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)

Taxpaye	r's name	Social security number
GOPI	KRISHNA BHAGYANAGARAM	673-38-3229
Spouse's	s name	Spouse's social security number
SHIY	ANKA BHAGYANAGARAM	833-05-0731
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Ente	r year you are authorizing.)
Enter v	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 71,215.
2	Total tax	2 5,071.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,753.
4	Amount you want refunded to you	. 4 7,182.
5	Amount you owe	5

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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 authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

Ent	as my				
0	2	2	2	0	

5

7 0

Enter five digits, but don't enter all zeros

3

1

as mv

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 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	te 🕨	•				 		
Practitioner PIN Method Returns Only—	continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method	d Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecter	d PIN.	5	8		_	6 all zei	 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 ►	
ERO Must Retain Don't Submit This Form		
		Fame 9970 (Days 01 0001)

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

to enter or generate my PIN

1040	· ·	artment of the Treasury—Internal Revenue Sen S. Individual Income Ta		(99) urn	20	21	OMB No. 1	1545-00	074 IRS Use Only	∕−Do not v	write or staple	in this space.		
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the on is a child but not your depender	name of	-					usehold (HOH) QW box, enter th					
Your first name	e and mi	ddle initial	Last na	ame						Your se	ocial securi	ty number		
GOPI KR	ISHN	4	BHA	GYANA	GARAM					673-	38-322	9		
lf joint return, s	pouse's	first name and middle initial	Last na	ame						Spouse	's social se	curity number		
SHIYANK.	A		BHA	GYANA	GARAM					833-	05-073	1		
Home address	(numbe	r and street). If you have a P.O. box, se	e instruct	ions.					Apt. no.	Preside	ential Electi	on Campaign		
1455 SA	TELL	ITE BOULEVARD NORTHWE	ST						5103		here if you,			
-		ce. If you have a foreign address, also c		spaces be	elow.	Sta	te	Z	IP code			ntly, want \$3		
SUWANEE						Gž	A	3	30024	Ŭ Ŭ	o this fund. Iow will not	Checking a		
Foreign countr	y name			Foreign p	province/sta	ite/coun	ty	F	oreign postal code		x or refund	•		
0	,			0 1					0 1	-	You	Spouse		
At any time du	uring 20	021, did you receive, sell, exchange	e, or othe	erwise d	ispose of	any fina	ancial inter	est in a	any virtual curre	ncy?	 Yes	X No		
Standard	Som	eone can claim: 🗌 You as a de	epender	nt 🗌	Your spo	use as	a depende	ent						
Deduction	_	Spouse itemizes on a separate retu	•		•		•							
		· · ·	· · ·	_			_							
Age/Blindnes	s You:	Were born before January 2,	1957	Are b	lind	Spouse	: 🗌 Was	born	before January	2, 1957	ls b	lind		
Dependent				(2)	Social secu	irity	(3) Relation				pr (see instru	uctions):		
If more	(1) Fi	rst name Last name			number		to yo	bu	Child tax c	redit	Credit for ot	ther dependents		
than four	KRI	SHA GOPI		806-51-7950 Daughter			ler	X						
dependents, see instruction	s ——													
and check														
here 🕨 📃														
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .						. 1		77,915.		
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable inte	erest		. 21)			
required.	3a	Qualified dividends	3a			bC	Drdinary div	/idend	s	. 3ł)			
) 4a	IRA distributions	4a			bΤ	axable am	ount .		. 4ł)			
	5a	Pensions and annuities	5a			bΤ	axable am	ount .		. 5ł)			
Standard	6a	Social security benefits	6a			bΤ	axable am	ount .		. 6ł)			
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	edule D	f require	d. If not r	equired	, check he	re .	🕨 [7				
Married filing	8	Other income from Schedule 1, lin	ne 10							. 8		-6,700.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	our total i	ncome				▶ 9		71,215.		
 Married filing 	10	Adjustments to income from Sche	edule 1,	line 26						. 10)			
Jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted	gross in	come				► <u>1</u>	1	71,215.		
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t ions (fro	om Sched	ule A)		12a	25,10	0.				
 Head of 	b	Charitable contributions if you take	e the sta	ndard de	duction (s	ee instr	ructions)	12b	55	0.				
household, \$18,800	с	Add lines 12a and 12b								. 12	с	25,650.		
 If you checked 	13	Qualified business income deduc	tion fron	n Form 8	8995 or Fo	rm 899	95-A			. 10	3			
any box under <i>Standard</i>	14	Add lines 12c and 13								. 14	1	25,650.		
Deduction, see instructions.	15	Taxable income. Subtract line 14	1 from lii	ne 11. lf	zero or les	ss, ente	er-0			. 1	5	45,565.		
)													

