

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **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<br><b>HARSHA GANTA</b> | Social security number<br><b>869-66-2835</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> | 84,602. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 10,446. |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 13,801. |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 3,355.  |
| <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 

|   |   |   |   |   |
|---|---|---|---|---|
| 6 | 2 | 8 | 3 | 5 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

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 ▶ 03/04/2022

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

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. 

|   |   |   |   |   |   |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|
| 5 | 8 | 7 | 2 | 7 | 8 |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|

**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**  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<br>HARSHA   | Last name<br>GANTA            | Your social security number<br>869-66-2835 |
| 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.<br>10301 TROTTERS POINTE DRIVE |                               | Apt. no.<br>103                            |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>LOUISVILLE       |                               | State<br>KY                                |
|  |                               | ZIP code<br>40241                          |
| 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  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

**Dependents** (see instructions):

|  | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions):<br>Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|  |  |           |            |         |
|--|--|-----------|------------|---------|
| Attach Sch. B if required.   | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2  |           | <b>1</b>   | 92,354. |
|  | <b>2a</b> Tax-exempt interest  | <b>2a</b> | <b>2b</b>  |         |
|  | <b>3a</b> Qualified dividends  | 61.       | <b>3b</b>  | 61.     |
|  | <b>4a</b> IRA distributions  | <b>4a</b> | <b>4b</b>  |         |
|  | <b>5a</b> Pensions and annuities   | <b>5a</b> | <b>5b</b>  |         |
|  | <b>6a</b> Social security benefits   | <b>6a</b> | <b>6b</b>  |         |
|  | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> |           | <b>7</b>   | 1,447.  |
|  | <b>8</b> Other income from Schedule 1, line 10   |           | <b>8</b>   | -9,260. |
|  | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> ▶                                 |           | <b>9</b>   | 84,602. |
|  | <b>10</b> Adjustments to income from Schedule 1, line 26   |           | <b>10</b>  |         |
|  | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> ▶                                    |           | <b>11</b>  | 84,602. |
| <b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,550<br>• Married filing jointly or Qualifying widow(er), \$25,100<br>• Head of household, \$18,800<br>• If you checked any box under Standard Deduction, see instructions. | <b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)  | 12,550.   | <b>12a</b> | 12,550. |
|  | <b>b</b> Charitable contributions if you take the standard deduction (see instructions)                                |           | <b>12b</b> | 300.    |
|  | <b>c</b> Add lines 12a and 12b   |           | <b>12c</b> | 12,850. |
|  | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A  |           | <b>13</b>  |         |
|  | <b>14</b> Add lines 12c and 13   |           | <b>14</b>  | 12,850. |
|  | <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-                             |           | <b>15</b>  | 71,752. |

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

|     |  |   |         |
|-----|--|---|---------|
| 16  | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>  | 16  | 11,526. |
| 17  | Amount from Schedule 2, line 3   | 17  | 0.      |
| 18  | Add lines 16 and 17  | 18  | 11,526. |
| 19  | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | 19  |         |
| 20  | Amount from Schedule 3, line 8   | 20  | 1,080.  |
| 21  | Add lines 19 and 20  | 21  | 1,080.  |
| 22  | Subtract line 21 from line 18. If zero or less, enter -0-  | 22  | 10,446. |
| 23  | Other taxes, including self-employment tax, from Schedule 2, line 21   | 23  | 0.      |
| 24  | Add lines 22 and 23. This is your <b>total tax</b>   | 24  | 10,446. |
| 25  | Federal income tax withheld from:  |   |         |
| a   | Form(s) W-2  | 25a   | 13,801. |
| b   | Form(s) 1099   | 25b   |         |
| c   | Other forms (see instructions)   | 25c   |         |
| d   | Add lines 25a through 25c  | 25d   | 13,801. |
| 26  | 2021 estimated tax payments and amount applied from 2020 return  | 26  |         |
| 27a | Earned income credit (EIC) <input type="checkbox"/> No   | 27a   |         |
|     | 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   | Nontaxable combat pay election   | 27b   |         |
| c   | Prior year (2019) earned income  | 27c   |         |
| 28  | Refundable child tax credit or additional child tax credit from Schedule 8812  | 28  |         |
| 29  | American opportunity credit from Form 8863, line 8   | 29  |         |
| 30  | Recovery rebate credit. See instructions   | 30  |         |
| 31  | Amount from Schedule 3, line 15  | 31  |         |
| 32  | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | 32  |         |
| 33  | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | 33  | 13,801. |
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | 34  | 3,355.  |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>  | 35a   | 3,355.  |
| b   | Routing number 1 1 1 0 0 0 0 2 5   | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |         |
| d   | Account number 4 8 8 0 6 3 5 1 8 2 2 9   |   |         |
| 36  | Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | 36  |         |
| 37  | <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | 37  |         |
| 38  | Estimated tax penalty (see instructions)   | 38  |         |

