  
P.O. Box 3370  
Jefferson City, MO 65105-3370  
**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 3222  
Jefferson City, MO 65105-3222  
**Phone:** (573) 751-3505

**Fax:** (573) 522-1762  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)



**Ever served on active duty in the United States Armed Forces?**  
If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.