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): 1 🗌 881	4 2 🗌 4972	3		16	5,	071.		
	17	Amount from Schedule 2, lin	e3					17				
	18	Add lines 16 and 17						18	5,	071.		
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedule	ə 8812		19				
	20	Amount from Schedule 3, lin	ie8					20				
	21	Add lines 19 and 20						21				
	22	Subtract line 21 from line 18						22	5,	071.		
	23	Other taxes, including self-e			,			23		0.		
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	5,	071.		
	25	Federal income tax withheld				1 1			1			
	а	Form(s) W-2					,753.	_	1			
	b	Form(s) 1099				25b		_	1			
	С	Other forms (see instructions	,			25c		_	1			
	d	Add lines 25a through 25c						25d	10,	753.		
If you have a	26	2021 estimated tax payment			37			26				
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		-	1			
		Check here if you were k January 2, 2004, and you							1			
		taxpayers who are at least a							1			
	b	Nontaxable combat pay elec	-	1 1	_				1			
	с	Prior year (2019) earned inco	ome	. 27c					1			
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28 1	,500.		1			
	29	American opportunity credit	Refundable child tax credit or additional child tax credit from Schedule 8812 28 1,500. American opportunity credit from Form 8863, line 8 29 29									
	30	Recovery rebate credit. See	instructions .			30		1	1			
	31	Amount from Schedule 3, lin	ie 15			31			1			
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments and	d refundable cred	lits 🕨	32	1,	500.		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	12,	253.		
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	7,	182.		
noruna	35a	Amount of line 34 you want			3 is attached, che	ck here		35a	7,	182.		
Direct deposit?	►b	Routing number 1 0 3				Checking	Savings		1			
See instructions.	►d	Account number 2 4 8	1 1 7 8	8 3 5 7	7 4				1			
	36	Amount of line 34 you want a				36						
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37				
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38						
Third Party		you want to allow another										
Designee		tructions					•		X No			
		signee's ne ►		Phone no.			onal identi ber (PIN) 🖡					
Sign		der penalties of perjury, I declare t	hat I have examine		d accompanying sch				t of my knowl	ledge and		
Sign		ief, they are true, correct, and com			1 2 0		,		,	0		
Here	Yo	ur signature		Date	Your occupation				nt you an Iden			
	κ								N, enter it her	re		
Joint return? See instructions.				Dete	~	ASSURANCE EN		inst.) ►				
Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	lion			nt your spouse action PIN, ent			
your records.					HOME MAKE	R	(see	inst.) ►				
	Ph	one no. (404)805-665	б	Email address	GMMG2325@	GMAIL.COM						
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:			
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/05/2022	P0208	2703	Self-em	ployed		
Preparer		m's name ► GLOBAL TAX							678)965-	-9522		
Use Only	Fin	m's address ► 2530 Pebb		n Cummin	g GA 30041			's EIN ▶				
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/31/22 PRO				40 (2021)		
•					-							

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

Department of the Treasury Internal Revenue Service

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

20 21 Attachment Sequence No. **01**

OMB No. 1545-0074

Name(s	s) shown on	For	rm 1040, 1040)-SR, or 1040-NR	ſ
GOPI	KRISHNA	&	SHIYANKA	BHAGYANAGARAM	

Your social security number 673-38-3229

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	· · · · · · ·	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, tru Schedule E		5	-6,700.
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	01/		
	property	8k	-	
	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).	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 10 1040-NR, line 8)40, 1040-SR, or	10	-6,700.

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 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 01/31/22 PRO