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

Refund

Direct deposit? See instructions.

Amount You Owe

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.

Joint return? See instructions. Keep a copy for your records.

|  |   |                     |  |
|--|---|---------------------|--|
| Your signature   | Date                                    | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>         |
| Spouse's signature. If a joint return, both must sign. | Date                                    | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| Phone no.  | Email address GANTAHARSHA1994@GMAIL.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 | 02/24/2022 | P02082703  |  |
| Firm's name                           | Phone no.                         |            | Firm's EIN |  |
| GLOBAL TAXES LLC                      | (678) 965-9522                    |            | 30-1017196 |  |
| Firm's address                        |                                   |            |            |  |
| 2530 Pebble Creek Ln Cumming GA 30041 |                                   |            |            |  |

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **01**

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

HARSHA GANTA

Your social security number

869-66-2835

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  | 0.      |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -9,260. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -9,260. |

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

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

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

Your social security number  
869-66-2835

**Part I Nonrefundable Credits**

|          |  |           |        |
|----------|--|-----------|--------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  |        |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  |        |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b>  | 1,080. |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |        |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b>  |        |
| <b>6</b> | Other nonrefundable credits:   |           |        |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .  | <b>6a</b> |        |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |        |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .  | <b>6c</b> |        |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |        |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |        |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |        |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .   | <b>6g</b> |        |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |        |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |        |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |        |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |        |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .   | <b>6l</b> |        |
| <b>z</b> | Other nonrefundable credits. List type and amount ▶ _____  | <b>6z</b> |        |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |        |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 1,080. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |  |            |           |  |
|-----------|--|------------|-----------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   |            | <b>9</b>  |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .  |            | <b>10</b> |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .  |            | <b>11</b> |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  |            | <b>12</b> |  |
| <b>13</b> | Other payments or refundable credits:  |            |           |  |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |           |  |
| <b>b</b>  | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . . | <b>13b</b> |           |  |
| <b>c</b>  | Health coverage tax credit from Form 8885 . . . . .  | <b>13c</b> |           |  |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years . . . . .  | <b>13d</b> |           |  |
| <b>e</b>  | Reserved for future use . . . . .  | <b>13e</b> |           |  |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .  | <b>13f</b> |           |  |
| <b>g</b>  | Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .                           | <b>13g</b> |           |  |
| <b>h</b>  | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . . | <b>13h</b> |           |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount ► _____   | <b>13z</b> |           |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .  |            | <b>14</b> |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .                         |            | <b>15</b> |  |

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
HARSHA GANTA

Your social security number  
869-66-2835

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 647,962.                         | 660,678.                        | 16,554.   | 3,838.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( 2,391. )   |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .   |                                  |                                 |   | <b>7</b> 1,447.   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .  |                                  |                                 |  | <b>15</b>   |



**Part III Summary**

|   |           |        |
|---|-----------|--------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> | <b>16</b> | 1,447. |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>   |           |        |
| <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>   | <b>18</b> |        |
| <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>   | <b>19</b> |        |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>  |           |        |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>  | <b>21</b> | ( )    |
| <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  |           |        |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>   |           |        |



**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

HARSHA GANTA

Your social security number

869-66-2835

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |  |  |                  |                   |                          |
|-----------|--|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code)          |  |                  |                   |                          |
| <b>A</b>  | 6-21 CHINNAKONDEPUDI SEETHANAGARAM EAST GODAVARI, ANDHRA PRADESH IN 533287 |  |                  |                   |                          |
| <b>B</b>  |  |  |                  |                   |                          |
| <b>C</b>  |  |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)   | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3  |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |  |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |  |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:          |   | Properties: |            |         |
|------------------|---|-------------|------------|---------|
|                  |   | A           | B          | C       |
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    | 550.       |         |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |            |         |
| <b>Expenses:</b> |   |             |            |         |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |            |         |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |            |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    | 2,100.     |         |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |            |         |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |            |         |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |            |         |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   | 1,120.     |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |            |         |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |            |         |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   | 2,140.     |         |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   | 2,250.     |         |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |            |         |
| <b>17</b>        | Utilities . . . . .   | <b>17</b>   | 2,200.     |         |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |            |         |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |            |         |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   | 9,810.     |         |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .   | <b>21</b>   | -9,260.    |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( 9,260. ) | ( )     |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  | 550.       |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |            |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |            |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |            |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  | 9,810.     |         |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |            |         |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( 9,260. ) |         |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |            | -9,260. |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -9,260.

Schedule E (Form 1040) 2021

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return  
 HARSHA GANTA

Your social security number  
 869-66-2835



*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

**Part I Refundable American Opportunity Credit**

|          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .  | <b>1</b> |  |
| <b>2</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .  | <b>2</b> |  |
| <b>3</b> | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .  | <b>3</b> |  |
| <b>4</b> | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .   | <b>4</b> |  |
| <b>5</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .   | <b>5</b> |  |
| <b>6</b> | If line 4 is:<br>• Equal to or more than line 5, enter 1.000 on line 6 . . . . .<br>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .   | <b>6</b> |  |
| <b>7</b> | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . ▶ <input type="checkbox"/> | <b>7</b> |  |
| <b>8</b> | <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .  | <b>8</b> |  |

**Part II Nonrefundable Education Credits**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>9</b>  | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .  | <b>9</b>  |         |
| <b>10</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .                              | <b>10</b> | 10,800. |
| <b>11</b> | Enter the smaller of line 10 or \$10,000 . . . . .  | <b>11</b> | 10,000. |
| <b>12</b> | Multiply line 11 by 20% (0.20) . . . . .  | <b>12</b> | 2,000.  |
| <b>13</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .  | <b>13</b> | 90,000. |
| <b>14</b> | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .                                      | <b>14</b> | 84,602. |
| <b>15</b> | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .   | <b>15</b> | 5,398.  |
| <b>16</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .   | <b>16</b> | 10,000. |
| <b>17</b> | If line 15 is:<br>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18<br>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . . | <b>17</b> | 0.540   |
| <b>18</b> | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶  | <b>18</b> | 1,080.  |
| <b>19</b> | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .  | <b>19</b> | 1,080.  |

|   |  |
|---|--|
| Name(s) shown on return<br>HARSHA GANTA | Your social security number<br>869-66-2835 |
|---|--|



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

|  |  |
|--|--|
| <p><b>20</b> Student name (as shown on page 1 of your tax return)<br/>HARSHA<br/>GANTA</p>   | <p><b>21</b> Student social security number (as shown on page 1 of your tax return)<br/><br/>869-66-2835</p>   |
| <p><b>22</b> Educational institution information (see instructions)</p>  |  |
| <p><b>a.</b> Name of first educational institution<br/>UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/>6178 COLLEGE STATION DR<br/>WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.<br/><br/>61-0470593</p> | <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p> |
| <p><b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>   |  |
| <p><b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.</p>  |  |
| <p><b>25</b> Did the student complete the first 4 years of postsecondary education before 2021? See instructions. <input checked="" type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>  |  |
| <p><b>26</b> Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>   |  |