	DULE E		:	Supplementa	l Inc	ome a	and Lo	SS			OMB I	No. 1545	-0074	
(Form	1040)	(From re	ental real estate,	royalties, partnersł	hips, S	corpor	ations, e	estates,	trusts, REMIC	Cs, etc.)	2021			
Departm	ent of the Treasury		► A	ttach to Form 1040), 1040)-SR, 104	40-NR, c	or 1041.			Attach		•	
	Revenue Service (99)		► Go to www.ir	s.gov/ScheduleE fo	or inst	ructions	and the	e latest	information.		Seque	ence No.	13	
Name(s)	shown on return										ial securit	-	r	
			NKA BHAGYAN								8-322			
Part				al Estate and Ro	-		-			• •			use	
				re an individual, rep										
				ould require you to		. ,								
				m(s) 1099?							. LIN	/es 🔄	No	
<u>1a</u>	-			et, city, state, ZIF		-								
	PRAGATHIN	AGAR, RA	AM NAGAR KA	RIMNAGAR TEI	LANG.	ANA II	N 505	001						
<u>C</u>	(D		0 -					Fair	Dentel	Dawaawa				
1b	Type of Prop (from list be		above repor	tal real estate prop t the number of fa	ir rent	al and			Rental Days	Persona Day		Q	IV	
-		(WO	personal use	days. Check the he requirements to	QJV b	ox only	•		-	Day				
A B	3		If you meet t	ne requirements to t venture. See inst	tile a	is a ns	A B		365		0		<u>]</u>	
C	+		quamoa jon				C						<u>]</u> 1	
	of Property:						C						<u></u>	
	gle Family Resid	dence	3 Vacation/Sh	ort-Term Rental	5 1 2	nd		7 Self-	Pontal					
	ti-Family Reside		4 Commercial			yalties			r (describe)					
Incom			4 Commercial	Properties:			A		B			С		
3	Rents received	4		•	3			500.				•		
4					4									
Exper					-									
5					5									
6	-		tructions)		6									
7		•	nce		7		1,	120.						
8	-				8									
9	Insurance				9									
10	Legal and othe	er profess	sional fees		10									
11	Management f	fees			11			900.						
12	Mortgage inter	rest paid t	to banks, etc. (s	ee instructions)	12									
13	Other interest.				13									
14	Repairs				14		2,	130.						
15	Supplies				15		1,	900.						
16	Taxes				16									
17					17		1,	150.						
18		expense o	or depletion .		18									
19	Other (list) ►				19									
20			es 5 through 19		20		Ί,	200.						
21			()	or 4 (royalties). If										
				I out if you must	01		_£	700.						
00					21		-0,	700.						
22	on Form 8582			imitation, if any,	22	(к 7	00.)	(١	(١	
23a				or all rental prope		N		23a	1	500.	1)	
25a b				or all royalty prop				23b		500.				
c				for all properties				23c						
d				for all properties				23d						
e				for all properties				23e	7	,200.				
24				on line 21. Do no						. 24				
25				d rental real estate				nter tota	al losses here		(6,7	00.)	
26				come or (loss).									/	
				page 2 do not										
				se, include this ar						. 26		-б,	700.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents



OMB No. 1545-0074

2021 Attachment Sequence No. 47

Department of the Treasury	Attach to Form 1040, 1040-SR, or 1040-NR.	1
Internal Revenue Service (99)	► Go to www.irs.gov/Schedule8812 for instructions and the latest info	rma

Name(s)	shown on return	Your soci	al security number
GOPI	KRISHNA & SHIYANKA BHAGYANAGARAM	673-3	8-3229
Part	I-A Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	71,215.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	71,215.
4 a	Number of qualifying children under age 18 with the required social security number 4a	1.	
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b	0.	
c	Subtract line 4b from line 4a	1.	
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0	. 5	3,000.
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number6	0.	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside alien. Also, do not include anyone you included on line 4a.	ent	
7	Multiply line 6 by \$500	. 7	
8	Add lines 5 and 7	. 8	3,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses— $$200,000 \int \dots $. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter \$2,000, etc. \int	. 10	0.
11	Multiply line 10 by 5% (0.05)	. 11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0	. 12	3,000.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).		
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United Stat	tes	
	-	×	
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021		
Part			
	n: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.		
14a	Enter the smaller of line 7 or line 12	. 14:	01
b	Subtract line 14a from line 12 . <td< th=""><th>. 14</th><th></th></td<>	. 14	
	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	. 14	•••
	Enter the smaller of line 14a or line 14c	. 140	
e	Add lines 14b and 14d		e 3,000.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) receive for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see t instructions before entering an amount on this line. If you didn't receive any advance child tax credit payment	he	
	for 2021, enter -0		f 1,500.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse	· –	
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	. 14	g 1,500.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line		
	19 of your Form 1040, 1040-SR, or 1040-NR		h 0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28		
	your Form 1040, 1040-SR, or 1040-NR		i 1,500.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/31/22 PRO Schedule 8812 (Form 1040) 2021