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

|  |           |  |
|--|-----------|--|
| <b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .   | <b>27</b> |  |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .  | <b>28</b> |  |
| <b>29</b> Multiply line 28 by 25% (0.25) . . . . .   | <b>29</b> |  |
| <b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . . | <b>30</b> |  |

**Lifetime Learning Credit**

|   |           |         |
|---|-----------|---------|
| <b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . . | <b>31</b> | 10,800. |
|---|-----------|---------|



2 1 0 0 0 1 1 5 5 5

KENTUCKY  
INDIVIDUAL INCOME TAX RETURN  
Residents Only

2021

Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**A. Spouse's Social Security Number** \_\_\_\_\_  
**B. Your Social Security Number**  
869-66-2835



Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)  
GANTA HARSHA

Mailing Address (Number and Street including Apartment Number or P.O. Box)  
10301 TROTTERS POINTE DRIVE 103

City, Town or Post Office State ZIP Code  
LOUISVILLE KY 40241

**FILING STATUS** (see instructions)

1  Single  
2  Married, filing separately on this combined return. (If both had income.)  
3  Married, filing joint return.  
4  Married, filing separate returns. Enter spouse's Social Security number above and full name here.

**Check if applicable:**  
 Amended (Enclose copy of 1040X, if applicable.)

**POLITICAL PARTY FUND**  
Designating \$2 will not change your refund or tax due.

|                |                              |   |
|----------------|------------------------------|---|
|                | <b>A. Spouse</b>             | <b>B. Yourself</b>                      |
| Democratic     | (1) <input type="checkbox"/> | (4) <input type="checkbox"/>            |
| Republican     | (2) <input type="checkbox"/> | (5) <input type="checkbox"/>            |
| No Designation | (3) <input type="checkbox"/> | (6) <input checked="" type="checkbox"/> |

|   | <b>A. Spouse (Use if Filing Status 2 is checked.)</b> |    | <b>B. Yourself (or Joint)</b> |           |
|---|---|----|-------------------------------|-----------|
| 5 Enter amount from federal Form 1040 or 1040-SR, line 11. (If total of Columns A and B is \$35,245 or less, you may qualify for the Family Size Tax Credit. See instructions.)                 | 5   | 00 | 5                             | 84,602.00 |
| 6 Additions from Schedule M, line 6   | 6   | 00 | 6                             | 00        |
| 7 Add lines 5 and 6   | 7   | 00 | 7                             | 84,602.00 |
| 8 Subtractions from Schedule M, line 17   | 8   | 00 | 8                             | 0.00      |
| 9 Subtract line 8 from line 7. This is your <b>Kentucky Adjusted Gross Income</b>   | 9   | 00 | 9                             | 84,602.00 |
| 10 <b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A.<br><b>Nonitemizers:</b> Enter \$2,690 in Columns A and/or B  | 10  | 00 | 10                            | 2,690.00  |
| 11 Subtract line 10 from line 9. This is your <b>Taxable Income</b>   | 11  | 00 | 11                            | 81,912.00 |
| 12 <b>Tax Computation:</b> Multiply line 11 by 5% (.05) or amount from Schedule J <input type="checkbox"/>  | 12  | 00 | 12                            | 4,096.00  |
| 13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ;<br>Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/> | 13  | 00 | 13                            | 00        |
| 14 Add lines 12 and 13 and enter total here   | 14  | 00 | 14                            | 4,096.00  |
| 15 Enter amounts from Schedule ITC, Section A, lines 26E and 26F  | 15  | 00 | 15                            | 00        |
| 16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero   | 16  | 00 | 16                            | 4,096.00  |
| 17 Enter personal tax credit amounts from Schedule ITC, Section B   | 17  | 00 | 17                            | 00        |
| 18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero   | 18  | 00 | 18                            | 4,096.00  |
| 19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2   | 19  | 00 | 19                            | 4,096.00  |



20 Check the box that represents your total family size (see instructions before completing lines 20 and 21) .....

21 Multiply line 19 by **Family Size Tax Credit** decimal amount 0.00 (0%) from Schedule ITC.....

22 Subtract line 21 from line 19.....

23 Enter the **Education Tuition Tax Credit** from Form 8863-K, line 17.....

24 Enter **Child and Dependent Care Credit** from Form 2441-K, line 12.....

25 RESERVED.....

26 **Income Tax Liability.** Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....

27 Enter **KENTUCKY USE TAX** due on Internet, mail order, or other out-of-state purchases (see instructions)....

28 Add lines 26 and 27. This is your **TOTAL TAX LIABILITY** .....

29 **For amended return;** overpayment, if any, shown on original return .....

30 Add lines 28 and 29, enter here.....

|    |                                       |                            |                            |                            |
|----|---------------------------------------|----------------------------|----------------------------|----------------------------|
| 20 | 1 <input checked="" type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 21 |                                       |                            | 0.                         | 00                         |
| 22 |                                       |                            | 4,096.                     | 00                         |
| 23 |                                       |                            |                            | 00                         |
| 24 |                                       |                            |                            | 00                         |
| 25 |                                       |                            |                            |                            |
| 26 |                                       |                            | 4,096.                     | 00                         |
| 27 |                                       |                            |                            | 00                         |
| 28 |                                       |                            | 4,096.                     | 00                         |
| 29 |                                       |                            |                            | 00                         |
| 30 |                                       |                            | 4,096.                     | 00                         |

31 a Enter **Kentucky income tax withheld** as shown on enclosed Schedule KW-2 .....

b Enter 2021 Kentucky estimated tax/extension payments .....

c Enter 2021 refundable certified rehabilitation credit .....

d **For amended return;** enter amount paid with original return plus additional payment(s) made after it was filed .....

|     |        |    |
|-----|--------|----|
| 31a | 4,466. | 00 |
| 31b |        | 00 |
| 31c |        | 00 |
| 31d |        | 00 |

32 Add lines 31(a) through 31(d) .....

33 If line 30 is larger than line 32, subtract line 32 from line 30, enter **ADDITIONAL TAX DUE** .....

34 a Estimated tax penalty  **Check if Form 2210-K attached** .....

b Interest .....

c Late payment penalty .....

d Late filing penalty.....

|     |  |    |
|-----|--|----|
| 34a |  | 00 |
| 34b |  | 00 |
| 34c |  | 00 |
| 34d |  | 00 |

35 Add lines 34(a) through 34(d). Enter here.....

36 If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35.  
This is the **AMOUNT YOU OWE**, continue to page 3..... **OWE**

37 If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the **AMOUNT YOU OVERPAID**,  
continue to page 3 .....

|    |  |        |    |
|----|--|--------|----|
| 32 |  | 4,466. | 00 |
| 33 |  |        | 00 |
| 34 |  |        |    |
| 35 |  |        | 00 |
| 36 |  |        | 00 |
| 37 |  | 370.   | 00 |



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38 FUND CONTRIBUTIONS; see instructions.

|  |     |    |
|--|-----|----|
| a Nature and Wildlife Fund.....                    | 38a | 00 |
| b Child Victims' Trust Fund.....                   | 38b | 00 |
| c Veterans' Program Trust Fund.....                | 38c | 00 |
| d Breast Cancer Research/Education Trust Fund..... | 38d | 00 |
| e Farms to Food Banks Trust Fund.....              | 38e | 00 |
| f Local History Trust Fund.....                    | 38f | 00 |
| g Special Olympics Kentucky.....                   | 38g | 00 |
| h Pediatric Cancer Research Trust Fund.....        | 38h | 00 |
| i Rape Crisis Center Trust Fund.....               | 38i | 00 |
| j Court Appointed Special Advocate Trust Fund..... | 38j | 00 |
| k YMCA Youth Association Fund.....                 | 38k | 00 |