Part Col Filers Who Do Not Check a Box on Line 13 Caturbur: If you checked a box on line 13, do not complete Part 1C. Is Finer the amount from the Credit Linth Worksheet A Is Is Finer the amount from the Credit Linth Worksheet A Is Additional child us credit. Complete Parts ILA through ILC if you meet each of the following items. Is I. You are not filing Form 2535. I. Line (a) is more than ine 15a. Is C If you completed Parts ILA through ILC, enter the amount from line 27; otherwise, enter -0. Is I d Add lines 15b and 15c Is Is C audiou: If the amount on this line devent' match the aggregate amounts reported to you (and your spouse if filing jointy) or our Laterty of 4019, for the amount to include on this Ind. If you are missing Letter 610 see the filing in the 15 for line 150. If zero or less, enter -0 on lines 150 through 15h and go to Part III. Isf If the inter 15e form line 150. If zero or less, enter -0 on lines 150 through 15h and go to Part III. Isf If the inter 15e form line 150. If zero or less, enter -0 on lines 150 through 15h and go to Part III. Isf If the inter 15e form line 150. This is your additional child tax credit for other 15g. Isf Part II-A Additional Child Tax Credit (use only II for orpiteling Part I-C.) Isf Caturbar: If you checked ab xon infier 13, do not complet Parts I-	Schedu	le 8812 (Form 1040) 2021	Page 2
15s Enter the amount form the Credit Link Worksheet A 15s b Hear the amilter of line 120 or line 15a 15b c Middlined child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing from 255. 2. Line 4 is more than zero. 3. Line 12 is more than zero. 15c d Add lines 15b and 15c 15c c The anount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021, enter 4b 15c d Add lines 15b and 15c 15c 15c Cantion: If the anount on this line deest't match the aggregate announts reported to you (and your spouse if filing jointly) on your Letter(s) 6449, the processing of your return will be delayed. 15c f Subtract line 15s form line 157. This is your noarefundable child tax credit advance child tax credit. 15c delayed and the 15d and 15c 15c 15c 15c delayed and your you start 15d and 15d and and credit on an line 23d your term 16d and 16d averdit. 15c dela	Part	I-C Filers Who Do Not Check a Box on Line 13	
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g Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g 15g Subtract line 15g. from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR 15g PartLI=A Additional Child Tax Credit (use only if completing Part I-C) 15h PartLI=A Additional Child Tax Credit (use only if completing Part I-C) 6a Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 6a 16a Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the smaller of line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 17 18a 17e 18a 17e 16a 19 Is the amount on line 18a more than \$2,500? 18b 19 Is the amount on line 18a more than \$2,500? 19 19 Is the amount on line 19 by 15% (0,15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0,15) and enter the result 19 20 Next. On line 16, is the amount on line 18a. Sther the result 19	£		15f
dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-SR. 15g h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-SR. 15h PartILA Additional Child Tax Credit (use only if completing Part1-C) 15h Caution: If you checked a box on line 13. do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 17 They. The number of children you use for this line is the same as the number of children you used for line 4a. 16 17 Enter the smaller of line 16a or line 16b 17 18a Earned income (see instructions) 18b 17 19 Is the amount on line 18a more than \$2,500? 18a 17 19 Is the amount on line 18a more than \$2,500? 19 19 18a 20 Next. On line 16b, it the amount \$2,000 or more? 19 19 19 19 19 10 10 20 Next. On line 17b, it the amount \$1,00 or more? 19 10 10 10 21 Utility the amount on line 19, the wore three sult <t< td=""><td></td><td></td><td>151</td></t<>			151
h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your form 1040, 1040-SR, or 105-SR, or 1040-SR, or 105-SR,	g		15a
Form 1040, 1040-SR, or 1040-NR 15h PartII-A Additional Child Tax Credit (use only if completing Part I-C; you cannot claim the additional child tax credit. Caution: If you theked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Ida Subtract line 13b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16b TIP: The number of children you used for line 4a. 17 Is the amount on line 16a or line 16b 17 Is the amount on line 18a more than \$2,500? 18b Is the amount on line 18a more than \$2,500? 18b Is the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 In 16 10, is the amount \$4,200 or more? 19 Ves. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Vest. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 21 21 Yes. If line 20 is equal to or more than line 17, ski			15g
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Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Interview of the state of the state I-A and II-B and enter -0- on line 27 Note: State of the state and a the and enter -0- on line 27 TIP: The number of children you used for line 16b TIP: The number of children you used for line 16b 18a Earner the smaller of line 16a or line 16b 18a Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Next. On line 16b, is the amount on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 27. Vers. Subtract \$2,500 from the amount on line 17, skip Part II-B and enter the smaller of line 17 or line 27. Vers. If line 20 is zero, enter -0- on line 20. Vers. If line 20 is zero, enter -0- on line 17, skip Part II-B and enter the smaller of line 17 or line 27. Vers. If line 20 is goal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20	Part		1511
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b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27 160 TIP: The number of children you used for hildren you used for line 4a. 17 If Enter the smaller of line 16a or line 16b 17 Is Earned income (see instructions) 18b b Nontaxable combat pay (see instructions). 18b c 18a 17 Is the amount on line 18a more than \$2,500? 18b 19 Jo No. Leave line 19 blank and enter -0 on line 20. 19 20 West. On line 16b, is the amount \$4,200 or more? 19 20 No. If line 20 is zero, enter -0 on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Vest. Files 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare taxe to ther 1 RRTA taxes, see instructions			
Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 160 TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 Fenter the smaller of line 166 0. 17 18a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 18a 19 No. Leave line 19 blank and enter -0- on line 20. 19 19 No. Leave line 19 blank and enter -0- on line 20. 19 20 Multiply the amount on line 19b y15% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 19 20 No. If line 20 is zero, enter -0- on line 17, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. 21 Yes. Subtract \$2,500 Have Three or More Qualifying Children 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13. 23 23 Add lines 21 and 22 24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 25 Subtract line 24 from line 23. If zero or less, enter -0 26 Subtract line 24 from line 23. If zero or less, enter -0 27 Enter the smaller of line 17 or line 26 on line 27. 28 Next, enter the smaller of line 17 or line 26 on line 27. 29 Enter the smaller of line 17 or line 26			
TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 Bare dincome (see instructions) 18a Barned income (see instructions) 18a Is the amount on line 18 a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount \$4,200 or more? No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Otherwise, go to line 21. Part II-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2. Otherwise, skip and the amount from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13. 12 Subtract files: Enter the total of the amounts from Form 1040 or 1040-SR, line 27. 24 1040 and 10400 and 10400 SR			16b
17 Enter the smaller of line 16a or line 16b 17 18a Earned income (see instructions) 18b b Nontaxable combat pay (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 19 20 Multiply the amount on line 19b and enter -0- on line 20. 19 20 Multiply the amount on line 19b 15% (0.15) and enter the result 19 20 Multiply the amount on line 19b 15% (0.15) and enter the result 20 Next. On line 16b, is the amount \$4,200 or more? 19 20 0 no line 27. 20 Yes. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. Part II-B Certain Filers Who Have Three or More Qualifying Childrem 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tire 1 RRTA taxes, see instructions 22 23 24 24 24 25 26 27 28 28 28 29 20 20 20 20 20 21 22 23 24 24 24 25 26 27 28 28 28 29 20 20 20 20 20 20 21 22 23 24 24 24 25 26 27 28 28 28 29 20 20 20 20 20 20 21 22 23 24 24 24 25 26 27 28 28 28 29 20 20 2		-	
b Nontaxable combat pay (see instructions). 18b 19 Is the amount on line 18 more than \$2,500? □ No. Leave line 19 blank and enter -0- on line 20. □ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 20 □ No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 □ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. 21 Part II-B Certain Filers Who Have Three or More Qualifying Children 21 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tire 1 RTA taxes, see instructions 21 22 23 24 22 23 Add lines 21 and 22 23 23 24 1040-SR filers: Enter the total of the amounts from Schedule 2 (Form 1040), line 11.<	17		17
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27 Enter this amount on line 15c 27 27	Part		
			27
			edule 8812 (Form 1040) 2021

Schedu	ile 8812 (Form 1040) 2021	Page 3
Par	t III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)	
28a	Enter the amount from line 14f or line 15e, whichever applies	28a
b	Enter the amount from line 14e or line 15d, whichever applies	28b
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30
	Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
31	Enter the smaller of line 4a or line 30	31
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32
33	Enter the amount shown below for your filing status.	
	• Married filing jointly or Qualifying widow(er)—\$60,000	
	• Head of household—\$50,000	
	• All other filing statuses—\$40,000	33
34	Subtract line 33 from line 3. If zero or less, enter -0	34
35	Enter the amount from line 33	35
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36
37	Multiply line 32 by \$2,000	37
38	Multiply line 37 by line 36	38
39	Subtract line 38 from line 37	39
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter	
	this amount on Schedule 2 (Form 1040), line 19	40
	BAA REV 01/31/22 PRO Sci	edule 8812 (Form 1040) 2021

Form	B867	Paid Preparer's Due Earned Income Credit (EIC), America Child Tax Credit (CTC) (including the Ad	an Opportunity Tax Credit (AOTC).		OMB	No. 1545	-0074
	ecember 2021) nent of the Treasury	Credit for Other Dependents (ODČ)), and To be completed by preparer and filed with Form	Head of Household (HOH) Filing S n 1040, 1040-SR, 1040-NR, 1040-F	tatus PR, or 1040-SS.	Attach	nment	70
	Revenue Service	► Go to www.irs.gov/Form8867 for ins	tructions and the latest information			ence No.	10
	er name(s) shown or			Taxpayer identi		umber	
	I KRISHNA 8 eparer's name and	2 SHIYANKA BHAGYANAGARAM		673-38-3	229		
				0000000	2		
Part		I SAGAR GUPTA TALLAM gence Requirements		P0208270	3		
		propriate box for the credit(s) and/or HOH filing	a status claimed on the return	and complete	the rel	atod D	arte I V
	benefit(s) clain	ned (check all that apply).		/ODC	AOTC		НОН
1		lete the return based on information for the ap		the taxpayer	Yes	No	N/A
	-	obtained by you? (See instructions if relying on			X		
2	worksheets fo 1040) instruct	claimed on the return, did you complete th und in the Form 1040, 1040-SR, 1040-NR, 10 ions, and/or the AOTC worksheet found in the hat provides the same information, and all rel	40-PR, 1040-SS, or Schedule the Form 8863 instructions,	8812 (Form or your own			
	. ,				X		
3	Did you satisfy the following.	y the knowledge requirement? To meet the knowledge requirement?	owledge requirement, you mus	st do both of			
		taxpayer, ask questions, and contemporaneou at the taxpayer is eligible to claim the credit(s)		responses to			
		mation to determine that the taxpayer is eligit o figure the amount(s) of any credit(s)			X		
4	information re	mation provided by the taxpayer or a third asonably known to you, appear to be incorre ons 4a and 4b. If "No," go to question 5.)		t? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, o	complete, and consistent infor	mation? .			
b	you asked, wh	emporaneously document your inquiries? (Do nom you asked, when you asked, the informat d on your preparation of the return.)	ion that was provided, and th	e impact the			
5	Did you satisfy keep a copy of applicable wo 8867 and any taxpayer that	y the record retention requirement? To meet t f your documentation referenced in question 4 rksheet(s), a record of how, when, and from w applicable worksheet(s) was obtained, and a you relied on to determine eligibility for the cre	he record retention requireme b, a copy of this Form 8867, a hom the information used to p copy of any document(s) pro edit(s) and/or HOH filing status	nt, you must copy of any repare Form vided by the s or to figure			
	. ,				×		
		uments provided by the taxpayer, if any, that ye	bu relied on:				
6	credit(s) and/o	te taxpayer whether he/she could provide docu or HOH filing status and the amount(s) of any ted for audit?	/ credit(s) claimed on the retu	urn if his/her	X		
7		e taxpayer if any of these credits were disallow			X		
	•	e disallowed or reduced, go to question 7a;					
а	Did you comp	ete the required recertification Form 8862? .					
8		is reporting self-employment income, did you ule C (Form 1040)?					
For Pa		ion Act Notice, see separate instructions.	REV 01/31/22 PRO		Form 88	67 (Rev.	12-2021)