|   |    |        |
|---|----|--------|
| 39 Add lines 38(a) through 38(k).....   | 39 | 00     |
| 40 Amount of line 37 to be <b>CREDITED TO YOUR 2022 ESTIMATED TAX</b> ..... <b>CREDIT FORWARD</b> | 40 | 00     |
| <b>(Credit forwards not available for amended returns)</b>  |    |        |
| 41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> ..... <b>REFUND</b> | 41 | 370.00 |

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

|                          |   |   |  |  |
|--------------------------|---|---|--|--|
| <b>Sign Here</b>         | Signature of Taxpayer   | Driver's License/State Issued ID No.<br>G19-192-911 | Date   | Telephone Number (daytime)                                 |
|                          | Signature of Spouse   | Driver's License/State Issued ID No.                | Date   |  |
| <b>Paid Preparer Use</b> | Signature of Preparer<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM  |   | Date<br>02/24/2022   |  |
|                          | Name of Preparer or Firm<br>GLOBAL TAXES LLC  |   | ID Number<br>P02082703   |  |
|                          | Email<br>syam@gtaxfile.com  | Telephone No.<br>(678) 965-9522                     | May the DOR discuss this return with this preparer?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Enclose</b>           | Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/> |   | <b>Refund or No Payment</b>  | Kentucky Department of Revenue<br>Frankfort, KY 40618-0006 |
| <b>Payment</b>           | Check Payable: <b>Kentucky State Treasurer</b><br>E-Pay Options: <b>revenue.ky.gov</b><br>Include: Your Social Security number and "KY Income Tax—2021"       |   | <b>With Payment</b>  | Kentucky Department of Revenue<br>Frankfort, KY 40619-0008 |





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|  |  |
|--|--|
| Enter name(s) as shown on tax return.<br><br>GANTA, HARSHA | Your Social Security Number<br><br>869-66-2835 |
|--|--|

**SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS**

| A  | B<br>Preapproval<br>Required   | C<br>Credit<br>Name                    | D<br>Required<br>Attachment   | E      |    | F        |    |
|----|--|--|---|--------|----|----------|----|
|    |  |  |   | Spouse |    | Yourself |    |
| 1  | No   | Nonrefundable Limited Liability Entity | Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1 |        | 00 |          | 00 |
| 2  | Yes  | Kentucky Small Business                | Schedule K-1  |        | 00 |          | 00 |
| 3  | Yes  | Kentucky Selling Farmers               | Schedule K-1  |        | 00 |          | 00 |
| 4  | Yes  | Skills Training Investment             | Schedule K-1  |        | 00 |          | 00 |
| 5  | Yes  | Certified Rehabilitation               | Certification Copies  |        | 00 |          | 00 |
| 6  | No   | Tax Paid to Another State              | Copy(ies) of Other State(s) return or Worksheet A                     |        | 00 |          | 00 |
| 7  | No   | Unemployment                           | Schedule UTC  |        | 00 |          | 00 |
| 8  | Yes  | Recycling/Composting Equipment         | Schedule RC   |        | 00 |          | 00 |
| 9  | Yes  | Kentucky Investment Fund               | KEDFA notification  |        | 00 |          | 00 |
| 10 | No   | Qualified Research Facility            | Schedule QR   |        | 00 |          | 00 |
| 11 | No   | GED Incentive                          | Form DAEL-31  |        | 00 |          | 00 |
| 12 | Yes  | Voluntary Environmental Remediation    | Schedule VERB   |        | 00 |          | 00 |
| 13 | Yes  | Biodiesel                              | Schedule BIO  |        | 00 |          | 00 |
| 14 | Yes  | Clean Coal Incentive                   | Schedule CCI  |        | 00 |          | 00 |
| 15 | Yes  | Ethanol                                | Schedule ETH  |        | 00 |          | 00 |
| 16 | Yes  | Cellulosic Ethanol                     | Schedule CELL   |        | 00 |          | 00 |
| 17 | No   | Railroad Maintenance & Improvement     | Schedule RR-I   |        | 00 |          | 00 |
| 18 | Yes  | Endow Kentucky                         | Schedule ENDOW  |        | 00 |          | 00 |
| 19 | Yes  | New Markets Development Program        | Form 8874(K)-A  |        | 00 |          | 00 |
| 20 | No   | Food Donation (Carryover only)         | Schedule FD   |        | 00 |          | 00 |
| 21 | No   | Distilled Spirits                      | Schedule DS   |        | 00 |          | 00 |
| 22 | Yes  | Angel Investor                         | Certification Letter  |        | 00 |          | 00 |
| 23 | Yes  | Film Industry                          | Film Office Certification   |        | 00 |          | 00 |
| 24 | No   | Inventory                              | Schedule INV  |        | 00 |          | 00 |
| 25 | Yes  | Renewable Chemical Production          | Schedule CHEM   |        | 00 |          | 00 |
| 26 | Total of Other Tax Credits (add lines 1 through 25). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15 ..... |  |   |        | 00 |          | 00 |

1555



**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

Complete only if filing joint or married,  
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)

01/03/1994

Enter your date of birth (MM/DD/YYYY)

|   |   |  |
|---|---|--|
| 1 If you were 65 on or before 12/31/2021, enter 40 .....                            | 1 |  |
| 2 If you were legally blind on 12/31/2021, enter 40 .....                           | 2 |  |
| 3 If you were a member of the Kentucky National Guard on 12/31/2021, enter 20 ..... | 3 |  |
| 4 Allowable Taxpayer Credit—Add lines 1 through 3...                                | 4 |  |

|   |   |  |
|---|---|--|
| 5 If you were 65 on or before 12/31/2021, enter 40 ...                              | 5 |  |
| 6 If you were legally blind on 12/31/2021, enter 40 ...                             | 6 |  |
| 7 If you were a member of the Kentucky National Guard on 12/31/2021, enter 20 ..... | 7 |  |
| 8 Allowable Spouse Credit—Add lines 5 through 7..                                   | 8 |  |

**Assignment of Personal Tax Credits**

- 9 For filing status **Single or Married, filing separate returns**, enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....
- 10 For filing status **Married, filing separately on this combined return**, enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100) .....
- 11 For filing status **Married, filing separately on this combined return**, enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....
- 12 For filing status **Married, filing jointly**, add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200) .....

|    |  |
|----|--|
| 9  |  |
| 10 |  |
| 11 |  |
| 12 |  |

**SECTION C—FAMILY SIZE TAX CREDIT**

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

| First and Last Name | Dependent's Social Security number | Dependent's relationship to you | Check if qualifying child for family size tax credit |
|---------------------|------------------------------------|---------------------------------|--|
|                     |                                    |                                 | <input type="checkbox"/>                             |
|                     |                                    |                                 | <input type="checkbox"/>                             |
|                     |                                    |                                 | <input type="checkbox"/>                             |