Form 88	367 (Rev. 12-2021)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar	X		
	statement to the return?	X		
Part		-	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for ta			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in the second			
45	Device particulate all of the appropriate on this Form 2007 are to the best of your knowledge, true correspondence	•	Vac	No

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	
	REV 01/31/22 PRO Form 886	57 (Rev.	12-2021)





Georgia Form 500 (Rev. 08/02/21)

Individual Income Tax Return Georgia Department of Revenue 2021 (Approved software version)

Page 1 Fiscal Year Beginning STATE ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER МІ 1. GOPI KRISHNA 673-38-3229 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX BHAGYANAGARAM SPOUSE'S FIRST NAME МІ SPOUSE'S SOCIAL SECURITY NUMBER 833-05-0731 DEPARTMENT USE ONLY SHIYANKA LAST NAME SUFFIX BHAGYANAGARAM ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2.1455 SATELLITE BOULEVARD NORTHWEST APT NO 5103 **ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE 30024 3. SUWANEE GΑ (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number 4. 1 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT то 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er) 6b. Spouse X 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself \times 6c. 2

PAGES (1-5) ARE REQUIRED FOR PROCESSING REV 01/31/22 PRO

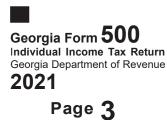
Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2021 Page 2



YOUR SOCIAL SECURITY NUMBER 673-38-3229

7b. Dependents (If you have more than 4 dep	endents, attach a list of additional dependents)	
First Name, MI. KRISHA	Last Name GOPI	
INCEDITA	GOFI	
Social Security Number	Relationship to You	
806-51-7950	DAUGHTER	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative	, use the minus sign (-). Example -3456.	
 Federal adjusted gross income (From Federa (Do not use FEDERAL TAXABLE INCOME) I W-2s you must include a copy of your Federation 	f the amount on Line 8 is \$40,000 or more, or your gross	71215 income is less than your
9. Adjustments from Form 500 Schedule 1 (See	e IT-511 Tax Booklet) 9.	
10. Georgia adjusted gross income (Net total of	Line 8 and Line 9) 10.	71215
11. Standard Deduction (Do not use FEDERAL S (See IT-511 Tax Booklet)	TANDARD DEDUCTION) 11a.	6000
b. Self: 65 or over? Blind?	Total x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line Use EITHER Line 11c OR Line 12c (Do not v		6000
12. Total Itemized Deductions used in computing F	ederal Taxable Income. If you use itemized deductions, you	ı must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A	A- Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Bookl	et) 12b.	
c. Georgia Total Itemized Deductions	12c.	
13. Subtract either Line 11c or Line 12c from Lin	e 10; enter balance 13.	65215

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YOUR SOCIAL SECURITY NUMBER 673-38-3229

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. 1 Multiply by \$3,000	14b.	3000
14c. Add Lines 14a. and 14b. Enter total	14c.	10400
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information). 	15a. …15b.	54815
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	54815
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	16.	2917
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	d 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	2917

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1.	WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:
	X W-2 G2-A G2-LP	W-2 G2-A G2-LP	W-2 G2-A G2-LP
	1099 G2-FL G2-RP	1099 G2-FL G2-RP	1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
	421617887		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 2219972XU	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 77915	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 3795	5. GA TAX WITHHELD	5. GA TAX WITHHELD

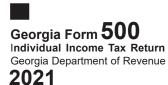
PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

1555 115 2021 GA 01

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Page 4



2200411543

YOUR SOCIAL SECURITY NUMBER 673-38-3229

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		G2-LP G2-RP		G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WIT	HHOLDING ID	3. EMPLOYER/PAYER STATE WITH	HHOLDING ID
4.	GA WAGES / INCOME	4. GA WAGES / INCOME		4. GA WAGES / INCOME	
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD	
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.		3795
24.	Other Georgia Income Tax Withheld	·	24.		
25.	(Must include G2-A, G2-FL, G2-LP and/or C Estimated Tax paid for 2021 and Form I		25.		
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni		26.		
27.	Total prepayment credits (Add Lines 23, 2		27.		3795
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.		
29.	If Line 27 exceeds Line 22, subtract Line overpayment		29.		878
30.	Amount to be credited to 2022 ESTIMA	TED TAX	30.		0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.		
32.	Georgia Fund for Children and Elderly (No gift of less than \$1.00)	32.		
33.	Georgia Cancer Research Fund (No gift	of less than \$1.00)	33.		
34.	Georgia Land Conservation Program (No	o gift of less than \$1.00)	34.		
35.	Georgia National Guard Foundation (No	gift of less than \$1.00)	35.		
36.	Dog & Cat Sterilization Fund (No gift of I	ess than \$1.00)	36.		
37.	Saving the Cure Fund (No gift of less th	an \$1.00)	37.		
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	open (REACH) Program	38.		
		RE REQUIRED FOR		SSING	

Georgia Form 500 Individual Income Tax Ref Georgia Department of Reve 2021		200411553	YOUR SOCIAL SECURITY NUMBER 673-38-3229
Page 5			
39. Public Safety Memoria	l Grant (No gift of less than \$1.00) .		
40. Form 500 UET (Estim	ated tax penalty) 500 UET exce	ption attached 40.	
41. (If you owe) Add Li MAKE CHECK PAYA	nes 28, 31 thru 40 BLE TO GEORGIA DEPARTMENT (41. DF REVENUE	
Amount Due Mail To: GEORGIA DEPARTMI PROCESSING CENTE ATLANTA, GA 30374-0	R, PO BOX 740399		
	d) Subtract the sum of Lines 30 thru 4		878
If you do not enter I	Direct Deposit information or if yo		
42a. Direct Deposit (U.S. Account Type: Checking X Savings	s Only) Routing Number 103100195 Account Number 248117883574		Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740380 ATLANTA, GA 30374-0380
and belief, it is true, correct, and Taxpayer's Signature Taxpayer's Date of Deat	(Check box if deceased)	n the taxpayer(s), this declaration is ba Spouse's Signature Spouse's Date of Death	sed on all information of which the preparer has knowledge (Check box if deceased)
		·	
Taxpayer's Signature Da	ate Taxpayer's Ph 404-805-		Spouse's Signature Date
By providing my e-mail addre my account(s). Taxpayer's E-mail Addr		of Revenue to electronically notify me	at the below e-mail address regarding any updates to
Taxpayer S E-mail Audi			I authorize DOR to discuss this return with the named preparer.
SYAM PRIYA RAM	SAGAR GUPTA TALLAM		r's Phone Number -965-9522
Signature of Preparer		5	
Name of Preparer Othe SYAM PRIYA RA	r Ihan Taxpayer AM SAGAR GUPT		r's FEIN 1017196
Preparer's Firm Name GLOBAL TAXES	LLC		er's SSN/PTIN/SIDN 082703