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

| Family Size          | One     |             | Two     |             | Three   |             | Four or More |             | Credit Percentage is |
|----------------------|---------|-------------|---------|-------------|---------|-------------|--------------|-------------|----------------------|
|                      | is over | is not over | is over | is not over | is over | is not over | is over      | is not over |                      |
| <b>Tax Year 2021</b> | \$ ---  | \$ 12,880   | \$ ---  | \$ 17,420   | \$ ---  | \$ 21,960   | \$ ---       | \$ 26,500   | 100                  |
|                      | 12,880  | 13,395      | 17,420  | 18,117      | 21,960  | 22,838      | 26,500       | 27,560      | 90                   |
|                      | 13,395  | 13,910      | 18,117  | 18,814      | 22,838  | 23,717      | 27,560       | 28,620      | 80                   |
|                      | 13,910  | 14,426      | 18,814  | 19,510      | 23,717  | 24,595      | 28,620       | 29,680      | 70                   |
|                      | 14,426  | 14,941      | 19,510  | 20,207      | 24,595  | 25,474      | 29,680       | 30,740      | 60                   |
|                      | 14,941  | 15,456      | 20,207  | 20,904      | 25,474  | 26,352      | 30,740       | 31,800      | 50                   |
|                      | 15,456  | 15,971      | 20,904  | 21,601      | 26,352  | 27,230      | 31,800       | 32,860      | 40                   |
|                      | 15,971  | 16,358      | 21,601  | 22,123      | 27,230  | 27,889      | 32,860       | 33,655      | 30                   |
|                      | 16,358  | 16,744      | 22,123  | 22,646      | 27,889  | 28,548      | 33,655       | 34,450      | 20                   |
|                      | 16,744  | 17,130      | 22,646  | 23,169      | 28,548  | 29,207      | 34,450       | 35,245      | 10                   |
| 17,130               | ---     | 23,169      | ---     | 29,207      | ---     | 35,245      | ---          | 0           |                      |

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



2 1 0 0 1 0 1 5 5 5

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W-2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

GANTA, HARSHA

869-66-2835

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

|    | A<br>Employee's Social Security Number | B<br>Employer's Identification Number (EIN) | C<br>State | D<br>Employer's State I.D. Number (Box 15 of Form W-2) | E<br>KY State Wages (Box 16 of Form W-2) |         | F<br>KY Income Tax Withheld (Box 17 of Form W-2) |        |    |
|----|--|---|------------|--|--|---------|--|--------|----|
|    |  |   |            |  |  |         |  |        |    |
| 1  | 869-66-2835                            | 47-3139549                                  | KY         | 972198   | 44,264.                                  | 00      | 2,140.   | 00     |    |
| 2  | 869-66-2835                            | 82-0747281                                  | KY         | 935978   | 9,984.                                   | 00      | 482.   | 00     |    |
| 3  | 869-66-2835                            | 82-0747281                                  | KY         | 935978   | 38,106.                                  | 00      | 1,844.   | 00     |    |
| 4  |  |   |            |  |  | 00      |  | 00     |    |
| 5  |  |   |            |  |  | 00      |  | 00     |    |
| 6  |  |   |            |  |  | 00      |  | 00     |    |
| 7  |  |   |            |  |  | 00      |  | 00     |    |
| 8  |  |   |            |  |  | 00      |  | 00     |    |
| 9  |  |   |            |  |  | 00      |  | 00     |    |
| 10 |  |   |            |  |  | 00      |  | 00     |    |
| 11 | <b>TOTAL FROM ALL W-2s</b>             |   |            |  |  | 92,354. | 00   | 4,466. | 00 |

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

|    | A<br>Recipient's Social Security Number | B<br>Payer's Identification Number (EIN) | C<br>State | D<br>Payer's State I.D. Number | E<br>KY Income Amount |    | F<br>KY Income Tax Withheld |    |    |
|----|---|--|------------|--------------------------------|-----------------------|----|-----------------------------|----|----|
|    |   |  |            |                                |                       |    |                             |    |    |
| 12 |   |  |            |                                |                       | 00 |                             | 00 |    |
| 13 |   |  |            |                                |                       | 00 |                             | 00 |    |
| 14 |   |  |            |                                |                       | 00 |                             | 00 |    |
| 15 |   |  |            |                                |                       | 00 |                             | 00 |    |
| 16 |   |  |            |                                |                       | 00 |                             | 00 |    |
| 17 | <b>TOTAL FROM ALL 1099s AND W-2Gs</b>   |  |            |                                |                       |    | 00                          |    | 00 |

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

|    | F<br>Total Kentucky Income Tax Withheld               |           |
|----|---|-----------|
| 18 | Enter combined totals from Column F, lines 11 and 17. | 4,466. 00 |