GLOBAL TAXES LLC

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1040	· ·	Intment of the Treasury-Internal Revenue Servers Serve		(99) urn	20	21	OMB No. 1	1545-00	074 IRS Use Only	∕−Do not v	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the r on is a child but not your depender	name of	-					usehold (HOH) W box, enter th			
Your first name	e and mi	ddle initial	Last na	ame						Your se	ocial securi	ty number
GOPI KR	ISHN	\overline{P}	BHAC	GYANA	GARAM					673-	38-322	9
lf joint return, s	pouse's	first name and middle initial	Last na	ame						Spouse	's social se	curity number
SHIYANK	A		BHAC	GYANA	GARAM					833-	05-073	1
Home address	(numbe	r and street). If you have a P.O. box, see	e instructi	ions.					Apt. no.	Preside	ential Electi	ion Campaign
1455 SA	TELL:	ITE BOULEVARD NORTHWE	ST						5103		here if you,	
City, town, or p	oost offic	ce. If you have a foreign address, also c	omplete s	spaces be	elow.	Sta	te	Z	IP code			ntly, want \$3
SUWANEE			-			GZ	A	3	80024	Ŭ Ŭ		Checking a
Foreign countr	y name			Foreign p	province/sta	te/coun	ty	F	oreign postal code	box below will not change your tax or refund.		
Ū										You Spous		
At any time du	uring 20	21, did you receive, sell, exchange	, or othe	erwise di	ispose of	any fina	ancial inter	est in a	any virtual curre	ncy?	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	ependen	t 🗌	Your spo	use as	a depende	ent				
Deduction		Spouse itemizes on a separate retu	່ rn or voι	u were a	•		•					
		·		_		_	_					
		Were born before January 2, 7	1957	_ Are b	olind	Spouse	: 🗌 Was	born	before January	-	Is b	-
Dependent				(2)	Social secu number	irity	(3) Relati				or (see instru	,
If more	(1) Fi	rst name Last name					to you		Child tax c	redit	Credit for ot	ther dependents
than four dependents,	KRI	SHA GOPI		806	5-51-7	950	Daught	er				<u> </u>
see instruction	s ——											<u> </u>
and check												<u> </u>
here 🕨 📃												
A++ -	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .						. 1		77,915.
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable inte	erest		. 2k)	
required.	<u>3a</u>	Qualified dividends	3a			bC	Drdinary div	/idend	s	. 3ł	2	
) 4a	IRA distributions	4a			bТ	axable am	ount .		. 41	b	
	5a	Pensions and annuities	5a			bТ	axable am	ount .		. 5ł	b	
Standard	6a	Social security benefits	6a			bТ	axable am	ount .		. 6ł	b	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here $\ . \ . \ .$) \blacktriangleright \Box								7		
Married filing	8	Other income from Schedule 1, lir	ne 10							. 8		-6,700.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 7	and 8. This is your total income					▶ 9		71,215.	
Married filing	10	Adjustments to income from Sche	edule 1,	dule 1, line 26					. 10	0		
Jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted	gross in	come		• •		► <u>1</u>	1	71,215.
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a 25,100.								0.		
 Head of 	b	Charitable contributions if you take	e the star	ndard de	eduction (s	ee instr	ructions)	12b	55	0.		
household, \$18,800	с	Add lines 12a and 12b								. 12	с	25,650.
 If you checked 	13	Qualified business income deduction from Form 8995 or Form 8995-A								. 10	3	
any box under <i>Standard</i>	14	Add lines 12c and 13								. 14	1	25,650.
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0							. 1	5	45,565.	
)											

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): 1 🗌 881	4 2 🗌 4972	3		16	5,	071.
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	5,	071.
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedule	ə8812		19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18						22	5,	071.
	23	Other taxes, including self-e	1 2 7		,			23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	5,	071.
	25	Federal income tax withheld				1 1			1	
	а	Form(s) W-2					,753.	_	1	
	b	Form(s) 1099				25b		_	1	
	С	Other forms (see instructions	,			25c		_	1	
	d	Add lines 25a through 25c						25d	10,	753.
If you have a	26	2021 estimated tax payment			37			26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		-	1	
		Check here if you were k January 2, 2004, and you							1	
		taxpayers who are at least a							1	
	b	Nontaxable combat pay elec	-	1 1	_				1	
	с	Prior year (2019) earned inco	ome	. 27c					1	
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28 1	,500.		1	
	29	American opportunity credit	from Form 8863	3, line 8		29		1	1	
	30	Recovery rebate credit. See	instructions .			30		1	1	
	31	Amount from Schedule 3, lin	ie 15			31			1	
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments and	d refundable cred	lits 🕨	32	1,	500.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	12,	253.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	7,	182.
nerana	35a								7,	182.
Direct deposit?	►b								1	
See instructions.	►d	Account number 2 4 8 1 1 7 8 8 3 5 7 4							1	
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another	person to disc						_	
Designee		tructions					•		X No	
		signee's ne ►		Phone no.			onal identi ber (PIN) 🖡			
Ciara		der penalties of perjury, I declare t	hat I have examine						t of my knowl	
Sign		ief, they are true, correct, and com			1 2 0		,		,	0
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Iden	itity
	κ	C C C C C C C C C C C C C C C C C C C							N, enter it her	re
Joint return?					~	ASSURANCE EN		inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	Date	Spouse's occupat	tion			nt your spouse action PIN, ent		
your records.					HOME MAKE	R		inst.) ►		
	Ph	one no. (404)805-665	6	Email address	GMMG2325@					
		parer's name	Preparer's signat		5	Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/05/2022	P0208	2703	Self-em	ployed
Preparer		n's name GLOBAL TAX							678)965-	
Use Only		n's address ► 2530 Pebb		n Cummin	g GA 30041			's EIN ►		
Go to www.irs.a		n1040 for instructions and the late			BAA	REV 01/31/22 PRO				40 (2021)
3										,

SCHE	DULE	1
(Form	1040)	

Additional Income and Adjustments to Income

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

2021 Attachment Sequence No. 01 Your social security number

OMB No. 1545-0074

Name(s	s) shown on	Fo	rm 1040, 1040)-SR, or 1040-NR	
GOPI	KRISHNA	&	SHIYANKA	BHAGYANAGARAM	

673-38-3229

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1		
2 a	Alimony received	2 a		
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	-6,700.
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) .	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 10 1040-NR, line 8	40, 1040-SK, Or	10	-6,700.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis 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	3	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) \blacktriangleright			
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) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1(Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 01/31/22 PRO